

**Catawba County Board of Health
Minutes
September 6, 2016**

The Catawba County Board of Health met on Tuesday, September 6, 2016. The regular meeting of the Board of Health convened at 7:05 p.m. at Catawba County Public Health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Mr. John Dollar, Chair
Dr. David C. Hamilton, Jr, Vice-Chair
Ms. Brenda Watson
Dr. Sharon Monday
Ms. Gloria Costin
Mr. Brian Potocki
Dr. David L. Harvey
Mr. William Pitts

Members Absent: Mr. Dan Hunsucker, County Commissioner
Dr. Matthew Davis
Ms. Dana H. Greene

Staff present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Ms. Amy McCauley, Community Outreach Manager
Ms. Sindie Sigmon, Business Manager
Ms. Julie Byrd, WIC Nutrition Supervisor
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Sarah Rhodes, Clinical Services Nurse Supervisor
Ms. Megen McBride, Environmental Health Supervisor
Ms. Jennifer Lindsay, School Health Nurse Supervisor
Mr. Zack King, Community Health Analyst
Ms. Angie Propst, Administrative Assistant I
Ms. Leslie Campbell, Administrative Assistant II
Ms. Martha Knox, Administrative Assistant III

CALL TO ORDER

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

APPROVAL OF THE AGENDA

Mr. John Dollar, Chair, stated that Board members had received the Agenda and asked if there were any changes. Mr. Doug Urland, Health Director, stated that Item E., Commissioners Comments needs to be removed from the agenda. Mr. Dan Hunsucker, County Commissioner was unable to attend this meeting. Mr. Dollar asked for a motion to accept the agenda with Item E. removed. Ms. Brenda Watson made a motion to accept the agenda as amended and Mr. William Pitts seconded the motion. The motion passed unanimously.

APPROVAL OF MINUTES

The minutes for August 1, 2016, were included in the Board packet the Board members received via email. Mr. John Dollar, Chair asked if there were any corrections. Ms. Knox stated that there is one correction on Page two of the minutes under Public Comments she will change Mr. Mixon to Mr. Dollar. Mr. Dollar asked for a motion to accept the minutes as corrected. Dr. David Harvey so moved and Mr. Brian Potocki seconded the motion. The August 1, 2016, Minutes were unanimously approved as corrected.

PUBLIC COMMENTS

Mr. Dollar asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak; however, she did have a new employee to introduce to the Board.

NEW EMPLOYEE

Ms. Martha Knox, Administrative Assistant III, introduced Ms. Angela Propst to the Board. Angela worked for Public Health in 2009 as an Office Support Specialist, and left in 2013 to work for the Department of Social Services. Ms. Propst returned to Public Health on June 27, 2016, as an Administrative Assistant I in the medical records area. Mr. Dollar welcomed Ms. Propst back to Public Health on behalf of the Board.

FINANCIAL REPORT

Ms. Sindie Sigmon, Business Manager II, gave the Financial Report and began with a brief outline of the 2016-17 Budget, prior to the yearend report for 2015-16.

In the 2016-2017 Budget, Ms. Sigmon stated that some changes had occurred since the Board approved and recommended the Budget in February 2016. Among the changes were the revenues collected in the Sale of the Home Health Agency and the contract with Gaston Family Health Services (GFHS) for Dental Services. GFHS is a Federally Qualified Health Center (FQHC).

The County's portion of the Retirement Contribution for employees increased from 6.75% to 7.32%, therefore increasing the amount of Retirement line items in the budget.

Also, this year the Board of Commissioners approved a 2.25% increase for employees that meet the criteria of their annual evaluation. In addition, \$500 is available for top performing employees and is awarded by the Department Head based on the annual evaluation results.

County employees that contribute to a 401k account will also qualify for 1% matching of those contributions. This applies to all non-law enforcement employees only.

As of July 1, 2016, the county increased its contribution to the Health Savings Account (HSA) insurance. This year the contribution is \$600, which is a \$106 increase over last year.

Dr. Harvey asked about the funds from the sale of the Home Health agency. Ms. Sigmon stated the funds from the sale of the Home Health Agency are still in the Public Health account. Doug Urland stated he will be meeting with Mr. Mick Berry, County Manager about the reinvestment funds, however, Mr. Urland stated he does not anticipate decisions about how the funds will be used at this time.

