

CUMBERLAND COUNTY BOARD OF HEALTH
March 20, 2018 –6:00 p.m.
1235 RAMSEY STREET, THIRD FLOOR BOARD ROOM
REGULAR MEETING
MINUTES

MEMBERS PRESENT: Dr. William Philbrick, Optometrist, Chair
Dr. Connette McMahon, Vice Chair
Dr. Vikki Andrews, Public Representative (Excused at 6:53pm)
Dr. Oliver Hodge, Dentist (Arrived at 6:13pm)
Dr. Sam Fleishman, Physician
Ms. Sonja Council, Nurse
Commissioner Jeannette Council

MEMBERS ABSENT: Dr. Heather Burkhardt, Veterinarian

STAFF PRESENT: Duane Holder, Interim Health Director
Rod Jenkins, Deputy Health Director
Candice York, Finance Officer
Daniel Ortiz, Environmental Health Director
Dr. Lan Tran Phu, Medical Director
Ashley Yun, Administrative Assistant to the Health Director
Marika Hoeckmann, Public Health Administrator
Monica Owens, Records Manager II/HIPAA Compliance Officer
Stepheria Nicholson, Health Education Supervisor
Sally Shutt, Assistant County Manager

WELCOME, INTRODUCTIONS AND MOMENT OF SILENCE

Dr. Philbrick welcomed all guests and called the meeting to order. Introductions were given. A moment of silence was taken.

ACTION ITEMS

A. Approval of Agenda

MOTION: Dr. Connette McMahon moved to approve the agenda.
SECOND: Dr. Vikki Andrews
VOTE: Unanimous (6-0)

B. Approval of February 20 Regular Meeting Minutes

MOTION: Dr. Connette McMahon moved to approve the minutes.
SECOND: Dr. Vikki Andrews
VOTE: Unanimous (6-0)

C. Approve Recommendation of county Management:

Mrs. Candice York presented the Fiscal Year 2018-2019 budget to the board for approval. The budget is based on what is necessary to continue our services during fiscal year 2019. She provided the hard copy of budget packet and displayed it on the screen. She reviewed:

- Table of contents
- Page 1: Dept. of Public Health mission, vision, and essential services
- Page 2: Three core functions, assessment, policy development, and assurance
- Page 3: Health Dept. Organizational Chart
- Page 4: Highlights 2017-2018

Dr. Andrews asked how it was determined what to include as far as highlights. Mrs. York answered based on consult with our Public Health administrator, press releases, annual report, and other internal notifications that we send out when we get awards or rankings etc.

Mrs. Hoeckmann said you will see more expanded version when the annual report is released next month; we will provide the hard copy of the report to the Board of Health (BOH) and be able to see on website as well.

- Page 5: Services provided 2017 by clinical programs and divisions. It reflects the unduplicated patients' we have by the programs and the total services that were actually provided 2017.

Dr. Fleishman asked how WIC translated 12,714 unduplicated patients to 156,516 total services. Mrs. York answered that actual contact include fact-to-face (4 times per year), phone call, email, and letters are counted as service on State report.

Environmental and Sanitation inspections include restaurants: hotels, daycares, schools, septic tanks, authorization writing, and complaints.

Dr. Hodge arrived at 6:13pm

Health Education conducted Making Proud Choices event reaching 508 students. They also went out to the detention center for sexual transmission disease education and reached 266 juveniles.

3,481 patients enrolled in the Cumberland County Medication Access Program (CCMAP) program and 5,114 prescriptions filled. It is funded program and free to all the patients. All patients must go through a qualification process. Some are from the outside under an expanded program for other barriers. Previously, CCMAP provided the services to the Jail Health and Mental Health as well. Dr. Fleishman said the number of patients leaving the hospital and unable to pay their medications are referred to the program as well. It is a big resource for a lot of people.

Laboratory processed 25,550 specimens.

