

**Catawba County Board of Health
Minutes
December 1, 2015**

The Catawba County Board of Health met on Monday, December 1, 2015. The regular meeting of the Board of Health convened at 7:08 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
Mr. Dan Hunsucker, County Commissioner
Dr. David C. Hamilton, Jr.
Ms. Brenda Watson
Ms. Naomi East
Mr. Brian Potocki
Ms. Dana H. Greene
Dr. David L. Harvey

Members Absent: Dr. Matthew Davis
Dr. Sharon Monday

Staff present: Mr. Doug Urand, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Ms. Sindie Sigmon, Business Manager
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor
Mr. Mike Cash, Environmental Health Supervisor
Ms. Julie Byrd, WIC Nutrition Supervisor
Ms. Sarah Rhodes, Interim Home Health Manager
Ms. Amy McCauley, Community Outreach Manager
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Jennifer Lindsay, School Health Charge Nurse
Ms. Martha Knox, Administrative Assistant III

Visitors: Mr. Dewey Harris, Assistant County Manager
Ms. Mary Furtado, Assistant County Manager

CALL TO ORDER

Mr. William Mixon, Chair called the meeting of the Catawba County Public Health Board to order at 7:00p.m. The Chairman welcomed staff and visitors, which included Mr. Dewey Harris, Assistant County Manager and Ms. Mary Furtado, Assistant County Manager

APPROVAL OF THE AGENDA

Mr. William Mixon, Chair stated that the agenda for the December 1, 2015 meeting of the Board of Health was included in the packet. Mr. Mixon asked if there were any changes to the agenda, and hearing none; he asked for a motion to accept the agenda as presented. Dr. David L. Harvey so moved and Ms. Naomi East seconded the motion. The motion passed unanimously.

APPROVAL OF MINUTES

The minutes for November 2, 2015, were included in the Board packet. Mr. William Mixon, Chair asked if there were any corrections, hearing none, he asked for a motion to accept the minutes as presented. Mr. John Dollar so moved and the Chairman asked for a vote on the minutes and the Board unanimously approved the minutes as presented.

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. Dan Hunsucker, County Commissioner, was unable to attend on this date. The Chairman introduced Ms. Jennifer McCracken, Health Services Manager,

SCHOOL HEALTH PROGRAM UPDATE

Ms. Jennifer McCracken, Health Services Manager, started her presentation showing empty chairs in a classroom. Ms. McCracken asked the following question regarding the empty chairs:

- ❖ Why are these desks empty?
- ❖ What if there was a flu epidemic? What if there were so many sick children that the decision was made to close the school?
- ❖ What if this was your child's or grandchild's classroom?

She stated that with the partnership Catawba County Public Health has with the three school systems, the State and with Catawba Valley Medical Center, we do not have classrooms with empty desks in Catawba County. Catawba County has 24,431 students in three school systems. There are 23 practicing School Health nurses, and a ratio of 1 nurse for every 1,062 students.

- ❖ Catawba County Schools has 15 nurses serving 16,856 students – ratio of 1:1,123
- ❖ Hickory Public School has 5 nurses serving 4,363 students – ratio of 1: 872
- ❖ Newton-Conover Schools has 3 nurses serving 3,212 students – ratio of 1:1,070

Ms. McCracken stated that where Catawba County falls short is the nurse to student ratio. The CDC recommendation is 1 nurse to every 750 students. We are not meeting the best practice recommendations. Although the ratio of nurse to students is better than 15 years ago, it is not as good as it was 6 years ago. Six years ago, Catawba County Schools reduced the nurses in their program by 2 FTEs.

What the Catawba County Public Health School Program does well:

- ❖ Case Management
- ❖ Health Referrals
- ❖ Screenings
- ❖ Healthy School Environment
- ❖ Policy Development

Healthy children learn better, and that means they must be well rested, eat breakfast, have a medical and dental home among other things. A School Nurse works each day with each child's individual needs to help them be healthy and successful in school. A strong school nurse presence in all schools is critical for the health of the students in our county. The goal is have each desk with a healthy child there and ready to learn.

Some things that our School Health Program does well are:

- ❖ Early identification of children with chronic disease and knowledge on the part of schools to quickly address health needs of students;
- ❖ Teachers readily referring children to the School Nurse
- ❖ Screenings, such as vision/dental are well-established and follow-up is efficient, strong rate of receiving care once referred.
- ❖ Disease prevention is a focus for school nurses and they work cooperatively with the schools to create a healthy school environment.
- ❖ School Nurses work closely with the CCPH Communicable Disease and Immunization programs to ensure children are appropriately immunized to mitigate the spread of communicable diseases.
- ❖ School Health Administration works with school boards to create school health related policies.

Opportunities for Improvement -

- ❖ Pioneer a School Health Model that includes:
 - ❖ Meeting the needs of medically complex students
 - ❖ Meeting the increasing demand for Chronic Disease management
 - ❖ Promoting school staff wellness

Ms. McCracken stated that children have more and more needs for case management, which takes time to get everything in place to assist one child on a day to day basis. Additionally, staff wellness and staff health issues are also a focus during the day for the school nurse. A healthier staff will produce healthy children in the classrooms. Ms. McCracken added that she were to take a rough estimate of staff in all three schools and add that to the number of students, the school nurse ratio would increase to 1 nurse for every 1,150.

There are also new schools such as Discovery High School, Catawba Rosenwald, and Compass that have come on the scene in the last 5-6 years. Those schools do not have a high volume of students; however, it takes travel time for nurses between schools.

The Future –

- Goals for the School Nursing Program
 - ❖ Enhance our Public health connection to the community through the School System
 - ❖ Increase # of school nurses by 8
 - ❖ Ratios closer to 1 school nurse for every 750 students in all Catawba County school districts

Ms. McCracken stated that Schools are vital to our community and are a hub for children and families. The School Nurses will continue to be a focus in connecting the community to health resources. Adding eight additional school nurse positions will position Catawba County's as a model for the State, and will help Catawba County reach the goal of 1 school nurse to every 750 students.

