

**Catawba County Board of Health  
Minutes  
March 2, 2015**

The Catawba County Board of Health met on Monday, March 2, 2015. The regular meeting of the Board of Health convened at 7:00 p.m. at Catawba County Public Health, 3070 11<sup>th</sup> Av Dr SE, Hickory, NC 29602 in the Boardroom.

**Members present:** Mr. William Mixon, Chair  
Mr. Dan Hunsucker, County Commissioner  
Dr. Sharon Monday  
Dr. Matthew Davis  
Mr. Brian Potocki  
Dr. David C. Hamilton, Jr.  
Ms. Brenda Watson  
Ms. Naomi East

**Members absent:** Mr. John Dollar, Vice-Chair

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

**CALL TO ORDER**

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

**APPROVAL OF THE AGENDA**

Mr. William Mixon, Chair, stated there were a couple of changes to the Agenda. Items E and F will be deleted from the agenda. He no new employees are present at this meeting and there will only be one Board of Commissioners meeting on March 16<sup>th</sup>, therefore, Mr. Hunsucker will not have a report for the Board.

Mr. Mixon asked for a motion to accept the Agenda as amended. Mr. Dan Hunsucker so moved and Dr. Sharon Monday seconded the motion. The motion passed unanimously.

**APPROVAL OF MINUTES**

Mr. William Mixon, Chair, stated that the Minutes for February 2, 2015, were received in the Board packet. He asked if there were any changes to be made to those minutes as presented. Hearing none Mr. Dan Hunsucker made a motion to accept the Minutes for February 2, 2015, as presented. Dr. Sharon Monday., 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.

**MEMBER FOR NOMINATIONS AND OPERATING PROCEDURES SUBCOMMITTEE**

Mr. Doug Urland, Health Director, stated that one of the subcommittees for the Board of Health is the Nominations and Operating Procedures Subcommittee. With the resignation of Dr. William Geideman another Board Member is needed for this subcommittee. Mr. Urland spoke with Dr. Matthew Davis about serving on this subcommittee and Dr. Davis agreed to serve.

The Nominations and Operating Procedures Subcommittee will need to convene prior to the April Board of Health meeting to discuss changes that need to be made to the Operating Procedures. Public Health staff will work on the changes and plan to meet with the Subcommittee at 6:30pm on April 6, 2015.

**FINANCIAL QUARTERLY REPORT**

Ms. Sindie Sigmon, Business Manager, gave the quarterly report for mid-year for the period from July 2014 – December 31, 2014. Ms. Sigmon briefly explained how the report is structured for the benefit of any Board members that had not seen the report.

**Revenues**

She stated at this point in the fiscal year, revenues are expected to be at the 50% level. Regarding revenues she stated that the smaller State grants pulled in early in the fiscal year. The staff time reported for different programs is put in a report, which is sent to the State. Some grants such as Aid to County are for expenditures and administration. However, some State grants are being held and paid out toward the end of the fiscal year. Vacant positions can affect how much is pulled in, however, by the end of the fiscal year the full amount of the grants is pulled in. Ms. Sigmon stated a little more money has been received, such as for the WIC program, BCCCP Program and some other programs. Those funds will be added into the budget as they are received.

**Funding for School Nurses** – the State funds \$200,000 for the School Nurse program, and there are partnerships with CVMC and the school systems. Ms. Sigmon stated that Catawba Valley Medical Center (CVMC) provides a set amount for the school nurse program for the three school systems. Once the CVMC amount has been received anything above that amount is covered by the school systems. The report at this time shows the majority of funds coming from CVMC, however, toward the end of the fiscal year, the school systems will be contributing to the programs.

**Fee Revenues –**

Environmental Health fees are under 50%, however that is anticipated going up with spring weather and pool inspections. Also, the building services are typically increasing as the weather improves, which will mean more permit fees.

Home Health Revenues are down 28.9% and they should be closer to 50%. NC Tracks software and CareAnywhere has had some issues. Ms. Sigmon stated that Public Health's internal systems analyst is looking into the issues with CareAnywhere. There have been changes with billing staff over the past year, and are utilizing some part-time billing staff at this time. Home Health has had a drop in referrals; however, the Home Health Accounts Receivable continues to be between \$800,000 and \$1 million, which is healthy. However, the payor mix and the referrals are a concern.