- Page 6: High level demographic information to show our patients; calculations on our payer sources; number of patients by race, language, sex, and age. This information was gathered from encounters that we actually enter into electronic Health System.
- Page 7: Letter from Interim Health Director speaking on our budget.
Mrs. York highlighted that the budget is in support of continuing operations for twenty six programs plus administration. Expenditures are estimated based on prior year data and expected increases to fringe benefit contributions and operating expenses. Revenues are projected with actual State Allocations and Grants received as well as Medicaid and Fee revenue estimations. The WIC Program will be eliminating nine vacant positions due to the lack of funding. They have been vacant for 3 years and not needed based on the client level that we currently have. The recurring budget request for fiscal year 2018-2019 is \$19,057,397 which represents a 5% decrease from the current year's budget of \$20,043,995. More information will be provided later on to give details where the decreases are. The department is requesting supplemental funding to increase efficiency within the Communicable Disease/STD Clinic. We are also requesting funding to upgrade licensing software for our Information Services Department, upgrade printers, and purchase a new Electronic Health Record System. The total requested budget including supplemental funding is \$20,067,571. Upon Board of Health approval, this budget will be submitted to the County Manager and Board of County Commissioners for their consideration.

Dr. Philbrick asked the one reason one million dollar down is the Jail Health. Mrs. York answered that the Jail Health is not included in the budget this year. The Dental and Adult Health clinics did make an impact. Also there are other impacts that make different; she will explain more later.

Dr. Philbrick also asked that 50+ age group in patients is only 10.37% of our total patients on page 6. Most of prescriptions that are written are probably over 50 years old. He is surprised that we don't have more prescriptions for having 3,400 patients. Is it possible that our patients are unaware? Mrs. York answered that our Medicaid patients use private pharmacy.

- Page 8: FY 2018-2019 Budget Summary with Comparison to Current FY
Current FY budget is \$20,043,995 and we are requesting \$19,057,397 this year for recurring expenses. Listed are the where the decreases come from; WIC (abolish 9 positions), loss of community liaison funding, Wisewoman program (no State funding), replacement computers (over 6 years old) in prior year, Healthnet, Dental, Cumberland County Schools (CCS), and other one-time expenses total \$986,598.

Dr. Andrews asked since we are not funded from State as of May 31st, is the WISEWOMAN no longer available after May 31st? Mrs. York answered that the patients will be still identified and referred to Stedman-Wade or Healthnet for services; however, we will not have funding to pay for referral.

Cumberland County School's \$177,280: This was a fund they gave us before for temporary nurses for school health program. They give us a recurring allocation every year for 10 part-time 35 hour per week nurses but they have allocated funds for the past two years that we were able to use to hire temporary nurses. At this point School System is still in budget process so they are unsure if they're going to allocate the funds this year. Once we receive a contract, will see if we received it or not.

Miscellaneous one-time expenses: excluded some equipment, Care Coordination for Children (CC4C) Temp staff, reduces Case Manager etc.

Mr. Holder stated that obviously there are several weeks between now and when the budget would be adopted by the Board of County Commissioners (BOCC) and we received notifications all the time so this is subject to change based on notifications that we might receive from the State of NC. For example, with WISEWOMAN allocation, if we receive those funds, there will be some time to funding in prior to BOCC approval and then if we received the notice from the state after budget adoption then it becomes a budget amendment or budget revision to added back in.

- Page 9: Total recurring budgets by department from FY2018-2019.
Dr. McMahon asked the reason of significant drop over the time period on AIDS/HIV budget. Mrs. York answered that include cupus grant from the state to provide Duke facilitate on services to our HIV positive patients. We have a partnership with Community Health interventions in local that actually go out to identify HIV positive. They want to make sure patients stay on the medication and help navigate them different in the life process. That is a federal allocation and fluctuates year to year.

Dr. McMahon also asked about the funds for Communicable Disease and Tobacco Prevention. Mrs. York answered that we are requesting for Practical Nurse position to serve as treatment nurse at the STD clinic. Currently we only have one full-time treatment nurse that has four providers at any given time. In addition, also provide education to patients whether they tested AIDS/STD positive or

negative. So we are requesting another position and expecting that would increase our capacity to see more patients.

