

**Catawba County Board of Health  
Minutes  
February 1, 2016; 7:00 p.m.**

The Catawba County Board of Health met on Monday, February 1, 2016. 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. 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  
Dr. Matthew Davis

**Members Absent:** Dr. Sharon Monday

**Staff present:** Mr. Doug Urland, 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  
Mr. Steve Price, Environmental Health Specialist  
Ms. Martha Knox, Administrative Assistant III

**Visitors:** 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 Ms. Mary Furtado, Assistant County Manager.

**APPROVAL OF THE AGENDA**

Mr. William Mixon, Chair stated that the agenda for the February 1, 2016, 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. Mr. Dan Hunsucker so moved and Mr. John Dollar seconded the motion. The motion passed unanimously.

**APPROVAL OF MINUTES**

The minutes for December 1, 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. Ms. Brenda H.

Watson so moved and Mr. Dan Hunsucker seconded the motion. The December 7, 2015 Minutes were unanimously approved as presented.

### **NEW EMPLOYEES**

Mr. William Mixon, Chairman asked Ms. Martha Knox if there were any new employees present to be introduced to the Board. Ms. Knox stated that Mr. Steve Price is present. Mr. Price began employment with Public Health as an Environmental Health Specialist on January 19, 2016. He will be working with Mike Cash and the On-site Wastewater Program. Mr. Mixon welcomed Mr. Price on behalf of the Board.

### **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 reported on the Catawba County Board of Commissioners meeting held on this date, as follows:

- A. The Board presented two awards from the North Carolina Public Library Directors Association to Library Director Suzanne White and Assistant Library Director Siobhan Loendorf. The first award recognized the Sherrills Ford-Terrell Branch of the Catawba County Library as a 2014-2015 Outstanding New Library Facility and the second award recognized Catawba County Library for the 2014-2015 Public Relations Award for medium sized libraries in the State of North Carolina.
- B. The Board issued a proclamation for the community-wide Big Read event occurring from February 23rd through April 2016, to encourage reading by all citizens through the reading, discussing and celebrating of this year's chosen book, Harper Lee's To Kill a Mockingbird.
- C. The Board presented the 2015 Distinguished Budget Presentation Award from the Government Finance Officers Association to Budget Manager Jennifer Mace and Budget & Management Analysts Paarth Mehta and Barron Monroe. The award is given to local governments that prepare and publish a budget document judged to be both informative and understandable. Catawba County has won this award for 27 consecutive years.
- D. Home Health – The Board of Commissioners adopted a resolution to approve the sale of Catawba County Home Health and the Asset Purchase Agreement with Kindred, Inc., as well as authorized the Chair to execute any documents needed to complete the sale.

### **2016-17 PUBLIC HEALTH BUDGET**

Mr. Mixon stated that the Finance Subcommittee of the Board of Health met on this date at 5:30 P.M., to consider the proposed 2016-17 Budget for Public Health.

Mr. Doug Urland, Health Director stated that he appreciated the Finance Subcommittee meeting this evening to consider the budget. A budget summary and the line item of the 2016-17 budget was put at Board members places. He will review highlights of the budget and request approval to submit to the County Budget office. He stated that the proposed budget to the 2016-17 budget is compared to the approved budget of FY 2015-16. This year, County Budget office did not provide county agencies with a target county share.

The total FY 16-17 budget is \$8,038,380.

- FY 16-17 budget decreased \$2,626,234 over FY 15-16 budget or 25%. Additional information on the increases/decreases is outlined below.

- Health insurance information has not currently been finalized by the County.
  - In a Fiscal Year there are normally 26 pay period for County employees, in FY 16-17 there will be a 27<sup>th</sup> payroll. This payroll in most cost centers will be covered by County funds, as no other funds are available to cover these costs. This additional payroll accounts for an increase in requested County funds of approximately \$210,000.
  - In most cost centers the operating expenses are being held at the same level or below the level of expenses in FY 15-16.
  - The revenue contributors to this budget are as follows:
    - County – \$2,843,346 or 35% (21% in FY 15-16)
    - State/Federal – \$2,010,744 or 25% (20% in FY 15-16)
    - Medicaid/Fees – \$1,776,830 or 22% (49% in FY 15-16)
    - Other Revenue – \$1,407,460 or 18% (10% in FY 15-16)
- Home Health – FY 2015-16 is the last year for our Home Health Agency. As Mr. Hunsucker mentioned, on this date the Board of Commissioners voted to sell our Home Health Certificate of Need to Kindred Healthcare (Gentiva). This move reduces our overall budget by approximately \$2.7 million. The closing is tentative February 29, 2016. Effective March 1, 2016, Home Health staff that have agreed to go with Gentiva, will begin employment with that agency. Patients and providers will be contacted to inform them of the change.

Mr. Mixon asked if there is liability insurance included in the agreement with Kindred. Mr. Urland stated that this is part of the agreement, and Mr. Hunsucker stated that there was a \$175,000 earnest money received from Kindred.

Mr. Urland stated that both Home Health staff and Kindred staff are working together to ensure a smooth transition. He stated this will be the last Home Health Governing Body and Advisory Board meeting. \$3.5 million will be coming to the county and a Public Health re-investment plan is being developed. Dr. David Hamilton asked if the money will stay with the Public Health agency. Mr. Dan Hunsucker stated he had suggested that the money be re-invested into Public Health for the community. Mr. Hunsucker added that a few calls had come in suggesting the sale should go to the Hospice program in the County, however, their bid was less than the Kindred proposal.

- Dental – In 2015-16 fiscal year, the Dental Practice was contracted out to the Gaston Family Health Services and is now Catawba Family Dentistry. This meant a reduction of \$422,000 in the budget.

