



Macon County
Public Health

MACON COUNTY BOARD OF HEALTH
MINUTES
4/25/2017

- 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; James Tate County Commissioner; Gena Futral and Molly Phillips, General Public.
- Members Absent** Chris Hanners, Emily Porter-Bowers, James Tate, Molly Phillips
- Staff Present** Jim Bruckner, Tammy Keezer, Jimmy Villiard, Kyle Jennings, Jennifer Garrett, Lynn Baker, Kathy McGaha, Darice Davis, Dorota Anthony, Cheryl Ramey, Lyndsey Henderson
- Guests** None
- Media** Ms. Kristen Karcher; WNCC Radio and Ryan Hanchett Franklin Press
- Public Comment** None
- Call to Order** Meeting was called to order at 6:35 by Teresa Murray
- Approve Agenda** Mr. Bruckner recommended removing from Old Business item 3.A. CHA Task Force Involvement from the agenda due to Mr. Hanners' absence, and to remove item 3.B. FY18 Budget Update from the agenda because there are no updates at this time. He also recommended adding under New Business item 4.B. Proposed Fee Changes and 4.C. Mission Health Changes in Angel Hospital Labor and Delivery. Ms. Bell made a motion to accept the agenda as amended Dr. Brenner seconded the motion. The motion passed unanimously.
- Welcome/Intro./Departures/Recognition** None
- Closed Session** None

Presentations

A. State of the County Health Report (SOTCH) Ms. Baker and Ms. Henderson gave a media presentation on the CHA/SOTCH. Ms. Baker explained that the CHA is a community collaborative process to determine the health status, needs and resources of the community. The SOTCH, which tracks priority issues identified, identifies emerging issues and highlights new initiatives between CHA cycles. CHA is required by the state and must be completed every 4 years. However, we complete a new CHA every 3 years in order to stay on the same

cycle as the hospitals because they use this information for their health priorities. Macon County has partnered with MountainWise Regional to form MountainWise of Macon County. MountainWise is a stakeholders group with representatives from the community and throughout the county that works with the Macon County Public Health to develop, implement and track initiatives to improve the health of Macon County. Our current priorities are Heart Disease, Domestic Violence /Substance Abuse, and Economic Development. We use Results-Based Accountability to measure the effectiveness and progress of the priorities. Dr. Todd asked how the priorities were chosen. Ms. Baker said data is collected from Macon County, the region and the nation, DSS, and the school system. The data is then presented to the stakeholders group and through a prioritization process the community stakeholders chose the priorities. Mr. Bruckner further explained the process by adding that there are phone surveys and focus groups done to collect data over a 6 month period. Sixteen counties and thirteen hospitals work together in this process as well. An individual assessment and plan is made for each county. Ms. Futral asked how far in we are to these priorities and how long they are the priorities. Ms. Baker said we are in the second year of a three year cycle.

Lyndsey Henderson further explained the three priorities and said that the SOTCH is done every year that the CHA is not. The SOTCH identifies emerging issues such as morbidity and mortality rates and highlights new initiatives. The three priorities of the current SOTCH are Heart Disease, Domestic Violence/Substance Abuse and Economic Development.

Heart Disease is 90% preventable, yet remains the leading cause of death in Macon County. To help combat Heart Disease, MCPH is focusing on offering a free physical activity class and we offer Diabetes Prevention Program (DPP) classes. During Public Health month MCPH sponsored a 30 minute walk on the greenway. We also partner with the hospital helping sponsor Ladies Night Out once a month, offering services such as blood pressure checks and education on various health issues.

Domestic Violence/Substance Abuse was chosen as a priority due to the increase of DV incidents and the rise in abuse report numbers in recent years. Reach, along with the MountainWise of Macon County Task Force, has reviewed policies and protocols from throughout the state and nation. In reviewing these, we have taken note of positive attributes and will be developing a similar document for use with agencies in Macon County. We have reviewed the document and will be creating a similar document for our use.

Economic Development is the link between community health and economic Success. The Economic Development/Substance Abuse Task Force would like to offer a free exercise class and has looked at the steps to ensure the implementation of the class.

Ms. Henderson explained that the SOTCH helps us track any change in the baseline of priorities. Mr. Bruckner said two things happen with CHA priorities: priority objectives can take many years before we see a change and we try to get other community agencies/groups to lead these efforts and to take them over if the priorities don't make the list when we complete the next CHA.