Ms. Sigmon asked if Board members had any questions regarding the 2016-17 Budget. There were no questions at this time.

Home Health Update –

Ms. Sigmon stated that as the Board is aware the sale of the Home Health agency occurred on February 29, 2016. Since that time several hourly staff and regular employees have assisted in closing out accounts for the Home Health Agency. Currently there is one hourly billing employee and one hourly Home Health Intake Nurse, and each of those employees are working approximately 20 hours a week.

The Home Health billing system will be available to Catawba County Public Health until the end of September, 2016, and then it will become “read only” access. Currently, there are no error reports in the software system and some self-pay clients are being billed for outstanding balances. Also, 200 Debt setoff letters have been sent out for balance of \$50 or more and less than 3 years old. The Debt Setoff allows Public agencies to collect outstanding balances from clients’ tax refunds. Ms. Sigmon stated the letters have already resulted in clients making payment arrangements on balances, and coming in to Public Health to make payments. Accounts Receivable at the sale of the agency was \$630,287 and at this time it is slightly over \$100,000.

She stated that United Healthcare and Salem VA are two of the biggest insurance companies that still have money outstanding on Home Health accounts.

Mr. Urland stated that regarding Debt Setoff, Public Health has used Debt Setoff to collect outstanding balances in all areas of the agency, and has gleaned over \$98,000 for all of Public Health’s cost centers.

Before moving on to the 2015-16 End of Year report, Ms. Sigmon drew attention to Attachment II in the Board packet. This attachment is the Eligibility, Fee and Billing Policy. Ms. Sigmon stated that when a change needs to be made to this policy, it must be brought before the Board of Health for approval. The change being made to the policy is due to the documentation required in the past for the client. Staff attended a training and heard that agencies no longer had to provide this documentation to the clients. Due to Family Planning being a Federal Title X program, Ms. Sigmon stated that a request for the change in writing was made. That information has been received. After the change is made to the policy then staff can stop with this procedure.

The changed is located on page 7 of the policy and is highlighted in yellow as follows:

~~“ Each FP client will be provided documentation of the charge (fee) for service(s) provided for him/her that day, the sliding scale discount applied to the fee, and the client’s balance of the services provided that day.”~~

Mr. Dollar requested a motion to approve the Eligibility, Fee and Billing Policy as presented with the change on page 7. Dr. David Harvey so moved and Ms. Gloria Costin seconded the motion. The motion passed unanimously.

END OF YEAR FINANCIAL REPORT

Ms. Sigmon next directed the Board’s attention to Attachment I and she shared some highlights from the revenues and expenditures on the end of year report for June 30, 2016. She stated that the figures could change slightly once the county has completed the audit for 2015-16.

Ms. Sigmon stated that Board members will notice that she has highlighted line items for their review, such as:

STD Drugs – 2.8% of these funds were received. This revenue item is funds awarded by the State; however, Public Health continues to use drugs that are in stock and has not had the need to draw down

these funds. She stated Public Health does not spend this much on STD drugs. Mr. Urland stated the funds cannot be used for any other cost.

Cost Settlement 10% Balance – Ms. Sigmon stated that in 2015-16, Public Health received \$197,325 for Fiscal years 2010-11; 2011-12 – this paid everything owed for these two fiscal years. In addition, Public Health received 90% for 2012-13 & 2013-14, NC Division of Medical Assistance continues to hold 10% for those two fiscal years, and as of this date no funds have been received for 2014-15 and 2015-16 will also be on the books for outstanding amount.

She stated that NC DMA is calculating the amounts owed to local health departments differently on old years and on current or recent years. CCPH will receive around \$5,000 for the difference in calculations for these payments.

Dr. David Harvey asked if the methodology had been finalized at this time. Ms. Sigmon stated that a training session is being arranged and information was to be forwarded to health departments as of this date. Mr. Urland stated some progress has been made in collecting the past funds. There was discussion on why there is a 10% amount that is being held on past fiscal years.

Breast Cancer Grant – At 68.4% collection this reduced amount is due to being without a fulltime provider. March, April, May and June we did not have a provider to see patients for the BCCCP program.

Medicaid Per Member Per Month – These are funds for OBCM and CC4C programs and these programs received a 5% reduction in FY 2015-16.