Mr. Holder added that according to Mr. Jenkins, it has been a legislative goal of the Health Directors Association to request a state appropriation for STD nurses across the state. We are unsure where that will fall; however, it has been a request/communicated both at the legislative meeting with the Board of Health as well as with the BOCC.

Mrs. Hoeckmann said additional funding for tobacco prevention has been allocated to us the current year and FY 2015. The funds are for Youth Tobacco Prevention Coordinator and the additional funding will stay the same for Youth Tobacco Prevention Coordinator as well as Youth Tobacco Prevention Manager.

Commissioner Council asked about School Nurses. Mrs. York said we did not ask for additional school nurses. She would check on what it would cost to actually create a team. The team assists a team leader and five 35 hours/week nurses actually assigned to schools. Looking at the ratio for School Nurses vs. students, creating team makes more of an impact than adding one or two nurses. Mr. Holder will speak to the County Manager regarding this subject.

Mr. Holder said the board is aware of the environment that we operated last year's budget season effects of revaluation in the impact that that had on the ability to sustain all the services that we had countywide has not changed. What we've been told is that last year was sort of a starting point that's what the county manager communicated and we're still in the mode of right-sizing across the county looking at what's mandated vs. non-mandated. So as we are preparing budgets, we are preparing them understanding that any type of expansion request is going to be a heavy lift for the County Manager for approval. That does not negate our needs; it is still our responsibility to communicate our needs. We plan to ask Mrs. York to prepare a projection of what a full team of school health nurses would look like and he plans to convey that to County Manager. We will meet individually to discuss the budget including supplemental information as well on behalf of Interim Health Director, BOH, and Senior Leadership. It is going to be a substantial expansion request to make a difference in a ratio.

Dr. Andrews asked a possibility of CCS having a partnership for cost sharing. It is insufficient to do nothing. Mrs. York said the budget on the report will supply ten 35 hours/week school nurses. They work school session August-June for 35 hours/week only. They gave us additional funding to hire four temporary nurses as well past two years; however, she is not sure if that would be allocated for FY2019 again. Mr. Holder said, if Board would like for us to request a team of additional school health nurses we welcome the input.

Dr. McMahon recommended requesting funding for the team. Mrs. York will add the approximately \$475,000 to include travel and technology (laptop, cell phone etc.).

Commissioner Council said, School System is asking for funds which are priority to them. Perhaps it will partner with the Health Department and the county to make a big difference, not sure. Think about a district or two districts to spread where we can and see what kind of results we can have. We can't do everything.

Dr. Philbrick asked if we could distribute recommended nurses into the low-income schools that probably have a much greater need for nurses than some of the wealthy school districts. They would

have more medicines to dispense it seems to be distributed instead spreading into all of the schools. We might be able to be proactive where they needed if they may be more effective at some of the lower-income. Mrs. York said the current nurse/students ratio; currently 1:2,200.

Commissioner Council stated that all system needs funds; however, the children are priority. We are not going to make overall ranking if we don't make a start. If we are in poor ranking on Community Health Ranking (75 out of 100), request that suggestion. Mr. Holder said BOH, BOCC, and Board of Education are agreed school health is important.

- Page 10: Pie chart showing expenditures by program
- Page 11-12: Breakdown state revenue by source for comparison from 2016-2019

Dr. Fleishman asked why NC Health Services budget in 2017 was extremely greater than other years. Mrs. York answered that year we received additional funds to Supplement Medicaid because we didn't do Medicaid expansion. So state gave us an allocation for public health to use for services: one time fund.

Dr. Andrews asked where the flu shot vaccine fee was included. Mrs. York answered that it is included with Express Care Fees on page 12. We do not have flu vaccine fee as an individual item. All vaccine fees are included in this category. Mrs. York is planning to present Fee Schedule next month and will provide fee comparison with Medicaid, BCBS, and three other Health Departments prior to recommend the fee schedule to the BOH and BOCC.