At this time, there are two fulltime dentists, Dr. Chamberlain began work today, and beginning on February 12<sup>th</sup> dental services will begin on Fridays. One of the future goals is to provide dental services to indigent adults. At this time, children and pregnant women are being seen. Dr. Harvey asked if there was a timeline for when adults would begin to be seen in the dental clinic. Mr. Urland stated that the expansion is happening as quickly as possible. The caseload is being built at this time for the infants, children and pregnant women. In September of 2015 the transition to Catawba Family Dentistry was made. Kelly Isenhour, Assistant Health Director added that the goal was to see 450 patients in the 0-3 year old population and at this time they have a caseload of 310. The goal for 5 – 18 year old patients was 950 and at this time the caseload for that caseload is 690. The goal for pregnant women has been exceeded.

Mr. Mixon asked if adults will be seen on a sliding scale fee basis, and Mr. Urland stated that they would.

- Staffing - In FY 15-16 Public Health was approved to hire an additional Environmental Health Specialist for the Well/Water services. The costs for this position are covered with additional county funds. Other

changes made in the current fiscal year include a move of one staff from clinical services to WIC (Farmers Market and other related duties), recruitment of the currently vacant Public Information Officer position, as well as, recruitment for various other positions vacated in this Fiscal Year.

- Leveraging Resources – Mr. Urland stated that Public Health continues to leverage all resources, both internally and externally. Our agency will continue partnerships with Catawba Pediatrics; the three school systems and Catawba Valley Medical Center (CVMC), as well as, providing funding to Cooperative Christian Ministry.
  - This year Public Health is in partnership with CVMC for a Duke Endowment grant to total \$450,000 over a three year period. This grant will add one employee to Public Health who will work to develop and implement community health improvement strategies related to the county's health.
  - Mr. Urland stated that Public Health has partnered with Susan G. Komen for several years. Unfortunately, CCPH did not receive funds in FY 15-16 from the Susan G. Komen Foundation (funds were not distributed to agencies in Catawba County in 2015) – the reduction of these funds left Public Health unsure of how we would provide screening and diagnostic mammograms to qualified clients. CVMC offered to partner with our agency and with their assistance we were able to continue to provide these much needed services to our community. We have included Susan G. Komen funds once again in the FY 16-17 budget and recently completed the application process for requested funds.
  - Cost Settlement Revenues – Mr. Urland stated that our clinical operations for Public Health on an annual basis – fee-for-service is cost settled. In FY 15-16 we have received thus far, \$197,325 in payments for outstanding Cost Settlement funds related to FY 2011 and FY 2012. With the receipt of the \$197,325 all Cost Settlement reports are complete through FY 2011-12. We have received tentative settlement payments for FY 2012-13 and FY2013-14. We are awaiting final settlement of these two years, as well as, direction on the process that will be used for completion of the cost settlement for FY 2014-15.

Mr. Urland stated that FY 2013-14 is flagged for a desk audit, which will require additional staff time to answer questions. He added that Public Health is making progress with getting the Cost Settlement process identified.

Sindie Sigmon, Business Manager, stated that the audit for 2011-12 actually resulted in additional funds. However, there was request for additional documentation that staff provided. Dr. David Harvey asked if there was a timeline for determining the methodology. Mr. Urland stated that the State must submit a State Plan Amendment (SPA) and there is a deadline of February 15<sup>th</sup> this year. That SPA includes information regarding that methodology.

- Fees - No fee increases/decreases are recommended at this time, however, as mentioned above Environmental Health fees will be reviewed and recommendations made for the FY 17-18 budget. Ms. Sigmon added that the Fee and Eligibility policies had been merged into one policy effective August 3, 2015.

Dr. David Hamilton stated that removing Dental and Home Health that the budget being submitted is a \$500,000 increase over last year and Ms. Sindie Sigmon stated that was correct. Adding in the 27<sup>th</sup> payroll it would be approximately a \$700,000 increase.

ECST – Early Childhood Support Team, has been fully funded by Smart Start, however, the funding is not keeping pace with the increases to budget costs including salaries and supplies for two nurse consultants.

Mr. William Mixon, Chairman stated that a recommendation to approve the budget is before the Board at this time and he asked if there were any further questions or considerations before calling a vote. Hearing none he asked for those in favor and the recommendation was unanimously passed.

### **MID-YEAR OUTCOME SUMMARY**

Ms. Kelly Isenhour, Assistant Health Director, gave a brief update on the Mid-Year Outcome Summary. Ms. Isenhour stated that of 39 outcomes, 4 are not on target to be achieved at mid-year.

The four outcomes that are not achieved mid-year are:

### **ENVIRONMENTAL HEALTH**

#### **Statement of Purpose**

To assure a safe and healthful environment for the citizens of Catawba County with respect to permitted establishments, subsurface waste disposal, private well construction and protection, and North Carolina smoke-free laws.

#### **Outcome**

4. To provide excellent customer service, Environmental Health will complete 92 percent of all onsite well and septic permits within ten Environmental Health process days. (Fiscal Year 2013/14 rate was 98.68 percent. No State or regional data available for comparison.)

**Not On Target to Achieve (Mid-Year):** Through the end of the second quarter FY15/16, 232 OSWP permits were issued with 209 issued within ten EH process days for a completion percentage of 90.09 percent. While this number is below the target goal, this appears to be mostly attributable to workload backlogs caused by holiday vacations, recent rain events, and a shift in the actual nature of the work performed overall. A new, fully authorized EH Specialist staff addition in mid-January should place the OSWP section in good position with regard to this outcome goal.

### **HOME HEALTH**

#### **Statement of Purpose**

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. Home Health provides skilled nursing, physical therapy, speech therapy, and occupational therapy as well as home health aide and medical social work services to residents in their homes. The overall goal is to ensure that HHA clients in the Catawba Valley area will have access to, and receive quality home health care regardless of their socio-economic status.