Mr. Potocki asked how our County's ratio of nurse to student compares to other counties. Ms. McCracken stated that our ratio is 1:1,062 and that some counties have better ratio of nurse to students while some have a higher student to nurse ratio. Ms. McCracken did not have the actual comparison, but stated she could get that information for the Board.

Mr. Dollar asked who championed the health and wellness. Ms. McCracken stated that Doug, Jennifer, Rhonda Stikeleather and Jennifer Lindsay meet with the superintendents each year. Historically, the Superintendents have been supportive of the School Health programs. The expectation is that the superintendents champion our nurses to their school staff from the principals on down. She added that there is a lot of reactive work, and this is due to not having a nurse in every school. With the robust outcomes for the program and the experienced school health nurses in the program stay on top of issues. Although, there is always room for improvement the staff are doing a good job in our schools.

Ms. Naomi East stated that there is a lot of data in the Nursing journals that can be used to justify expansion of the school nurse program. Mr. Dewey Harris, Assistant County Manager, stated that when Doug is working on is reinvestment planning for Home Health, and it may be good to prioritize the School Health Program.

Doug Umland stated that unfortunately, some children not prepared for schools. They have chronic disease issues and the nurses are trying to prevent an acute episode with some of the chronic diseases. Some of the policies and system changes are areas that we can work with the school systems on. We want to focus on the future and looking at the target ratio for nurse to students.

Mr. Mixon asked if the school systems contribute to the programs. Ms. McCracken stated that they do and the partnership is with the school systems, State funding, and CVMC funds.

IMMUNIZATION COMPLIANCE

Ms. Jennifer Lindsay, Charge Nurse II, stated that she would be sharing information with Board about strategies the school health program has been working on in the past few years to improve the compliance with Tdap immunizations in the school systems here in Catawba County, and on July 1, 2015, a new regulation went into effect requiring the meningococcal vaccine this school year.

Pertussis – Bordella Pertussis bacterium, also known as whooping cough is highly contagious, second only to measles. Infants are the most affected due to not being fully immunized, and the next group most affected is the 7-10 age group. Followed by the 13-15 age group.



Trends -

- ❖ 2012 saw the most reported Pertussis cases since 1955
- ❖ National trends for Pertussis in 2014 saw an increase of 30%
- ❖ NC continues to see increase in Pertussis
 - 782 cases were reported in 2014

- ❖ Catawba County
 - 2013 reported 2
 - 2014 reported 4
 - 2015 reported 1

Ms. Lindsay stated that NC has continued to see increases in Pertussis and in 2014 the incidence of Pertussis increased dramatically in NC. NC saw an increase from 315 cases in 2008 to 622 cases in 2013, in which 42% of the cases were in ages 7- 19 years. She added that the Tdap Booster was mandated in 2008 for rising 6th graders.

The School Health staff documented an increase in compliance issues in 2013, and analyzed in depth the Tdap compliance numbers and possible barriers. Schools are only excluding small numbers of students from school despite the law that mandates students not be allowed to attend school until they have the required immunizations. Another barrier that was identified was providers in the community; some physicians would not vaccinate a child until they turned 11 despite Tdap vaccine available for 10 year olds. Some students did not turn 11 until after the 30th calendar day leaving them without vaccine. If parents waited until the last minute and requested a Tdap, some offices were not giving them the vaccine until they had a check-up. There seem to be missed opportunities for students to be vaccinated when going to MD offices.

Ms. Lindsay stated the Immunization Education Outreach has included:

- To improve Tdap numbers, School Nurses developed proposed timeline for Tdap Campaign to help increase Tdap numbers by the 1st day of school. Consistent plan for each nurse to follow throughout the year so reminders were sent from December-June
- Parent Education much sooner than in previous years. First outreach to parents went out in December. Reminded of vaccine and encouraged to get vaccine the next time they went to MD office. Encouraged check-ups with medical home provider. No missed opportunities
- Developed outline for educational session and objectives to cover with all 5th grade students
- Letter developed and endorsed by Dr. Bates sent to all providers in the community, explaining Public Health campaign, and encouraged to carry vaccine for 10 and 11 year old

In 2014, the compliance rate improved from 89% in 2013 to 98% of students receiving the Tdap booster by the 30th day of school. The increase was attributed to the increased messages to parents, however, exclusion from school remained in small numbers of those non-compliant.

The second year outcome results for 30th day compliance in 2015 are:

- Meningococcal vaccine 98%
- Tdap 99%

The current outcome for immunizations states:

To ensure compliance with the amended NC immunization requirements effective July 1, 2015 and to continue efforts to prevent Pertussis and other vaccine preventable diseases in our community by June 20, 2018, 90 percent of eligible seventh grade students will receive a Tdap booster and Meningococcal vaccine by the 30th calendar day of school.

Ms. Lindsay stated that the impact of immunization compliance protects not only the individual child, but also prevents that child from spreading potentially severe or fatal illnesses to others who are not vaccinated, such as infants or individuals who are not medically able to receive vaccines. Currently, Catawba County has 11 children in the target age group exempted for religious reasons and 1 exempted due to medical issues. The illness affects more than the sick student, but also any student that is a contact of that student. Those students may have to be excluded from school until their immunization status is verified. This can impact academic time for students, teachers, parents and staff at the school.

Ms. Lindsay stated that school nurses are definitely important links to ensuring students are compliant with immunizations. The school nurses continue to educate the school system personnel on the importance of ensuring that all students are protected against diseases by getting their immunizations. Ms. Lindsay offered to answer any questions the Board members may have.

Mr. Mixon thanked Ms. Lindsay for her presentation.

DUKE ENDOWMENT GRANT

Ms. Amy McCauley, Community Outreach Manager, stated she was pleased to share that the Catawba County Health Partners (CCHP) coalition has been awarded the “Healthy People Healthy Carolinas” grant from the Duke Endowment in the amount of \$450,000 over three years. The grant will begin in January, 2016 and continue through December, 2018.

The grant is about transformation and will focus on areas of: nutrition, physical activity and chronic disease. The grant is supported by the Duke Endowment and Population Health Improvement Partners, which is a statewide organization that provides community health improvement support and quality improvement support..