Medicaid Revenue- which includes Medicaid earned during the month and also escrow. Ms. Sigmon the escrow may be revenue that was put in the budget from last year. If the money is not there in that line item, it is funds still due from the state and has not been deposited through December, 2014. The escrow is the Cost Settlement

from Medicaid and we have been informed that the amount that will be received will be more than was planned for the budget.

Private Grants and Donations – She stated there was nothing major in that line item. The Susan B. Komen grant has been reduced; this has caused a reduction in the number of women without payor source that are served in the Women's Health Clinic for follow-up regarding breast and cervical cancer.

Overall, CCPH has received 43.5%. Ms. Sigmon directed board members attention to the County Share line item. That line item is 102% received through December 31, 2014. That should be at 50%, however, the reason that has been utilized is due to State grants that have not come in at this time. Therefore, State grant dollars, Medicaid Cost Settlement, Home Health revenues that are down, and the Komen grant funds impacts the amount of County Share money used. As additional grant funds are received, the County Share will be reduced.

Mr. William Mixon asked how much of the Accounts Receivable (AR) in Home Health will have to be written off as uncollected. Ms. Sigmon stated that some of the self-pay in the AR has to be written off; however, Public Health is using the Debt Setoff, which allows recouping outstanding debt from tax refunds. She stated that Public Health received a \$10,000 from County Finance for Debt Setoff for Family Planning and old Maternity clinic. However, Home Health has more elderly and they may not be required to file a tax return. She stated usually 55% of the AR is collected each year.

Doug Urland, Health Director, stated regarding NC Tracks and the interface with the Medicaid system is a difficult situation at times. Another component in Home Health revenues is the payor mix which includes the Medicare Advantage plans. Those plans pay less than standard Medicare. He stated that difficult staff has in reconciling problems with the different insurance companies.

Dr. David Hamilton, Jr. asked about the changes in billing staff. He wanted to know if the agency is having problems staying on top of the billing for services. Mr. Urland stated that the agency is trying to manage without over-staffing. Therefore, staff is looking at contract opportunities with billing staff. There are companies that do that kind of work and that is being researched to see if that is a better solution.

Mr. Urland stated that Komen grant that is usually \$50-\$60,000 per year has been reduced due to the reduction in the funds they were able to raise. BCCCP funds have been applied for and received from the State and this will assist the agency in seeing some additional women.

#### **Expenditures –**

At this point Public Health has expended 43.5%, which is under the budgeted amount. Some of the reasons for the expenditures being lower is vacancies and the money stays in the budget and drops to the bottom at the end of the year. Very few times will a department be allowed to use vacant salary funds in other areas. There have been some contract staff due to retirees, and that is allowable to use the unexpended salary line items. Public Health made a decision early in the fiscal year to hold the operating expenses level with 2013-14 expenditures. Therefore, staff has held back from purchasing anything that is not needed at this time. Educational requests have been reviewed to see if that is necessary for credits or training that is required for staff. Those line items have not been reduced in the budget and they may not be reduced. Budget office has indicated they may just hold that revenue out there but not reduce the budget. This amounts to \$180,000 and this keeps our expenditures level at 2013-14 budget level.

Ms. Brenda Watson asked about the \$20,000 to Greater Hickory Cooperative Christian Ministries (GHCCM). Ms. Sigmon stated that \$10,000 from the Adult Health Program is for prescriptions and \$10,000 out of the Dental Program for Adult Dental care. She stated that this money is expended as invoices for services are received.

Mr. Urland stated that the prescriptions and dental services are provided for the adults needing assistance in those two areas.

Mr. William Mixon, Chair, asked why Public Health pays for legal services. Ms. Sigmon stated that is for filing fees. Mr. Urland stated that when Environmental Health and Legal have exhausted all other avenues of correcting a failing septic system, then an order of abatement is filed and there are court costs and legal fees.

Mr. Mixon thanked Ms. Sigmon for her report.

### **COMMUNICABLE DISEASE REPORT**

Kelly Isenhour, Assistant Health Director, gave the Communicable Disease (CD) Report. Ms. Isenhour directed Board members attention to the Report and narrative they received in their packet. Animal Rabies count has been added to the report at the top. There were three documented cases of animal rabies in Catawba County for 2014. The data in the 2014 column for each disease represent confirmed cases. Many more reports are received as probable cases, however, after an investigation by our CD nurses and review by NC CD Section, many do not meet case definition and not being a confirmed case.

