

Catawba County Board of Health
Minutes
December 1, 2014

The Catawba County Board of Health met on Monday, December 1, 2014. A reception was held from 6:00 to 7:00 p.m. for the Board of Health and Public Health Management Team. The regular meeting of the Board of Health convened at 7:00 p.m. at Catawba County Public health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Mr. William Mixon, Chair
Mr. John Dollar, Vice-Chair
Dr. Sharon Monday
Ms. Naomi East
Dr. Matthew Davis
Mr. Brian Potocki
Dr. David C. Hamilton, Jr.
Ms. Brenda Watson

Members absent: Dr. William Geideman
Mr. Dan Hunsucker, Commissioner

Staff present: Mr. Doug Urand, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Sindie Sigmon, Business Manager II
Ms. Alice Layne, Home Health Manager
Ms. Amy McCauley, Community Outreach Manager
Ms. Martha J. Knox, Administrative Assistant III

Visitors: Mr. Tom Lundy, County Manager; Ms. Mary Furtado, Assistant County Manager; Mr. Dewey Harris, Assistant County Manager and Ms. Debra Bechtel, County Attorney.

CALL TO ORDER

Mr. William Mixon, Chair called the meeting of the regular meeting of the Catawba County Public Health Board to order at 7:00p.m.

VISITORS

Mr. William Mixon, Chair, welcomed the visitors present: Mr. Tom Lundy, Catawba County Manager, Mr. Dewey Harris, Assistant County Manager, Ms. Mary Furtado, Assistant County Manager, and Ms. Debra Bechtel, County Attorney.

AGENDA

Mr. William Mixon, Chair, asked if there were any changes to the Agenda, hearing none, he requested a motion to accept the agenda as presented. Ms. Naomi East made a motion to accept the agenda as presented. Mr. John Dollar seconded the motion and it passed unanimously.

Catawba County Board of Health

December 1, 2014

Page 2

MINUTES

Mr. William Mixon, Chair, stated that the Minutes and Minutes Attachment for November 3, 2014, were in the Board packet. He asked if there were any changes to be made to those minutes as presented. Hearing none Mr. John Dollar made a motion to accept the Minutes and Minutes Attachment as presented. Ms. Brenda Watson seconded the motion and the motion passed unanimously.

PUBLIC COMMENTS

Mr. Mixon asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

COMMISSIONERS COMMENTS

Mr. Hunsucker was unable to attend the meeting, therefore, Mr. Mixon moved to the next agenda item.

COMMUNITY HEALTH UPDATE

Ms. Amy McCauley, Community Outreach Manager, stated that Ms. Kelly Isenhour, Assistant Health Director, would follow her presentation with a presentation on Community Health Strategy: Immunization Compliance.

Ms. McCauley stated that unlike her presentation of the State of the County Health, her presentation will be to highlight the work that is being done in the community and Catawba County Public Health's approach to community health issues. She added that the annual State of the County Health report will be made at the March, 2014 Board of Health meeting.

Ms. McCauley stated that public health is community health because public health is about prevention. She shared the following statement: "the mission of public health is to *ensure conditions that promote the health of the community*... To be successful, however, any approach to improve a community's health must involve both population-based and clinical preventive activities." Work that is done in the public health clinics is extremely important, however, it is important that public health is working out in the community every day to help promote health.

Ms. McCauley stated that population-based Public Health focuses on entire populations with similar health concerns or characteristics. The focus is based on an assessment of the community needs and addresses broad determinants of health such as access to health care, access to services, socioeconomic status and disparity.

Public Health is a promoter of health and utilizes the following: educating individuals to healthy behaviors provide services that improve health, and enforce health laws, and look at changing the community's health. There is an emphasis on primary prevention (promoting health prior to the development of disease or injury.)

Public Health Strategies for Population-based Public Health are longstanding efforts such as:

- Control epidemics = Communicable Disease
- Ensure safe water and food = Environmental Health
- Reduce vaccine-preventable diseases = Immunizations
- Improve maternal and child health = *WIC, School Health, Dental, Prenatal, Child Health*
- Conduct surveillance of health problems = *Community Health Assessment, Communicable Disease*

Public Health's role has expanded to counter emerging and ever-changing risks such as:

- Obesity
- Tobacco Use
- Injury & Violence
- Family Planning
- Substance Abuse
- Sexually Transmitted Diseases (Chlamydia, HIV/AIDS)

- Bioterrorism

However, new challenges require new strategies, which include Policy, Systems and Environmental change (PSE) strategies.