The application was submitted in August, 2015, and was CCHP was required to partner with a local hospital, and CVMC agreed to be that partner. This will ensure that community health improvement efforts align with healthcare improvement efforts in our community. Ms. McCauley stated that a site visit with Duke Endowment was conducted in September. The notification of the award was received in early November. CCHP was only one of five coalitions to receive this award.

Objectives for the grant will focus on population health improvements. Development of shared goals and common measures will help improve health and help the community make better health choices. Ms. McCauley stated that the organizational structure that has many different participants, it is important to make sure all parties are on the same page. There is a requirement of the grant to use evidence based objectives that can be measured. There is a big component of capacity building. The grant will be implemented by Health Partners and that organization exists to focus on health priorities.

Ms. McCauley explained the organizational structure of the Health Partners group and how the organization is more focused on strategies such as walking areas in Hickory to encourage more physical activity. Health Partners is managed by Catawba County Public Health and has a separate board. In February, a report to the Board of Health will outline the health priorities for our community. The CCHP staff provides the operational

day-to-day staff for Health Partners. She listed some of the recent initiatives over the past years, such as: Get Healthy, Farmers Markets, Healthy Schools, and Well Business are just a few.

At this time, the Cancer Task Force is active and the Well Business work group is in its second year, and a partnership is being developed to help sustain the Well Business Program in the community. A Walkability work group is partnering with the City of Hickory to develop some marked walking routes in and around the downtown Hickory, as well as evaluating other opportunities for marked walking routes in other municipalities. In addition, work is being completed on the Community Health Assessment, which will be done in March.

In January, the Health Partners board will make recommendations new health priorities for 2016 – 2019, and it is anticipated that nutrition and physical activity will still remain relevant. Chronic disease will remain a focus over the next four years. A Strategic Plan will be developed and completed by June. The grant from the Duke Endowment will enable the CCHP to utilize new tools to implement the CHA.

Dr. Harvey asked if there were specific things that the funds from the grants will be spent on. Ms. McCauley stated that there are several areas where the funds may be able to help, such as adding SNAP capabilities to other Farmers Markets, but she added that the grant was not specific at this point about what the funds would be spent on. Ms. Naomi East stated that the City of Hickory implemented a bond referendum to fund walking routes in downtown Hickory. Ms. McCauley stated that Duke Endowment is looking to promote community health initiatives can be sustained in the community.

FLU UPDATE

Ms. Kelly Isenhour, Assistant Health Director, stated that Board members had a report on the 2015-16 Flu Season. Currently, 280 seasonal doses for ages 3+ have been given and 100 high doses for age 65 and older. 340 seasonal doses for the State VFC Program have also been given. Ms. Isenhour stated that at this time there is not a lot of activity in North Carolina.

ENVIRONMENTAL UPDATE

Scott Carpenter, Environmental Supervisor, he stated there had been some revisions to State laws regarding food and lodging. He gave a brief review of the laws and rules that were revised.

- ❖ HB 44 - Local review of prototype franchise food establishments GS 130A-248 (e1)
- ❖ HB 765 - Clarification when new permit issued for an establishment, any previous permit for that same establishment in that location becomes void.
- ❖ SB 7 – GS 130A-248(a6) - Allows food stands to provide seats and tables not more than 8 for customers to use while eating or drinking on the premises. Addition of seats under this subsection shall not require further evaluation of the adequacy of the approval sanitary sewage system.
- ❖ SB 7 - GS 130A-248(c1) - Push carts or mobile food units – Allows them to serve raw meat, poultry and fish once pre-portioned or ready-to-cook that are based from a permitted commissary or restaurant that is located on the premises of a facility which contains at least 3,000 permanent seats shall be allowed to prepare and serve food on the premises.

Mr. Carpenter reviewed the statistics and compared the inspections and permits issued for 2013-14 to 2014-15. During 2013-14 there were:

- * 2270 inspections performed
- * 960 permitted establishments
- * For 2012-2013 fiscal year we were 1 of 58 counties to achieve 100% inspection rate for types 1-30
- * Similar sized counties of 550-628 of types 1-30, we were 3 out of 6 to achieve 100%
- * Total TFE permits issued were 80
- * Total summer feeding sites were 32
- * Total of 9 smoking complaints

During 2014-15 there were:

- ❖ 2334 total inspections performed
- ❖ 988 permitted establishments
- ❖ For 2013-2014 fiscal year we were 1 of 45 counties to achieve 100% inspection rate for types 1-30
- ❖ Similar sized counties of 550-649 of types 1-30, we were 5 out of 7 to achieve 100%
- ❖ Total TFE permits issued were 81
- ❖ Total summer feeding sites were 41
- ❖ Total of 2 smoking complaints

Mr. Brian Potocki asked when notice of violation would be issued. Mr. Carpenter stated the law started in 2010 and establishments that receive three –will receive a fine on the third violation. The fine is up to \$200. Scott stated that if the bar does not serve food, but they are a public bar, they can be issued violations and can be fined.

There were 186 complaints that met the outcome to be handled in 48 hours. EH must handle the complaints either in Food and Lodging or On-site Water Protection Program. There was an established that received a fine of \$200 because there were people smoking in the established. The fines that are collected goes to the public school systems and are divided between the three school systems in Catawba County. Ms. Naomi East asked about food trucks. Mr. Carpenter stated that there are not very many, however, once in a while, however, in a larger population area food trucks are seen regularly.

Mr. Carpenter reviewed the different types of establishments that require inspections. *(See Minutes Attachment I)*

| | | |
|---------------------------|----------------------------|----------------------|
| Restaurants | Food Stands | Mobile Food Units |
| Pushcarts | Private Sch Lunchrooms | Ed. Food Service |
| Catered Elderly Nut Sites | Public Sch Lunchrooms | Limited Food Stands |
| Commissary | Institutional Food Service | Lodging |
| B & B Home | B & B Inn | Summer Camps |
| Primitive Camps | Resident Camps | Meat Markets |
| Rest/Nursing Homes | Hospitals | Child Day Care |
| Residential Care | School Buildings | Local Confinement |
| Adult Day Service | Seasonal Swimming Pool | Seasonal Wading Pool |
| Seasonal Spas | Yr. Round Swimming Pool | Yr. Round Wading |
| Year-Round Spas | Tattoo | Temp. Food Stands |
| Summer Feeding Sites | | |

There were 41 summer feeding sites and it is required that they are inspected at least once during the 2 months that they are operating to provide breakfast and lunch primarily to children that receive the free lunch program at schools.

