

ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON September 28, 2016, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey, Vice Chair; Nick Galvez – Vice-Chair, Barbara Chavious, Paul Chelminski, Jessica Frega, Sam Lasris, Reena Mehta and Timothy Smith.

BOARD OF HEALTH MEMBERS ABSENT: Commissioner Mia Burroughs, Dan Dewitya and Susan Elmore.

STAFF PRESENT: Dr. Colleen Bridger, Health Director; Coby Austin, Director of Programs and Policy; Judy Butler, Communicable Disease Nurse/Public Health Nurse Supervisor; Alan Clapp, Environmental Health Director; Rebecca Crawford, Finance & Administrative Services Division Director; Donna King, Health Promotion & Education Services Director; Nancy Largent, Temporary Communications Specialist; Amber Majors, Social Work Intern; Pam McCall, Public Health Nursing Director; Ashley Mercer, Healthy Carolinians Coordinator; Andrea Mulholland, Family Nurse Practitioner II; Kiana Redd, Public Health Educator; Stacy Shelp, Communication Manager and La Toya Strange, Administrative Assistant II.

GUESTS PRESENT: None.

I. Welcome

Liska Lackey, Chair, called the meeting to order. Dr. Bridger introduced the new employees in attendance: Nancy Largent, Amber Majors and Kiana Redd.

II. Public Comment for Items NOT on Printed Agenda: None

III. Approval of the September 28, 2016 Agenda

Motion was made by Barbara Chavious to approve the agenda, seconded by Sam Lasris carried without dissent.

IV. Action Items (Consent)

A. Minutes Approval of August 24, 2016 Meeting

Motion to approve Consent Agenda without corrections to the August 24, 2016 minutes was made by Jessica Frega, seconded by Nick Galvez and carried without dissent.

V. Educational Sessions

A. Showcase of Recent OCHD Presentations

Various staff shared abbreviated versions of some of their recent presentations. Below are some of the highlights.

Andrea Mulholland – Clinic Staff Adherence to the CDC's STD Treatment Guideline: A QI Initiative in a Local Health Department

The OCHD has adhered more closely to state standards versus the CDC's guidelines. Ms. Mulholland's objective was to assess clinic staff adherence to CDC's STD Treatment Guidelines for treatment and follow up of chlamydia, gonorrhea and syphilis which are the three most prevalent reportable STDs. Low rates of patient return for rescreening were determined; although, OCHD had high levels of adherent treatment. Various factors were the provider, patient and organizational. The data collection methods included a chart review of clients screened and treated at both OCHD clinics during the period of July 1, 2014 through July 1, 2015 and a survey designed via Qualtrics that was sent to clinic staff on February 3, 2016.

Based on the results, discussion emerged including having high levels of guideline adherence by OCHD staff for treatment of chlamydia and gonorrhea and a lack of provider awareness/need for staff education. Two out of 58 clients with chlamydia were not able to be reached for treatment. There was a need for strategies for communicating with difficult to reach populations. It was also noted that there was 100% treatment rates for syphilis. As a result of the findings, five recommendations were made:

1. Staff education – OCHD staff have knowledge of CDC's guidelines, less knowledge of North Carolina Administrative Code (NCAC §46 0214 & §41A 0204);
Educate all levels of employees;
More staff engagement and appointment availability.
2. Patient Education – Different types of staff provide STD services;
Regardless of staff type: concise and consistent patient education;
Timeframe results will be ready, risk reduction and need for 3 month rescreen.
3. Technology – Effectively used for STD risk reduction and education;
Harness power of technology with guidance from authorities to communicate with hard to reach and anonymous clients;
Text message, web based notification and email reminders.
4. Ongoing QI – Evaluating numbers of STDs and level of adherent therapy;
Improve efficiency, reduce errors, improve practice;
Communicate with front line staff to stimulate shared decision making
5. Public policy and funding – Public health spending (NC:\$14.16/person, US:\$30.61/person);

STDs on the rise, need for advocacy of LHDs to legislators;
Increased funding; expansion of services, messaging systems.

Andrea Mulholland – OCHD & PrEP: Past, Present & Future

Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. The FDA approved Truvada for PrEP use in 2012. The costs of labs (HIV and Hepatitis B), whether non-infectious disease providers should be dispersing Truvada and whether the disbursement of this medication encourages high risk sex were topics of discussion. The in-house protocol was written by Ms. Mulholland. The first year rollout was during FY 2014-15. A timeline of events was detailed including the BOH presentation and press releases. During the FY 14-15 and FY 15-16, there were 23 patients total (6 in 2014-15 and 17 in 2015-16) that received Truvada. The population mostly served were young MSM (men having sex with men), Caucasian professionals. Most had private insurance. FY 16-17 has had 3 patients partake in PrEP. Lastly, Ms. Mulholland spoke on the future of PrEP. Patient level education, promoting PrEP, primary prevention and how to get it to more minority patients were some topics that will continue to be discussed.

