Harnett County Board of Health
Minutes of Regular Meeting
September 21, 2017

The Harnett County Board of Health met in regular session on Thursday, September 21, 2017 in the Health Department Board Room, Harnett County Governmental Complex, 307 W. Cornelius Harnett Blvd., Lillington, North Carolina.

**Members present:** Ms. Patricia Chalmers, Vice-Chairwoman, Ms. Amy Allen, Ms. Gayle Adams, Ms. Linda Sturdivant, Dr. Nicholas Pennings, Dr. Laura Smith and Mr. John Rouse, Health Director.

**Others present:** Graham Byrd, Debra Harris-Hawkins, Gail Hobbs, Mary Jane Sauls, Natasha Johnson and Donna Surles.

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**Vice-Chairwoman Chalmers** called meeting to order at 7:00 p.m.

**Announcements** — **Mr. Rouse** reported Dr. Auston “Trey” C. Williams, III, Chairman, Ms. Emily Barefoot and Ms. Judy Herrin, RPH will not be attending tonight. Mr. Rouse reported Ms. Patricia Chalmers, Vice-Chairwoman will be conducting the meeting.

**Consent Agenda** — **Minutes** — Motion made by Dr. Nicholas Pennings for the July 20, 2017 agenda and minutes to be approved as presented and seconded by Ms. Amy Allen. Motion Carried.

**Consider additions and deletions to the published agenda** — Mr. Rouse asked to add item 6A to the agenda on the Susan G. Komen Grant. **Motion made by Ms. Gayle Adams for the Susan G. Komen grant request to be approved and seconded by Ms. Amy Allen. Motion Carried.**

**Susan G. Komen** — Debra Harris-Hawkins presented a request for the opportunity to submit a grant application to the North Carolina Triangle to the Coast Affiliate of Susan G. Komen for approximately $25,000 for year 2017-2018. Harnett is one of the counties located within the Komen service area. The community health grant seeks innovative projects in the areas of breast cancer education, outreach and screening. The funds requested will be used to support program expansion, which will allow for additional education programs within the community, increase access to mammography screening services with the priority to include medically underserved populations of uninsured and under-insured women. Grant funds are available for one year. There are no matching funds required. The mammography screening programs provides access to screenings annually for over 200 women.

**Public Comment** — **Period of up to 30 minutes for informal comments allowing 3 minutes for each presentation** — **Vice-Chairwoman Chalmers** opened the floor for informal comments by the public, allowing 3 minutes for each presentation up to 30 minutes. Seeing no one, Vice-Chairwoman Chalmers closed the informal comments.
Nomination Committee - Chairwoman Chalmers as well as members Dr. Auston “Trey” Williams, III as Committee Chair, and Ms. Judy Herrin as Committee Member to serve on the nominating committee. The committee will report at the next regular meeting in November 2017 and at the January 2018 meeting the officers will be nominated.

Accreditation – Mr. Rouse related that our Re-Accreditation site visit was on September 14-15, 2017. Documentation was prepared and sent electronically prior to the site visit. Accreditation site team asked questions on policies and local ordinances. Staff did well in preparing for the site visit and responding to the Accreditation team. The Accreditation report will be back in around ten days. The Accreditation Board will vote in December on the findings of the Accreditation team.

Rabies Rules Sunset Local Ordinance – Mr. Rouse reported that during September 2016 the county passed a local ordinance to adopt the state rabies rules that was in the General Assembly. Adoption of the 2016 Rabies Compendium postexposure management control measures for dogs and cats as a Board of Health rule will provide the legal authority for the Harnett County Health Director to implement the new rabies control measures and would align North Carolina’s control measures with current nation recommendations and guidance. The North Carolina General Assembly has passed a statewide Rabies Bill that will become effective October 1, 2017 at 12am. Motion made by Ms. Amy Allen that Harnett County Board of Health allow its Local Rabies Ordinance adopted on September 15, 2016 to “Sunset” on October 1, 2017, seconded by Dr. Nicholas Pennings.

Established Fees – Gail Hobbs presented the following fee for an increase to an established fees:

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>RECOMMENDED PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>90662</td>
<td>Fluzone High Dose 65&gt;</td>
<td>$74.00 (was $67)</td>
</tr>
</tbody>
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Motion to approve the increase of the established fee from Dr. Nicholas Pennings and seconded by Ms. Linda Sturdivant. Motion Carried.