#### **Outcomes**

2. To achieve long term sustainability in the dynamic home health care industry and assure all residents have access to home health care, Catawba County HHA will receive 1,300 patient referrals from a variety of healthcare providers. (In Fiscal Year 2014/15, 1,362 referrals were received.)

**Not on Target to Achieve (Mid-Year):** During the second quarter of FY15/16, 197 referrals were received. This was 60 percent of the 325 needed quarterly to meet the cumulative, yearlong outcome. During this quarter, HHA had two less nurses than during last quarter, which would explain the decrease in referrals (due to staffing issues). Plans are to continue to keep in touch with referral sources to remind them that HHA is still “open for business.” In transition, we are still providing quality home health care for their patients and we will continue to accept the number of referrals to whom HHA can adequately staff and provide safe, effective care.

### **PRENATAL**

#### **Statement of Purpose**

Catawba County Public Health (CCPH) aspires to ensure the highest quality and most efficient prenatal services to pregnant women by assuring early access to prenatal and postpartum medical care and support services through the Pregnancy Care Management (PCM) Program that aims to maximize healthy birth outcomes. CCPH, in partnership with Catawba Valley Medical Center (CVMC), assures comprehensive prenatal care is available to all pregnant women in Catawba County.

**Outcome**

3. CCPH will ensure that patients have continued access to safety net services (i.e. WIC, Family Planning, and care management) after delivery by having 84 percent of pregnant women residing in Catawba County that are receiving care management services through the Pregnancy Care Management program complete their postpartum exam. (In Fiscal Year 2013/14, 84 percent of CCPH prenatal patients completed their postpartum exam. No State comparison data is available.)

**Not On Target to Achieve (Mid-Year):** Eighty-two percent (222/272) of women receiving services through the Pregnancy Care Management program completed their six week postpartum visit

**WOMEN, INFANTS, AND CHILDREN (WIC)**

**Statement of Purpose**

The WIC program is a federally funded initiative with both State and local management that provides nutrition education and supplemental foods to eligible women, infants, and children of Catawba County. State data proves that WIC lowers infant mortality by 25 to 66 percent among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina. In the US, every WIC dollar spent on a pregnant woman saves \$4.21 in Medicaid cost during the first 60 days of an infant's life.

**Outcomes**

4. To increase individual consumption of fruits and vegetables with an aim toward reduced obesity and improved overall health in Catawba County, Public Health will increase access to fresh produce for lower-income residents through a 15 percent increase of SNAP/EBT usage at the Public Health Farmers Market. Baseline: \$1,868 SNAP/EBT purchases in 2014. 2015 Target: \$2,148. Obesity has been a health priority in Catawba County since the 2004 Community Health Assessment. As of the most recent annual SOTCH report, 67.2 percent of adults in the 17-county Northwest AHEC region (which includes Catawba County) are overweight or obese. One high impact strategy recommended by the Centers for Disease Control and Prevention to help address obesity is increasing access to fresh produce through access to/enhancement of markets, and providing the ability to use SNAP/EBT benefits is one way to accomplish that.

**Not Achieved (Mid-Year):** The Public Health Farmers' Market has increased SNAP/EBT usage by 12 percent across 17 farmers' markets. This represents an increase of \$224 from the baseline (\$1,868) to the current total (\$2,092).

Ms. Isenhour stated that Public Health will continue to promote that our Farmers Markets accept SNAP/EBT cards; however, this outcome will be removed for the 2016-17 fiscal year. Therefore, Catawba County Public Health outcomes are at 90% mid-year for 2015-16.

**COMMUNITY HEALTH ASSESSMENT OVERVIEW AND HEALTH PRIORITIES (See Minutes Attachment I)**

Ms. Amy McCauley, Community Outreach Manager, stated that the Community Health Assessment has been a project for the past year and a half. Mr. Zach King, Community Health Analyst, has been compiling data the results of the assessment and will share with the Board the results of this research community feedback.

Mr. King thanked the Board for the opportunity to share the information about the CHA and the Health Priorities for Catawba County. He stated that the CHA is a systematic collection, assembly, analysis and dissemination of

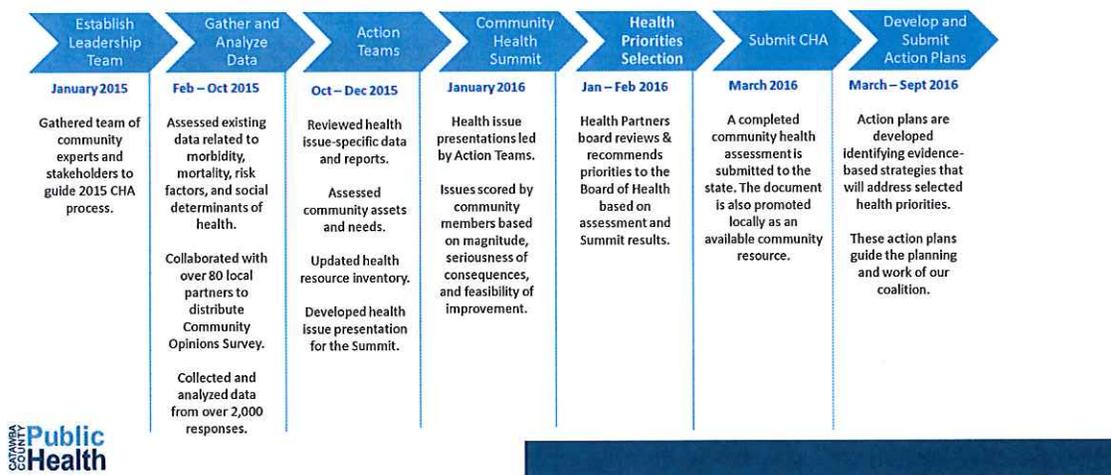
information about the health of the county. This report identifies important health indicators related to illness, death and high-risk behaviors in our community.