Mr. Mixon asked if all healthcare providers are required to report bites, and Ms. Isenhour stated that reporting animal bites are required by law. The bite victim, owner of the animal delivering the bite, health care provider who treated a bite victim, and /or veterinarian must report the bite to Public Health and or Animal Services.

Three additional diseases are now required to be reported as follows: Adult Flu Death, Middle East Respiratory Syndrome (MERS-CoV), and Chikungunya. Ms. Isenhour noted a correction in the number of Enterovirus D68 (EV-D68) cases reported in NC as 23, instead of the 22 in the report. Another emerging disease, Ebola, has been discussed at each board of health meeting and the most current status and actions taken by state and local public health is outlined in the report.

There have been two notable disease outbreaks in 2014. One was Meningococcal Disease. This occurred in February. The investigation was challenging because the serious medical condition of the affected individual prevented direct identification of the individual's contacts. In addition, the contacts were transient, lived and congregated in a known drug seeking and using environment. Identifying, locating and gathering information was difficult due to the mistrust of government employees in this area. The CCPH – EPI Team met daily to develop and implement strategy that employed non-traditional methods of getting information distributed. Using flyers, word-of-mouth, in order to get treatment of Post Exposure Prophylaxis (PEP) to the contacts, in the field. CCPH was successful in treating 66 contacts. The other contact investigation in April was initially conducted as a Meningococcal Disease but eventually was confirmed to be Meningitis, Pneumococcal. As this investigation involved children in a child care setting within the public school environment, communication quickly became a critical component of this event.

### **Animal Bites/Disease Prevention:**

#### **Rabies -**

Ms. Isenhour stated as she had stated earlier there were 242 reports of animal bites to Catawba County residents. The rabies virus, which is a zoonotic disease, infects the nervous system and can cause

disease in the brain and may result in death. The illness can be prevented if treatment is received promptly. The three animals that tested positive for rabies were a fox, bat and a dog, and those bites resulted in five individuals being treated with PEP. CD nurses are required to review each bite report and ensure appropriate education about transmission of rabies, follow-up and/or treatment has occurred.

In bite cases where the animal had a documented current rabies vaccine and met conditions that are specified in local policy, 10-day home confinements were requested and allowed for 18 of the animals that were involved in the reports. Only the Health Director has the authority to allow home confinement and each confinement request requires assessment and consultation with Catawba County Animal Services prior to approval of the Director.

### **B-Virus**

B-Virus (Cercopithecine herpesvirus 1) is a zoonotic agent that can cause fatal encephalomyelitis in humans. The virus naturally infects macaque monkeys, resulting in the disease that is similar to herpes simplex virus infection in humans.

On May 20, 2014, a non-human primate (Snow Macaque monkey) at a Catawba County zoo bit an employee. As a reservoir for B-Virus, if non-human primates transmit the virus to humans, the consequences are serious and require immediate action.

Management includes expensive B- Virus testing of the non-human primate and the bite victim multiple times over several months as well as rabies PEP. CCPH ensured the bite victim understood the risks, testing and required treatment for rabies. CCPH also gave strict guidance to the zoo that the monkey was to be taken off exhibit and kept isolated from people to the greatest extent possible. Yet, four days later, a child was bitten by the same monkey after escaping from its cage when the handler was replenishing food and water. After evaluation and treatment at the emergency department, the second victim was subject to the same testing and treatment. Many hours and days of consultation and coordination with NC EPI, our county attorney, US Department of Agriculture (USDA), local veterinarian, CDC, and Georgia State University (Herpes B Virus testing is processed), to develop and implement the appropriate protocols for testing and follow up of the Macaque and the affected individuals, and to ensure the zoo was compliant with management of protocols to protect animal handlers and visitors.

Given the bite history of this Snow Macaque monkey and serious health consequences, NC EPI, CCPH and county attorney worked with the zoo to relinquish the Macaque to the NC Zoo in Asheboro for follow up testing and management of the non-human primate. Following this incident, NC Division of Public Health crafted and recommended new legislation re: the ownership of non-human primates in NC but proposed legislation was not introduced in the 2014 short session.

Catawba County Board of Commissioners advocated for some legislation regarding owning a non-human primate in North Carolina. The North Carolina Association of County Commissioners has been informed and hopefully, the legislation will come up in the longer session of the General Assembly.