B. Annual Communicable Disease Report Ms. Ramey referred everyone to the handout in their books. She said there 77 diseases that require mandatory reporting. All positive test results from any medical facility in the county must be reported to MCPH. Ms. Ramey reviewed a handout in detail. She explained that some of the "positive" results are not confirmed positives, but based on symptoms and preliminary tests they are assumed positive. She further explained the process of how and why we place patients in one program vs. a different program i.e. family planning, STD and so on. She said this could explain some of the increases in the positive cases.

Flu update- Ms. Ramey directed everyone to the copy of the flu update from the CDC website. The flu vaccine for the 16-17 season was 48% effective for flu strain A and 73% effective for flu strain B. We had an outbreak in a long term care facility in Macon County on Dec. 21 that lasted about 2 weeks. We reviewed all standard safety protocol with staff and all CDC recommendations were implemented. There have been no reported flu

deaths, quarantines or isolation orders in Macon County this flu season. Dr. Peterson asked if Hepatitis C is reportable. Ms. Ramey said that as of January 2017 Hepatitis C is now reportable.

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

Old Business

A. Community Health Assessment – Task Force Involvement - Removed from agenda

B. FY18 Budget Update – Removed from agenda

C. FY17 Quarterly Budget Update – Ms. Anthony gave a quarterly budget update. She asked everyone to review the handout included in their book. Our target for revenues and expenses to this point in the fiscal year is 75%. As of March 31st we had spent 67%. The reason for the lower spending is due in part to some vacant job positions and some purchasing that hasn't happened yet. As for revenues, we have generated 80%. The cost settlement has an impact on that number. The bottom line is we have spent 47.5% of County money. Ms. Anthony asked if there were any questions. Dr. Todd asked what a foreign travel fee is. Ms. Anthony explained that this line is for all of the vaccines required for foreign travel. Ms. Futral asked about the fee change in Primary Care that was voted on a few months ago. Mr. Bruckner explained that fees approved by the Board of Health also have to be Approved by the Board of Commissioners before they can be implemented and they were only approved a few weeks ago by the Commissioners so have only been in effect for a short time, not long enough to see a change in the numbers. She also asked why we are voting on fee changes again when it hasn't been very long since we last did it. Ms. Keezer explained that we have to bring fees to the Board for approval each time we experience a change in cost of providing the services. We also have to be conscious of who we serve. In this case, the fees that we charge the public for vaccinations are cost of the vaccine plus \$5. The extra \$5 is a small buffer to keep us from having to come to the Board even more often. She went on to explain that almost every time vaccines are ordered the prices have changed, so it is a regular occurrence to come to the Board for fee changes.

D. Hepatitis C Program Update Ms. Garrett referred everyone to the handouts in their books that she received while attending the Communicable Disease Conference along with Cheryl Ramey on April 5-7. The Epi Branch has taken the lead on Hepatitis C and Opioid use. Ms. Garrett reviewed all of the statistics in detail and further explained that there are 5.7 million people living with Hepatitis B or C in the United States. The most common ways of contracting Hepatitis B and C is through needle sticks that are infected, and transmission from mother to child during birth. Through census data it is believed that 110,000 people in NC may have acute or chronic Hepatitis C. That is a 500% increase in reported Hepatitis C. Acute Hepatitis C increase is associated with IV drug use and also because we are doing so much testing that we are identifying people that would have otherwise gone unnoticed. It is recommended that all baby boomers get tested at least one time for Hepatitis C. This is due to blood not being tested for Hepatitis C before the 1980's. Ms. Garrett also talked about TLC Treat, Link, Cure. The goals for TLC are to enhance surveillance, increase Hepatitis C testing for high risk persons, increase vaccination for Hepatitis A and B, Link HCV positive persons to healthcare and increase access to Hepatitis C treatment and cure. Hepatitis C became reportable in 2017. This affects young white people in rural communities. Carolina Hepatitis Academic Mentorship Program (CHAMP) is being piloted in WNC. This is a hepatitis telemedicine training program aimed at identifying primary providers in rural or difficult to reach locations and link them to academic medical centers for specialty care training. Sally Sutton is our new Hepatitis C Bridge counselor. The role of the bridge counselor is to educate people on living with Hepatitis C, link them to care and needed resources and follow them through care and cure. Ms. Garrett presented a copy of an informational paper that is placed throughout the Health Department and other local health facilities. This gives information on where and how a patient can receive more information about the Bridge counselor program. Ms. Garrett also said that there will soon be a way to buy syringes with Health Department money. Facts on opioids – The NC Secretary of Health is going to make opioids one of her top priorities. 50% of

unintentional deaths are opioid related. 91 people per day die from opioids. Ms. Garrett gave some additional information. She said Ms. Sutton is taking referrals for the Bridge counselor program and that the Blue Ridge clinic in Sylva is open again. Ms. Futral asked if opioid abuse is affecting economic development. Ms. Baker said the Substance Abuse task force has not moved to link the two together yet.