The reason why a community needs priorities is to set a benchmark for the entire community to address population-level health concerns. Each community is required to select three main priorities to address. Then a health priority action plan is developed and submitted to the State.

Catawba County Health Partners facilitates community coalitions to implement evidence-based, priority-driven community change strategies. Mr. King shared a diagram of the process –



## CHA Process



He also shared data that was utilized to identify: a community profile, correlate a community health opinion survey, and the leading causes of death in our community. Mr. King stated that over 30% of our residents live in rural areas. The unemployment rate for the county is 5.2%, which documents a decrease in unemployment. The data shows an increase in children living in poverty and that over 1/2 of the children living in Catawba County receives either free or reduced meals at school.

Partnered with grad programs at LRU and developed a survey – out of 2339 surveys 2,000 useable surveys were received. The goals are based on the demographic breakdown for Catawba County, and the Hispanic/Latino response has been the biggest challenge. The efforts continue to engage the community. Dr. Harvey asked if the Hispanic/Latino challenges were due to language barriers and/or culture. Mr. King stated that the survey was translated to Spanish and posted online and in newspapers. Perception of government affiliation was a factor.

Top 10 causes of death are:

## Leading Causes of Death



(2009-2013)	Rate per 100,000
Cancer, all sites	206.9
Heart disease	206.3
Chronic lower respiratory disease	74.8
Cerebrovascular disease	53.7
All other unintentional injuries	35.9
Alzheimer's disease	30.9
Diabetes mellitus	26
Pneumonia & influenza	25.5
Nephritis, nephrotic syndrome & nephrosis	21.2
Suicide	16.4

- Cancer is number one overall and among females, African-American population
- Heart disease is number one among males, White population
- Unintentional injuries are the leading cause of death ages 20-39
- Suicide has moved into top 10 causes of death



Cancer remains the # 1 cause and suicide has moved up into the top 10 causes of death. Unintentional injuries although listed as the 5<sup>th</sup> cause – it is the leading cause of death in the 20-39 age demographic.

Positive trends from the data are:

- **Access to Care:** # of uninsured adults down, Medicaid enrollment up
- **Cancer:** Lung cancer mortality down, cancer incidence overall down
- **Environmental Health:** Improved air quality
- **Heart Disease:** Incidence down
- **Tobacco Use:** Down among 6<sup>th</sup> graders
- **Teen Pregnancy:** Overall rate down
- **Flu:** Vaccinations up
- **STD:** HIV/AIDS incidence down
- **Infant Mortality:** Down overall

Trends that the data shows merit attention:

- **Injury:** Number of emergency room visits related to senior falls up
- **Cancer:** Breast cancer mortality up, overall mortality in minority population up
- **Suicide:** Rates up, 3<sup>rd</sup> leading cause of death for ages 20-39
- **STD:** Syphilis incidence up
- **Nutrition:** Number of food deserts up from two to six
- **Infant Mortality:** # babies born with low birth weight up
- **Social Determinants:** Poverty up, especially among children

Mr. King stated that trends to watch include emergency visits related to falls among seniors are up, and in the minority population cancer mortality is on the rise. Suicide rates are up and it is the 3<sup>rd</sup> leading cause of death for the 20-39 age demographic. Syphilis incidents up and Mr. King mentioned that there is some concern that this may impact the rise in HIV numbers.

Regarding Nutrition the food deserts are up from two to six areas in our county. Infant Mortality data shows that the number of babies born with low birth weight is up. Social determinants for our county are that poverty is up and this is especially true for children. Mr. Doug Urland, Health Director, asked regarding food deserts if the data changed the definition of what a food desert is. Ms. McCauley stated that the definition hasn't changed, however, the time period of when the data collection ended may not reflect the current numbers. Mr. King added that in

addition community feedback is needed to determine if lack of transportation is a factor in creating more food desert areas and/or play deserts (public areas for exercise or parks). Dr. Hamilton asked about how the poverty among the children was documented demographically. Mr. King stated that the poverty level was higher in the minority areas – the African-American and Latino populations of the county.

Dr. Harvey asked about roadside vegetable stand count towards reducing food desert numbers. Mr. King stated they do. Fresh fruits and vegetable stands must be licensed and certified through the State. Ms. McCauley stated that an urban food desert is a mile and rural food deserts are a 10 mile distance from full service grocery stores.

Regarding health disparities, includes the following information:

- The African-American population is more likely to die from: heart disease, diabetes, cancer, stroke, and kidney disease
- While overall stroke mortality has decreased, it has increased in the African-American community.
- Populations more likely to be obese: lower income, African-American, and lower education attainment
- Large disparities in teen pregnancy, pregnancy outcomes, prenatal care, and infant mortality between White & African-American women
- Food desert and play desert census tracts represent areas with lower income and higher minority population
- Disproportionate impact of poverty on African-American and Hispanic/Latino population

#### **2016-2016 Health Priorities**

Catawba County has had four health priorities since 2008 and they are:

Access to Care  
Cancer  
Obesity  
Substance Abuse

A Community Health Summit was held in January, 2016 and 90 community members listened to presentations on health issues and ranked them according to the magnitude, seriousness of consequence and feasibility to address them in our community. Catawba Health Partners Board recommends the following as priorities for 2016-19

1. Physical Activity
2. Nutrition
3. Chronic Disease

### **Physical Activity**



- Surveys indicate people in Catawba County aren't physically active enough and want more options for and information about exercise and fitness
  - Only 50% of adults regionally met recommendations
- The most common community improvements for physical activity selected in the survey were: sidewalks, walking routes, parks, greenways, and bike lanes
- 13 census tracts do not have park access within ½ mile for residents; additional 6 show less than 10% of residents can access parks within ½ mile



Mr. King stated that the City of Hickory is setting a good example for investing in the type of improvements to increase access to walking areas and parks. Community groups are also getting involved.