Bad Debt Write – Offs – Gail Hobbs requested to write-off $3,896.95 through June 30, 2015 for program services as follows:
Immunizations $27.00
Maternal Health/Prenatal $1,142.37
Adult Health $987.37
Family Planning $564.08
Child Health $1,004.27
Tuberculosis $171.86
Total: $3,896.95

Debt Set-off Program collected year to date totals $6,991.93.
Motion by Ms. Amy Allen to write off $3,896.95 as presented, seconded by Dr. Nicholas Pennings. Motion Carried.

Accreditation Activities Report – John Rouse

- **Review of Operating Procedures** - Mr. Rouse provided a copy of the Board of Health Operating Procedures. Mr. Rouse had no recommended changes to procedures at this time, however changes may need to be made after we receive the Accreditation report.

- **Communicable Disease Report** - Donna Surles stated this Annual Communicable Disease Report provides incidence data of confirmed disease cases using the North Carolina Electronic Disease Surveillance System (NCEDSS). In fiscal year 2016 we reported one Tuberculosis (TB) case (7 in 2015, 5 in 2014). We have two nurses who work TB cases which requires a lot of investigation work and follow up. Direct observational Therapy (DOT) requires the nurse to physically observe the client taking the TB medications for Latent Tuberculosis Infection Therapy (LBTI), requiring daily home visits by the nurse or observation through Skype if the client has internet and skype capability. There were no cases of Pertussis reported in 2016 (2 in 2015, 1 in 2014.) I used data from NCEDSS to compare the incidence of cases of Salmonella, Chlamydia, Gonorrhea, and Hepatitis B. The number of Salmonella cases decreased slightly in 2016 to 31, compared to 35 cases in 2015, and slightly above the 27 cases in 2014. Our Health Education staff continues to promote food safety by educating the public through news articles and postings on the website about food borne illnesses and safe food preparation.
Chlamydia cases remain the highest of all reportable Sexually Transmitted Diseases (STD) and that number continues to increase each year. In 2016 there were 640 cases reported, up from 513 cases in 2015 and 497 in 2014. The incidence of Gonorrhea was much higher in 2016 with 181 reported cases compared to 132 in 2015, and 114 in 2014. Chronic Hepatitis B cases were down in 2016 with 3 cases reported, 5 in 2015, and 2 in 2014. We continue to see a large number of STD clients in our clinic. We provide Expedited Partner Therapy in efforts to improve the decrease in Chlamydia cases.

We have two nurses who have completed the HIV Counseling, Testing, and Referral Course (CTR) as required by the Agreement Addendum. Two nurses completed NCEDSS training in 2016. We currently have one STD Enhanced Roll nurse (ERRN) and another nurse who will complete the STD ERRN course in October. We have several nurses who have completed the Communicable Disease Course and two nurse who will take the course this year. Disease surveillance and investigation is a continuous process and team effort for our nursing staff with reportable diseases constantly being uploaded in NCEDSS.

Our staff continues to educate clients in disease prevention measures. Community outreach activities include HIV/Syphilis testing in the community. HIV and STD materials are provided bi-annually to Department of Correction inmates and condoms are distributed in barbershops throughout the county.

- **Workforce Development Plan** - Donna Surles report this year is to promote Continuous Quality Improvement by ensuring competence in staff performance through Continuing Education and training opportunities. We want to identify Nursing Core Competencies for Tier 1 and Tier 2 nursing staff with each Performance Appraisal. We are planning to continue staff training in Emergency Preparedness with additional training in emergency shelter operations. Assuring appropriate staff receive National Incident Management System training (NIMS). Public Health staff are vital during emergencies and disasters and we want to ensure that they are prepared to respond according to their emergency job duties. We are looking at the training and staff development needs of our staff which we feel helps improve employee satisfaction and staff retention. We are always seeking opportunities to improve our programs by providing additional services that will better meet the needs of our clients. We strive to meet the requirements set forth in the State Agreement Addendums and update programs based on recommended best practices. Offering additional Long Acting Reversible Contraceptive (LARC) methods will allow us to expand our Family Planning Program and better meet the needs of those clients who choose the Intra-Uterine Device (IUD) method of birth control, therefore improving patient satisfaction.
We are continuing to work together to improve child fatality rates and promote healthier babies and children. Our staff have been actively working in the community to educate our citizens on the importance of immunizations, healthy nutrition, child safety and dental care. We continue to educate our prenatal clients on smoking cessation and the importance of early and continuous prenatal care.