Fee Revenue

Patient Fees – at 51.7% this is lower due to lack of a provider.

Home Health 3rd Party at 61.3% and this is due to the sale of Home Health

Adult Health Fees – at 68.2% Lower than anticipated due to lack of a provider.

Medicaid Revenue:

- Escrow Child Health Medicaid
- Escrow Dental Medicaid
- Escrow – Adult Health Medicaid
- Escrow – WPH Medicaid

Ms. Sigmon stated that these line items are waiting on the cost settlement payment from FY 2013-14 and 2014-15. These amounts are accounts receivable in 2016-17.

Miscellaneous Revenue – This line item is where the funds for the sale of the Home Health agency were deposited.

Duke Endowment – This is a grant that will span three years and total \$450,000. The first payment of \$150,000 received in January and will be expended over the 2016 year.

Susan G. Komen Grant – Grant awarded for April 2016 – march, 2016. The first payment was not received until the 2016-17 fiscal year in August.

Expenses –

Lump Sum Performance – This was reinstated in FY 2015-16. When a supervisor has an employee they feel has performed above their job expectations they can submit a request to the Department Head. Although Public Health only had \$8,412 budgeted the county manager's office had additional funds to assist in paying these performance pay awards totaling \$18,222.

Bilingual Stipend – This is paid for employees that are approved to translate a foreign language for either oral or written or both oral and written translation. Staff can receive up to \$1.98 per hour for bilingual skills. During 2015-16, Public Health hired additional bi-lingual staff, and therefore the amount paid out for stipends exceeded the budget.

Part-Time Wages - This line item is payment for hourly staff in assisting with Home Health and in Women's Preventative Health area.

Healthy People Implementation – this line item is the Duke Endowment Grant. Ms. Sigmon asked Ms. Amy McCauley, Community Outreach Manager, stated these funds support 1 fulltime employee and the supplies required to support that employee in meeting the outcomes for the grant.

Advertising - Dr. Harvey asked about the Yellow pages advertising note, and Ms. Sigmon stated that was for Home Health advertising and the cost was more than was budgeted. However, it was a contract for Home Health and therefore had to be paid.

Evidence Based Strategies - Ms. Sigmon asked Jennifer McCracken to explain these line items. Ms. McCracken stated that CCPH partnered with Partnership for Children to implement the Triple P Program, which is a Positive Parenting Program (Triple P) that gives parents simple and practical strategies to help them confidently manage their children's behavior, prevent problems and develop and build strong, healthy relationships.

Medical Services - The medical services were for the Home Health agency for Physical Therapy, Speech Therapy, and Occupational therapies and only expended through February.

Susan B. Komen - Also, listed is the Susan G. Komen Grant that was not awarded to PH in 2015.

Mr. William Pitts asked about the revenues and the possibility of moving revenues around as needed in programs. Ms. Sigmon stated that Public Health can move money from different subsections (83's, 84's, etc) through the year as needed. If money is moved from different subsections or between cost centers a budget transfer to the county is required.

ENVIRONMENTAL PERMIT OPTION UPDATE

Ms. Megan McBride, Environmental Health Supervisor, updated the Board on the Engineered Permit Option. She stated that new temporary rules are currently in effect and that permanent rules should be effective by January, 2017. This is a private option for septic system design and a property owner can choose to hire an engineer to design and submit plans for their wastewater system. The local health department acts as a repository of the information. The private engineer would be fully responsible under his license to ensure proper installation and maintenance as required under the current rules.

Therefore, the process requires that the owner hire a licensed soil scientist to evaluate the soil on the property and prepares a report. Then a private engineer (PE) will use the report to design the septic system. The design must meet all State rules. The Owner/PE submits a "Notice of Intent to Construct" to Environmental Health for review. Environmental Health has 15 days to review the paperwork and if all fields are complete Environmental Health (EH) will sign and date the form acknowledging completeness of the information. Then the owner/builder can move forward with the construction of the system. EH

will attend a “Post Construction Conference” and the PE submits the “Authorization to Operate” EH reviews that form for completeness and if everything is complete, EH will sign and date the form.

Dr. Harvey asked if the only oversight from EH is for completeness and Ms. McBride stated that is correct. The Engineered Option eliminates EH from the site evaluation and approval process. EH has no liability for the system design, construction or installation. The only visit to the site by EH is at the “Post Construction Conference”. The wastewater system must still meet all applicable state and federal rules and should an EOP system fail, the owner is to contact the PE and LSS.