Dr. Andrews also asked if that will waive flu shot fees. Mrs. York said no guarantee. We are looking at waiving the administration fee which drives the cost of flu shot fee; flu shot cost \$15 only for actual medication. Mr. Holder said, based on market what he has seen, it would be less. Dr. Andrews said she feels confident.

Dr. Fleishman said, the strategy based on commercial payers how much percentage they reimburse. That's why we as a Health System deal with different charges because we try to maximize commercial payer and self-payers get penalized trying to maximize revenue from the commercial.

- Page 13: Break down revenue by program/source
 - Page 14: Pie chart showing revenue by source
- Dr. Andrews asked if the county has grant writer position. County does not have full-time grantwriter; however, Mrs. Hoeckmann writes grants upon the request as part of her job description as Public Health Administrator. Environment Health Department also researches and writes/submits the grants and has been awarded plenty.
- Page 15: Total Positions by Classification include abolished positions with WIC Program. Due to the electronic processing (eWIC), there are six Processing Assistants, one Admin Officer, one Medical Office Assistant, and one Nutritionist positions are abolished due to lack of funding.
 - Page 16: Breakdown supplemental request for new positions, operating (IS items), and Electronic Health Records (Netsmart) estimated \$800,000. We are requesting Practical Nurse II position in STD clinic. We need update on Office 365, data domain windows server 2016 and SQL server enterprise licensing.

Mr. Holder said we expect our proposal for Electronic Health Record come from Health Department funds which are restricted for Health Department purposes. So the majority of funding will be offset by one time fund balance. There is still substantial amount of one-time funding that is earmarked for Health Department. He would like to point it out because we can't use one-time funding for school nurses because that expense is recurring.

- Page 17: Final recurring operating budget. We are requesting grand total of \$20,067,571.
- Other discussions:
Dr. Fleishman said it sounds like there's a ratio to meet for school nurses. Are there any clear objectives for what the school nurses achieve? Mr. Holder met with nurses and asked the same question. We are in rank 100 out of 100 and what that means? One of the nurses said, kids go home sick and they're really not sick. He doesn't have data.

Dr. Fleishman also asked if we have target that we are looking to improve overall health outcomes that with school nurses would help us achieve. He made comment that it is important to determine what school nurses have a direct function as far as what they do in the schools. However, it would be nice to know what kind of health objectives we want for nurses going in school program to support from public health perspective.

Dr. Phibrick made a comment that it is important for the schools to have school nurses weigh in to major priorities of the school board. It is nice to recommend funding; however, not sure they take it as priority as we take it as priority.

Ms. Council asked school board's goal.

Dr. Andrews requested a joint meeting between BOH and Board of Education. Commissioner Council said it could be a good to discuss all of concerns and Mr. Holder said we will request the meeting.

Dr. Fleishman suggested Health Department Senior Leadership Team, BOH Chair/Vice Chair, and Board of Education meet for initial discussion. Ms. Council prefers to hear the discussion.

MOTION: Dr. Connette McMahon moved to request \$475,000 fund for the school nurses.

SECOND: Dr. Vikki Andrews

VOTE: Unanimous (7-0)

Mr. Holder said we might also suggest that we bring back some more details to the board about school nurses regulatory requirements, additional data etc.

Dr. McMahon said it would be nice to see the county comparison of ratio and outcomes on the meeting agenda with Board of Education.

Dr. Andrews also requested to add comparison of outcomes in the Camp Lejeune and Seymour Johnson. The military community is a little bit different with any other counties outcome.

MOTION: Dr. Sam Fleishman moved to approve the recommended fiscal year 2018-2019 budget.

SECOND: Commissioner Jeanette Council

VOTE: Unanimous (7-0)

D. Elect Chair and Vice-Chair:

MOTION: Commissioner Council moved to elect Dr. McMahon as Chair by acclamation.

SECOND: Dr. Sam Fleishman

VOTE: Unanimous (7-0)

MOTION: Commissioner Council moved to elect Dr. Andrews as Vice Chair by acclamation.

SECOND: Dr. Sam Fleishman

VOTE: Unanimous (7-0)

MOTION: Dr. McMahon moved to request extend Dr. Andrews a term (3years) to service as Vice Chair.