Ms. Isenhour offered to answer questions and stated that CCPH had a very active year in Communicable Disease. Mr. Mixon asked if we had a zoo in Catawba County and Ms. Isenhour stated that the facility is not actually an official zoo, it is more of a petting zoo. Mr. Urland stated there is only one accredited zoo in NC and that is the one in Asheboro. The zoo referred to in this report is a local animal park that has animals in habitats for people to tour. The monkey was at the animal park in our county. A caretaker and a four year old were bitten.

There is only one laboratory that can perform the test for the B-Virus and that is located at Georgia State, therefore, it was a labor intensive complicated process. It involved our staff, the county legal staff, NC Division of Public Health, the NC Zoo, the CDC, the USDA, and Georgia State all due to a non-human primate that was in a location where it caused a dangerous situation.

Dr. Sharon Monday stated that the animal park referred to has had reports and investigations from the office of USDA in the past.

Mr. Urland stated that the State Veterinarian at the NC Zoo was asked how they handled the Macaque monkeys and he said they don't handle them. After the monkey arrived at the NC Zoo it scratched an employee of the zoo.

Mr. Urland added that when you see the numbers in the Communicable Disease report that doesn't give a clear picture of the hours and work spent on each of those reports and investigations.

**Flu Update** – Ms. Isenhour stated that plenty of high dose vaccine and some seasonal vaccine remain. There have been 176 deaths in North Carolina with 6 deaths in Catawba County. 82% of the deaths were 65 or older and 2 of the deaths were children. The flu remains widespread in NC at this time.

**Measles** – 140 cases of Measles have been reported in 7 states. This is an on-going outbreak from an amusement park in California. As of February 11<sup>th</sup> there were 125 cases, and 110 of those cases were from CA, 49 of the cases were unvaccinated and 47 cases vaccination status was either unknown or undocumented. Of the 49 unvaccinated there were 12 that were too young to be vaccinated. Of the 37 remaining unvaccinated cases, 28 intentionally did not get the vaccine based on personal beliefs including 18 children and 10 adults.

**Ebola** – 23,913 as of February 27<sup>th</sup>. 14,314 lab confirmed with 9700 deaths. In Sierra Leone, disease remains widespread. Guinea is continuing to see new cases. Liberia's numbers have decreased with only one new case last week.

#### **CD-Syphilis -**

Ms. Isenhour stated that Syphilis is a sexually transmitted infection caused by bacteria and is transmitted with direct contact. The disease is characterized by three stages. The first stage is a painless sore or some sort of bump that lasts about 3-6 weeks and can go undetected. The second stage is a rash that appears and can be faint and may not be recognized. It can be on the palms of the hands or the soles of the feet, and it lasts about 2-6 weeks. Although all symptoms disappear the person is still infectious and can spread the disease. A person will always have the infection unless they are treated. Then it can go in a latent stage that may appear months or years later. The disease is easily treated with Bicillin (a form of penicillin) in two shots.

Pregnant women and their infants are susceptible to this disease. If a pregnant woman has syphilis and is unaware, she can pass this on to the infant at birth, which can cause seizures or death. All pregnant women are tested for syphilis so they can be treated early in the pregnancy.

North Carolina began a Syphilis Elimination Project in 1998, when 28 counties across the United States were identified as, together, reporting more than 50% of the nation's morbidity for infectious syphilis. NC counties included in this project are: Durham, Forsyth, Guilford, Mecklenburg, Robeson, and Wake. Most of the Syphilis cases are still reported in these counties. The Elimination Effort strives to reduce syphilis through community involvement, surveillance, prevention, rapid outbreak response, targeted testing, health promotion and education.

NC reached its lowest syphilis rates in 2003; however, rates have slowly risen since.

**In 2010:**

- 79% of syphilis cases identified were African American (of which 82% were male).
- Males accounted for 81% of early syphilis cases reported, with the highest rates in 25-29 year old males.