Ms. McCauley shared a quote from the Institute of Medicine regarding the PSE change approach. "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change." Therefore, prevention is an individual choice and Public Health encourages individuals to make healthy choices, but this is difficult to achieve lasting change.

Major health problems will not be solved solely by individual actions and choices. PSE addresses the larger environment that affects lasting change. Societal conditions influence health choices either by sustain behaviors or failure to foster healthier choices.

By changing policies, systems, or environments, Public Health can help improve community health through long-term prevention strategies. Policy interventions may include a law, ordinance, resolution, mandate, regulation or rule. Some of these interventions include: organizations providing time off during work hours for physical activity and tobacco-free campus policies. These interventions help to create a culture that supports a healthy environment.

System interventions include: medical, school, transportation, parks and recreation, etc. and examples include: Health schools, Childcare Recognition programs.

Ms. McCauley explained that environmental interventions are physical or material changes to the economic, social or physical environment. Some examples of environmental change include: incorporating sidewalks, paths, and recreation areas into community design; farmers markets in food deserts; and limiting fast food development in neighborhoods.

She added that behavior change is temporary and often produces only a short-term change, which is not part of an ongoing plan and is non-sustaining. However, the PSE change is foundational and often produces long-term changes on the population level, which are consistent and sustaining.

The following slides demonstrate the difference between Behaviors vs. PSE changes.

Examples: Behavior vs. PSE Changes

Behavior Change		Policy, Systems, and Environmental Change
Celebrate National Nutrition Month	➔	Add Fruits & Vegetables to Cafeteria Menu
Host a Family Fitness Night	➔	Make School Athletic Facilities Regularly Available to Families
Participate in Walk to School Day	➔	Establish a Safe Routes to School Program
Provide Healthy Snacks at Meetings	➔	Adopt a Healthy Food & Beverage Policy
Promote "Kick Butts Day"	➔	Establish a Tobacco-free Parks Policy
Offer a Nutrition Class to Employees	➔	Implement a Worksite Wellness Program

Spectrum of Prevention

LEVEL OF SPECTRUM	DEFINITION OF LEVEL
 6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
 5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
 4. Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety

Ms. McCauley stated an example of the policy change is the implementation of Tobacco-free Government Buildings and Parks, which was implemented in 2013 by Catawba County government and 6 of the county's municipalities. This change created tobacco-free environments for 146,140 residents served by these governmental entities. These changes to environment affected buildings, government operated parks, or parking lots on the campuses that implemented the tobacco-free policy.

Healthy Schools Recognition Program was cited as an example of system change – by integrating healthy nutrition and physical activity policies into the schools that participated. This impacted 22,000 students in 39 of the 44 public schools since 2011.

An Environmental Change example is the Public Health Farmers Market, which increased access to fruits and vegetables in a food desert for residents, WIC clients, and SNAP/EBT users.

93.2% of customers stated on their surveys that the market increased their family's consumption of fruits and vegetables. The Public Health Farmers Market has been invited to participate in two case studies by International County Manager's Association (ICMA) and Michigan State University (MSU) Center for Regional Food Systems. These studies are exploring local government's food-related policies, programs and plan. Public Health Farmers Market was invited to share the integrant agriculture program and local foods advocate in conjunction with food and farm sustainability plan for Catawba County. This shows how the plan and the legs of that plan works together to help promote food related policies in our community.

The Alliance for Innovation's "Transforming Local Government" Conference will highlight how the Public Health Farmers Market is an innovative and collaborative way to make lasting changes in the community.

Ms. Watson asked which municipalities have not participated in the Tobacco-free communities initiative and Ms. McCauley stated that Maiden and Longview. She stated that Maiden is educating the community and continues in efforts to move forward with changes in the future, however, Longview has not responded to efforts to engage them in the process.

Well Business – A Cancer Task Force Program

Ms. McCauley continued with a presentation of the newest population-based PSE change strategy. Through the Catawba County Health Partners – Cancer Task Force a Well Business Program has been launched in early November, 2014.

This is an example of a program designed to harness larger organizational changes to promote a healthy environment for a Catawba County residents.

Ms. McCauley stated that the Cancer Task Force is a coalition implementing community change strategies to help prevent cancer in Catawba County. Cancer is one of the priorities that were determined by the Community Health Assessment that is conducted every 4 years. Cancer has been a priority since 2007 and remains a leading cause of death in Catawba County for men and women ages 40-85. Lung cancer is the highest reported cancer followed by breast cancer for women, prostate cancer for men, and colon cancer for both genders. Ms. McCauley added that Catawba County is very fortunate to have two comprehensive Cancer Centers available at our hospitals and physicians and support groups for citizens dealing with Cancer. However, prevention is a huge challenge.