Ms. McBride showed in her presentation the following comparison of the two systems available to the home owner.

Comparison of Current Process to EOP

<u>Current Process - EH Permit</u>	<u>Engineered Option Permit</u>
EH evaluates site	Soil Scientist evaluates site
EH issues permit	•PE submits NOI •EH reviews form for completeness
Owner/builder moves onto construction phase	Owner/builder moves onto construction phase
Septic System installed EH inspects	Septic System installed. PE verifies installation.
EH Issues Operations Permit	•PE submits ATO •EH reviews form for completeness
System put into use	System put into use

Due to the increased cost of an EOP, Environmental Health does not expect to see a high volume of these types of projects.

Ms. McBride shared two slides showing the increase in time to process permits and explained that this is due to extra trips to properties and the difficulty with the lots that are being processed.

Mr. Pitts asked if construction would be more costly because of the EOP design. Ms. McBride stated yes depending on the project.

Mr. Potocki asked what EH would be looking for at the Post Construction Review. Ms. McBride stated that EH is not there for guidance on the EOP. Mr. Urland stated that home owners/builders have two options available, and if they have the funds and choose to go with the EOP process they can do that. The EOP process operates parallel to EH; however, the private Engineer is fully responsible for the system under their licensure. As there are more EOP systems to look at, there will be the opportunity for the State to make changes as needed to the rules.

Dr. Harvey asked what EH responsibility is if there is a failure. EH will still investigate complaints, however if the system was done with the EOP process, it will be the Engineer’s responsibility to trouble shoot and fix the problem. Ms. McBride stated the rules give the authority to follow up on the complaints the legal recourse is the same for both systems when systems have failed. The wastewater systems must still meet all applicable state and federal rules.

Environmental Health will still be issuing permits for wells if public water is not available to the site with the EOP system. The State is tracking information on all EOP systems.

The Public Health Commission will issue a report on the experience statewide, with experiences either positive or negative. Ms. McBride stated the State is compiling a list of questions during this process.

Ms. McBride shared a couple of slides concerning permit issuance times and pointed out that in 2015-16 543 permits were issued and 83.61 were within ten process days. She added that the Administrative Assistants at Environmental health complete searches for existing septic system requests. In 2015-2016 there were 1,850 requests received.

Mr. Urland stated that are not any new subdivisions and smaller lots are now available for wastewater system requests. He stated normally there are 3-4 visits to a property on a non-problematic lot. Now there are 5 or more trips on the difficult lots. Therefore, it causes a staffing issue to meet the demand.

Environmental Health Food Lodging and Institution Update

Mr. Scott Carpenter, Environmental Health Supervisor, gave an end-of-year report for 2015-16. He stated that 2,340 inspections were completed at the end of June, 2016, and 995 were permitted to date. Catawba County EH maintained a 100% inspection rate. Temporary Food Establishments (TFE) permits issued were 93. Also the total Summer Feeding sites were 52 for 2015-16. EH gets reimbursed for the Summer Feeding sites. Total smoking complaints were 6 with 2 of those violations resulting in a \$200 penalty.

Mr. Urland stated that the funds from smoking penalties do not come to Public Health they are sent to the NC school systems. The complaints continue to occur at the same establishments and they have no problem paying the penalty.

Mr. Carpenter reported that there were 182 total complaints received and 100 percent were investigated within 48 hours. Inspections are completed 1-4 times per year, and Mr. Carpenter explained how the inspections run in the fiscal year. The inspections are not completed at the same time each year.

Dr. Sharon Monday asked if there were any reports of super-lice in the county. Ms. Jennifer Lindsay stated there have been no reports at this time.

ENVIRONMENTAL HEALTH FEES

Ms. Sindie Sigmon, Business Manager, reported that effective July 1, 2016, the NC General Statute will allow counties to assess a fee up to 30% of the cumulative total of the fees the department has established to obtain an improvement permit, an authorization to construct and an operations permit for wastewater systems under its jurisdiction as the county's Engineered Option Plan fee (EOP). This allows local health departments to recover some of the costs for their role in this new EOP process. The EOP fee consists of a four tier fee based on size of the septic system. Mr. Urland stated we do not currently have benchmark on what the actual time and cost will be with an EOP.