SECOND: Dr. Oliver Hodge

VOTE: Unanimous (7-0)

E. Recommendations for BOH vacancies:

We need a recommendation for public representative, Professional Engineer, and Pharmacist positions. Moving Ms. Council from Register Nurse position to the Public Representative position is postponed due to the Human Service Consolidation. Board members are strongly recommended to recruit vacancies.

Commissioner Council suggested having another nurse on the Board.

Dr. Andrews was excused at 7:22pm

INFORMATION/DISCUSSION ITEMS

A. Public Comment:

Dr. Philbrick opened the floor for public comments at 7:23 p.m. and three public comments are registered. The session public comment is 10 minutes; however, we allow 3 minutes for each speaker.

Mr. Willie Williams registered a public comment. He is a member of a Community Awareness Alliance. A group that works through the neighborhood finding issues that pertaining to the poor and those that need it. In the past, they came across the issue with the health department the fact that adult health clinic was closed out. They moved around through the street and came in contact with the poor and talked to the poor. Now we have a problem with the Health Department Adult Health Clinic being closed, they weren't getting services. So they kept coming to the meetings and working with people outside. They were waiting and informed that the changes are coming. In the newspaper, the article released concerning about new generation of Health Department. He contacted Fayetteville Observer the information and collected all articles. He attended Adult Health Clinic Open House/Meet and Greet and then shared the clinic information with his connections. Now citizens are having an issue to schedule; unable to schedule an appointment. What they can do at this point? They are unsure if they can see doctor or nurse. He requested a response of reason why they can't schedule medical appointments. Then he is able to provide direction to his contacts.

Ms. Theresa Gale registered a public comment. She appreciated to have an opportunity to speak to the board. We are in the city, Fayetteville NC, has been chosen to receive the All American City Award three times, in 1985, 2001, and 2011. As All American City, reported in the news, the local officials were

confident the status would market the city nationally. Do we really want people and businesses from other states around the country to relocate here? I would like to reference a prayer made by Senator Edward Kennedy's 12 year old grandson during his grandfather's funeral. Senator Kennedy became ill and she sent him get well card; his family was nice enough to respond with a thank you. 12 year old grandson said that what my grandpa called the cause of his life that every American will have decent quality healthcare as a fundamental right and not a privilege. We pray to the Lord, that was his prayer, it would take a remarkably cold heart to be indifferent to the desperation of those who need medical help but cannot afford it. No decent person ignores the cries of the sick or hungry or poor. Do I present this case to you because I personally am in need of Medical Care? No, I have three health insurances that take care of all my medical needs. However, as a self-proclaimed social activist, I never sit comfortably in my home and not say something or do something when injustice is a place on those who feel that they have no voice or no one cares. The Declaration of Independence refers to "certain unalienable Rights" that among these are life and the Preamble of the Constitution states that we the people are charged to promote the general welfare. She served as an accountant in the United States Army and she understands what goes into making and balancing a budget. What she cannot understand is why is it so easy to take from the poor and less fortunate to balance a budget. She suspects that if anyone of us needs to find money for our loved one, we would do so. After her death, she learned that her sister could not afford health insurance and therefore did not get routine colonoscopies. Where she became too sick, she visited an emergency room; however, it was too late to treat her. If she had to sell all of her possessions save her sister's life, she would not have hesitated to do so. Health Department has a responsibility to treat our citizens with compassion. Don't let money dictate whether a person lives or dies and our civilized society in America.