**In 2014:**

- NC reported 1065 cases
- 87.9% of the cases were male and 12.1% were female
- Of the male cases, 51% were African American males
- African Americans and males continue to be disproportionately affected.  
Men who have sex with men constitute an increasing proportion of the total syphilis cases. In 2013, 75% of primary and secondary Syphilis cases were men who had sex with men.
- Syphilis and HIV are closely linked:
- 2010 data indicated 42% of all males diagnosed with syphilis were already HIV positive
- Growing syphilis cases may lead to increases in new HIV infections

State Disease Intervention Specialist (DIS) also assists with arranging for evaluation and treatment of these cases through local health departments or private providers. Collaboration is ongoing between Public Health and DIS and demographic information is shared to assist in location of contacts. Although private providers can provide follow-up of these cases, they typically do not have access to the appropriate medication needed to treat the cases as well as the contacts that may be identified during the investigation.

Many times DIS staff has limited identifying information given by the client to track and provide notification of contacts. DIS staff may use social media to assist with tracking of these individuals, as well as identification of a particular hang out where these individuals may be known to frequent. With the era of social media, many of the original sexual encounters were arranged through websites allowing for somewhat anonymous sexual encounters.

Once the contact is located, the DIS will determine the need for treatment based on the Syphilis clinical stage of the case (or individual with Syphilis) and when the contact had exposure to the Syphilis case. DIS will interview sexual contacts of the case between 3-12 months prior to the case receiving treatment.

Once these individuals are identified, the DIS staff contact Catawba County Public Health to arrange for the evaluation and treatment of these individuals. Every effort is made to contact these clients in order to limit the continued spread of this infection.

To provide a clearer picture of how multiple counties may be impacted, Ms. Isenhour presented an actual case that occurred in Catawba County in October of 2014. DIS received the initial report of positive test results from a private provider.

Record search completed by DIS resulted in this client having been identified as previously treated in 2013 and a subsequent negative test result since treatment. Client interviewed and 10 partners were identified. Of the 10 partners identified and located, the following county health departments were subsequently involved in arranging for treatment and follow-up.

Six counties were involved with this investigation. DIS located, interviewed, offered testing and treatment. Most of the contacts agreed to testing and preventive treatment but 1 refused and 1 could not be located.

Unfortunately an original source case was never identified during this investigation. In addition, if upon screening of the sexual partners of these syphilis cases, another case is identified, the process starts all over again.

Mr. William Mixon asked if treatment can be forced on individuals. Ms. Isenhour stated that no, only if the person tests positive can they be required to have treatment. Mr. Urland stated that control measures are issued if the person refuses treatment. Then, if later that person is identified as a contact in another case, legal steps can be taken to get the person treated. Public Health can compel a person with TB treatment to receive treatment. If someone is ordered to complete TB treatment and they refuse, incarceration for the duration of treatment can be implemented until they have finished the course of treatment.

Ms. Isenhour stated once people have been located in the county they are brought in to the Public Health department by the DIS staff. It is Public Health's responsibility to ensure treatment to the contacts that have been identified by DIS.

Mr. Mixon stated that a box of 10 syringes of Bicillin cost \$500.00, and he stated to treat 1,065 patients it would cost \$213,000. STD patients are treated without cost to the patient. The funding is through the communicable disease program. Sylvia Yates, Charge Nurse II, is the supervisor over that program for CCPH.

Mr. Urland stated that 5 counties in North Carolina are in the top 10 counties in the US that have high numbers of syphilis cases. Due to funding being reduced, the impact on reduction in cases has begun to lose ground again.

#### **IMMUNIZATION AWARENESS CAMPAIGN**

Ms. Amy McCauley, Community Outreach Manager, gave an update on the Immunization Awareness Campaign. She stated that this presentation will outline how to prevent diseases. CCPH has launched an

Immunizations Campaign this year to promote immunizations in general and inform the community about immunization changes that will become effective July 1, 2015.

The new immunization requirements effective in July are:

- Infants (born (July 1, 2015 or later) will be required to receive 4 vaccine series of Pneumococcal conjugate vaccine (PCV)
- Rising Kindergarteners (prior to school year 2015-16 or later)
  - o Second dose of Varicella (chickenpox)
  - o Fourth dose of Polio vaccine after their 4<sup>th</sup> birthday
- Rising 7<sup>th</sup> Graders (prior to school year 2015-16 or later)
  - o One dose of Tdap vaccine (tetanus, diphtheria, pertussis)
  - o One dose of Meningococcal conjugate vaccine (MCV)

The state asked public health departments to put together an outreach campaign and sent additional funding for the outreach to the community. The goals are to build awareness of the new requirements among the target audiences, and to promote childhood vaccination in general.