During the 2016-17 fiscal year, Public Health staff will be working with the Budget Office staff, a County Manager Intern and the Environmental health (EH) staff to complete an in-depth review of all Environmental health services and appropriate fees for those services. Currently, Catawba County policy states 100% of costs for EH fees will be collected, however, the study may show that we are under the 100% mark or over. The final determination of fees for EH will be presented during the budget process for FY 2017-18.

Therefore, Ms. Sigmon stated that Mr. Doug Urland, Health Director, is requesting that the Board allow the establishment of a fee entitled Engineered Option Permit (EOP). This fee would be effective upon the date approval is received from the Board of County Commissioners

- IP/AC 360 gpd or less.....\$135 (\$150 + \$300 x 30%)
- IP/AC 361-600 gpd.....\$180 (\$150 +\$450 x 30%)
- IP/AC 601-1000 gpd.....\$240 (\$150 + \$650 x 30%)
- IP/AC 1001-(and up).....\$315 (\$150 + \$900 x 30%)

Note: IP: Improvement Permit AC: Authorization to Construct

Dr. Sharon Monday made a motion to recommend that the Catawba County Board of Commissioners establish the Engineered Option Permit (EOP) fee as presented. Mr. Brian Potocki seconded the motion and it passed unanimously.

In addition to the EOP fee, the Health Director is requesting an increase to the Water Sample Fee. The State has informed the health department that the kit used for water samples will go up by \$14.00. This increase will affect two of our fees – the Fluoride, Lead, Nitrate, Volatile Organic Analysis, Pesticide, Petroleum fee and the Inorganic fee. Therefore, Mr. Urland is requesting an increase of \$14.00 to these water sample fees.

Dr. David Harvey made a motion to recommend to the Catawba County Board of Commissioners an increase of \$14.00 to the water sample fees that utilize the State Lab kit. Ms. Brenda Watson seconded the motion and it passed unanimously.

FLU PLAN 2016-17

Ms. Sarah Rhodes, Clinical Services Nurse Supervisor, reported on the Flu plan for 2016-17. Ms. Rhodes stated that a total of 633 Flu vaccinations were given during the 2015-16 Flu Season. Public Health held a 2-day “Flu Blitz” with walk-in clinics at Public Health. She reported that most pharmacies and private providers have vaccine available and therefore, less vaccine is administered here at Public Health. There were 59 flu deaths in North Carolina last season and 2 of those deaths occurred in Catawba County.

For the 2016-17 Flu Season, vaccine has been ordered in the following amounts: 100 High Dose (for 65 and older); 300 doses of seasonal vaccine and 260 doses of the State vaccine for those that qualify for VFC vaccine. Ms. Rhodes explained that the “high-dose” for 65 and older has more antigens in the vaccine that assists the immune system to respond to the vaccine.

The “Flu Blitz” this year with walk in clinics here at Public Health will be on October 13 and 14, 2016. Arrangements are being made to assist the local nursing homes to bring clients in at specific times.

Ms. Rhodes stated that the CDC recommendations this year include: Use of the flu shot (inactivated influenza vaccine or IIV) and the recombinant influenza vaccine. Live attenuated influenza vaccine (LAIV) – or the nasal spray vaccine – *is not recommended for use during the 2016-2017 season because of concerns about its effectiveness.* Also, regarding allergic reactions, the CDC recommendations include: that those experiencing only hives can get any licensed flu vaccine appropriate for age and health. Those with more severe reactions including those requiring medical intervention CAN receive licensed vaccine appropriate for age and health, however this will need to be given in supervised medical setting that is able to recognize and manage severe allergic conditions. People with egg allergies no longer have to wait 30 minutes after receiving vaccine.

CHILD FATALITY PROTECTION TEAM (CFPT) APPOINTMENT

Ms. Jennifer McCracken, Health Services Manager, stated that the Child Fatality Prevention Team has requested that a local health care provider be appointed to serve as a local healthcare provider on the CFPT. Therefore, the CFPT is requesting that Ms. Trish H. Beckman, Midwife with CVMC be appointed by the Catawba County Board of Health as authorized in the NC General Statutes, Article 14, 75-1407, to serve as a local health care provider on the Catawba County Child Fatality Prevention Team.