She stated that Cancer puts a high burden on local employers with the economic toll that is 20% higher than heart disease and the second leading cause of economic loss. In addition, US employers lose \$225.8 billion annually in health related productivity loss. Studies show that 36% of employees do not return to work following treatment for cancer. Cancer is the disease that employees fear most and will affect 1 in 4 Americans in their lifetime.

Studies show that worksite wellness programs with cancer prevention and early detection strategies provide the following benefits:

- o Improve employee health
- o Avert direct medical costs
- o Reduce lost productivity
- o Reduce disability
- o Reduce employee turnover.

Therefore, employers can participate in a program that will produce a healthy workforce that will contribute to a healthy business, healthy economy and a healthy community.

Mr. Tom Lundy, County Manager, asked Ms. McCauley to clarify her statement about 1 in 4 Americans will be affected by Cancer. He asked did that mean 1 in 4 would have Cancer. Ms. McCauley stated that it does mean 1 in 4 Americans will have Cancer in their lifetime.

The Well Business Program provides recognition to employers that meet evidence-based worksite wellness standards that help prevent cancer and includes the following:

- o Policy & Organizational Support – *to work a worksite wellness program must have support from the top down.*
- o Tobacco Control
- o Nutrition
- o Physical Activity
- o Cancer Prevention, Screening & Early Detection

All three of these standards contribute to Cancer in some way and are the top three preventable risk factors in developing Cancer

The Well Business Program was funded by a NACCHO grant that requires use of evidence-based practices that have been proven to work.

The goals of the program are as follows:

- Reward employers for what they are already doing: creating healthier work environments to support a healthier, cancer-free workforce
- Provide incentives to employers to grow wellness plans to attain/increase recognition
- Increase effectiveness of wellness programs by promoting inclusion of evidence-based practices, by:
 - o Fostering a culture of health in our community

- Ultimately improving the cancer outlook for Catawba County

Ms. McCauley outlined the process for participation in the program:

- Business completes and submits a program application @ no cost.
- Indicate in the application which standards are being met (each standard has points assigned)
- List examples of policies and practices in place that support the standards
- Submit the completed application to the Cancer Task Force for review, follow-up and scoring.

There are three levels of recognition: Gold, Silver or Bronze, which depends on the score and company size.

- Small business – less than 250 employees
- Large business – 250 employees or more

Businesses are required to submit the application annually to be recognized or to upgrade their business to a higher level of recognition.

To be eligible to participate in the program the business must be located entirely or partially in Catawba County and meet a minimum of one standard in all 5 sections of the application.

The recognition that a business receives for participation were listed as:

- Public Recognition – publicity, advertising
- Awards: certificate, banner, window clings
- Branding: use of *WellBusiness* logo on wellness materials, website, letterhead, promotional/recruitment materials.
- Event: annual awards luncheon
- Networking: network-building, TA resources

Ms. McCauley shared slides that showed what the online application consisted of, and how points were assigned to the standards to assign level for a business in the “WellBusiness” program. (*See Minutes Attachment I*)

The WellBusiness program launched on November 2, 2014 and applications are available and may be requested online at www.catawbacountyhealthpartners.org

- Program information
- Request form for application
- Program overview, resource guide
- Informational flyers, case study

The deadline to apply is January 30, 2015.

Mr. Lundy asked if any conclusions had been reached regarding the kinds of businesses that would be more inclined to participate. Ms. McCauley stated that the businesses that are more inclined to participate are businesses with current active wellness programs. She stated that businesses do not need to meet all of the standards to get recognition, however, they need to document what they are doing and the application process helps them accomplish that.

Ms. Naomi East, Board Member, stated she likes the resource guide that is available to businesses and she asked if businesses are being directed to that resource guide. Ms. McCauley stated that they are directed to the resource guide. The resource guide is a living document. When something is identified that is not on that guide it is added.

Dr. David Hamilton, Jr., asked if the WellBusiness initiative is partnering with the Chamber of Commerce and Ms. McCauley stated that they are. The Chamber has endorsed the program and included information in their weekly newsletter. They have also shared the contact information for HR professionals in the community so that information can be forwarded to them. Mr. Danny Hearn, President of the Chamber, is also writing about the WellBusiness program in an upcoming article for the Hickory Daily Record.

