

APPROVED 6/19/2012

**MINUTES  
ORANGE COUNTY BOARD OF COMMISSIONERS  
JOINT MEETING WITH BOARD OF HEALTH  
April 19, 2012  
5:30 p.m.**

The Orange County Board of Commissioners met for a joint meeting with the Board of Health on Thursday, April 19, 2012 at 5:30 p.m. at the Southern Human Services Center in Chapel Hill, N.C.

**COUNTY COMMISSIONERS PRESENT:** Chair Bernadette Pelissier and Commissioners Barry Jacobs, Earl McKee, and Steve Yuhasz

**COUNTY COMMISSIONERS ABSENT:** Valerie Foushee, Alice Gordon and Pam Hemminger

**COUNTY ATTORNEYS PRESENT:** John Roberts

**COUNTY STAFF PRESENT:** County Manager Frank Clifton, Assistant County Managers Gwen Harvey and Michael Talbert, and Clerk to the Board Donna S. Baker (All other staff members will be identified appropriately below)

**BOARD OF HEALTH:** Tony Whitaker, Carol Haggerty, Anissa Vines, Liska Lackey, Susan Elmore, Paul Chelminski, Michael Wood, and Corey Davis

**BOARD OF HEALTH MEMBERS NOT PRESENT:** Matt Kelm and Mike Carstens, Michael Wood

**HEALTH DEPARTMENT STAFF PRESENT:** Health Director Colleen Bridger, Pam McCall, Donna King, and Carla Julian

**Welcome/Introductions – Board of Commissioners Chair Bernadette Pelissier  
Remarks from Tony Whitaker, Orange County Board of Health Chair**

Introductions were made.

Board of Health Chair Tony Whitaker thanked the Board of County Commissioners for this opportunity to meet and to get their input.

**Update on Dental Consolidation – Colleen Bridger, Orange County Health Director**

**Update on the Dental Clinic Consolidation  
Colleen Bridger, MPH, PhD  
Orange County Health Director**

**Reasons for Consolidation**

- **Decrease Operating Expenses**
  - o From FY 09-10 to FY 12-13
    - Reduced rent by \$ 62,000
    - Reduced supplies by \$10,000
- **Increase Operating Efficiencies**
  - o Streamlined check-in/check-out process
  - o Clinic management process (ordering supplies, repairs, equipment, supervising staff) simplified
- **Improve Dental Experience for Patients (and staff)**

- Carrboro clinic: "dreary", "old", "parking challenged"
- Hillsborough clinic: "modern", "beautiful light", "clean", "just so nice!"
- Daily, positive comments from patients
- Regular, positive comments from Dental Staff

### **Worries about Consolidation**

- **Transportation**
  - Bus vouchers purchased for patients
  - Arrangement with Piedmont Health Services to see Carr Mill Clinic clients at HD cost
- **Knowledge of new location**
  - Especially among LEP clients
- **Enough patient volume?**

### **Numbers**

- **Pre-Consolidation**
  - 340 patients with Carrboro addresses
  - Average 230 patient visits per month (both sites)
- **Post-Consolidation**
  - 209 patients with Carrboro addresses
  - Average 230 patient visits per month

### **Future**

- **Electronic Dental Record implementation**
- **Expansion of Smart Smiles program into elementary schools**
- **More focus on prevention (increasing Dental Hygienist appointments, Dental Assistants providing education in schools)**
- **Continued focus on improving efficiencies**
- **Focus on partnerships with other dental service providers to ensure access throughout entire county**

**Paul Chelminski made this portion of the presentation:**

### **Board of Health Priorities**

**Access to Care & Mental Health  
Access To Care**

**Points of Safety Net Access  
Orange County HD**

- ◇ Hillsborough
- ◇ Chapel Hill

**PHS**

- ◇ Carrboro
- ◇ Prospect Hill

## **UNC Clinics**

### **Access in Orange County**

- **Second healthiest county in NC 2011**
- **18% residents w/o regular MD**
- **28% did not visit MD within past year**
- **15% did not see MD due to money & increasing**
- **Barriers: Language, north-south mal-distribution**