Ms. Naomi East stated that all of the high schools in Catawba County have walking trails and that these might be a good resource for increasing physical activity when they are not in use by the schools. Education of the areas that are available will be helpful in addressing access.



## Nutrition

- Several factors affect the availability of nutritious foods: **physical access, cost & poverty**
  - There has been an increase in the number of food deserts and individuals living in poverty
- **14.3%** of households receive SNAP; **57.2%** of students receive free/reduced lunch
- Surveys indicate people in Catawba County aren't eating the recommended five or more servings of fruits and vegetables per day, and they aren't limiting the amount of salt, fat and sugar in their diet
- Surveys also indicate that better/increased healthy food options was an area in most need of improvement in our community; and that eating well is the **#1 topic** needing the most information and support



## Chronic Disease

- Chronic disease represents **six** out of the top ten leading causes of death
  - **4,373** deaths attributed to chronic disease (2009-2013)
- Emphasizes the need for community-wide collaboration across the major diseases and risk factors that impact both health and quality of life in our community
  - Inclusive – does not restrict attention to a specific diagnosis
  - Collaborative – encourages partnership and cross-cutting approaches
  - Upstream – broadens opportunities for prevention, including tobacco



Mr. King stated that these were chosen for the following reasons:

- All three are inclusive and will impact multiple issues through targeted strategies.
- They will encourage community collaboration on a broader scale.
- There exist a high level of community interest and therefore more engagement on these priorities.
- All three will have the potential to impact health outcomes and the quality of life.

- All three can be addressed with evidence-based strategies to support population-level health improvement.
- Health Partners will have the room to expand collaborative efforts as determined by the community need.

Mr. King offered to answer questions. Board members had questions regarding Mr. King's presentation, such as:

- Dr. David L. Harvey asked about the action plan and focus on getting the group that is in the most need for the assistance. Mr. King stated that looking at health equity is one of the areas that is being focused on.
- Dr. David Hamilton, Jr. – asked if there will be a focus on schools too. Mr. King stated that the school health program is engaged and will continue to partner with community groups to include the school environment in the decisions being made and the focus on the future. Dr. Hamilton stated that problem of physical activity being sacrificed on an effort to meet test scores is contributing to the obesity in the children.
- Mr. Mixon asked when the changes are implemented in 2015 when will the changes be seen in the data. Mr. King stated we won't see immediate drops in obesity and morbidity for several years. However, implementing these strategies will make a long-term impact. There are short-term indicators that can be measured to show we are making progress toward these goals.
- Ms. East stated she wished there was an open forum – to present this information ongoing to school population and the community.

Mr. Doug Urland stated that the CHA can now be sent out electronically, and our staff are available to present to community groups at anytime regarding these goals. Ms. Isenhour stated that a lot of the data is from 2013. Mr. King stated that is true – the data is a year to two years behind current timeframes. Mr. John Dollar, Vice-Chairman, stated that there is data from NIH that can be utilized to see if your efforts are reaching the health priorities.

Ms. Dana Greene stated that the schools are a good resource to get community resource, such as family nights that are held at schools. Mr. Hunsucker stated that it should also be about getting the information out about trails and parks that are available for the community to utilize for physical activity.

Dr. David L. Harvey made a motion that Catawba County Board of Health approve the Health Priorities Physical Activity, Nutrition, and Chronic Disease for 2016-2019. Ms. Naomi East seconded the motion and it passed unanimously.

Board members asked about the timeline and Mr. King mentioned that the Community Health Assessment action plan is due in September, 2016. During the time between March and September, work will continue with the Health Partners board and partnering with the Healthy People Healthy Carolinas/the Duke Endowment Program. Ms. McCauley stated that the Duke Endowment grant strategies overlap with the strategies for our Health Priorities.

#### **FLU UPDATE**

Ms. Kelly Isenhour, Assistant Health Director, updated the Board on the status of the Flu Season for 2015-16. She stated the CCPH has obtained the following vaccines for distribution: 280 seasonal doses for ages 3 and, 100 high dose for ages 65 and older, and 340 seasonal doses for the VFC program.

To date CCPH has give 97 doses of High dose vaccine, 256 doses of the seasonal (Quadrivalent) doses, and a total of 208 doses of the State vaccine. Appointments are still being made for flu vaccines at this time.

The State and Local Flu Surveillance as of January 23<sup>rd</sup> showed that Influenza is widespread and 95 positive flu specimens have been reported. Influenza A is the most identified, however, Influenza B is also circulating. There have been 2 deaths reported in NC since October 4, 2015 and both of those deaths were adults.

Ms. Isenhour stated that the CDC released an advisory that showed A(H3N2), A (H1N1), and B viruses are circulating. There has been a surge in H1N1 in recent weeks with severe respiratory illness in young to middle age adults – many of these infections were in unvaccinated individuals. Clinicians were advised to continue giving flu vaccinations and treat suspected flu in high risk outpatients, those with progressive disease, and hospitalized patients with antiviral as soon as possible regardless of negative rapid test.

Dr. Harvey asked if CCPH vaccinated the same amount of people as last year. Ms. Isenhour stated that the number is probably less than last year and this is due to more providers in the area offering the vaccinations. However, Public Health continues to offer the vaccine. Dr. David Harvey asked if there was county data on those that are vaccinated. Kelly stated that the data is not available. Doug stated that it was a proprietary and some organization would not share data. Although you can report what doses you have purchased, the doses given are not as easy to track.

