



Macon County  
Public Health

**MACON COUNTY BOARD OF HEALTH**  
**MINUTES**  
**11/15/2016**

**Members** Chris Hanners, Engineer and Chair; Teresa Murray, General Public and Vice-Chair; Emily Porter-Bowers, Nurse; Dr. Carole Peterson, Physician; Melissa Bell, Pharmacist; Dr. Jeff Todd, Veterinarian; Dr. Nathan Brenner, Dentist; Paul Higdon, County Commissioner; Gena Futral, General Public and Molly Phillips, General Public.

**Members Absent** Emily Porter-Bowers, Paul Higdon, Molly Phillips

**Staff Present** Jim Bruckner, Jimmy Villiard, Kyle Jennings, Jennifer Garrett, Kathy McGaha, Lynn Baker, Darice Davis, Lyndsey Henderson, April Innis

**Guests** None

**Media** None present

**Public Comment** There was no public comment

**Call to Order** Meeting was called to order at 6:15pm by Chris Hanners

**Approve Agenda** Dr. Peterson made a motion to add proposed fee change to New Business C and Public Health Wildfire Response to New Business D and remove Virginia Tech Study Update from Old Business C Melissa Bell seconded the motion. The motion passed unanimously.

**Welcome/Intro./Departures/Recognition** Mr. Bruckner introduced Lyndsey Henderson from MCPH. She is the acting Liaison for the Wildfire incident in Macon County.

**Presentations** There were no presentations.

**Approve Minutes of Previous Meeting** Dr. Peterson. made a motion to accept the minutes as presented. Dr. Brenner seconded the motion. The motion passed unanimously.

**Old Business**

**A. Diabetes Prevention Program Update** Lynn Baker introduced April Innis, MCPH registered dietician. Ms. Innis explained her job duties and gave us overview along with a slideshow presentation of the Diabetes Prevention Program (DPP). The DPP program began in January. Ms. Innis explained that DPP is geared at changing lifestyle habits. It is part of the national diabetes program led by the CDC. This program can reduce type 2 diabetes by 58%. In 2012 they did a follow up study of people who had participated in the program and found that there was a 31% reduction of diabetes overall. The program promotes healthy eating, behavior

modifications, goal setting, and increased physical activity. In Macon County our participants have lost an average of 5-7% of starting body weight in 6 months. The goal for physical activity is 150 minutes per week. Participants meet with Ms. Innis weekly for 16 weeks and then monthly for 6 months for a total of 1 year. We need this program because 1 in 3 North Carolinians have pre diabetes. Diabetes is the 7th leading cause of death in NC. The obesity rate is 30% in NC and in Macon County the adult obesity rate is 26%. Ms. Innis became a trained lifestyle coach by taking a 4 week online training program. By next October MCPH will be a fully recognized DPP program provider by the CDC if we meet all of the goals. Ms. Innis has talked with local clinical offices and various community groups i.e. rotary LNO, newspaper and radio ads to inform them about the DPP program to try to get more participants. Ms. Innis spends 4 to 6 hours a week working on the DPP program and the class materials are provided by the state via 1422 grant. After grant there will only be cost of printing class materials. In January 2018 Medicare will make the DPP program a covered care. Ms. Innis is currently running 2 classes for a total of 14 participants. The average participant retention rate is 57%. Ms. Futral asked the cost of the class for someone who is not insured. Ms. Innis said the cost is \$60 but they get it back in Walmart gift cards if they complete the class. Mr. Bruckner explained that we are trying to get the word out about the program to physician's offices and other medical offices, but it is taking some time due to red tape. Ms. Futral asked if this program conflicts with the physician offices programs. Mr. Bruckner said no that they have DSME programs but they are different. He continued by saying we have done a lot of marketing, but DPP is a new program and it just takes time to educate the public. Ms. Baker said that MountainWise has an individual that is linking us with providers so we are able to get information out through them as well.

**B. Animal Services Update** Mr. Villiard gave the Board an update, along with a slide show, of Animal Services now that it has been under the Health Department control for 1 year. Animal Control was established in 2009 and in October of 2015 it was moved under the Health Department and the name was changed to MCPH Animal Services. The name change was done to better reflect the mission which is to protect the health and safety of our residents and to protect animals and promote their humane treatment. Animal microchipping was approved by the Board and we have had great success with that. We have had many animals returned to their owners due to having a microchip. We promote adoptions, return to owners, and transfers to other shelters. We are also strong advocates for animal vaccination. All animals are vaccinated and up to date before they are adopted out. Mr. Villiard had before and after picture of all of improvements that were made at the shelter in the past year. He said we made the building much friendlier, changed the flow of animal receiving/treatment, and reorganized the rooms completely. He showed a slide of 12 month data pre and post transition. We have taken almost 1000 animals this year. He said we do a lot of transfers to no kill shelters, the adoption rate is at 29% and the return to owner rate is at 19%. Euthanasia rates have dropped from 26% to 15%. Hours of operation are Monday through Friday 9am – 4pm. We are open during lunch as well. Saturdays we are open 9-11am.