Mr. Carpenter stated that there are anticipated permits in the Sherrill's Ford area in the near future. This will potentially add to the workload for the Environmental Health Specialists. Ms. East stated that a friend asked her about the Chipotle – E. coli incident. Mr. Carpenter stated that this did occur and that Costco also had E. coli in chicken salad that they were distributing and this affected Sam's and Walmart customers also. He stated that many times produce from the northwest has been identified as the cause of the Ecoli outbreak.

On-Site Water Protection-

Mr. Mike Cash, Environmental Health Supervisor, stated that he will review the items that new legislation has brought about.

HB765 – is an amendment that impacts EH and includes:

❖ **Environmental Health Impacts:**

- Private Option Permitting
- Improvement permit and Authorization to Construct permit modifications
- Study of operator and inspection frequencies

The State is requiring that revision or rules will ensure everyone knows how the changes must be implemented. Mr. Cash reported that the changes will provide that the improvement permit and the authorization to construct can be transferred from one owner to another. There will be a study conducted on the new requirements for EH to inspect systems that are also being inspected by a private company. Mr. Potocki asked if the private option permitting pertained to septic systems. Mr. Cash answered yes.

Mr. Cash stated that rules revisions have been discussed since 1999. The State now must review the rules and update them with the changes that have occurred with legislation. Dr. Harvey asked what State agency does the review. Mr. Cash stated it would be the Department of Health and Human Services/Division of Public Health/On-Site Water Protection Branch. Mr. Doug Urland, Health Director stated that the Rules Commission.

Mr. Cash stated the revisions are scheduled to be done by January 1, 2017. There is a template for input from the local level. Stakeholder groups are being formed and Mr. Cash is a participant to two of those groups. He has reviewed the draft and some changes are being suggested.

Coal Ash Management Act - Duke Energy is providing the state with information about any impacts coal ash may be having on the environment surrounding coal ash impoundments.

Duke Energy, in cooperation with NC Department of Environmental Quality (NCDEQ), must provide for sampling, analysis, and source determination of contaminants in drinking water wells located in the vicinity of coal ash ponds. *These assessments are ongoing and a final report from the state is not yet available.*

In response to inquiries received by the NC State Laboratory of Public Health (NCSLPH) regarding the concerns with privately owned wells near coal ash impoundment sites, NCSLPH has developed test panels specific to the contaminants of concern. The local fees approved by CCPH Board of Health are as follows: for additional testing are \$170 for a coal ash panel and \$150 for hexavalent chromium analysis, and all testing will be performed on an “as requested” basis.

Mr. Cash reviewed the statistics for his program over the past three fiscal years. *(see Minutes Attachment I)* The statistics show that the work load has increased. He stated that there have been some staffing issues and an additional Environmental Health Specialist was requested and approved. In addition to the staffing issues, there is more effort due to complicated lots. The lots they are purchasing are denied at a high rate. In 2014-15 compared to July 1 – November 30, 2015 – there have been almost twice as many denials of permits. Mr. Urland stated there are not enough good properties available for building. Dr. Harvey stated that the process from the developer causes additional trips to evaluate the request. The clock begins when the permit is requested. Mr. Potocki asked how many denied permits. Mr. Cash stated there were 10 in the July 1-November 30, 2015. Mr. Cash stated that the staff must stay focused on the quality. Dr. Harvey asked if there was statistics on time to the decision being made.

Mr. Cash stated it is only a matter of few days in most cases. He stated that may be something that can be incorporated in the future.

Mr. Cash stated that candidates are being reviewed for the new EH position. He added that the workloads for EH staff will continue to increase, and building is beginning to increase. However, there is not availability of good building lots.

Mr. Potocki asked about the new staff position. Mr. Cash stated it is another Environmental Health Specialist. The candidate needs to be a qualified Registered EH Specialist. The next State training is not available until next spring. Mr. Urland stated that all of the training is State required training and therefore, that is not controlled locally. If they do not have the State training, they would be hired as a trainee.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, he stated that an update on Home Health a public hearing was held on this date at the Board of Commissioners meeting. He reported the five different proposals that were being reviewed. Kindred Gentiva \$3.5 million, Wellcare \$2.3 million, Hospice/Lutheran Services \$2.1 million, LHC \$1.5million and Bayada \$1.325million. No public comments were made. The Commissioners authorized the County Attorney to work with Kindred Gentiva to develop an agreement that would be considered at the next meeting of the Board of Commissioners on January 19th. The agreement must be available 10 days prior to the Board of Commissioners meeting for review by the public. After that meeting, then the transitional time will begin.

GFHS Dental Update – At this time there is one dentist working and a 2nd dentist will be added in January/February, 2016 and the Dental clinic will begin operating 5 days a week.

Cost Settlement – 2010-11 was the oldest fiscal year for cost settlement. The tentative cost settlement for 13-14 has been received, however, it was a partial payment and that year has been flagged for a desk audit. 2014-15 has not been processed for settlement yet because of the discrepancy in the methodology. Some progress is being made, however, it is still a work in progress.

Budget - February 1, 2016 there will be a proposed 2016-17 budget for the Board's consideration. The Finance Subcommittee will be meeting on January 25, 2015 at a lunchtime meeting and any Board member should feel free to attend that meeting. The recommendation from that subcommittee will be presented to the Board on February 1st.

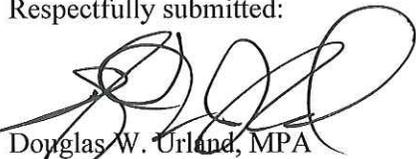
OTHER BUSINESS

There was no further business before the Board.

