Columbus County Board of Health

Minutes

☒ Regular Meeting ☐ Special Meeting

June 26, 2019 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

Members Present	Pat Ray Dr. Darryl Diefes Dr. Nicole Martin Franklin Boone Shane Cartrette Patty Hobbs Dr. Christy Perdue
Members Absent	Dr. Randy Kirby, Dr. George Floyd, Charles McDowell, Drew Cox
Staff Members Present	Kimberly L. Smith, Yvonne Richardson, Charlene Bush, Patti Nance, Daniel Buck, Martha Faulk, Jamika Lynch
Guests	

Quorum was present.

I. Call to Order

Pat Ray called the meeting to order at 6:00 p.m.

II. Welcome/Invocation

Pat Ray welcomed everyone to the meeting. Invocation was given by Pat Ray.

III. Approval of Agenda

A motion to accept was made by Dr. Nicole Martin seconded by Shane Cartrette and carried by the board.

IV. Public Comment

There were no comments from the public.

V. Special Recognition

Kim Smith presented Jamika Lynch with a Certificate of Recognition for her achievement of receiving the Barbara Huberman Award for Bravery, for teaching the Making Proud Choices Program, which was given by the Sexual Health Initiative for Teens (SHIFT NC). The recipient of the award is nominated by the SHIFT NC employees.

VI. Approval of Minutes

Motion to accept was made by Dr. Christy Perdue seconded by Dr. Nicole Martin and carried by the board.

VII. Quality Assurance	Martha Faulk, QA, QI: **A. Patient Satisfaction Survey Results** *(Benchmark 9, Activity 9.5)* • We've been steady with good results. We don't get any complaints, which is a good thing. We still try to improve our services daily, even though we're getting good feedback. • Daniel is working with me to set up surveys through Survey Monkey; so hopefully that'll be up and running soon. Motion to accept the Patient Satisfaction Survey Results was made by Dr. Darryl Diefes and seconded by Patty Hobbs, carried by the board. **B. Quarterly Audit Results** *(Benchmark 27, Activity 27.1)* • We are on a continuing effort to keep down the number of Corrective Action Plans (CAP), but we do have them in place, if needed. Patti does a lot of the audits now. There are so many things that are easy to miss, especially with new staff and electronic medical records. We are constantly improving this, and moving along steady. Motion to accept the Quarterly Audit Results was made by Shane Cartrette, seconded by Dr. Darryl Diefes, carried by the board. **C. Accreditation** • We missed three out of 147 benchmarks. • After having two major hurricanes, sickness and the changes in staff, I was very pleased with the outcome of accreditation. • At one point I didn't think we were going to have a third Board of Health member for the accreditation site visit, due to sickness; but Dr. George Floyd left one of his sons games to come help us out. • We did not have a consultant. Some health departments hire retired consultants to come in and help them. • We had all of our information in to Raleigh on time. • Again I say kudos to the staff, and the Board of Health, for helping us get through another year. Pat Ray stated the following:

	• Kudos to you Martha for all of your hard work during the accreditation process.
VIII. Nursing	Patti Nance, Director of Nursing gave the following update: **A. Child Health** *(Benchmark 39, Activity 39.2)* • We continue to provide immunizations and Well Child checks for children under 18 years of age. • For calendar year 2018 our Enhanced Role Registered Nurses (ERRN) are required to do 50 Well Child Checks each, in order to keep their ERRN status. Our nurses did 108 total, so they achieved that number, and it is up from 2017, which was 91. • There have been 17 Well Child checks. This number is in line for this time of year. It usually picks up around school time. • We had a Child Health visit, on January 16th, from the regional immunization consultant, Isabella Reynolds. The information she used was extracted from the NC Immunization Registry, in October of 2018 and consisted of children who were aged 24 to 35 months. Our goal for having all of these children up to date on their immunizations, at the time this report was pulled, was 84%. Our compliance rate was 93%. The total compliance rate for the county is 61%. Our health department is above the state average of 85%. Our goal for 2019, is to have our three year olds at 90% of those fully immunized. Franklin Boone asked what exactly was the Well Child checkup. Patti Nance answered that it is when they come in periodically, and are checked on their developmental level, vital signs, height, and weight to see where they are in their growth and development. • For 2018, the Child Health program administered 2,233 immunizations to 856 patients. So far we are at 301 immunizations and 115 patients for 2019. • We have a Memorandum of Agreement (MOA) between the health department and Coastal Vision Center, where we get referrals from the school nurses, and then send these children, under 18 years of age, over to Coastal Vision Center, to get their vision checked, and glasses, at Medicaid reimbursement rate. This starts July 1st, 2019. We have this MOA in place but we need to work out who our contact is at Coastal Vision Center, as well