New Business

A. Comprehensive Plan Mr. Bruckner was asked by the Planning Board to take on the health section of the county comprehensive plan. He explained that the County Comprehensive Plan is a plan to look at the needs of the County over the next 20 years. He said the first thing we did was ask the Planning Board to separate out health, seniors and childcare into three separate categories: 1. Health services/population health, 2. Youth and Families and 3. Older adult's (age 55 and up). DSS is taking the lead on the older adult's section. Mr. Bruckner talked about the Health impact assessment and explained that it was done by MCPH in the far 8 western counties. It was presented one and a half years ago and they won they won a NC American Planning Association annual award for the project. We are also using information collected in our most recent CHA to create the goals for the Comprehensive plan. We have had six meetings that ended up with the creation of 58 page (+/-) document explaining how we came to these conclusions: Capital needs include: Renovation of or construction of a new Health Department to meet current needs including additional meeting and training rooms for use by the Health Department, DSS and other County agencies. A facility large enough to collocate all County Human Services Departments/functions to include space for other groups like Mental Health. This would be much better for those we all serve. Other priorities include additional recreation areas for physical activity in the county (Scaly Mountain and Otto were identified as two places to add walking trails), renovation of the clinic space in Highlands, dedicated secure space in Nantahala for expanding public health services, access to walking trails/sidewalks in outer parts of the County, access to transportation services after 5pm and on weekends to recreation, access to healthy food i.e. funding farmers market vouchers, access to child and adult day care services, training for nurses in sexual assault investigation, additional health educators and health promotion activities, community mental health outreach coordinator, behavioral health staff for the Health Department, community tobacco coordinator in schools, additional school nurses. Mr. Bruckner has had conversations with Chris Baldwin, School Superintendent about additional school nurses. According to state statistics, Macon County has more nurses than the state average, but the problem is that the statistics don't take geography into account specifically the distance from one end of the county to the other. It takes close to an hour to drive to several of the county schools. Currently, SNFI funds help fund three nurse positions and 2 positions are funded by the Macon County. We have also mentioned the possibility of adding a school based health center once the renovations for a new high school are underway. We would also like a worksite wellness outreach coordinator, IT and better Wi-Fi access, expansion of charity tracker software used in the County. Senior services priorities include new facilities, broadband access within the county to connect individuals to family, doctor's offices and current events, broaden adult day care services and expanding access to public health programs. We will have this draft completed by the middle of May for the County. Mr. Bruckner will send out the document to the Board of Health once it is complete.

B. Proposed Fees Ms. Keezer referred everyone to the handout included with their books. She started out by explaining that the fees we charge for immunizations are the purchase cost plus a \$5 markup. She said we are asking to raise the fees because the purchase price has gone up and we will lose money if we don't. Ms. Futral asked if we had already done this recently. Ms. Keezer explained that we have to come to the Board every time there is a fee increase and that fees change all the time. Ms. Murray asked for a motion to approve the fees based on this proposal Dr. Brenner made a motion to approve the fees as presented. Ms. Bell seconded the motion. The motion passed unanimously.

C. Change to Missions OB/GYN program – Mission Hospital Systems has made a decision to modify the OB/GYN program by discontinuing labor and delivery services at Angel Hospital on July 14, 2017. Mr. Bruckner was asked by Mission to be on the committee to develop a plan for moving forward. This is not the first time labor and delivery hasn't been available Macon County. Mr. Bruckner is having a meeting with the Departments Leadership Team tomorrow morning to discuss options. We currently manage 100 plus prenatal

patients throughout their pregnancy at MCPH annually. This change to the OB/GYN program could increase the number of patient we serve, which could drastically affect our budget. There will also be an issue of records transfer. We have been working for over a year to get on the Mission HIE. Mr. Bruckner said he won't know much more until a meeting with Mission. Dr. Todd asked what the advantage is for Angel Hospital being under the Mission umbrella. Dr. Peterson said it is very difficult for a rural hospital to exist by themselves. It is her understanding that the hospital services will include ER, medical surgery and general surgery. Mr. Bruckner will keep the Board updated as he finds out more information.

Board Training and Information None

Announcements None

Next Meeting Date 5/23/2017

Adjourn Dr. Brenner made a motion to adjourn the meeting. Dr. Todd seconded the motion. The motioned passed unanimously. The meeting was adjourned at 7:35.

These minutes were approved as presented with a motion by Dr. Todd and seconded by Ms. Futral. The motion passed unanimously.

Respectfully Submitted by,

Darice Davis