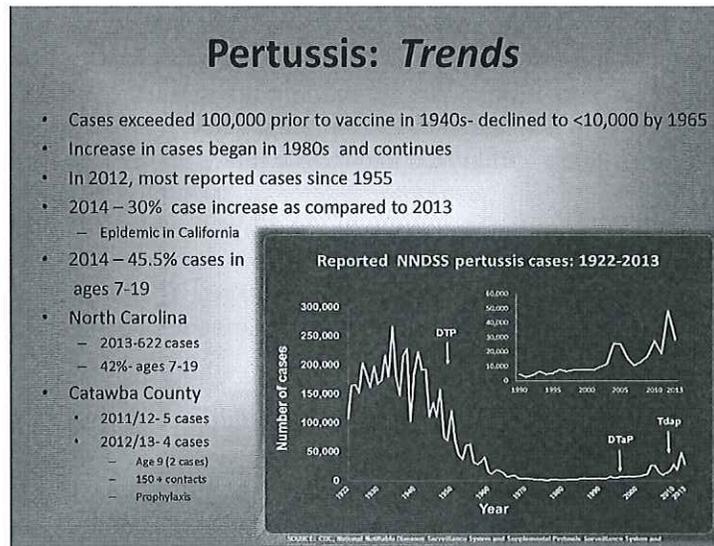
Dr. Hamilton added that any encouragement that can be given to small business for their participation would also be good. Ms. McCauley stated that meeting one standard in each category – qualifies a business to get recognition.

During the pilot testing, there were 16 companies at the following levels: 4 Gold, 4 Silver and 4 Bronze and 4 did not meet the standards for recognition. She added that this is the first year and the program will be adjusted to make it as accessible as possible.

COMMUNITY HEALTH STRATEGY – IMMUNIZATION COMPLIANCE

Ms. Kelly Isenhour, Assistant Health Director, gave a report on improving sixth grade Tdap compliance. She stated that vaccinations are one of the most significant population strategies that Public Health has utilized to protect the community and prevent infectious diseases. Through herd immunity, the herd or population is protected or spread is prevented if disease is introduced. Public policy and laws now prescribe and enforces childhood immunizations. However, the best plans aren't always followed. Catawba County Public Health has a 3-yr outcome to improve vaccination rates for Tdap booster (Diphtheria, Tetanus and Pertussis). Pertussis in particular has been on the increase in the West and in North Carolina. Pertussis (Whooping Cough) is a highly contagious disease of the upper respiratory system. Infants are the most affected because they are not fully immunized. Cocooning, vaccinating all individuals in contact or surrounding an infant, is an effective way to protect an infant vulnerable to diseases such as Pertussis. Most reported deaths from Pertussis are infants under the age of 3, followed by children ages 7-10, and adolescents 13-15 years of age.

Pertussis prior to vaccine in the 1940s saw cases exceed 100,000. That number declined to under 10,000 by 1965. However, an increase in cases began to be seen in the 1980s and that trend is continuing. 2012 saw the most reported cases since 1955. A graph on the slide below shows the effects of vaccinations from 1922 – 2013.



Part of the reason for the increase in Pertussis, was that the DTP (Diphtheria, Tetanus, Pertussis) vaccine was modified to decrease side effects. Although the vaccine change lessened side effects, the vaccine began to wane and a Tdap (booster) shot for 11 year olds was added in 2010 to maintain immunity to Pertussis. In 2012, there were more cases of Pertussis than in 1955. In 2013, 48,000 cases were reported and in 2013 there has been a 30% increase in cases reported. California has an epidemic with over 8,900 cases. 50% of the cases are in the age group of 7 – 19 years of age.

In North Carolina there were 622 cases and 42% was also in the 7-19 age group. Catawba County has had 3 cases reported in 2014; in 2012-13 there were 4 cases. Two of the cases reported in 2012-13 were 9 years old and Public Health contacted 150+ to administer preventative treatment.

In 2013, staff noted that some Catawba County 6th grade students were out compliance with the NC immunization law which was the catalyst to develop a 3-year Tdap compliance improvement outcome for Catawba County Public Health. Compliance data for 2013 was as follows:

- 1st day of school 529 students were out of compliance
- 30th day – 228 or 10.7% of 6th grade students were out of compliance

Some of the reasons for the compliance issues are:

- Awareness
- Conflicting guidance- age threshold to receive vaccine
- Exclusion law not enforced
- Immunization information collection/tracking inconsistencies among schools
- Parents delay getting the vaccine

Strategies to improve the 2014 compliance to Tdap in 6th grade were:

- Parents - letters, general information flyer, phone tree (school system), report card reminders, personal parent contacts. Also, student education on why immunizations are important.
- Physicians - meeting with physicians and their staff; Letter from Dr Bates encouraging vaccine as early at age 10 and with awareness and agreement with physicians then no missed opportunities to get children vaccinated.
- Schools: meeting with each Superintendents, non compliance awareness, and exclusion enforcement.

