

**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 October 26, 2011, at the Government Services Center Hillsborough, NC.**

**BOARD OF HEALTH MEMBERS PRESENT:** Anissa Vines, Chair; Tony Whitaker, Vice Chair; Liska Lackey; Steve Yuhasz, Commissioner Representative; Paul Chelminski; Mike Carstens; Michael Wood

**BOARD OF HEALTH MEMBERS ABSENT:** Susan Elmore; Carol Haggerty; Matthew Kelm

**STAFF PRESENT:** Dorothy Cilenti, Interim Health Director; Wayne Sherman, Personal Health Services Division Director; Erin Langston Finance and Administrative Operations Division Director, Tom Konsler, Environmental Health Division Director; Donna King, Health Promotions and Education Director; Lisa Smith, Administrative Assistant

**GUESTS PRESENT:**

**Welcome and Introductions**

Anissa Vines, Chair, called the meeting to order at 7:05 p.m.

**I. Approval of October 26, 2011 Agenda**

***Motion to approve the Agenda of October 26, 2011 was made by Steve Yuhasz, seconded by Tony Whitaker, and carried without dissent.***

**II. Healthy Carolinians of Orange County Health Priorities**

Healthy Carolinians of Orange County (HCOC) and the BOH co-hosted five community forums and one annual meeting from mid-August until the end of September 2011. Meeting organizers presented data (primary and secondary) gathered and lead attendees through a discussion of issues and a prioritization process. The results for each step of the prioritization process is described here.

Prior to the community forums, HCOC determined the Top 10 issues in Orange County. These Top 10 issues were identified by looking at the intersection of Healthy NC 2020 state objectives, top community survey issues, top focus group issues, and top 10 leading causes of death in Orange County. See Attachment 1 with each category listed and intersection analysis.

Below are multiple lists of prioritization results for each step of the process with total vote counts or percentage of total votes where applicable. The first list includes the original Top 10 intersecting topics, in alphabetical order, as presented at each of the five forums. The second list includes the ranked list of topics based on total number of votes from all five forums (N=190 individuals attending). The forum discussion centered on "Importance". The third list has the Top 10 issues ranked based on votes from the Annual Meeting where attendees (N=68 participants) discussed "Importance" and "Changeability."

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Based on the results of the voting process, the final top three to five priority issues will be selected during the HCOG Council meeting on October 20, 2011. Prioritized issues serve as the foundation for the HCOG Community Health Action Plan for the next four years, and should inform the Health Department's Community Health Improvement Plan as well.

HCOG work groups or sub-committees will be formed to address each priority area, and sub-committee members will create actions steps to tackle each issue in the spring of 2012.

**III. Public Comment for Items NOT on Printed Agenda none**

**IV. Action Items (Consent)**

A. Minutes approval of September 21, 2011 meeting

The Board is required to review and approve minutes of all official meetings of the Board. The latest minutes are from the meeting on September 21, 2011

B. Accept Additional Funds

The NC Division of Public Health has allocated an additional \$7,650 from Title X Family Planning funds to the health department for purchasing long-acting reversible contraceptives for family planning, non-Medicaid clients for the prevention of out-of-wedlock births. These funds will help defray the cost of these devices for the department as well as purchase educational materials.

C. Clinical Fee Changes

The Department recently received direction from the North Carolina Division of Public Health to review and revise, as necessary, the Health Department's Fee Schedule in response to an upcoming change on the Medicaid Cost Settlement in FY 2012-13. As such, a staff committee convened to review the cost to provide service, the current Medicaid reimbursement rate, and the existing fee schedule for each CPT code.

In proposing a fee increase, the committee considered the following methodology:

1. Assess whether the Medicaid reimbursement rate is higher than the existing fee
2. Assess whether the existing fee is substantially higher than the cost to administer the service
3. Assess whether the Medicaid rate is equal to or nominally higher than the existing fee

Staff also examined the existing cost, Medicaid reimbursement rate, and fee charged for high volume services. In raising a fee, staff assessed a 5% applicable risk factor to the Medicaid reimbursement rate as the basis. Those two services include the capillary blood draw and cytopath fluid redo.

There are three additional fee change types.

1. The desire to charge the same administration fee for all vaccines. The fee will be raised to the existing \$18 Administration fee that is charged for G0008 Influenza and G0009 Pneumococcal.

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2. There are two vaccination fees and the 3 hour glucose test that were previously introduced for services but did not receive final approval.
3. The 17 alpha-hydroxyprogesterone caproate injection is now reimbursable by Medicaid and needs an approved fee.

Accept the increase in fees in the proposed Fee Schedule, effective January 1, 2012 and forward to the BOCC for approval.

***Motion to approve the consent agenda items was made by Tony Whitaker, seconded by Michael Wood, and carried without dissent.***

## **V. Reports and Discussion with Possible Action**

### **A. Follow up on WTMP fee discussion**

At the September Board of Health meeting, the board discussed the Wastewater Treatment Management Program (WTMP) and inspection fees charged to the owners of septic systems that are permitted by the state Division of Water Quality.

The Board concluded that there was no compelling reason to reduce the number of inspections that the county provides considering:

- these are higher risk systems with regard to protection of public health,
- certified operators are not required by the state,
- they require ongoing maintenance for proper operation and disinfection,
- inspection results show that wastewater disinfection is often neglected, and
- inspections conducted by the state are not mandated.

The Board discussed various strategies for administering fees for cost recovery of this portion of the program. Currently homeowners are charged the same fee as other system owners; that is, \$125 per inspection. The inspections occur once every three years.

The Board directed staff to develop a fee proposal for discussion that would introduce the waiver of a county fee if the owner had a current inspection from the state indicating the system was in a compliant condition. In this scenario, the County would still inspect the system on the required interval, but would waive certain fees.

The board discussed potential improvements and possible duplication between the state and local programs. The board would like to recommend that Orange County continue its current schedule of inspections and fees for this program. The board would like to have better public education to avoid confusion regarding the fees, particularly given that the state does not charge for their inspections. Staff will develop informational material for explaining the purpose of the local monitoring inspection and the inspection fee. Staff will draft a letter and forward the Board of County Commissioners with the recommendation of maintaining the local program and fee structure that is currently in place.

***Motion to forward the recommendation of maintaining the local program and fee structure that is currently in place to the BOCC was made by Liska Lackey, seconded by Michael Wood, and carried without dissent.***

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B. Input for Board of Health position vacancy

The Board of Health currently has an At Large Position Vacancy that Christopher Cooke resigned from in May 2011. Tony Whitaker Vice Chair requested some assistance for interviewing possible candidates for this position. Liska Lackey and Michael Wood agreed to assist the nominating committee.

C. Informational Items

Informational items are provided to the Board to cover topics that Board members should be aware of or for general interest. Items are not discussed during the meeting unless Board members ask for discussion. No informational items presented were selected for discussion or questions at this meeting.

VI. **Board Comments/Announcements**

**The Board of Health Members thanked Wayne Sherman for all of his year of services and wished him well on his retirement October 31, 2011. They thanked Dorothy Cilenti for serving as Interim Health Director for the last 5 months. Dr. Colleen Bridger will start on October 31, 2011 as the new Health Director.**

***Motion to adjourn the meeting at 8:15 p.m. was made by Mike Carstens, seconded by Michael Wood, and carried without dissent.***

**The next Board of Health Meeting will be held November 30, 2011 at the Whitted Human Services Center Hillsborough, NC at 7:00 p.m.**

**Respectfully submitted,**

**Dorothy Cilenti, DrPH, MPH, MSW  
Interim Health Director  
Secretary to the Board**

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