The BOH members had questions that were addressed by Ms. Mulholland.

Stacy Shelp – Making Friends with the Media

Ms. Shelp began by stating that traditional media isn't dead or dying – it's modifying. The points Ms. Shelp gave for dealing with the media and getting your story in the news were:

- Develop relationships.
- Create high-quality, informative press releases and media advisories.
- Have talking points and a variety of ways to say them.
- Don't be intimidated.
- Make their (media) job easy. Set up a media space at your event.

Ms. Shelp continued by providing tips on how to strengthen your "brand" by being accessible, building relationships and providing photo ops. Other tips given for when you're being interviewed included:

- Answer the question asked.
- Be concise and avoid jargon.
- Stand up for a telephone interview. Your voice will sound better.
- Use a landline whenever possible.
- Don't cross your arms or rock.
- Don't perpetuate myths.
- Avoid filler words such as "sure" and "um".
- Speak slowly and clearly.

Coby Jansen Austin – Healthy Homes Pilot Program

Ms. Austin stated the goals of the pilot which were to improve asthma control by reducing exposure to triggers and improving medication management. The measures of success were determined by factors including ED/urgent care visits, hospitalizations, missed school and self-reported control. During the pilot, the Healthy Homes visits consisted of the Environmental Health Director, Alan Clapp and a nurse (from UNC, CCNC, CC4C or school nurse). Early on, Family Success Alliance (FSA) zone navigators attended visits as they had a valuable connection with the families in their communities.

The assessment tools used included the EPA Asthma Home Checklist and the NC Healthy Homes Assessment. Resources available to the clients were a free green cleaning kit, use of a HEPA vacuum and a Quit Kit with free NRT for those wanting to cease smoking. Sample testing of well water was also offered. To be eligible, it was required that the child be between 0-17 years old, live in Orange County and meet certain asthma control criteria. In the beginning, priority was given to those in FSA zones, insured with Medicaid or uninsured. Referral sources varied and were comprised of UNC Health Care, both school districts and CC4C.

After four weeks, there was a decrease in reported asthma symptoms. During the three month follow up, a slight increase occurred, possible due to many factors – change in weather, etc. Emergency room visits dropped tremendously. Participant satisfaction results reported that 100% felt that the program was helpful to decrease their child's asthma symptoms. This information is with its limitations due to factors such as response and recall biases.

Colleen Bridger – Naloxone Statewide Standing Order and Cost Settlement Update

Briefly, Dr. Bridger touched on a few highlights from each presentation.

- On June 20, 2016, Gov. McCrory signed legislation authorizing state health director to issue statewide standing order for naloxone. Pharmacies are able to dispense Naloxone without a prescription through insurance. Patients without insurance can get naloxone kits at a lower price through their local health department.
- In July, the General Assembly appropriated \$14.8 million to local health departments to offset reduced Medicaid reimbursement rates on the delivery of direct patient service. Our health department will receive around \$220,000.

VI. Action Items (Non-Consent)

A. 2016-19 HCOC Action Plan

Ashley Mercer, Healthy Carolinians Coordinator, presented the action plans that address health related goals. Each subcommittee of Healthy Carolinians created individual action plans to address the recommendations suggested by community members during the 2015 Community Health Assessment data collection process. In addition to the community's input in their

development, each action plan involves 3-4 interventions and will be led by a subcommittee which will partner with other community agencies/organizations to accomplish each intervention over the four year time span.