Ms. Isenhour reported that for 2014 (first year of the 3 year outcome, there was an 80% improvement in compliance by day 30. On the 1st day of school for 2014, 716 students were out of compliance, however, by day 30 only 41 were out of compliance or 2.1%. The highest 3 non-compliant schools in 2014 were the same as 2013. Surveys were sent to parents and they stated that phone tree reminders are effective in helping them (parents) remember to get their children immunized and reduce non-compliance.

Next 2 Years – The plan is to build on the successes of the 1st year and focus on the non-compliant schools. Refine the data measures and the collection to help achieve 100% compliance by the 30 day deadline; however, we want to see improvement in school day 1 compliance percentage. The more immunizations completed prior to the start of school will allow school nurses to focus on care plans for students with chronic diseases that must be monitored.

North Carolina adopted some new immunization rules that will be implemented in July, 2015 that will have an effect on infants to the 6th and 7th grade students and high school seniors beginning in 2020. NC Immunization Branch allocated funds to Public Health funds to develop and launch an awareness campaign. An intern was utilized to get this campaign ready to draw down those funds which will be used to create media in the form of video and graphics with messages about the immunization changes and the need/requirement to get the

vaccinations. The messages will be disseminated digitally, flyers, and letters to parents. The awareness campaign will be presented to the board in Spring of 2015.

Dr. David Hamilton, Jr., asked what the penalty is for failure to comply with the Immunization requirement. Ms. Isenhour stated that it would mean the child would be excluded from school until the child has received the required immunization. Dr. Hamilton asked if the non-compliance was due to parents that are opposed to immunizations. Ms. Isenhour said she did not have specific information regarding that.

Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor, stated she did not feel the major issue was opposition to immunizations. She stated that the common excuse for non-compliance is parents say they didn't know about the requirement, or they wait until the last moment before school starts and appointments are not available.

Ms. Isenhour stated that enforcement of the requirement is addressed each year. Discussions with the Principals of the schools indicate their concern to make sure the children are in school to receive their educational benefit. They work with the parents and the parents promise to follow up and many times fail to do so.

Dr. Hamilton asked about home schools and are they held to this same standard. Ms. Isenhour stated that they are not; the public schools and childcare centers are addressed in the legislation and therefore they are the focus of the Immunization program.

Mr. Doug Urland, Health Director, stated that in the discussions with the superintendents, that some schools take a harder line than others regarding exclusion for those who are non-compliant with immunizations. Therefore, the discussion with the superintendents outlined the plan to reach 100% compliance by the 30th day of school.

Ms. Isenhour stated that with the new immunization schedule there will be an additional vaccine added and she will be presenting more information on that at a future meeting. Chairman Mixon asked if this is just 1 injection in a person's lifetime. Ms. Isenhour stated that it is a series of 4 injections between the ages of 3 months and kindergarten. After that a booster is given at 11 years of age and the recommendation is that a booster be given every 10 years.

Dr. Sharon Monday asked who has access to the NC Immunization Registry (NCIR). Ms. Isenhour stated that physicians, pharmacists, and public health agencies have access. Physicians that give State vaccine in the Vaccine for Children program are involved and Chairman Mixon stated that pharmacists are required to enter vaccinations they give into NCIR.

Childcare facilities have access so they can check on children's status. Dr. Monday stated that she received a notice about one of her children, and it was not documented that the child had already received the vaccination. Private school nurse said she did not have access to NCIR. Ms. Isenhour stated that any physician can give the immunization; however, the only ones required to record vaccines in NCIR are the ones participating in the VFC program.

Doug Urland, Health Director stated that physicians are not required to give immunizations; however, they can choose to give vaccinations and not participate in the VFC program. The VFC covers underinsured, uninsured or children on Medicaid. To participate in the VFC program and receive State purchased vaccine, physician practices audited by State consultants to ensure they meet the requirement of entering the vaccine in NCIR. There are gaps in the process because they can decide not to participate in the program and may not choose to enter the immunizations of the children they serve into NCIR. Public Health can enter the information once it is reported to them, and this can be done by bringing the child's immunization record to Public Health.

Chairman Mixon thanked Ms. Isenhour for her presentation.

EPI PEN UPDATE

Ms. Jennifer McCracken, Health Services Manager gave the next presentation on Use of Epinephrine in the School Setting. Ms. McCracken stated that law mandating the Use of EPI Pens went into effect on November 1, 2014. This legislation requires that all NC public and charter schools have a minimum of two epinephrine auto-injectors on school property.