We have an animal control officer on call 24 hours a day. We try to handle all calls within 24 hours. We have a good relationship with the wildlife officers as well. We are an open admission shelter meaning we will not turn any animal away. We work with the Humane Society doing joint pet adoptions and animal transports. We do animal fostering. We do spay and neuters through Noah's Ark Animal Hospital and Asheville Veterinary Hospital. Mr. Bruckner said we do have a trained animal cruelty investigator on staff as well. Before the Health Department took over Animal Services Derek Roland, County Manager was getting complaints almost daily. Now in the past year there has been 1 or 2 for the entire year. Mr. Villiard said we have worked very hard to change the image in the community.

**C. BOH December Meeting** Mr. Bruckner explained that in the past we have done a variety of things during the December meeting. Sometimes we have a regular BOH meeting, sometimes a social event or sometimes no meeting at all. We would like to ask you all what we would like to do. After discussion it was determined that several members would not be able to make it to the December meeting. Dr. Todd made a motion to cancel the meeting in December. Dr. Peterson seconded the motion. The motion passed unanimously.

## **New Business**

**A. Next Year's BOH Meeting Dates** A handout with the Meeting dates for 2017 was reviewed and discussed. Dr. Peterson made the motion to accept the meeting dates. Melissa Bell seconded the motion. The motion passed unanimously.

**B. Nomination of Chair and Vice Chair** Mr. Bruckner said nominations for Chair and Vice Chair need to come to him and he will create a ballot. The ballot will be voted on in the January meeting. We usually ask current chairs if they would like to continue again next year as well.

**C. Proposed Fee Change** Jennifer Garrett brought a proposed fee change to the Board for the Prevnar 13 vaccine. On November 3rd we found out that the cost of the Prevnar 13 vaccine went up on Nov. 1 to \$174. We are currently charging \$162 and therefore are losing money with every vaccine. The company that produces the vaccine is doing small price increases and not notifying us until the change has already been made. Mr. Hanners asked if this fee increase would affect self-pay patients as well. Ms. Garrett said yes. She explained that MCPH follows ACIP guidelines when recommending vaccines. We offer the Prevnar 13 vaccine on the recommended schedule of 2 months of age, 4 months and 6 months and a booster at 16 months. A child can receive a catch up vaccine at 69 months and 71 months for underlying medical conditions. She went on to explain that once a child receives the vaccine they will not need it again until they are 65 years old. Melissa Bell explained that this vaccine is being promoted heavily. It has 13 strains of pneumonia vaccine. Ms. Bell also explained the difference between the regular pneumonia vaccine and the Prevnar 13 is that the Prevnar 13 covers one more strain of pneumonia. Dr. Todd asked if this is a necessary vaccine since it only adds one extra strain. Ms. Garrett said that people want this vaccine. They ask for it by name because they see it on TV. Ms. Futral asked if this would be free for Medicaid patients. Ms. Garrett said this price change would mostly affect older adults not children. Mr. Bruckner said we try to keep the vaccine charge within \$5 of our cost. Dr. Peterson made a motion to accept the fee change. Dr. Brenner seconded the motion. The motion passed unanimously.

**D. Wildfires 2016** Mr. Bruckner said MCPH has attended the daily US Forest Service Incident Command Post (ICP) morning and evening briefings. Mr. Bruckner said we have had several calls asking why MCPH is involved in the Wildfire incident. Public Health's role in wildfire incidence is to protect the health of the general public. We follow a standardized disaster management protocols which are the same used by the US Forest Services in these situations. The standard is the National Incident Management System (NIMS). NIMS is a comprehensive national approach to incidents that involves all aspects of the county emergency system including public health. All MCPH staff takes NIMS ICS training courses provided by FEMA. The role an individual fulfills in an incident determines what level of NIMS training is required. It teaches every emergency team how to respond to an incident and act as one. All staff in the building has been on standby for the past 8 days for various things, i.e. sheltering people and animals, equipment delivery, traffic control, drivers, information dissemination, etc.

- ♦ **Operations** – Mr. Villiard gave a brief update of shelter operations and animal shelter operations. We have 9 nurses on standby in case of a shelter opening. We have 1 shelter bag checked and ready to go. Cartoogechaye Elementary school is our shelter site. We currently have space for 28 dogs and 13 cats in our shelter. The CAMET trailer can hold 45 large cages and 20 small cages. We have the space to house up to 101 animals. We continue to monitor ongoing developments. We are currently not letting any of our animals outside. All vehicles are maintained at no less than half tank of gas. We have a generator and fuel to run it ready to go. NC cooperative extension is going to house any large animals at the fairgrounds if necessary. Commissioners have been contacted and we can set up CAMET at fairgrounds if needed.
- ♦ **Logistics** – Mr. Jennings gave a summary on logistics. MCPH ordered from State Office of Emergency Management (OEM) and received 14,000 N95 masks and six Air Scrubbers. We delivered over 2,000 N95 masks in the county so far targeting high risk populations first e.g. long term care facilities. Masks are also available at the Health Department, Nantahala Fire Department or Community Care Clinic in Highlands to anyone who would like one. We received and distributed 6 air scrubbers from state OEM, which are large mobile HEPA filters and those also went to long-term care facilities in the county as well. We have taken