Ms. Ethelyn Holden Baker registered a public comment. She made a public comment last month with her supporter; now here again. She registered again for the cause of fact as of 13th of this month. As we all aware, we had an Adult Health Open House and had various guest include Dr. Burke and Dr. Carr. The open house was given impression that everything will be fine. She shared the information of our Adult Health clinic resuming with other citizens. A citizen tried schedule an appointment on Wednesday, March 14 and have been told that the appointment is available after April or May. Ms. Baker called in and left voice mail with her name and phone number; no one called her back. On Thursday March 15, she called back, identified herself, asked that why patient can't make an appointment in timely matter. She was told that we have a waiting list due to the clinic being open part-time. She asked how many patient do we have on list and how many patient do we see daily basis; all of sudden the phone was disconnected. When she called back, a receptionist suggested her to call Human Resources. Ms. Baker didn't call Human Resources; she emailed Mr. Holder with the situation instead. Mr. Holder contacted Ms. Margaret Covington, CEO at Stedman-Wade Health Services, Inc. to address the issue. On Ms. Covington's response via email, she stated that they are not seeing as many patients due to the new provider being oriented to the systems. She requested board's response what can we do prior to be open full-time clinic. Cumberland County is on health rank 75 out of 100 based on County Health Ranking reports that indicate how important healthcare is for the uninsured citizens. She would like to urge us to do all we can to show quality healthcare of underserve citizens in Cumberland County. She would appreciate that we investigate what makes Steadman-Wade to delay services and starts quality services immediately.

Mr. Holder will be responding to each public comment.

B. Influenza Update:

Mr. Holder stated that the BOH recommended a reduction in the fee for flu shots to the Board of County Commissioners upon adoption or approval of that reduction. The reduction period lasted from January 17 until February 28. He would like to update on the impact of the flu shot this year as compared to last year.

Mr. Holder gave an update on Influenza deaths in NC. The comparison of flu vaccines provided from Immunizations between this year and last year:

Jan. 17, 2018 through Feb. 28, 2018, we administered 514 Flu shots

Jan. 17, 2017 through Feb. 28, 2017, we administered 299 Flu shots.

He believes that the impact of the reduction in the fee, and also some of the press releases in the news media about the critical nature of the strain this year resulted in increased numbers of flu shots.

The total number of deaths for the state is 305. Fortunately, no direct flu deaths in Cumberland County; however, we have had one (1) flu related death.

Since the reduction of flu shot fee date expired, Commissioner Council requested Mr. Holder to resubmit the memo to Policy Committee for BOCC to extend the reduction since the flu season ends at the end of April. The BOH will recommend the BOCC to approve retroactive waiver of \$32 administration fee to March 1, 2018 through March 31, 2018 and refund of the fee during this period.

C. Community Health Needs Assessment:

Mrs. Hoeckmann presented that Community Health Needs Assessment is similar to the Community Health Assessment which was last conducted by our Health Department and Community in 2016. This assessment typically compiled in partnership with the hospital system, Cape Fear Valley and the health department collecting primary data together, analyzing secondary data, and then each entity compiled out their own assessment report. There has been an initiative for eastern counties, which we are a part of, there are about 32 counties and hospitals that been brought together by East Carolina University(ECU) and the Foundation for Health Leadership and Innovation who are thinking about coming together to conduct Community Health Needs Assessment for the region. This would take the place of our individual County Community Health Assessment. We would still produce the health assessment and would still break out county data. The advantage to working with this regional group is that number one, they've been funded by the Duke Endowment so they will help us analyze the data, collect data, and compare data with other counties within the region. Now we can currently work with secondary data pulled out by the state reported by the NC State Center for Health Statistics. Being part of a regional effort, we would be able to see the primary data of surveys to see if we have similar health priority among those counties. The surveys questions from county to county will go out into the community. Now we are in the process of Mr. Holder to discuss with board of this opportunity. We have not yet signed in Memorandum of Understanding (MOU); however, it needed by the end of this week on the health department part and in conjunction with Cape Fear Valley. Thank you to Dr. Fleishman that we've heard Cape Fear Valley has been meeting to discuss it and hopefully we will receive an update from them tomorrow afternoon as to whether or not they plan to move forward the MOU. Regardless of if Cape Fear Valley chooses to participate or Health Department in conjunction with Cape Fear Valley chooses to participate for this year, there would be no cost because it is an off-cycle. Typically, the project is conducted every 3 years and we have participated in 2016. It takes money to survey and time of our staff, we're not budgeting for it this upcoming year ; however, The endowment funds from Duke would pay for us to be able to have in kind time of our staff , printing of surveys, and accessing various areas in the community. We're recommending and we think this is a good option in order for us to collaborate with the communities around us to be able to compare data along with this participation in this Regional Community Health Needs Assessment is access to a website. It is very elaborate data benefit us searching for grants as well as for the community stands on certain matrix what committee members have identified as priorities for us.