#### **HOME HEALTH GOVERNING BODY AND ADVISORY BOARD**

Mr. William Mixon, Chairman, asked for a motion to leave regular session of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Advisory Board. Mr. Dan Hunsucker so moved and Ms. Naomi East seconded the motion and it passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular session of the Catawba County Board of Health. Mr. John Dollar seconded the motion and it passed unanimously.

#### **HEALTH DIRECTOR'S REPORT**

Mr. Doug Urland, Health Director, stated that Catawba County Home Health staff will be recognized later in the month of February.

He asked Jennifer McCracken, Health Services Manager to give a report on the Zika Virus. Ms. McCracken stated that Zika Virus is a mosquito borne virus and has been around since 1947 and was first identified in Uganda. The virus is mostly seen in Central and South America at this time. The countries currently on the travel watch list are: Brazil, Columbia, El Salvador, Guatemala, French Guinea, and Haiti.

Only travel associated cases have been identified in the US at this time, and the "A" mosquito are the vectors and are aggressive daytime biters. 1 in 5 that are infected will become ill symptoms appear in 3-5 days, and they can be associated with a variety of illness. Severe disease requires hospitalization. Treatment is fluids and Tylenol and there have been very few fatalities from this virus.

The CDC website states: There have been reports of congenital microcephaly in babies of mothers who were infected with Zika virus while pregnant. Zika virus infections have been confirmed in several infants with microcephaly; it is not known how many of the microcephaly cases are associated with Zika virus infection. Studies are under way to investigate the association of Zika virus infection and microcephaly, including the role of other contributory factors (e.g., prior or concurrent infection with other microorganisms, nutrition, and environment). Local Public Health is sharing information with providers that treat pregnant women.

The CDC recommendation is that pregnant women not travel in any trimester of their pregnancy, because this virus can be transmitted to babies from the mothers. The CDC is working to make the Zika virus a reportable disease. A mosquito that causes this illness is not in North Carolina and is highly unlikely to ever be in NC.

Mr. Urland stated that if people can avoid travel to the countries that have been identified for high risk is the best prevention.

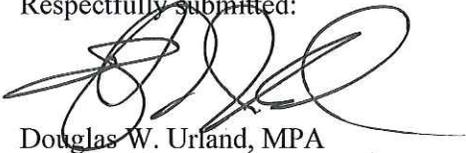
**OTHER BUSINESS**

There was no further business before the Board.

**ADJOURNMENT**

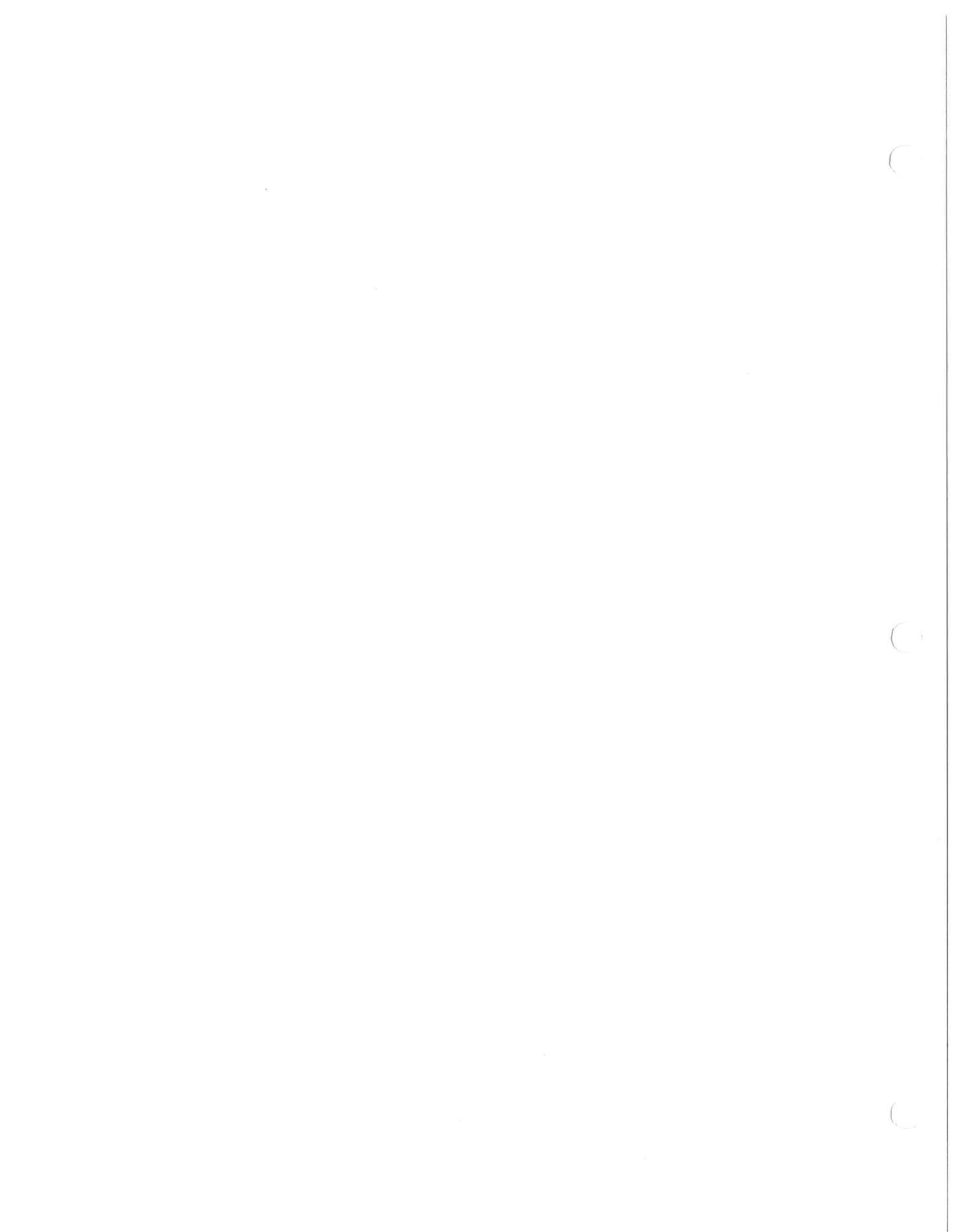
Mr. John Dollar made a motion to adjourn the meeting and Mr. Brian Potocki seconded the motion. Meeting adjourned at 9:10p.m.