Mr. William Pitts made a motion that Ms. Trish H. Beckman, Certified Midwife, be appointed to serve as a local healthcare provider on the Catawba County Child Fatality Protection Team. The motion was seconded by Ms. Gloria Costin and was unanimously approved.

CATAWBA COUNTY COMMUNITY HEALTH ASSESSMENT ACTION PLANS AND APPROVAL

Ms. Amy McCauley, Community Outreach Manager, stated that the Community Health Assessment was submitted to the State in March, 2016. The next step is to put action plans for the health priorities identified in that Community Health Assessment.

These Health Action plans define the targets populations that the strategies will impact that have been set out for Catawba County’s Community Health Assessment. Mr. Zack King, Community Health Analyst, will give a summary to the Board of the information found in these documents. The three priorities are: Physical Activity, Nutrition and Chronic Disease. Ms. McCauley stated the plans must identify the partners that will work with Catawba County Health Partners to meet these goals over the next four years.

Mr. King stated that his presentation will begin with V(a) – Physical Activity - he stated that “Exercise is Medicine” is an existing best practice model. This consists of collaboration with local healthcare systems and providers to screen for physical activity risk factors and provide lifestyle prescriptions that connect patients to community-based referrals and resources.

Joint Use Agreements – identify and address issues related to access, safety, liability, organizational partnerships and open community use of school grounds and/or facilities. This requires school district policies to allow public access to existing facilities and/or grounds to increase access to areas for physical activity.

V (b) – Nutrition-

Coordinated Approach to Child health (CATCH) creates a school environment where healthy behaviors are not only taught, but also encouraged and supported in:

- Classroom
- Physical Education
- Cafeteria
- Family and Community Connections
- Messaging, Policy, and Environment Support

The evidence shows this prevents onset of overweight and obesity, and correlates with academic achievement and social engagement. In addition, it creates lasting change in school environments.

Faith Families Eating Smart and Moving More – is another evidence based program that promotes healthy eating and physical activity in communities of faith.

- Lay Leadership
- Evidence-based curriculum
- Congregation-led policy and environment change strategies

Long-term goal: create a collaborative peer network of faith communities walking together in health and wellness ministry.

- Practice-tested intervention by the Center of Excellence for Training and Research Translation at UNC-CH

V (c) Chronic Disease

WellBusiness Program is the annual recognition program that rewards companies for using worksite wellness practices, which has proven to promote employee health and help prevent cancer.

- Includes best practices related to: policy and organizational support; tobacco control; nutrition, physical activity; and cancer prevention, screening and early detection.

Supporting transition of program ownership to Catawba Valley Medical Center

Evidence – standards align with recommendations from the CDC and the Task Force on Community Preventive Services, and support the NC Comprehensive Cancer Control Plan.

Building on Local Government Tobacco-free Regulations

- Municipal policies that designate all government owned buildings, grounds, and parks as tobacco-free
- Continue previous tobacco-free collaboration and successes with municipality leadership and governing councils.

Evidence:

- Strongly recommended based on evidence reviews by the Task Force on Community Preventive Services
- Proven to prevent tobacco use and reduce second-hand smoke exposure.

Mr. King stated that this is the strategies that have been submitted to the State to work toward our health priorities.

Mr. William Pitts asked if the Boards of Education were contacted or did Health Partners go to individual schools for support of the CATCH program. Mr. King stated that it has been shown it is most successful when the support comes from the District level. He added that we are very fortunate to have that support from the City of Hickory and Newton Conover school districts at this time. Catawba County Schools are also looking at these strategies and staff will continue to work toward their involvement in the future.

Mr. William Pitts made a motion to approve the Action Plans as presented and Dr. Sharon Monday seconded the motion - the motion was unanimously approved.

Mr. King directed the Board's attention to Attachment VI in their packets. This outlines the three year strategies with Healthy People/Healthy Carolinas Grant.

CATCH – piloting with Newton-Conover City Schools, Shuford Elementary and Newton-Conover Middle School beginning with Physical Education and continue with a staged rollout throughout the year.