ADJOURNMENT

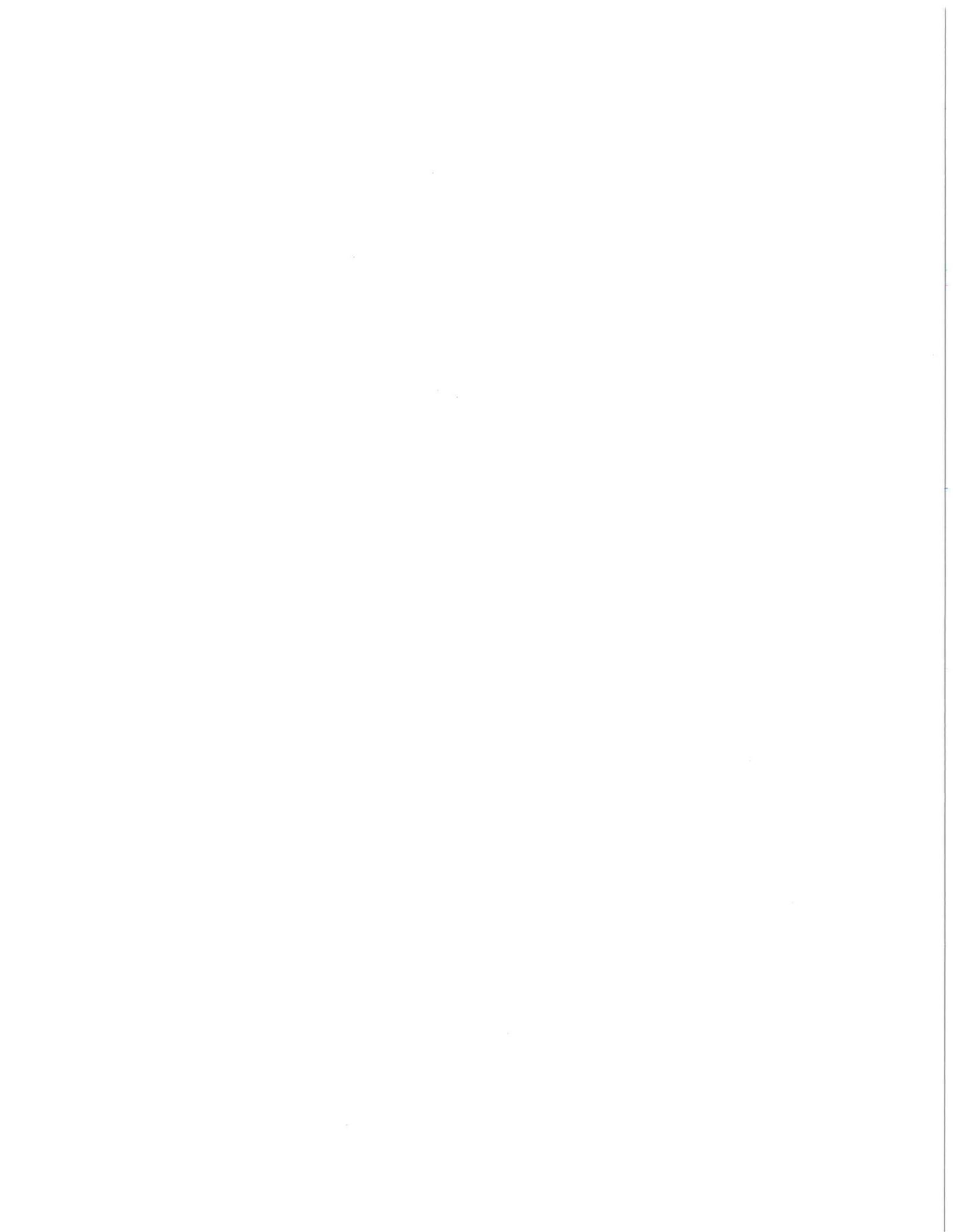
Mr. John Dollar made a motion to adjourn the meeting and Dr. Sharon Monday seconded the motion and it passed unanimously. The meeting adjourned at 8:45pm

Respectfully submitted:



Douglas W. Urland, MPA
Health Director

DWU: mjk



ENVIRONMENTAL HEALTH UPDATE

Scott Carpenter, REHS
Catawba County Environmental Health – FLI Update

OVERVIEW

- × Revisions to Laws
- × Catawba County EH End of Year totals and Comparisons

LAW REVISION HIGHLIGHTS

- × HB 44 - Local review of prototype franchise food establishments GS 130A-248 (e1)
- × HB 765 - Clarification when new permit issued for an establishment, any previous permit for that same establishment in that location becomes void.
- × SB 7 - GS 130A-248(a6) - Allows food stands to provide seats and tables not more than 8 for customers to use while eating or drinking on the premises. Addition of seats under this subsection shall not require further evaluation of the adequacy of the approval sanitary sewage system.
- × SB 7 - GS 130A-248(c1) - Push carts or mobile food units - Allows them to serve raw meat, poultry and fish once pre-portioned or ready-to-cook that are based from a permitted commissary or restaurant that is located on the premises of a facility which contains at least 3,000 permanent seats shall be allowed to prepare and serve food on the premises.

FISCAL YEAR 2013-2014

- × 2270 inspections performed
- × 960 permitted establishments
- × For 2012-2013 fiscal year we were 1 of 58 counties to achieve 100% inspection rate for types 1-30
- × Similar sized counties of 550-628 of types 1-30, we were 3 out of 6 to achieve 100%
- × Total TFE permits issued were 80
- × Total summer feeding sites were 29
- × Total of 9 smoking complaints