Respectfully submitted:

A handwritten signature in black ink, appearing to read 'DWU', with a large, sweeping flourish extending to the right.

Douglas W. Urland, MPA  
Health Director

DWU: mjk



# Catawba County Community Health Assessment Review & Health Priorities Recommendation

Catawba County Board of Health  
February 1, 2016

## Today's Objectives

- Share information about the 2015 CHA process
- Share findings from the assessment
- Review health issue rankings from the Community Health Summit
- Approve recommended health priorities

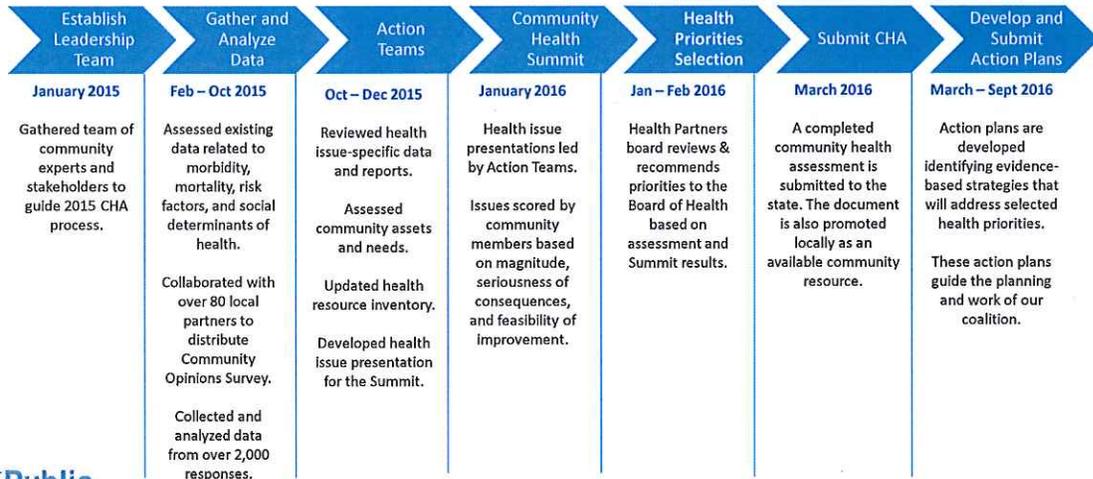
## What is the CHA?

- Systematic collection, assembly, analysis and dissemination of information about the health of the county
  - Primary and secondary health and socioeconomic data
  - Health disparities and trends
  - Health assets and needs
  - Health priorities
  - Health resources
- Identifies important health indicators related to illness, death and high-risk behaviors in our community
  - Compared to peer county, state, and Healthy NC 2020 indicators

## Why Priorities?

- Priorities set a benchmark for the entire community to address population-level health concerns
  - Required to select 3
- Must develop and submit health priority action plans to state
  - Required to show how priorities will be addressed with multi-level interventions
- Catawba County Health Partners facilitates community coalitions to implement evidence-based, priority-driven community change strategies
  - Initiatives to address priorities do not all need to be led by Health Partners

# CHA Process



# 2015 Community Health Assessment Findings

# Community Profile



	North Carolina	Catawba County
Total Population	9,535,483	154,358
Female (%)	51.2	50.6
Male (%)	48.8	49.4
Under 5 Years Old (%)	7.0	6.5
Under 18 Years Old (%)	23.9	23.8
65 Years and Older (%)	12.7	13.9
White (%)	68.5	81.7
White, not Hispanic/Latino	64.4	77.2
African-American (%)	21.5	8.4
Asian/Pacific Islanders (%)	2.2	3.5
Hispanics/Latino (%)	8.4	8.4
Population per Square Mile	195.7	385.9

- Over 30% of county residents live in rural areas
- 89.97% 4-year high school graduation rate
- 5.2% unemployment rate
- 15.3% of residents live in poverty, 23.4% of children
- 14% of households receive SNAP, 57.2% of students receive free/reduced meals



# Community Health Opinion Survey



	Demographic Goals	Survey Response
Ages under 65	84%	85.48%
Ages 65 and older	16%	12.78%
Male	50%	20.16%
Female	50%	79.84%
White	85%	83.22%
African-American	9%	10.62%
Asian	4%	2.76%
Hispanic/Latino	9%	5.81%

- 2,339 respondents, resulting in 2,072 usable completed surveys
- Created in partnership with LRU
- Distributed in person and online in collaboration with over 80 local partners
- Indicators related to demographics, health status, chronic conditions, health behaviors, access, and opinions on community services and needs



## Leading Causes of Death



(2009-2013)	Rate per 100,000
Cancer, all sites	206.9
Heart disease	206.3
Chronic lower respiratory disease	74.8
Cerebrovascular disease	53.7
All other unintentional injuries	35.9
Alzheimer's disease	30.9
Diabetes mellitus	26
Pneumonia & influenza	25.5
Nephritis, nephrotic syndrome & nephrosis	21.2
Suicide	16.4