Hickory Public Schools: Working on a district-wide initiative and they will receive technical assistance on a district-wide assessment to inform CATCH piloting and Catawba County Schools has expressed interest in assessment and piloting. Staff will meet with Catawba County Schools School Health Advisory Council to discuss next steps. Dr. Monday asked if it was being expanded to private schools and Mr. King stated not at this time.

Faithful Families – A listening breakfast with faith leaders will be held to gain perspective on current needs and ideas regarding congregational health. Three public health staff are currently trained in the curriculum and working with 3-4 churches on beginning assessment and action planning process. Mr. King stated that if any Board members or staff knows of interested churches please refer them. .

Exercise is Medicine (EIM) – Collaborating with Cabarrus Health Alliance and Chatham County, as well as national EIM staff on learning best practices and processes.

Staff continues to collaborate with Catawba Valley Medical Group (CVMG) to identify a pilot practice as well as possible implementation and evaluation needs and processes that fit within their context. Planning next steps in developing a strong community-based system and network for physical activity prescription referrals.

Mr. King stated he is available if Board members have any questions.

REQUEST FOR AD-HOC COMMITTEE

Mr. Doug Urland, Health Director, stated that Dr. Carol Williams, NC Public Health Veterinarian, has sent information regarding the 2016 NQSPHV Rabies Compendium: Proposed Model Board of Health rule. NC Division of Public Health proposed legislation in the 2016 short session of the General Assembly that would have amended the G.S. 130A-197 to adopt by reference the post exposure management control measures for dogs and cats in the 2016 NASPHV rabies compendium. The legislative proposal was never introduced.

In lieu of the amendment to the statute, and to ensure the force and effect of law in the adoption of the new control measures the state is recommending that local boards of health adopt a rule. Therefore, the Health Director is requesting that the Board of Health establish an Ad-Hoc Committee that will review the information from the State and make a recommendation to the full board regarding this 2016 NQSPHV Rabies Compendium Proposed Model Board of Health rule. Mr. Urland stated he would like to request that Dr. Sharon Monday, Veterinarian on the Board of Health be one of the members on this committee.

The following Board of Health members volunteered to serve on the Ad-Hoc – Rabies Compendium Committee: Dr. Sharon Monday, Ms. Gloria Costin, Dr. David Hamilton, and Ms. Brenda Watson.

Dr. Monday made a motion to form a Rabies Compendium Ad-Hoc Committee to review and make a recommendation to the Board of Health regarding the proposed rule. Mr. Brian Potocki seconded the motion and it passed unanimously.

Mr. Urland stated that Ms. Debra Bechtel, County Attorney, is currently out of town due to the death of her father, Doug will be talking with her regarding this rule and will have Martha Knox, Administrative Assistant, send the documents out to the full board.

Mr. Urland thanked Board members for their willingness to serve and stated that staff would get back in touch with them on potential dates for a meeting.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated he had a couple of brief comments to report:

- The Board of Commissioners and Mr. Mick Berry, County Manager, have begun a Strategic Planning Process for the County.

- CCPH has completed three retreat dates on the Strategic Plan for Public Health. The Management Team will meet on September 7th to discuss the progress and next steps in the Strategic Planning process.
- Mr. Urland called attention to the informational item Board members received in their packets “Catawba County Public Health Strategic Plan Progress Report”. This gives a status update on the progress in achieving goals set for CCPH in the last Strategic Plan.
- Mary Furtado, Assistant County Manager will be emailing Board members regarding Mr. Urland’s annual evaluation. The email survey may come from Ms. Furtado or from Ms. Avajejan Wickes, Executive Assistant to Mr. Mick Berry, County Manager.

This concluded Mr. Urland’s report.

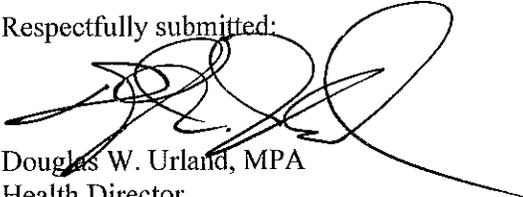
OTHER BUSINESS

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

ADJOURNMENT

Dr. Sharon Monday so made a motion to adjourn the September meeting of the Board of Health, and Dr. David C. Hamilton, Jr. seconded the motion and it passed unanimously. The meeting adjourned at 9:00 p.m.

Respectfully submitted:



Douglas W. Urland, MPA
Health Director

DWU: mjk