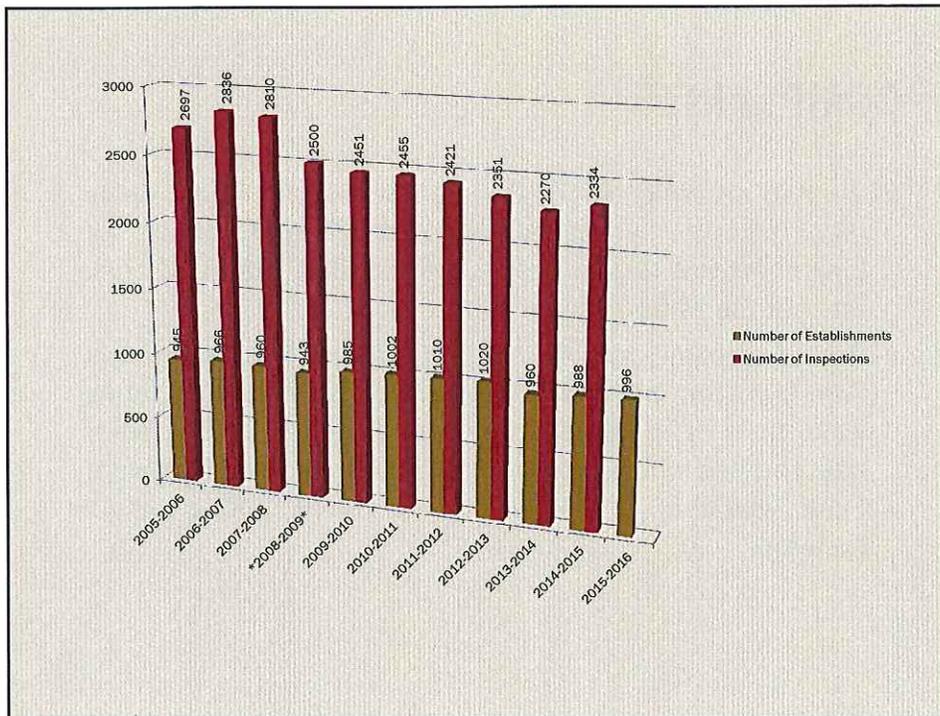
COMPARISON OF 2014-2015 TOTALS

- × 2331 total inspections performed
- × 988 permitted establishments
- × For 2013-2014 fiscal year we were 1 of 45 counties to achieve 100% inspection rate for types 1-30
- × Similar sized counties of 550-649 of types 1-30, we were 5 out of 7 to achieve 100%
- × Total TFE permits issued were 81
- × Total summer feeding sites were 41
- × Total of 2 smoking complaints

COMPLAINTS

- × We had a total of 186 complaints within all related fields (FLI, sewage, water supply, vector and other) of Environmental Health that were handled within 48 hrs. We met the 100% outcome goal.
- × Recent smoking complaint were \$200 fine was imposed at Twin Oaks Bar and Grill. They accrued (3) violations during visits from February 2011 to July 24, 2015. The owner paid the fine which goes to the Civil Penalty and Forfeiture Fund which in turn goes to our three public school systems.

| | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Restaurant (including drink stand) | 376 | 378 | 377 | 370 | 375 | 387 |
| Food Stand | 97 | 98 | 98 | 91 | 97 | 102 |
| Mobile Food Unit | 17 | 13 | 12 | 12 | 14 | 14 |
| Push Cart | 5 | 4 | 4 | 4 | 5 | 6 |
| Private School Lunchrooms | 5 | 4 | 4 | 4 | 4 | 4 |
| Educational Food Service | 1 | 1 | 1 | 1 | 1 | 1 |
| Elderly Nutrition Sites (Catered) | 5 | 5 | 5 | 5 | 5 | 5 |
| Public School Lunchrooms | 42 | 42 | 43 | 43 | 42 | 42 |
| Elderly Nutrition Sites (on premises) | | | | | | |
| Limited Food Service | 18 | 31 | 37 | 18 | 12 | 12 |
| Commissary for Pushcarts & MFU | | | | | 1 | 1 |
| Institutional Food Service | 18 | 19 | 20 | 19 | 20 | 20 |
| Lodging | 25 | 25 | 25 | 22 | 22 | 24 |
| Bed and Breakfast Home | 3 | 2 | 3 | 3 | 3 | 3 |
| Summer Camp | 3 | 3 | 3 | 3 | 6 | 7 |
| Bed and Breakfast Inn | 1 | 1 | 1 | 1 | 1 | 1 |
| Primitive Camp (year round) | | | | | | |
| Primitive Camp (6 months) | | | | | | |
| Resident Camps | 1 | 1 | 1 | 1 | 1 | 1 |
| Meat Market | 31 | 28 | 28 | 28 | 29 | 30 |
| Rest/Nursing Home | 16 | 16 | 16 | 16 | 16 | 16 |
| Hospital | 3 | 3 | 3 | 3 | 3 | 3 |
| Child Day Care | 102 | 100 | 102 | 93 | 95 | 93 |
| Residential Care | 38 | 37 | 37 | 30 | 35 | 29 |
| School | 54 | 55 | 56 | 55 | 54 | 54 |
| Local Confinement | 1 | 1 | 1 | 1 | 1 | 1 |
| Adult Day Service | 5 | 5 | 6 | 6 | 6 | 5 |
| Seasonal Swimming Pools | 59 | 59 | 59 | 59 | 59 | 59 |
| Seasonal Wading Pools | 7 | 7 | 7 | 7 | 8 | 8 |
| Seasonal Spas | 1 | 1 | 1 | 1 | 1 | 1 |
| Year-round Swimming Pools | 17 | 17 | 17 | 16 | 17 | 18 |
| Year-round Wading Pools | | | | | | |
| Year-round Spas | 10 | 10 | 10 | 10 | 10 | 11 |
| Tattoo | 41 | 44 | 43 | 38 | 45 | 38 |
| Temporary Food Stand | 115 | 98 | 99 | 80 | 81 | |
| Summer Feeding Camps | 10 | 20 | 36 | 29 | 32 | 41 |
| TOTALS | 1117 | 1101 | 1155 | 1069 | 1101 | 1117 |



FOOD, LODGING & INSTITUTION INSPECTED FACILITIES

Restaurants

Pushcarts

Catered Elderly Nut Sites

Commissary

B & B Home

Primitive Camps

Rest/Nursing Homes

Residential Care

Adult Day Service

Seasonal Spas

Year-Round Spas

Summer Feeding Sites

Food Stands

Private Sch Lunchrooms

Public Sch Lunchrooms

Institutional Food Service

B & B Inn

Resident Camps

Hospitals

School Buildings

Seasonal Swimming Pool

Yr. Round Swimming Pool

Tattoo

Mobile Food Units

Ed. Food Service

Limited Food Stands

Lodging

Summer Camps

Meat Markets

Child Day Care

Local Confinement

Seasonal Wading Pool

Yr. Round Wading

Temp. Food Stands

On-Site Water Protection Program

December 2015

Michael Cash – EH Supervisor

ENVIRONMENTAL HEALTH UPDATE

PROGRAM REPORT HIGHLIGHTS

× What is *New* in OSWP?