The three areas of priority and their interventions are as follows:

1. Social Determinants of Health with priority around Access and Poverty
 - Increase awareness and access to local county resources to those who live and work in Orange County, as it pertains to medical, dental and mental health care.
 - Identify safety net providers to serve as medical homes for the under/uninsured.
 - Encourage and support partner agencies to pilot a transportation access improvement activity within their agency.
2. Mental Health and Substance Abuse
 - Decrease tobacco use among youth as it relates to e-cigarettes.
 - Reduce prescription drug overdose, increase and encourage use of the Controlled Substances Reporting System (CSRS) and increase and encourage use of prescription drug lock boxes.
 - Suicide Prevention Social Marketing/Media Campaign.
3. Physical Activity and Nutrition
 - Increase the number of physical activity opportunities available to rural Elementary and Middle School families by promoting and recruiting for 10 existing Girls on the Run programs.
 - Increase the number of healthy food options provided to rural and low-income students and families, enrolled with Orange County Schools, by providing bags of fresh fruits and vegetables to 200 eligible students.
 - Increase knowledge and influence behavior change related to eating smart and moving more by encouraging 10 agency partners to promote a county-wide, consistent messaging campaign that will distribute messages through a variety of established channels and media, over 6-months.
 - Increase the number of healthy eating opportunities available to Orange County students and adults by supporting and advocating for 3 Share our Strength's Cooking Matters educational classes per year, in addition to other nutrition education curriculums.

The BOH members had questions that were addressed by Ms. Mercer and Dr. Bridger.

Motion to accept the 2016 Healthy Carolinians Community Action Plans was made by Paul Chelminski, seconded by Barbara Chavious and carried without dissent.

VII. Reports and Discussion with Possible Action

A. Advisory Board Update

Coby Austin, Director of Programs and Policy, gave a brief summary of the Orange County advisory boards' activities as they pertained to the BOH.

- Orange County Schools Board of Education –

- The Board modified its formulas for Title 1 designation and for allocating federal money to those schools. This was done to shift the approach from “equality” to “equity” approach.
- Universal Breakfast Pilot. This program will reduce the stigma for low-income students who are receiving free breakfast. All elementary students will eat breakfast at no charge on school days.

B. Annual Communicable Disease Report

Judy Butler, Communicable Disease Nurse/Public Health Nurse Supervisor, gave an overview of the communicable disease data for the year 2015. She also gave an update on September 28th which is the 31st day of the school year also known as “kick out day”. Children without complete immunization records or new children without completed Health Assessments are to be dismissed from school. Orange County Schools had reported 20 students lacking immunizations; while, Chapel Hill/Carrboro City Schools reported 81. This information does not include data for 2 schools that hadn’t yet provided a report. Ms. Butler noted other communicable disease-related activities performed by her staff including documenting health law violators, quarantine orders, control measure orders, outbreaks that occurred and bloodborne pathogens exposure. Some of the highlights from the information she gave during her presentation include:

- Annual STD data for 2015 – There were a total of 853 cases which was comprised of 182 cases of gonorrhea, 634 cases of chlamydia, 15 cases of syphilis, 14 cases of HIV and 8 cases of AIDS.
- There were a total of 115 cases of communicable diseases including 38 newly identified/confirmed reports of hepatitis B and 6 pertussis cases.

The BOH members had questions that were addressed by Ms. Butler and Dr. Bridger.

C. Foreshadow Chair/Vice-Chair Selection

Liska Lackey, Chair, stated that the positions of Chair and Vice-Chair are open. She also prefaced that by stating that it is customary for the current Vice-Chair to occupy the Chair position because of the experience gained as Vice-Chair. Ms. Lackey informed the BOH members that interested persons should send her an email within the next week. BOH members will vote to select the Chair and Vice-Chair at the November meeting.

D. Health Director Annual Evaluation

Liska Lackey, Chair, reviewed this year’s process for the annual review referring to the BOH Policies and Procedures for guidance. The annual review will occur during a closed session at the November 2016 meeting. Ms. Lackey will survey direct reports and share the results with the Board in the closed session in November.

E. Health Director Report

In addition to the Health Director’s report, Dr. Bridger mentioned that she’s unsure of when the Surgeon General’s report will be released. As the Board’s vote was

postponed until fall which is when the Surgeon General's report was expected to be released, she notified the Board that next month's agenda will include a discussion on the E-cigarette issue as there are people anticipating the Board's decision and wondering where we stand.

Dr. Bridger also mentioned the multiple awards that the OCHD won at the North Carolina Public Health Association's annual meeting and acknowledged the winners that were present. She also recognized the OCHD's Healthy Homes Program that won the GlaxoSmithKline Child Health Recognition Award which came with a \$5,000 prize.

The BOH members had questions that were addressed by Dr. Bridger.

F. Media Items

Media items were in the packet which focused on Orange County's events and our involvement in various efforts.

VIII. Board Comments

None.

IX. Adjournment

A motion was made by Reena Mehta to adjourn the meeting at 8:50 p.m., was seconded by Nick Galvez and carried without dissent.

The next Board of Health Meeting will be held October 26, 2016 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD
Orange County Health Director
Secretary to the Board