Through the succession planning process the Health Management Team has 6 of its 11 members eligible for retirement within the next 5 years. The current health department staff consists of 69 full-time employees, and approximately 11-12% of those being eligible for retirement within 5 years or less.

We have an experienced ERRN in the Adult Health Clinic who is also eligible for retirement. We have a Registered Nurse (RN) who is near completion of the ERRN course who will be able to fulfill that role if vacated by retirement. We currently have three Mid-Level Providers who rotate throughout the clinics and are able to provide coverage for each other during absenteeism. We have one Midlevel Prenatal Provider and we are working with Harnett Health and Dr. Gray to train two of our other providers as back-up for our prenatal program. Our clinical staff consists of ten RNs, one Licensed Practical Nurse (LPN), and four Mid-Level Providers. One of these RNs works as the Preparedness Coordinator as well as the Newborn and Post-partum home visiting nurse. We have four billing staff in our clinics, two of those being fluent in Spanish and English. We have one full-time Spanish interpreter and a contract interpreter. Our billing staff and interpreters work well together and have been cross trained to cover all clinics. There are two lab technicians, one who is the Lab Supervisor and the health department Safety Coordinator. They are cross-trained and capable of working independently in the lab. Licensed clinical staff are able to obtain required continuing education credits through webinars and face to face training opportunities. ERRN's complete re-rostering requirements through state offered trainings, regional meetings and state public health conferences.

**Health Director's Report and Program Reports – John Rouse**

- **Opioid Forum** – Mr. Rouse presented information from the Opioid Forum that was held on September 20, 2017. Andrew J. Muyzk, Pharm.D. Associate Professor, Campbell University did a presentation on Understanding Opioid Addiction, along with other speakers. Mr. Rouse provided handouts showing the numbers of Opioid overdose emergency department visits per year since 2009. The data also included monthly emergency department visits by Opioid class of either Heroin or other Opioids, and by visits by age group. The graph also provided information on the average amount of Opioid pills per resident in Harnett County for 2016.
• **Financial Report 2016/2017 Year Ending** – Mr. Rouse reviewed the closeout revenues summary report for FY16-17. The sell of the Home Health agency were included in the funds, with the county getting back $2,134,000.00. Mr. Rouse reviewed the expenditure summary report. The staff has done a good job monitoring their expenditures.

Mr. Rouse informed the board Dr. Elizabeth (Betsey) C. Tilson, MD, MPH will be joining the North Carolina Department of Health and Human Services (DHHS) as the new Chief Medical Officer/State Health Director.

Senate Bill 16 in the General Assembly will allow septic tank permits that were purchased in year 2000 to be applicable until 2020. Under the current rule a septic tank permit would be valid for five years. This has not been voted on yet.

Mr. Rouse reported that the department has received the Cost Settlement FY 2012-13 packet from North Carolina Division of Medical Assistance (DMA) regarding the hold back. Finance and the Cost Settlement advisor has been able to perform a scrubbing of the report based on rules that applied leaving us to receive an estimate of $3,000.00 instead of the $77,000.00 that was owed to DMA. An appeal letter has been sent to DMA and we are awaiting our final letter from DMA.

• **Clinical Reports** – Donna Surles related that the numbers are based on the Activities Summaries for July and August. At the last Board of Health meeting our numbers increased for Newborn and Post-partum home visits nearly reaching our goal. In July the numbers decreased some due to staffing and clinic coverage but increased again in August reaching our goal again. Child Health (CH) and Immunization clinics are busy with back to school physicals and children needing required vaccines. Our Enhanced Role Nurses have been busy with well child physicals. The Activities Summary Report shows the increase in immunizations from 145 in June to 312 in August, and the number of CH Well Clinic visits from 71 in June to 183 visits in August. The number usually remains up throughout September and in to October. We have held two after hours clinics for immunizations and our nurses have offered immunizations on site at some schools on their back to school nights. We continue to offer well child physicals and immunizations at the Dunn office on Tuesday and Thursdays when needed to make visits more convenient for our Dunn clients. The employee clinic remains popular with employees and their families during the fall season as seasonal allergies tend to reoccur, and many receiving flu shots. There were 142 employee visits made in August, compared to 120 in June. We are offering flu shots to the public Monday – Friday on a walk-in basis. County employees are coming in for flu vaccines as well. We will be providing flu vaccine to all county employees at the Employee Health Fair on October 5th. During the months of September and October our staff will be conducting flu clinics throughout the community.
Flu clinics are provided on site at the assisted living facilities, senior nutrition sites and for community partners such as Emergency Management, Sheriff’s Department, Harnett County school employees and the East Carolina University Dental School. Our Adult Health (AH) Clinic has been giving flu shots since August and we are beginning to see more clients asking about the flu and pneumonia vaccines.