- Cancer is number one overall and among females, African-American population
- Heart disease is number one among males, White population
- Unintentional injuries are the leading cause of death ages 20-39
- Suicide has moved into top 10 causes of death



## Positive Trends



- **Access to Care:** # of uninsured adults down, Medicaid enrollment up
- **Cancer:** Lung cancer mortality down, cancer incidence overall down
- **Environmental Health:** Improved air quality
- **Heart Disease:** Incidence down



## Positive Trends

- **Tobacco Use:** Down among 6<sup>th</sup> graders
- **Teen Pregnancy:** Overall rate down
- **Flu:** Vaccinations up
- **STD:** HIV/AIDS incidence down
- **Infant Mortality:** Down overall

## Trends to Watch

- **Injury:** Number of emergency room visits related to senior falls up
- **Cancer:** Breast cancer mortality up, overall mortality in minority population up
- **Suicide:** Rates up, 3<sup>rd</sup> leading cause of death for ages 20-39
- **STD:** Syphilis incidence up

## Trends to Watch



- **Nutrition:** Number of food deserts up from two to six
- **Infant Mortality:** # babies born with low birth weight up
- **Social Determinants:** Poverty up, especially among children

## Health Disparities



- The African-American population is more likely to die from: heart disease, diabetes, cancer, stroke, and kidney disease
- While overall stroke mortality has decreased, it has increased in the African-American community.
- Populations more likely to be obese: lower income, African-American, and lower education attainment

# Health Disparities



- Large disparities in teen pregnancy, pregnancy outcomes, prenatal care, and infant mortality between White & African-American women
- Food desert and play desert census tracts represent areas with lower income and higher minority population
- Disproportionate impact of poverty on African-American and Hispanic/Latino population



## 2016-2019: What Are Our Health Priorities?



## Current Health Priorities

- Access to Care
  - Cancer
  - Obesity
  - Substance Abuse
- All 4 have been priorities since 2008
  - Access to Care, Obesity and Substance Abuse have been priorities since 2004

## Community Health Summit

- 16 Action Team members representing a variety of community organizations, subject matter experts, and stakeholders gave presentations on findings related to their specific health issue from the health assessment process.
- Over 90 community members listened to presentations on health issues and ranked them according to magnitude, seriousness of consequence, and feasibility to address them in our community.

# Ranking Health Issues

Criteria	1	2	3	4	5
<b>Magnitude:</b> How big is the problem? How many individuals does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?	Very Low	Low	Average	High	Very High
<b>Seriousness of Consequences:</b> What degree of disability or premature death occurs because of the problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?	Very Low	Low	Average	High	Very High
<b>Feasibility:</b> Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers, and how big are they to overcome?	Very Low	Low	Average	High	Very High

# CHS Ranking Results

## Overall:

1. Obesity
2. Heart Disease/Stroke
3. Diabetes
4. Cancer
5. Nutrition
6. Physical Activity
7. Injuries/Violence
8. Tobacco
9. Infant Mortality
10. Unintended Pregnancy

## Magnitude:

1. Heart Disease/Stroke
2. Obesity
3. Diabetes
4. Cancer
5. Nutrition

## Seriousness of Consequences:

1. Heart Disease/Stroke
2. Diabetes
3. Cancer
4. Nutrition
5. Injuries/Violence

## Feasibility:

1. Obesity
2. Physical Activity
3. Diabetes
4. Heart Disease/Stroke
5. Nutrition

## Common Themes



## Recommendation for 2016-2019 Health Priorities

The Catawba County Health Partners board of directors recommends ***physical activity, nutrition & chronic disease*** to the Board of Health as the county's 2016 – 2019 health priorities.

## Starting Upstream

- Prevention can impact not only death and illness, but also improve overall wellbeing and quality of life
- Leading Preventable Causes of Death in NC
  1. Tobacco
  2. Physical inactivity & poor nutrition
- Related risk factors for **5 of the top 10** leading causes of death
  - 2009-2013: **4,385** deaths
- Ranked high in terms of magnitude, seriousness of consequences, and feasibility

## Physical Activity

- Surveys indicate people in Catawba County aren't physically active enough and want more options for and information about exercise and fitness
  - Only **50%** of adults regionally met recommendations
- The most common community improvements for physical activity selected in the survey were: sidewalks, walking routes, parks, greenways, and bike lanes
- **13** census tracts do not have park access within ½ mile for residents; additional **6** show less than 10% of residents can access parks within ½ mile

## Nutrition

- Several factors affect the availability of nutritious foods: **physical access, cost & poverty**
  - There has been an **increase** in the number of food deserts and individuals living in poverty
- **14.3%** of households receive SNAP; **57.2%** of students receive free/reduced lunch
- Surveys indicate people in Catawba County aren't eating the recommended five or more servings of fruits and vegetables per day, and they aren't limiting the amount of salt, fat and sugar in their diet
- Surveys also indicate that better/increased healthy food options was an area in most need of improvement in our community; and that eating well is the **#1 topic** needing the most information and support

## Chronic Disease

- Chronic disease represents **six** out of the top ten leading causes of death
  - **4,373** deaths attributed to chronic disease (2009-2013)
- Emphasizes the need for community-wide collaboration across the major diseases and risk factors that impact both health and quality of life in our community
  - Inclusive – does not restrict attention to a specific diagnosis
  - Collaborative – encourages partnership and cross-cutting approaches
  - Upstream – broadens opportunities for prevention, including tobacco

## Rationale: All Three...

- Are inclusive and cross-cutting = ability to impact multiple issues through targeted strategies
- Encourage community collaboration on broader scale
- Align with high levels of community interest and engagement
- Have potential to impact health outcomes & quality of life
- Can be addressed with evidence-based strategies to support population-level health improvement
- Give Health Partners the room to expand collaborative efforts as determined by community need and will

## Questions/Discussion