- + HB765 and upcoming changes
- + New rules on the way
- + Marshall Steam Station and coal ash
- + Staffing update

× Observations going into 2016

- + Work quality and service efficiency
- + Closing Observations

HB765 - SESSION LAW 2015-286

× **Session Law 2015-286** amends a number of State laws related to business regulation, State and local government regulation, and environmental regulation.

× **Environmental Health Impacts:**

- + Private Option Permitting
- + Improvement permit and Authorization to Construct permit modifications
- + Study of operator and inspection frequencies

Rules Revision Under Way

- ✘ A Master Draft of the proposed new rules revision (15A NCAC 18A .1900) is available and comments are being solicited from stakeholders
- ✘ New rules to be in place no later than January 1, 2017
- ✘ A template has been developed by the state for introducing comments and suggestions as this process develops
- ✘ Stakeholder groups are currently being organized and review meetings planned
- ✘ Still a very fluid process at this time

EXECUTIVE ORDER 62 COAL ASH MANAGEMENT ACT

- ✘ Duke Energy is providing the state with information about any impacts coal ash may be having on the environment surrounding coal ash impoundments.
- ✘ Duke Energy, in cooperation with NC Department of Environmental Quality (NCDEQ), must provide for sampling, analysis, and source determination of contaminants in drinking water wells located in the vicinity of coal ash ponds. ***These assessments are ongoing and a final report from the state is not yet available.***

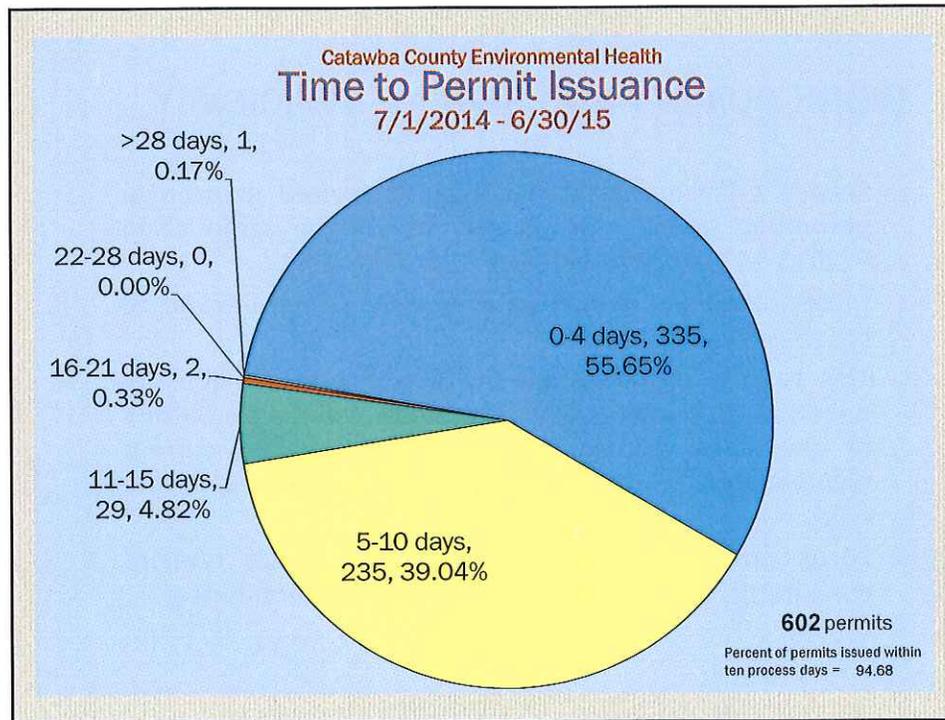
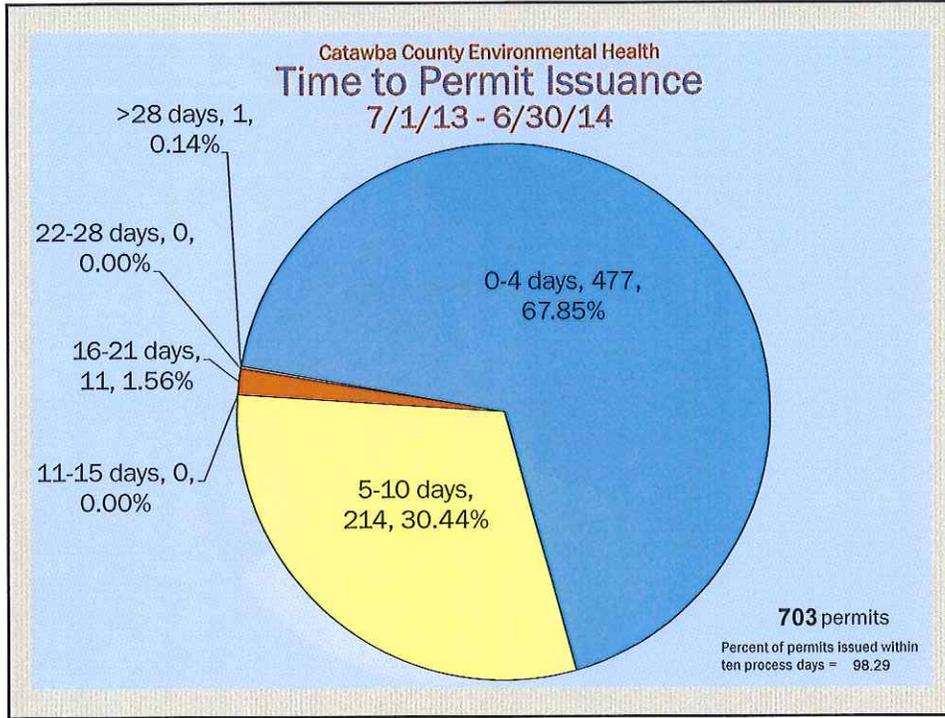
MARSHALL STEAM STATION AND COAL ASH

