



Macon County  
Public Health

**MACON COUNTY BOARD OF HEALTH**  
**MINUTES**  
**8/28/2018**

**Members** Nathan Brenner, Dentist and Chair; Teresa Murray, General Public and Vice-Chair; Melissa Bell, Pharmacist; Jeff Todd, Veterinarian; James Tate, County Commissioner; Julie Farrow, Physician; Mitchell Bishop, Engineer; Gena Futral, General Public.

**Members Absent** Melissa Bell;

**Staff Present** Jim Bruckner, Tammy Keezer, Jimmy Villiard, Kyle Jennings, Julie Rogers, Diane Keener, Kelly Pla,

**Guests** None

**Media** Mr. Ryan Hanchett; The Franklin Press, Ms. Kristen Karcher; WNCC Radio

**Public Comment** None

**Call to Order** Meeting was called to order at 6:21 by Dr. Brenner

**Approve Agenda** Dr. Brenner made a motion to accept the agenda as presented. Mr. Tate seconded the motion. The motion passed unanimously.

**Welcome/Intro./Departures/Recognition**

Kelly Pla

**Closed Session**

None

**Presentations**

Kyle Jennings – I wanted to give a brief overview of the food-borne outbreak investigation process, we have heard some things about outbreaks recently. We have a 10-step process that we follow, a flow chart that we go through, of different steps to determine if a possible outbreak is valid and what the cause is. First step is to identify an investigation team and the resources that are available. We already have a team and resources determined before an outbreak occurs. MCPH has an epidemiology team in place for any epidemiology issue that could come up. And we always have a state epidemiologist on staff.

In the event of an outbreak, the second step is to establish the existence of outbreak and verify the diagnosis. In order for it to be deemed an outbreak, there needs to be two or more diagnoses of an actual disease in non-family members that have a common exposure. It has to be from two or more people that are non-family members with a common exposure before an outbreak is declared and the exposure must conform to a time frame for the disease diagnosis. The diagnosis must come from a doctor, as well.

The third step is to establish a case definition, a statement that says the people that may possibly have that disease are going to have similarities – exposure routes, same symptoms, and share a diagnosis of the disease. The fourth step is case finding. We need to find all the cases that we can and we have a group called Contact Traces to call people, find their exposure, symptoms, etc. If it's necessary, we could put out a press release, but that's usually with large scale outbreaks.

The fifth step is to do research where the disease came from, who else has it, any other issues we need to worry about. The sixth step is a study of disease itself and how it spreads, narrowing exposure location, times and food or drinks that the patients may have consumed. We run a statistical analysis to find cause and at the Health Department we use an odds ratio - the higher correlation of people eating a certain food and getting the illness gives us evidence that that food was cause, this works with food or restaurants. We look at the one with the higher odds ratio. If those numbers that come back make sense, we can go look at practices of the restaurant - who prepped the food, sources of the food, if numbers don't make sense, we can run additional studies but we'll have to lean on the state at the point for input. The seventh step is to implement control measures and communicate findings. Education is the best control measure that we have because usually once the information reaches the health department, the outbreak is over, so we'll talk to effected parties and responsible parties to discuss where the issues came from and how to change what they're doing. Sometimes we might reach out to public, but that would be mostly in widespread outbreaks.

Another control measure is to embargo food or limit or eliminate a food service worker's contact with food if the worker is sick or in some way spreading the virus. We then report to any other jurisdiction in the vicinity, especially if the cause of the outbreak is a food source, the restaurants need to know if a supplier is at fault.

The eighth step is to maintain surveillance once the outbreak is over, especially if there are still ways it could be spreading. We want to heighten awareness. Recently we had social media reporting an outbreak and we hadn't heard anything about it from Environmental Health or Communicable Diseases. So, we called the registered infectious disease person and found out that what was being reported on social media wasn't true. There was one case of a certain disease, but there was no wide range and no exposure to a restaurant in the time frame that it takes the disease to present.

We have had outbreaks that were validated that were reported in social media including one establishment where a food service worker had been handling a food product and a certain number of people had come down with a disease, the disease was reportable, we went through the investigative process. In doing that, we discovered a number of people who had the disease, isolated the cause, which was food handling issues, corrected it, and there were no more issues after that.