The following list will be the target audiences for the awareness campaign:

- Preschools – Parents of infants, rising kindergarteners and rising 7<sup>th</sup> graders
- Schools – Parents of kindergarteners and rising 7<sup>th</sup> graders
- Physicians – To reach parents through OB/GYNs, pediatricians and family practitioners
- Community – To reinforce targeted messages and build broad awareness

The materials that will be used will include: web pages, letters, posters, flyers, TV spot, signage, handouts, presentations, immunization schedules.

- **To reach the Pre-K audiences**, letters and flyers were sent home to parents, and posters have been put in all childcare facilities and information cars at kindergarten “beginners days” open house events.
- **To reach the rising 7<sup>th</sup> grader audience**: letters and flyers were sent home to parents, posters are posted in the schools, Presentations at principals’ meetings, 6<sup>th</sup> grade classes; Signage for carpool lines, school marquees, School system website links to PH Immunization webpage; Report card reminders, and staff will be tracking all immunizations and making follow-up phone calls.
- **Outreach Methods for Physicians include**: Blast fax with new requirements; posters and flyers; and updated pocket immunization schedules.
- **Community Outreach Methods include**: Posters, flyers distributed broadly Ms. McCauley stated that a supply of flyers are on the back table and Board members are free to take as many as they would like to post in the community. TV commercial on Charter media (March – May); Carmike Cinemas – Hickory (April – July); WHKY “First Talk” in March; and a presentation at the Kiwanis Club in April, 2015.

Mr. Dan Hunsucker asked if the spot had to be paid for to Charter. Ms. McCauley stated that Public Health had to pay for the spot; however, it was included in the funding received from the State. Mr. Mixon asked if the TV spot didn’t fall under the public service announcements. Ms. McCauley stated that Charter is only required to air a certain number of public service announcements, and that would not have covered the amount of commercial spots wanted for saturation to get the message out to the public. They have to share that requirement with all of the other non-profits that request public service announcements.

Ms. McCauley shared the TV commercial that will air on Charter media and at the Carmike Theatre in Hickory with the Board.

**GIVE HEALTHY & NATIONAL NUTRITION MONTH**

Mr. William Mixon, Chair, asked Doug Umland to read the following proclamation to the Board for consideration:

**Give Healthy & National Nutrition Month  
Proclamation**

WHEREAS the type, quality, and amount of food that individuals consume each day plays a vital role in their overall health; and

WHEREAS in today's economic climate more and more families use food pantries and soup kitchens on a regular basis to supplement monthly food shortfalls, it is vital that pantries offer healthy options for their clients; and

WHEREAS 1 in 6 people and over 1 in 4 children in Catawba County are at risk of hunger, and there is evidence that hunger and obesity are linked: if an individual is food insecure, meaning they have limited or uncertain availability of nutritionally adequate and safe foods, they are at a much higher risk of becoming obese; and

WHEREAS 38.1% of Catawba County's children and 72% of Catawba County's adults are overweight or obese; and

WHEREAS a local movement called "Give Healthy" has been launched to encourage the donation of foods filled with the nutrients adults and children need for healthy living in partnership with food collection agencies across our county, including The Corner Table; Eastern Catawba Cooperative Christian Ministry; Greater Hickory Cooperative Christian Ministry; Hickory Soup Kitchen; and PORCH.

NOW, THEREFORE, the Catawba County Board of Health does request that the Catawba County Board of Commissioners proclaim March as National Nutrition Month in Catawba County, NC, and encourage all citizens to join Catawba County Health Partners and Catawba County Public Health in the "Give Healthy" campaign and become concerned about their nutrition and the nutrition of others in the hope of achieving optimum health for both today and tomorrow.

Signed this the 2<sup>nd</sup> of March, 2015

Mr. Mixon requested a motion and Dr. Sharon Monday made a motion to recommend the Board of Commissioners proclaim March as National Nutrition Month and for citizens to join Catawba county Health Partners and Catawba County Public Health in the "Give Healthy" campaign. Ms. Naomi East seconded the motion and it passed unanimously.

**HEALTH DIRECTOR'S REPORT**

Mr. Doug Umland, Health Director, gave his report.

- Budget -He stated there was nothing new to report regarding the budget at the local level or the State level at this time. Due to the inclement weather, many of the committee meetings at the General

Assembly were postponed. There has been some discussion about a shortfall, but nothing definitive at this point.