The purpose of this legislation is to ensure schools have emergency medical aid that can be administered to persons suffering from anaphylactic reaction during the school day and at school-sponsored events on school property. School Principals are required to designate one or more school personnel to receive training from a school nurse regarding storage and emergency use of the epinephrine auto-injectors.

Each school must have a prescription for the auto-injectors from a physician, physician assistant, nurse practitioner. Ms. McCracken stated that Dr. Bates, Public Health's Child Health consultant, has provided prescriptions for the pens. Currently, the pens are being supplied to the schools free of charge, however, should the free auto-injector program stop, the schools will be responsible for the ongoing costs. The pens have a 1-year shelf life and they cost roughly \$200 each. Ms. Brenda Watson asked if the law requires the pens or could the schools utilize a vial for administering the Epinephrine. Ms. McCracken states the EPI pens are required to ensure ease of administration by school staff.

Ms. McCracken stated that the Medical Emergency Response Team (MERT) staff in each school are trained in auto-injector administration and the criteria was completed in August, 2014. The Boards of Education have been given a sample policy to review and adopt for their school systems.

Epi-Pens have been received and distributed to each school nurse and the schools are providing the proper storage of these pens.

CPR certification will be provided in January 2015 for two MERT members per school. Staff continues to work with school administration staff on coverage for "after-school" events, and will follow up with the Boards of Educations on adoption of their policies for this program.

In the future, the MERT teams will receive training each August before school begins and that training will include specific training on undiagnosed anaphylactic reactions and action they should take. School nurses will continue to provide education and support through the implementation and maintenance of this mandated process.

Chairman Mixon asked if the schools would have an EPI pen Jr., and Ms. McCracken stated each school receives an EPI pen Jr, and one adult EPI pen. Mr. Mixon added that his cost per pen is \$407 per pen. He stated there are two other manufacturers available that could provide a cost-savings. Ms. McCracken stated Public Health will assist the schools in finding the most cost-effect supply of the pens should the schools have to pick up that cost.

Dr. Matthew Davis asked if the schools have to have two pens at all times, and Ms. McCracken answered yes. Dr. Davis asked if a PEN is used does this company replace the pens. Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor, stated that the company has given them away free for the past three years. Prior to this law Newton-Conover Schools were trained to utilize the pens under another program. She added the legislation does state it must be an auto-injector. NC Public and Charter schools are included in the legislation. Ms. Brenda Watson asked if private schools were aware of this legislation. Ms. Stikeleather stated she was unsure if they private schools had been made aware. Mr. Urland stated Public Health could reach out to private schools and make them aware of the legislation that has gone into effect.

Mr. Mixon thanked Ms. McCracken for her presentation.

COMMUNICABLE DISEASE UPDATE

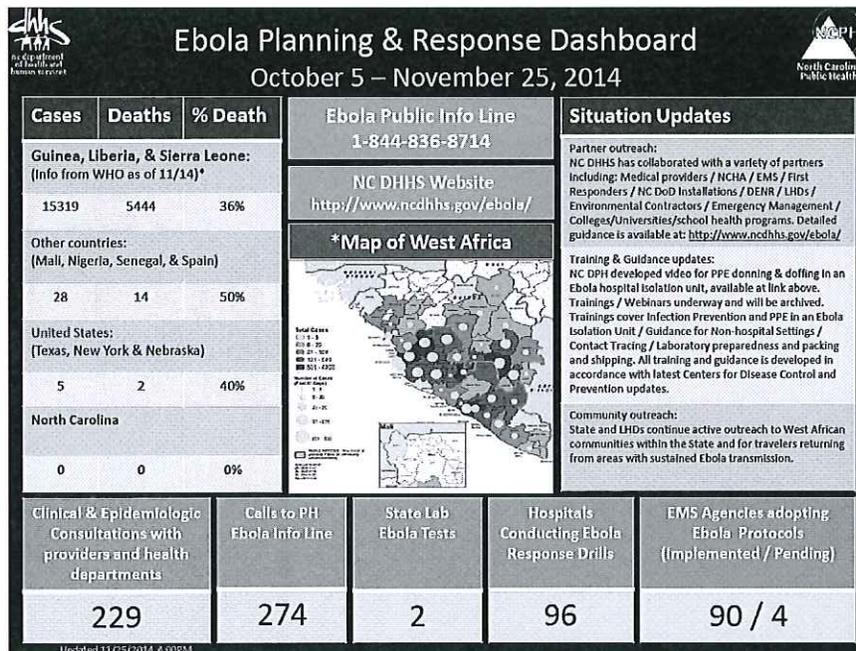
Ms. Kelly Isenhour, Assistant Health Director, gave a brief update on 2014-15 Flu Season and other Communicable Disease items. She stated 350 seasonal doses of Trivalent for ages 3+ have been purchased and 280 high doses for age 65 and older. Public Health has also received 570 seasonal doses for the State VFC Program.