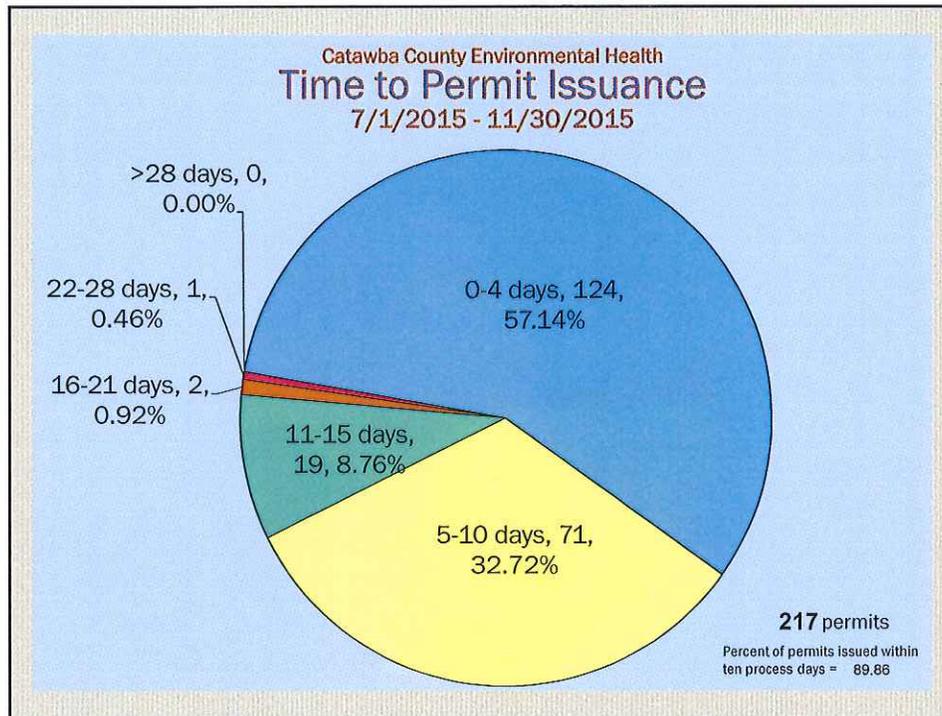
✘ Coal Ash Management Act Water Testing

- + To date, we have received courtesy copies of 40 health risk evaluation notices from sampled wells in the affected area. 14 of these wells were re-sampled, with some being re-sampled multiple times.
- + 37 of those wells were recommended not to be used for drinking, cooking and consumption.
- + We have received 7 notices from wells sampled outside of the prescribed 1500 ft radius, to be used as comparison study data. 5 of these were recommended not to be used for drinking, cooking and consumption.

COAL ASH AND WATER SAMPLING

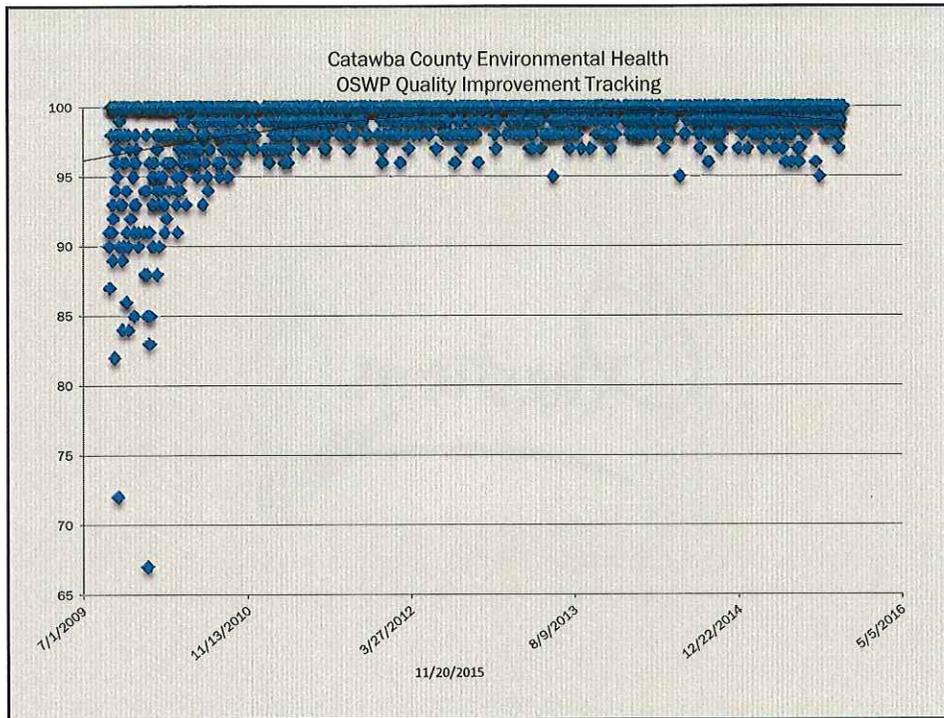
- ✘ In response to inquiries received by the NC State Laboratory of Public Health (NCSLPH) regarding the concerns with privately owned wells near coal ash impoundment sites, NCSLPH has developed test panels specific to the contaminants of concern.
- ✘ The local fees for additional testing are \$170 for a coal ash panel and \$150 for hexavalent chromium analysis, and all testing will be performed on an “as requested” basis.





WORK QUALITY AND SERVICE EFFICIENCY

- ✘ Service efficiency in FY 2014-15, measured in average permitting times, remains very nearly the same as in FY2013-14 at approximately 5 EH process days.
- ✘ Most notable is the number of permits issued beyond 10 process days.
- ✘ This is best explained by the actual *amount* of work necessary to permit individual projects and the *complexity* of the work on so many projects in the current environment, which has been readily observed in the field.
- ✘ Focus on the quality of the work product remains consistently high, with routine and ongoing monitoring.



CLOSING OBSERVATIONS

- ✘ Notable workload increases have been a general trend in both FY 13/14 and FY14/15 and are expected to continue into the current FY due to some resurgence in local development, even though actual permit numbers do not necessarily reflect such.
- ✘ General service efficiency is relatively unchanged from the previous FY, however the amount of work required to complete many new projects has increased significantly, as observed in the field setting. In essence, the work itself is changing.