one of the Health Department mobile Bioterrorism trailers to use as a medical aid station at the US Forest Service Incident Command post. The clinic will be operating on Monday, Wednesday, and Friday mornings from 7-9 a.m. for fire workers to help treat what is known as camp cough and any other ailments that come up. Mr. Bruckner said camp cough is an upper respiratory virus that can and in most cases move to the lungs. Nasal congestion, pressure in the ears, vertigo, and cough these are some of the main symptoms. Ms. Garrett said there are 2 workers in the hospital with pneumonia that started as camp cough. Ms. Futral asked if there is a preventative for camp cough. Mr. Bruckner said not really, this is a common thing that happens with these fire crews since they work so closely and in harsh fire/smoke conditions. The workers know this is common and they seem to just deal with it. Most of the cases are referred to an urgent care, but MCPH was able to set up a clinic for them right on site. Environmental Health staff have all been on standby for driving, traffic control and shelters. We have been working with vendors to get medications that have not been readily available for fire workers i.e. cough medicines and decongestants. Mr. Bruckner said thank you to Melissa Bell for her assistance in procuring some of the meds from Wal-Greens and for working with Wal-Greens corporate office to try get us a discount. Mr. Bruckner said Mr. Jennings is also responsible for employee safety during incident response. Environmental Health staff do safety inspections of IC and someone under him is in charge of communications. Kathy Makinson DSS Finance Officer along with Dorota Anthony our Finance Officer are responsible for financial tracking, which should help us to get some financial reimbursement from FEMA.

- ◆ **PIO** – Lynn Baker is currently the acting PIO. As of Thursday afternoon, 11/17/2016, PIO duties will be transferred to Kathy McGaha. The PIO takes care of all media releases, Facebook updates, and ICS forms. We have done over 100 media releases so far. Ms. Baker has also been working with the PIO officer at US Forest Service ICP. We are participating in all meetings at IC so we can be up to date on information. Any contact with media goes through PIO. We have been working with local, regional and national news.
- ◆ **Liaison officer** – Lyndsey Henderson reached out to community stakeholders and others willing to help distribute resources. We are working with several outside entities. We have been in contact with media, state division of air quality, school systems, Community Care Clinic in highlands, county mapping and finance and many more. Mr. Bruckner said we have 3 mask distribution centers in the county; Macon County Public Health, Highlands Community Care Clinic and Nantahala Fire Department. Ms. Garrett said we began distributing N95 masks on Saturday from 9:00 am to 1:00 pm and they distributed 960 masks that day. We also give out an instruction and safety precaution sheet with the N95 masks. When you wear the mask it does reduce the amount of oxygen you receive. Because of this there are certain precautions that must be followed. They are also a choking hazard for children under the age of 3. Dr. Peterson asked how long you can use a mask. Ms. Garrett gave the different scenarios of when to get rid of it and also explained not to share with anyone else. She also noted that those answers were on the safety sheet included with the mask. Mr. Bruckner said we are trying to protect the public from particulate material in the smoke with the N95 masks. Ms. Garrett also explained air quality index and what the different colors mean. Mr. Bruckner said we have been talking to businesses about switching air handlers from outside air to inside air only and turning off automatic doors to reduce the amount of smoke pollution that enters the building. The US Forest Service is estimating that the air quality will likely be in an unhealthy category in parts of the county for the next few weeks.

**Board Training and Information** Mr. Bruckner gave a budget update and explained that on the budget sheet MCPH has received their cost settlement money for the year, which makes it look like we have “made” money for the county; however, if you recall we are now receiving Medicaid Cost Settlement earlier in the year so we really haven’t made extra money as most of it was designated in the budget for spending already.

### **Announcements**

- Please remember to bring your BOH books to next month’s meeting if you have not already done so.
- Requested Agenda/Discussions Items (General Updates, Emerging Issues, etc.)
- Primary Care Update
- Staff Lunch – November 30<sup>th</sup> @ 12:00pm. All Board members are invited to join us.

**Next Meeting Date**

- 1/24/2017

**Adjourn**

Melissa Bell made a motion to adjourn the meeting. Dr. Brenner seconded the motion. The motion passed unanimously. The meeting adjourned at 7:45 pm.

These minutes were approved in the January 24, 2017 Board of Health meeting as presented with a motion made by Emily Porter-Bowers and seconded by Dr. Nathan Brenner. The motion passed unanimously.

Respectfully submitted by

Darice Davis