Ms. Isenhour stated that 119 doses of high dose vaccine had been given and 205 doses of regular vaccine. Total vaccine given in the VFC program is 217 doses at this time. There will be two walk-in clinics at Public Health December 4th and 5th. Appointments also continued to be scheduled upon request.

At this time there have been 19 positive flu specimens sent to the NC State Lab and 2 deaths in North Carolina in the 5-17 age group. The majority of the positive flu is the Type A and the flu activity remains low.

Enterovirus D68 Update-As of November 12th 1,116 people have been confirmed with the EV-D68. 12 patients who died were confirmed to have EV-D68. North Carolina had 23 cases and none of those cases were found in Catawba County. Ms. Isenhour added that the activity has been decreasing nationwide.

EBOLA Update – Ms. Isenhour gave a brief update on the status of the EBOLA outbreak. The following graph from the NC Division of Public Health shows the numbers of cases in various areas of the world.



Public Health has taken leadership role in efforts to coordinate the County’s Ebola response preparedness in partnership with Catawba Valley Medical Center (CVMC), Frye Regional Medical Center (FRMC), Emergency Management, and other leadership. The weekly conference call meetings with the NC Division of Public Health are now held every two weeks. Ebola information will continue to be updated on Catawba County Public Health’s website. A local response plan is in place for monitoring travelers and Ebola contacts. She asked if there were any questions.

Chairman Mixon thanked Ms. Isenhour for her report.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated that he would be attending the Catawba County Department Head Retreat December 15-16, 2014 to discuss the budget for 2015-16. After that planning session, Catawba County Public Health staff will continue to work on the proposed budget for 2015-16 and will present that to the Finance Subcommittee in late January. The proposed budget will be presented to the full Board of Health at the February, 2014 meeting.

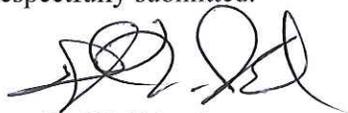
OTHER BUSINESS

Mr. William Mixon, Chair asked if there was any further business for the Board. Hearing none, he asked for a motion to adjourn.

ADJOURNMENT

Ms. Naomi East made a motion to adjourn the Catawba County Board of Health and Dr. Sharon Monday seconded the motion, the motion passed unanimously. The meeting adjourned at 8:40 p.m.

Respectfully submitted:



Douglas W. Urland
Health Director
DWU: mjk

Policy & Organizational Support

15 Standards / 27 Maximum Points

 Catawba County Cancer Task Force WellBusiness Application 2014							
POLICY AND ORGANIZATIONAL SUPPORT During the past 12 months, did your worksite:				YES	NO	N/A	SCORE
1. Conduct an employee needs and interests assessment for planning health promotion activities? Answer "yes" if, for example, your organization administers focus groups, questionnaires, or employee satisfaction surveys to assess your employee health promotion program(s), including the solicitation of interest levels for new or existing health promotion programs. Answer "no" if your organization administers general surveys that do not assess your employee health promotion program(s).				<input type="checkbox"/>	<input checked="" type="checkbox"/>		0
Example and Implementation Timeframe:				(1 pt.)	(0 pts.)		
2. Conduct employee health risk assessments/appraisals through vendors, on-site staff, or health plans and provide individual feedback and health education? Answer "yes" if, for example, your organization provides individual feedback through written				<input checked="" type="checkbox"/>	<input type="checkbox"/>		3
Example and Implementation Timeframe:				(3 pts.)	(0 pts.)		
Your Worksite's Policy and Organizational Supports Section Score:							20
Maximum Policy and Organizational Supports Section Score:							27