Jim Bruckner informed the meeting that anything the health department does with a food-borne outbreak is public information. If anyone sees anything on social media, they can call the health department to find out if the information is true. El Charro's is currently suffering from a social media blitz that suggested they were the cause of an outbreak. The public health department doesn't have a duty to report that nothing is wrong, but what we can do is talk to the restaurant, give them all the information that we've given at this meeting and there are no outbreaks in relation to them. They can then take that information to the media and tell people to call us.

Kyle Jennings then suggested that all food inspections are listed on the Macon County website. You can go look at the most recent inspection report by going to health department foods section where there is a link to Macon County establishments, type in any restaurant name and you can pull up any report.

**Approve Minutes of Previous Meeting** Mr. Tate made a motion to accept the minutes as approved. Mrs. Futral seconded the motion. The motion passed unanimously.

### **Old Business**

A. Adult Dental is a challenge right at the moment. We've had two contract dentists, one who had a mix up with his company who had sent him an email seeing if he'd stay for September, he thought they were talking about August and we found out that today was his last day. We've only had one applicant and she originally said that she could work a four day work week, but when we sent the preliminary offer letter, she said she only wanted to work two days instead of four. The same company that sent us the current dentist has found someone that can work Fridays and the current dentist gave us six days in September that he can work. The stating salary is \$113,000 where the average for the

region is \$150K and a dentist who's been with us since 2001 isn't at \$150K. We will need to look at dentist salary. We are trying to keep adult dental open four days a week.

## **New Business**

A. Grants – we've had some success with grants, one local, Evergreen which is one year, \$43,110. Primarily using it for No Wrong Door, which is being worked on by Ronnie Beale and partners from the community to put a health care navigator in place. The navigator would be able guide people resources, direct them to the appropriate entity. The other part of the grant is for expansion of tele-psychiatry services within county, hopefully we can expand that out to local providers. We've also received a regional food and farming grant, which can double food bucks for someone on food stamps or WIC. It can double veggie food bucks, working with MountainWise. One not mentioned on the agenda is a grant from the Mission Health Foundation, a one year, \$40K grant focused on community wellness and is also MountainWise grant. ARC is a grant targeting the aeronautics and auto industry, in Franklin we have companies that produce parts and components for the aircraft and auto industry. It's one million five thousand dollars for 5 years to expand wellsite services. We have several projects we are moving forward with and partnering with other groups in the region.

B. Environmental Health rules update – There was some legislation that passed in early summer, with a few things that affected all programs. House bill 573 – setback from septic system to single well from 100 feet to 50 feet. In the past this was allowable, but certain conditions had to be put on the well. Now, as long as we have 50 feet between a septic system to a single family well, no increased construction standards on the well. Probably won't affect a whole lot, just not as much construction requirements on septic systems and wells and will mostly affect tighter neighborhoods.

Senate Bill 711 – provided for raw milk to be sold for human consumption as long as the person who is purchasing the milk has a share of the lactating animal. It is still illegal via interstate commerce and will not be allowed in restaurants, partly because you have to own a share of the animal.

House Bill 374 – Section 2, allows for temporary food establishments to be open for 30 days instead of 21, temporary establishments do not need to meet the same standards as permanent restaurants. Provided that they're still meeting rules, they can apply to be open for another 15 days. Most other states keep those days shorter. Previously, temporary establishments had to be sponsored by a public exhibition or a transitory fair, now they can be sponsored by a tourism exhibit. The change in law is most likely tied to the equine event in Tryon. Tryon has put out a call to food inspectors across the state because they only have one food inspector.

- Section 9 of the same bill relates to Septic Permit Extension Act, which extended every permit written since 2000 to 2020. Health Department has to make a site visit if you're bringing a dead permit back. Health Department cannot invalidate permit if changes were made to put in a septic system. Also, a licensed soil scientist may certify that land has been unchanged. If someone changes site and installs a system that doesn't meet the requirements, the Health Department is not under obligation to issue an operating permit.

- Section 11a of the same bill covers replacement of distribution box by a certified contractor. Says it does not require a permit.

- Section 11b – In the past, if a property was owned by the same owners but divided up within the family and installed separate septic systems for each division, it was considered one septic system and if one system large enough, it would need to go to state. Now, if a property line is between two systems, they are considered separate systems regardless of ownership of the properties.