as who is going to be the one to handle things on our end here.

- There are no staffing changes in Child Health.

Kim Smith stated the following:

- Along with our Child Health money, we have some money that will cover school aged children who do not have dental insurance, or who cannot afford dental care. This way, when the dental bus goes around, all the children can be seen. Last year it was around $30,000, at the Medicaid rate, and the beginning of June it was around $32,000. We've got $30,000 set aside for the upcoming year as well.

B. Staff Development Plan and Training Policy and Procedure

(Benchmark 24, Activity 24.1) (Benchmark 24, Activity 24.2) (Benchmark 25, Activity 25.1) (Benchmark 26, Activity 26.1)

- We had two different policies here, and we decided to go in and combine the two policies, to make it clearer as to who needed what training. So this discusses what trainings are needed, in house and web based, along with what the Department of Public Health requires of us.

Kim Smith added:

- The reason these two policies were reviewed and combined, is because this was two out of the three benchmarks we missed at accreditation. Now we've got it straight.

Motion to accept the Staff Development Plan and Training Policy was made by Patty Hobbs, seconded by Dr. Christy Perdue, carried by the board.

C. General Clinical Updates

- Kirsten Miller, CNM, who was contracted through ZOOM, her last day was on May 30th, 2019.
- Adult Health Nurses attended the Communicable Disease conference in Asheville, April 3rd, 4th and 5th, 2019.

D. Communicable Disease Report

(Benchmark 2, Activity 2.4)

- I have enclosed a chart with four years' worth of data.
- I also presented you with a chart on TB and Latent TB. It has three years' worth of data. This year, we are at two active TB cases, and two Latent TB cases.

E. Maternal Characteristic Report

(Benchmark 19, Activity 19.1) (Benchmark 36, Activity 36.3)

- One graph has maternal and the other has family planning.
- Last year when I gave this report, we were looking at a decrease in our numbers. This year we've had an increase in our patient numbers, across all ethnic groups.
    - 38 Hispanic or Latino
    - 122 that identify as Not Hispanic or Latino
    - 160 patients that have been seen in the Maternal Health clinic. With a total of 744 visits.
- Last year we started scheduling patients to come in at 8am instead of 8:30am.
- We also started dividing up the initial maternal visit, so it wouldn't be so long. In Family Planning, we see our patients on Tuesday's and Thursdays; Now we are seeing patients Monday thru Friday, while allowing some admin time for the staff on Friday. We are trying to make the time patient friendly.

F. Family Planning Services Update

(Benchmark 19, Activity 19.1) (Benchmark 36, Activity 36.3)

- You have a graph by age, patient number, and visits.
- We have a total of 508 patients for the fiscal year, as of June 13, 2019. This equals 896 visits at the health department. We are up 514 visits as opposed to the previous fiscal year.
- I had spoken last year about our plan to put billboards up within the county; that was done. Hopefully the billboards, along with changing to an earlier schedule, has helped to get patients in.