Tobacco Control

8 Standards / 18 Maximum Points

TOBACCO CONTROL During the past 12 months, did your worksite:		YES	NO	N/A	SCORE
1. Have a written policy banning the use of tobacco in any form anywhere on your worksite property? Answer "yes" if your worksite is completely tobacco-free (not just smoke-free) both indoors and outdoors. This policy applies to all facilities and grounds whether owned, leased, or shared. This policy applies to all employees, including temporary workers, contractors, and visitors.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		3
Example and Implementation Timeframe:		(3 pts.)	(0 pts.)		
2. Actively enforce a written policy banning tobacco use? Answer "yes" if, for example, your worksite posts signs, does not have ashtrays, or communicates this written policy banning tobacco use through various channels at your worksite.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		1
Example and Implementation Timeframe:		(1 pt.)	(0 pts.)		
3. Refer tobacco users to a state or other tobacco cessation telephone quitline? Answer "yes" if, for example, your worksite refers:					
Example and Implementation Timeframe:					
Your Worksite's Tobacco Control Section Score:					9
Maximum Tobacco Control Section Score:					18



Nutrition Supports

13 Standards / 23 Maximum Points

NUTRITION SUPPORT				YES	NO	N/A	SCORE
During the past 12 months, did your worksite:							
1. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars? Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free or low-sodium snacks available in cafeterias or snack bars. Answer "N/A" if your worksite does not have cafeterias or snack bars.				<input checked="" type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	<input type="checkbox"/> (0 pts.)	1
Example and Implementation Timeframe:							
2. Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines? Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free/low-sodium snacks available in vending machines. Answer "N/A" if your worksite does not have vending machines.				<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	<input checked="" type="checkbox"/> (0 pts.)	0
Example and Implementation Timeframe:							
3. Make 25% or more of the food and 50% available in vending machines, cafeterias, points be healthier food items? Answer "yes" if the healthy foods are items such as flavored water, diet drinks, 100% fruit juice, low-fat... Answer "N/A" if your worksite does not have vending machines, cafeterias, or snack bars.				Your Worksite's Nutrition Support Section Score:			12
				Maximum Nutrition Support Section Score:			23
				Maximum Nutrition Support Section Score Applicable to You:			19



Physical Activity Supports

12 Standards / 30 Maximum Points

PHYSICAL ACTIVITY SUPPORTS				YES	NO	N/A	SCORE
During the past 12 months, did your worksite:							
1. Provide a fitness room or exercise facility on-site? Answer "yes" if your organization provides an onsite room or facility for exercise. On-site fitness facilities may range from a conference room with TV, DVD, mats and exercise balls available for employees to participate in lunchtime fitness classes, to a fully equipped and staffed exercise facility.				<input type="checkbox"/> (3 pts.)	<input checked="" type="checkbox"/> (0 pts.)		0
Example and Implementation Timeframe:							
2. Subsidize or discount the cost of on-site or offsite exercise facilities?				<input checked="" type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)		3
Example and Implementation Timeframe:							
3. Provide other environmental supports for recreation or physical activity? Answer "yes" if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower and changing facility.				<input checked="" type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)		3
Example and Implementation Timeframe:							
				Your Worksite's Physical Activity Support Section Score:			14
				Maximum Physical Activity Support Section Score:			30
				Maximum Physical Activity Support Section Score Applicable to You:			27



Cancer Prevention, Screening & Early Detection Supports

16 Standards / 42 Maximum Points

CANCER PREVENTION, SCREENING & EARLY DETECTION SUPPORTS	YES	NO	N/A	SCORE
During the past 12 months, did your worksite:				
Sun Protection				
1. Educate employees about the importance of workers' sun protective behaviors, e.g. use of sunscreen, hats, and sun protective clothing? Answer "yes" if you provide programming that includes providing informational messages about sun protection to workers through instruction, small media such as posters or brochures, or both.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0
Example and Implementation Timeframe:				
2. Provide sun safety supports to encourage sun protection behaviors for outdoor workers (if applicable)? Answer "yes" if you provide shade structures, sun protective clothing/hats, and sunscreen and/or shade for outdoor workers when work conditions permit. Answer "N/A" if none of your	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Your Worksite's Cancer Prevention, Screening, and Early Detection Supports Section Score:				23
Maximum Cancer Prevention, Screening, and Early Detection Supports Section Score:				42
Maximum Cancer Prevention, Screening, and Early Detection Supports Section Score Applicable to You:				42



Total Score & Scoring

Total Application Score	
Your Worksite's Total Score:	78
Maximum Total Score Applicable to You:	133
Overall Scoring Percentage	59%
Thank you for completing your application and submitting it to the Cancer Task Force. We will review your application and notify you of your results at a later date.	

Recognition Level	Small Businesses <250 Employees	Large Businesses ≥250 Employees
Bronze	55% - 64% (77-90 points)	60% - 69% (84-97 points)
Silver	65% - 74% (91-104 points)	70% - 79% (98-111 points)
Gold	75% - 100% (105+ points)	80% - 100% (112+ points)