Dr. Fleishman clarified if this project is also no cost to Cape Fear Valley, he would move forward. Mrs. Hoeckmann said a coordinator at ECU has been discussed this project with Cape Fear Valley without any cost. Cape Fear Valley is having a meeting tomorrow to discuss it.

D. County Health Ranking:

Mrs. Hoeckmann presented background, County Health Rankings from 2011-2018, strengths, areas for improvement, 2016 Community Health Assessment, and Full report of Cumberland County. Full Health Rankings Report is available online at www.countyhealthrankings.org.

E. Financial Reports:

Mrs. York presented the following financial reports.

- Reviewed aging report by program.
- The accounts receivable by program are broken down by payer source.
- The statement of Revenue and Expenditures (Profit and Loss) as of February 28, 2018. The excess of revenue over the expenditures is \$140,645.57. This figure includes actual due from the state and school system as well as grant entities.
- The statement of expenditures by program as of February 28, 2018. We should be at 66% by end of month if spending 100% of budget but currently at 56.09%.
- Revenue by Source reports by state and federal allocations, grants, Medicaid, fees, fund balance and county funds allocated, and total earned. It would be 66% overall if 100% earned but we are at 56.79%; state and federal allocations are a month behind.

F. Director's Report:

a. BCCCP Internal Audit Reports:

It was discussed with media and reported to the BOCC that there were no patients with abnormal cervical exams from July 1 through December 31, 2017 in the BCCCP. There were five patients with abnormal mammogram results on the Cumberland County BCCCP Progress Reports for July 1, 2017 through December 31, 2017. All five patients were notified timely. We continue to notify patients timely written on procedure.

b. Community Health Grants Follow Up:

During the last meeting, we were seeking input the ideas of Community Health Grants. As of Community Health Ranking, Diabetes is high risk of our community. Unfortunately due to the constraints of the Office of the Rural Health, the program that we wanted to implement for diabetes monitoring does not fall within the constraints of their grant requirements. Instead of submitting Diabetes care, we submitted grant application for maternal health that basically doubles the amount of time that we currently are able to see patients in that clinic. Diabetes is still a main focus and we will be able to implement an evidence based diabetes self-management program via our Health Educators.

c. National County Government Month – April:

The theme this year is “Serving the Underserved” chosen by national Association of Counties (NACo). Variety of activities will take place throughout the county promoting this observance.

Employees with 20+ years of service will be recognized in a County ceremony and reception on April 27 at 8:15am at the Courthouse in Room 118.

d. Employee New Hires:

Mr. Holder presented five of the new hires for the month of February.

e. National Conferences – Save the Dates:

Mr. Holder announced that the National Association of County and City Health Officials (NACCHO) Annual conference is scheduled for July 10-12, 2018 at the New Orleans Marriot. Also National Association of Local Boards of Health (NALBOH) Annual Conference is scheduled for August 8-10, 2018 at Marriot Raleigh Crabtree Valley. Both are strongly recommended for the board members to attend.

f. Other:

BOCC Public Hearing for Human Services Consolidation is scheduled on April 16 at 6:45pm.

G. Membership Roster/Attendance Roster:

Dr. Philbrick reviewed the membership roster and the attendance report for 2018. It is a last moment to being a chair and hope board continuous runs well with commissioners.

ADJOURNMENT

MOTION: Dr. Sam Fleishman moved to adjourn.
SECOND: Ms. Sonja Council
VOTE: Unanimous (6-0)

The meeting was adjourned at 8:11 p.m.

	
_____ Duane Holder, Secretary	_____ Date
	
_____ Dr. William Philbrick, Chair	_____ Date