AH continues to provide a lot of Tuberculosis (TB) services and some of these visits are Direct Observational Therapy (DOT) for LBTI Treatment. This requires a nurse to see the client actually take the TB medication daily. This requires daily home visits until the sputum samples are negative and then we can Skype to observe medication administration as long as the client has capability to skype. DOT can last from 6-12 months. The Family Planning (FP) clinic staff are awaiting the IUD order. We had some delay in waiting for Bayer to complete the set-up of our account for us to be able to order. Our providers have been trained in IUD placement and removal and are anxious to get started with this LARC. We did receive notice from the state the Women’s Health Service Funds could now be used to purchase any type of birth control method. In the previous year these funds could only be used for LARCs. Our Maternal Health clinic continues to see a large number of clients each month. Many of our prenatal clients are uninsured or may receive Presumptive Medicaid for a short while during the pregnancy. We applied for a Community Health Grant through the Office of Rural Health and were awarded $34,000 which will be used to provide prenatal care to uninsured pregnant clients. These funds are available for a one time grant period of 10 months which began September 1, 2017.

For the past few months we have been working with our pharmacy manager, Dr. Jim Boyd to implement a pharmacy inventory system through our Patagonia Electronic Medical Record (EMR). Dr. Boyd contacted the state pharmacist regarding Board of Pharmacy Laws and Policies. The implementation was successful and all of our drugs are now rolling out of inventory appropriately. The State Nurse Consultant came on site to look at how the system worked and complimented our staff for implementing the inventory system. This system will allow us to monitor our inventory electronically and place orders accordingly.

On October 2nd we will be having our Annual Staff Training in the Commons. This training will consist of Emergency Shelter Training for our staff to prepare them to be able to respond accordingly and work effectively in the event that an emergency evacuation shelter is opened.

- **Aging & Case Management** – Mary Jane Sauls reported the Retired and Senior Volunteer Program (RSVP) 9/11 day of service was held on September 14th and included a blood drive and reception to honor our first responders. Forty-six units of blood were collected. Deputy County Manager, Paula Stewart gave remarks from the county and thanked first responder personnel for their
service. Personnel from Lillington Fire Department, the Red Cross staff and other volunteer fire and rescue organizations were in attendance. The next blood drive will be on Thursday, November 9, 2017 in the Commons area. The Division on Aging is currently taking appointments for open enrollment. October 15th through December 7th is when all people with Medicare can change their Medicare health plans and prescription drug coverage for the following year to better meet their needs. The RSVP recognition banquet will be held on Friday, October 6, 2017 from 5:00pm at the Dunn Community Center. This year they are having a fifties theme event “Rock around the Clock with RSVP”. Harnett County will sponsor a senior bus trip to the fair on Tuesday, October 17, 2017. The bus will leave from the governmental complex at 8:00am. October 19, 2017 is the Senior Men’s Golf Tournament at Pine Burr Golf Course starting at 9:00am.

- **Environmental Health** – Graham Byrd stated the Food and Lodging staff are in the busy season of fall festivals. Starting on September 25th the Food and Lodging staff will be fully staffed again. Jamie Turlington will be returning from maternity leave. On site wastewater repairs and improvement permits are down this time of year and during the summer months, but are looking to pick back up.

- **Upcoming Events** – Debra Harris-Hawkins related we have a couple of community events scheduled for October. National Breast Cancer Awareness Month is recognized in October to raise awareness of breast cancer and the importance of early detection. The Health Department and community partners will be sponsoring two community breast cancer awareness breakfast events. The “Power of Pink” and the “Pink Ribbon Breakfast”. The sessions will provide educational information about the importance of early detection and screenings. The “Power of Pink “Breakfast will be held on Saturday, October 14, 2017 at Victory Tabernacle Church located in Lillington, from 9:00 am-11:00am. The “Pink Ribbon Breakfast” will be held on Saturday, October 28, 2017 from 9:00am-11:00am at the Government Complex.

**Closed Session** – There was no need for closed session.

Vice-Chairwoman Chalmers adjourned the meeting.

Respectfully submitted,

John Rouse, Jr.
Health Director

Patricia Chalmers, Vice-Chairwoman