G. Maternal Health Update

(Benchmark 19, Activity 19.1) (Benchmark 36, Activity 36.3)

- You also have the data for maternal health patients by age. Our youngest patient this year is 13.
- Currently for Maternal Health patients, we see patients on Monday's and Wednesday's
- As far as births go, from July 1, 2018 to June 13, 2019, you can see from your sheet the following numbers:
    - 371 Births at Columbus Regional
    - 101 Opportunities to Deliver, but due to the following circumstances that number changed:
        - 5 Transferred to Wilmington

	▪ 10 Miscarried ▪ 3 Were in Jail ▪ 12 Transferred to Baldwin Woods ▪ 1 Transfer to New York ▪ 1 At Home Birth ▪ 1 Transfer to Lumberton o That gave us a total of 68 births out of that 101. **H. Adult Health Update** *(Benchmark 19, Activity 19.1) (Benchmark 36, Activity 36.3)* • I gave you an STD comparison graph, which shows that our HIV numbers have dropped from 18 to 10. • Syphilis went from 10 to 9 • Chlamydia has gone down from 373 to 275 • Gonorrhea went down as well from 283 to 129 Dr. Nicole Martin asked if this was countywide or just with the patients we see here. Patti Nance answered this information was for here. Franklin Boone stated that from watching the news lately, on the topic of abortions, where would individuals go for such a procedure. Kim Smith stated that these clinics are located in the larger cities like Wilmington, Fayetteville and Raleigh. Our staff does not encourage the patient either way. It is left up to the patient to make that choice. You can look online for such clinics. Shane Cartrette asked why do you break the groups down by ethnicity, as opposed to race. Patti Nance answered that we can do it that way, but the state looks more so at ethnicity.
IX. Health Education Promotion	Daniel Buck, Health Educator, gave the following update: **A. State of the County Health (SOTCH) Report** *(Benchmark 38, Activity 38.1& 38.2)* • Between the Community Health Assessment which occurs every four years, we have the SOTCH Report that is done every year. It shows what our numbers tend to look like, and also shows a highlight of if, and how, we've addressed certain issues. • We submitted the SOTCH, and had to receive approval from the State, for accreditation. The SOTCH has been approved by the state, with no corrective action plans. Motion to accept the State of the County Health (SOTCH) Report was made by Dr. Nicole Martin, seconded by Dr. Darryl Diefes, carried by the board. **B. Community Health Assessment Planning**

	(Benchmark 9, Activity 9.1) (Benchmark 38, Activity 38.2) • We found out that our next Health Assessment is due March of 2020. So starting in July, we will start meeting with the committee. • We will start working on our survey, and plan to have it out by July. • We have to have 10% to 15%, participation of each zip code, in order to fill this information out. We will use that, for the base, as to what our health goals will be. Kim Smith added: • Please make sure to check your email address for the Community Health Assessment survey. **C. 2019 Health Rankings** *(Benchmark 38, Activity 38.1)* • The Health Rankings came out in March. Overall our health outcomes, in 2018, were 96; for 2019, we are at 94. Granted it's not the best, but we are moving in the right direction. o Length of life, we've remained at 97. o In Quality of Life, and in Health Factors, we came in at 91 for 2018, and this year we are at 90. • You can Google the results if you look up Robert Wood Johnson County Health Rankings and Roadmaps. We'll also get you all the link. o For our Physical Environment we are at 64. Dr. Darryl Diefes asked if it was possibly the length of life and longevity that was weighing us down, more heavily, than any other single factor. Daniel Buck responded that he thought it was sickness; such as chronic diseases like heart disease. Dr. Diefes added he was extremely interested in receiving that link. • A lot of our issues are chronic, like heart disease and obesity. Along with Ms. Pat Ray, we've been speaking with the Town of Bolton, and have partnered with ECU. We're hoping we can start a Stanford Chronic Disease Management class in August. **D. Healthy Communities Audit Results** *(Benchmark 22, Activity 22.2)* • Healthy Communities is an agreement that we have with the state, involving funds, that help to support salary for myself, and other health educators. They require us to do numerous things throughout the year, focusing on quarterly events. • We had our first audit with this program. I have a