- Section 11c – Says that licensed soil scientist may write septic permits. They will have to provide the information and work to us for designing of a system. They will give us soil information sheet, and we will issue permit. They still have to apply for permit through us. The scientists are required to have insurance, however, it is not spelled out in the law who has liability if the system fails. It is providing us work, and we're supplying permits. We still hold the card with the operations permit. Health Department can't issue operations permit if setbacks aren't what they are supposed to be. We will not put any information down ourselves, we'll just put it on top of what scientist gave us. Soil scientists generally get called in on lots where there's a lot of preplanning, say when they're building large neighborhoods or complicated systems. We usually call in our state soil scientist to

verify their work. Now, we can't question them. Soil scientists usually cost three times what we do and the individual has to pay us anyway.

- Last part – sect 12, says any drain fill type that has been permitted in the last 5 years is okay to use. We have one in Macon, we'll see how it goes.

C. Customer Satisfaction Survey – We conducted the annual survey in June. Last year we got 98 responses, this year 195 responded. We had a good number of Hispanics that completed survey. The only recommendation we had was one person who requested Saturday services. All in all, we had very good responses. Accreditation requires that we complete a survey, and present it to the Board of Health. We couldn't come up with anything that we need to change at this point.

D. Billing Guide – We made a few wording changes in our billing guide, included the page that the changes were made on in your book. WIC is a state program with federal dollars, so there cannot be any county restrictions. We will need to remove from WIC. Also, Medicaid is going to a managed care model. We have started contracting with different providers and United Healthcare won't allow us to have resident restrictions with their insurance (for adult and child dental and residency restrictions). If they have United insurance and we have a spot we will see them. Motion to accept made by Dr. Todd, Seconded by Julie Farrow. Passed unanimously

E. Fee changes – The big change is in the flu vaccine fee, the price list would have caused us to lose money from the beginning. The cost is more than our current fee plan and we need approval for an increase. There are four flu fees we are presenting an increase on. Remainder of new services – as we approach adding more services and labs we don't have all the codes, so we need to add the top three lab services and the last is a minor surgical procedures. Motion to accept made by Julie Farrow, seconded by Mitchell Bishop, Passed unanimously.

F. Collaborative – Julie Rogers, School nurses were part of a tactical emergency response training in the spring. It was a different approach to emergency response, not something you do typically in an everyday setting. Everything they showed us was from combat zones. They gave us ideas on how to respond if we have nothing, what things we can use. About six years ago the SRO from East Franklin Elementary put officer down kits in the school, the same kits that we utilized in the training in the spring. We talked to Mr. Bruckner about putting these kits in schools and with his and Mr. Baldwin's help we were able to go forward with the project. We were shooting for 375 people to attend the training and ended up having more than 500 people to teach how to use kits. These kits can be the difference between casualty and survivor. During training, we had to call a paramedic due to an unrelated incident, but their response time was about 10 minutes. These kits can keep the blood in the body and help the person stay alive. Different things in kit include, quick clot gauze, which is what makes the kit so expensive. We are going to have these in every classroom and the teachers now know how to use them. We showed teachers how to apply tourniquets, what to do on different parts of the body. We are hoping to do this annually. SROs also did a tactical active shooter training. The other part of this training was doing blood borne pathogens, diabetes and epi pen usage, how to respond to seizures, etc. These will be just like have an AED in the building and kits will put in classroom when they know how to mount them throughout the school.

Mr. Bruckner – when Julie approached me with the idea, explained to me what other schools were doing, we had grant money left over from last year that we funded half of the kits with. They cost about \$75 a pack and we are researching how we could add to and modify them. No other county in this part of the state has these.

## **Board Training and Information**

Medicaid Reform - Prepaid health plan handout – Put out request for proposal for managed care companies to bid. There is a pamphlet for you to read on Medicaid reform in your books. This plan will allow the Medicaid population to get better care, make more services available to them. It will impact some of the things that we do, some programs that we provide that are carve out programs, like family planning, but we will receive a differential for what we provide. Some of our outreach programs like CC4C and OBCM, they have to work with those two programs. If those contracts don't go away and they don't allow us to compete, those bolster some of the other things we do. It's too costly for us if we can't do it the managed care way.

Monthly budget is in your book, less than 6% spent in expenditures, at less than revenue, but revenue and expenditures at 8%.

Flu vaccines are coming up next month. Board of Health members get them for free.

**Announcements:** None

**Next Meeting Date**    **9/25/2018**

**Adjourn**        Dr. Todd made a motion to adjourn the meeting. Gena Futral seconded the motion. The motioned passed unanimously. The meeting was adjourned at 7:25 pm.