- Dr. Anna Schenk, UNC - Institute of Public Health will be presenting at the General Assembly at the DHHS Subcommittee on March 3, 2015. This will be an update on Public Health and she consulted with the NC Association of Local Health Director's.
- Air Quality – Regarding Ozone and PM<sub>2.5</sub>, the Unifour area has been able to meet the federal level for both PM<sub>2.5</sub> and Ozone, which has been a good thing. The Environmental Protection Agency (EPA), are under court order to by October 2015 to have a new Ozone standard. The EPA has gone back and forth and had delays in making a decision. The current standard for Ozone is 75ppb, and it looks like the EPA may lower that rate. They could keep it at that level or go to 70ppb or 65ppb or 60ppb.

The current 3-year rolling average is 64ppb for the Unifour region. Two monitors in our region – Taylorsville (Alexander County) and Lenoir (Caldwell County). Mr. Urland stated that if it reduced to 65ppb although our rolling average is under that it is just barely under that level. Should we have a hot ozone season the average could exceed the federal allowable level. He added that these are health based standards – not economic standards. Therefore, they do not consider economic impact to the region when making that decision. The Ozone season is April – October, which is seasonal, however, because of the changes there will be areas that will be monitoring ozone year-round. Charlotte and Raleigh, NC are year-round monitoring for Ozone. He stated that we may have a green day here and Charlotte has a yellow or orange. Therefore, people need to make sure they are looking at the Hickory ozone information.

PM<sub>2.5</sub> that will be reviewed in a couple of years. He added that the Unifour Air Quality group represents all four counties and municipalities in the area. Representatives from the different counties and municipalities are members of that group. The Western Piedmont Council of Governments (WPCOG) is assisting in formulating a letter for the UACQ to communicate regarding the potential standard changes.

Dr. Matthew Davis asked if being found in non-attainment results in fines. Mr. Urland stated that in that past UACQ was in violation of the federal ozone standard. The counties interested in reducing levels and avoid any fines, were to enter into an Early Action Compact (EAC) agreement. That was a detailed process for many years which required engagement in community outreach to reduce the ozone level. The UACQ worked with business and the Chamber of Commerce, and worked with counties and municipalities to come up with policies and procedures. This included landscaping changes, public service announcements about not topping off gas tanks after 6:00pm, and not cutting the grass in the high ozone period during the day, etc.

The environmental groups did not like the EAC. It was successful for Catawba County and others around the country exceeded expectations in that process. Attainment status was achieved prior to the end of the EAC. Mr. Urland stated that the weather does play a role, and that cannot be predicted.

Mr. Urland stated that when Catawba County was in non-attainment with the PM<sub>2.5</sub>, although there were no fines, there were issues with the Federal Highway Transportation funding. Also, businesses and industry can look at the community and knowing they will have a certain amount of emissions, can make decisions not to locate in the area, which cost needed jobs.

Mr. Dan Hunsucker stated that it also affected incentives from the State. Mr. Mixon asked if weather was the primary contributor. Mr. Urand responded that's its predominantly human activity. Dr. David Hamilton, Jr., asked about the location of the monitors in Taylorsville and Lenoir. Mr. Urand stated that was established by the NC Division of Air Quality. The DAQ installs the monitors for the EPA. The PM2.5 monitors located on N321 had been called into question because of its proximity to highways and the railroad.

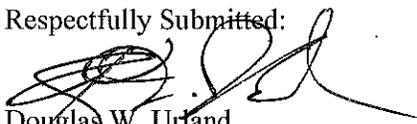
Mr. Mixon asked if air quality was better overall now. Mr. Urand stated that yes one of the contributions to that is the new emission level on new cars; Marshall Steam station did a lot of work to reduce emissions, the weather that has been favorable over the last few years, and much time and effort by local governments and business to affect the change in air quality.

**OTHER BUSINESS**

Chairman Mixon asked if there was any further business for the Board. Ms. Martha Knox stated that there was a brief video to share with the Board about NC Public Health. The Board viewed the NC Local Public Health Departments Keeping Use Safe and Healthy video.

Hearing no further business, Mr. Dan Hunsucker moved that the Board of Health be adjourned. Dr. Sharon Monday seconded the motion and it passed unanimously. The meeting adjourned at 8:40 pm

Respectfully Submitted:



Douglas W. Urand  
Health Director

DWU: mjk