	monitoring form from that. We met all the criteria, and they gave us feedback on where we needed to improve, such as our messaging. I can supply you all with a copy of the monitoring form. **E. Update Teen Pregnancy prevention Grant (Making Proud Choices)** *(Benchmark 39, Activity 39.2)* • We went before the County School Board; they have approved us to start in the 9th grade classes, at all four high schools. We are excited to see this happen. We had a lot of support from the principals. Jamika and I sat down and showed them the curriculum, and how well the students at Whiteville High responded to it. They were really excited about getting it started. Shane Cartrette asked Jamika Lynch with teaching these classes at Whiteville High, and now going in to teaching it at the four county high schools, this is really going to be taxing on your time management. How are you going to be able to do all that, throughout the whole county, and the city? Jamika responded that she teaches one day at Whiteville, over the course of three periods. She added that she is hoping that each health teacher will have similar schedules, like Whiteville High, where she'll be able to spend one day a week at each school. Daniel Buck added that if they start to see where it is getting to be too much, for one person, maybe there could be a negotiation, with the state, for more funding or facilitation. Just us getting in there is the win. We'll have to gauge, and see what exactly we need, once we get in there. Jamika added that she just got back from TOT (Trainer of Trainers) training, and is now certified to teach others, to do what she is currently doing; if it gets to being too much. Kim Smith stated that she was very pleased that the Board of Education agreed to let the program into the high schools. **F. Outreach Update** • We have been to all of the festivals and parades; having booths set up. Our focus has also been on ways to reach out and partner with folks, like the Columbus Regional Health Fair. A lot of folks are interested in taking a brochure, or calling up, to find out more information on what we have to offer.
X. Financial Update	Charlene Bush, Budget Director gave the following update: **A. Financial Report (February, March, April)** *(Benchmark 33, Activity 33.6)* • March was lying on your packet when you came in.

I'll give you a moment to review. Are there any questions?

- If you look at Dental, in April you'll see where we are starting to collect on Medicaid.

Motion to accept the Financial Report for February, March and April was made by Patty Hobbs, seconded by Shane Cartrette, carried by the board.

B. Patient Counts (February, March, April) *(Benchmark 33, Activity 33.6)*

- Does anyone have any questions regarding Patient Counts?

C. **2019-2020 Budget Review** *(Benchmark 31, Activity 31.6) (Benchmark 33, Activity 33.2) (Benchmark 39, Activity 39.2)*

- The funding changes from February and March were as follows:
    - $18,993 Environmental Health through inspections of Food and Lodging. I never put it in the budget, because we don't know if we are going to get it.

Kim Smith stated that you receive this amount if you make 100% of all your inspections.

    - We received $8,500 for Meaningful Use.
- These were the only two changes we've had.
- When the April packets were sent out, you got an initial copy of the budget. Between then and now, the budget was sent back; so the numbers you initially received have been changed. They told me I had to cut 2% of our funds. Of our total, the 2% should have equaled $10,282; that's what I took out and sent back to them. They ended up cutting our budget $94,156. The majority of that money they cannot take, because it is state money, like WIC. I do not have a copy of the new updated budget. It was passed by the County Commissioners.
- There are certain things that you cannot cut, and that's where they pulled some of that money from. They took $45,000 from our salary line.
- I took our salary line out, and our contract payroll, when I went to adjust the budget. As you can see $94,156 is not 2% of our budget. Our total budget was $4,769,252. When I finished deducting what I needed to, I was down $ 514,078. They went back and put the state funding back to where it needed to go, but they still took out $94,156, just from somewhere else.

Dr. Darryl Diefes asked what are we going to do about

them taking that much money. Charlene Bush responded that she will have to do a salary amendment.
Pat Ray stated that this was a motion item, but since it was approved by the County Commissioner's already, then what are we voting on exactly; considering the April meeting was canceled due to no quorum? Charlene stated that what the Board would have approved, would have been the original budget that was given to the commissioners. Dr. Darryl Diefes asked when do you think you will talk with the commissioners, to add the money back into the salaries? Charlene stated it will be later on in the year, as the salary line runs down. Dr. Diefes stated to Charlene that this sounds like you've done this before? Charlene stated that no, this is the first time this has happened. I mainly wanted to let you know this, because only one department in the county gets mentioned about taking a cut; this was all departments. On a good note, starting July 1st, there was a 3% salary increase for all county employees, with no tax increase.
Motion to accept the original 2019-2020 Budget was made by Dr. Nicole Martin, seconded by Patty Hobbs, carried by the board.

D. Service Cost Updates *(Benchmark 33 Activity 33.5) (Benchmark 39, Activity 39.2 & 39.3)*

- We talked about Service Cost Updates in February, and I don't think we have any as of now. That's why you don't have one in your packets. There will be some changes at the next meeting, regarding Shingrix.

Kim Smith stated the following:

- The Shingrix vaccine price has gone up, after we received our first batch. It is the new shingles vaccination, and it has a 97% effective rate.

E. Child Health, Family Planning, Maternal Health, Communicable Disease-Budget Reviews
(Benchmark 33, Activity 33.6)

- The $45,208 for Child Health is what we initially received from the state. Direct services are used to perform services directly to the client. This is also where the $30,000 from Dental came from, direct services.
- $26,632 was cut from us the year before, and then they gave it back to us. The items listed is what that money was used for. As of May, we used all of our money.
- TANF Funding/Family Planning, was at $12,039

this money can only be used for public education, media campaign, birth control pills and condoms. This is the money we are using to pay for the billboards.

- Healthy Mothers/Healthy Children has $1,933. This is a service for clients with no insurance.
- Women's Health Services has $8,023. This is used to buy long acting birth control.
- Title X funds are $32,199. That money is used for services to clients, with no insurance, and this also covers salaries.
- State funding is at $9,483. It can be used for salaries and clients with no insurance.
- That gives you a total of $63,677. This is how much we get from the state for Family Planning Services.
- Maternal Health has $93,421. That pays for 40% of salaries for our Nurse Midwife, and two of our Public Health Nurse's.
- Additional State One Time Funding is $20,757. We allocated $13,050 of that money to help with the training of our new Nurse Practitioner. She came in, and it took around two months of training before she could work with the Midwife.

Kim Smith added the following:

- We actually kept our contract Nurse Midwife, while we trained our Nurse Practitioner; which is a new concept in Public Health. We were able to keep care going, with no interruptions, during her training. Usually you have to go ahead and let one go, soon after hiring the other.

Charlene Bush continued with her presentation as follows:

- At the bottom it shows $8,908; we've already used that.
- For Communicable Disease
  - $3,115 is Surveillance Investigation and Reporting
  - $12,500 for HIV/STD services
  - $100 STD Prevention
  - $31,897 TB Control
  - $9,600 New Hanover HIV Clinic comes twice a month to see our HIV patients. This payment is for use of our clinic space.

Kim Smith relayed the following information:

- The State budget includes $2,750,000 for next fiscal year and $4 million for the year after that, for

	communicable disease. • The way they plan on breaking this down, is by giving $27,500 to each county, and then the remaining funds will be distributed by the percentage, of the state population, that is seen by the local health departments. Due to us being a rural area, I doubt we will get much of this distribution.
XI. Chairman's Forum	Pat Ray, Vice Chairman, gave the following update: • As you can see Dr. Kirby's service has been extended until September.
XII. Director's Forum	Kim Smith, Health Director gave the following updates: **A. 2019 LHD Record Retention Schedule** • The NC Department of Natural and Cultural Resources Record Retention and Disposition Schedule has come out for local governments; it came out on March 1st. They also released a version for local health departments. With that being said, I need adoption of both of these, so we can start going by the new schedule. Motion to accept the adoption of the 2019 NC Department of Natural and Cultural Resources Record Retention and Disposition Schedule for Local Government and for Local Health Departments was made by Dr. Darryl Diefes, seconded by Shane Cartrette, carried by the board. **B. Air Quality Monitors** *(Benchmark 41, Activity 41.3)* • We currently have one of these air quality monitors up in the Delco/Riegelwood area. It is attached to the Fire and Rescue station there. It seems to be working great. You can view the results of the readings at www.purpleair.com. You can find it under Clean Air Carolina Delco Riegelwood. It monitors the particulates in the air. Shane Cartrette asked if this was the only one in the county? Kim Smith replied that it was at the time. We tried to put one at Tabor City Fire, and the plugs and all did not work out. Now we are trying to get in touch with Darren Norris, at Tabor City Rescue, to see if we can hook it up at their location. We've been in contact with him, and at the moment, Dr. Parr is gone until the middle of July. So hopefully Mr. Norris will have everything they need to hook this one up. • I'm excited about having the one in Riegelwood. This is something we can use in other programs, like our Child Health Asthma program. If we didn't have monitors in our county, we would have to use

	the ones in Brunswick and New Hanover County's. Shane Cartrette added that if there is a need for other locations, within the county, I'm pretty sure Fire and Rescue would be more than happy to help out with that. **C. The Lung Bus Partnership** *(Benchmark 41, Activity 41.3)* • The Lung Bus is where the Levine Cancer Institute wrote a grant, to the Bristol Myers Foundation, for $1.6 million. The grant helps individuals with no insurance, who are high risk patients for lung cancer. • They contacted us in May, where they had to have a certain amount of referrals, and they did not get that number. They are now back on schedule. It is for individuals with the following criteria: o Age 55 to 77 o Has a 30 pack year smoking history ▪ One pack a day for 30 years or two packs a day for 15 years. o If they've quit within the last 15 years, or still smoking, or uninsured and a Medicaid patient only. • They were going to bring the bus and place it in our parking lot. That was our part of it; to help with a place for them to stay. • The individuals who were promoting it went around to all of the physician offices, and came by here, and went over the criteria. • They started screening patients all over the state in 2017, and identified 17 individuals with lung cancer, who probably wouldn't have found out until the very end. **D. Policy Update: Separation, Disciplinary and Reinstatement** *(Benchmark 31, Activity 31.3)* • This was in your February packet. The only change with this was the Office of State Personnel is now known as State Human Resources. Other than that, our policy was up to date. Motion to accept the Policy Update on Separation, Disciplinary and Reinstatement was made by Dr. Nicole Martin, seconded by Dr. Darryl Diefes, carried by the board. **E. Update- Unlawful Workplace Harassment Policy** *(Benchmark 31, Activity 31.3)* • Dr. Martin, you had asked the question last time, as to what exactly was genetic information, regarding this policy? We called our consultant, and she

	stated that it does have to do with any family medical condition. For instance, if someone knew that my child was insulin resistant, and I applied at an agency, and they denied me a job, due to my child's medical condition, this is what that covers. **F. Dental Staffing Update** *(Benchmark 19, Activity 19.1; Benchmark 36, Activity 36.3)* • As of June 6th, Dr. Cynthia Thomas is longer employed with us. Myself, along with the dental staff were worried that we would not be able to find a dentist in a timely manner; but fortunately we have. I am excited to inform you all, that Dr. Hasifa Ladner will be starting July 1st.

Next Meeting Date
August 28, 2019 at 6:00 pm

Meeting Adjourned

Respectfully submitted: Kimberly K Smith **Secretary** 082819
Signature **Date**