### **ACA & Supreme Court (text from Predictions of Experienced Observers Based on Supreme Court Oral Arguments in the ACA Case)**

#### **Board of Health Strategic Plan Access to Care Focus Areas**

- **Catalyst and facilitator for health access partnerships in the county;**
- **Advocate for policies/legislation that improve access to health care;**
- **Foster a culture of innovation at the Health Department so that new ways of addressing this issue can be tested and developed and**
- **Actively communicate about effective interventions and advocate for their funding.**

#### **Mental Health and Substance Abuse**

#### **Mental Illness Frequently Complicates Chronic Disease**

#### **Mental Illness Epidemiology, 2009 (graph)**

#### **Mental Illness is Chronic and Relapsing**

#### **Mental Health & Substance Abuse**

- **6.2% of healthcare budget**
- **\$193 billion in lost earnings**
- **Disproportionately affects safety net population**
- **More likely to have multiple illnesses**

#### **The Burden of Mental Illness (chart)**

#### **Coordinating & Integrating Care Obstacles**

- **Fragmentation**
- **Costs: Direct, Indirect, Opportunity**
- **Redundancy and duplication**
- **Challenging patient population**

#### **Board of Health Strategic Plan Mental Health/Substance Abuse Focus Areas**

- **Review current smoking bans for expansion;**

- Advocate for policies/legislation aimed at improving substance abuse and mental health services;
- Explore, with our partners, potential ways of integrating mental health and primary care services and
- Explore, with our partners, how to better coordinate care for substance-addicted and mentally ill clients.

**Integrating Care  
Childhood Obesity  
Liska Lackey, RN**

**Is childhood obesity an epidemic?**

**Definitions of overweight & obesity**

**-Adults:**

- o Overweight – BMI of 25 or higher
- o Obesity – BMI of 30 or higher

**-Children: (using CDC Growth Charts)**

- o Overweight – BMI at or above the 85<sup>th</sup> percentile and lower than the 95<sup>th</sup> percentile for children of the same age and sex
- o Obesity – BMI at or above the 95<sup>th</sup> percentile for children of the same age and sex

**The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.**

**CDC definition of epidemic**

**2009 State Prevalence of Obesity Among Low-Income Children Aged 2-4 (map)**

**2009 NC NPASS Data**

- Rates of childhood overweight and obesity 10% higher among Hispanics than non-Hispanics
- Hispanic children:
  - o 18.7% overweight
  - o 23.1% obese
- Non-Hispanic children:
  - o 15% overweight
  - o 15.6% obese

**2009 YRBS survey of  
CH-Carrboro students**

- **Middle school students**
  - o 20.6% believed they were slightly overweight
  - o 30% were trying to lose weight
- **High school students**
  - o 23% of high school students described themselves as overweight
  - o 41.5% of high school students were trying to lose weight

## **What are the consequences of childhood obesity?**

### **Individual Consequences**

- **Today's children are at risk to live shorter, less healthy lives than their parents**
- **Increased risk for numerous chronic conditions**

### **Economic Consequences**

**-In 2008 costs totaled about \$147 billion**

- o **Direct medical costs – preventive, diagnostic and treatment services**
- o **Indirect costs – increased morbidity and mortality**

## **What has caused the epidemic?**

### **Risk factors for childhood obesity**

- **Lack of physical activity**
- **Sedentary behavior**
- **Unhealthy eating patterns**
- **Socioeconomic status**
- **Environment**
- **Genetics**

### **Factors in infancy**

- **Breastfeeding improves pediatric weight status**
- **Infants of obese mothers at risk**

## **What can we do about the childhood obesity epidemic?**

### **BOH Strategic Plan -**

#### **Three focus areas**

- **Advocate for and pursue policies/legislation aimed at reducing obesity**
  - o **Environmental and regulatory changes**
- **Serve as a catalyst and facilitator for obesity prevention**
  - o **Partnerships in the county & state**
- **Identify nutrition and physical activity interventions that can be implemented throughout the county**
  - o **Family specific**
  - o **Evidence-based**

**HBO, IOM, CDC, NIH, Dell Foundation and Kaiser Permanente**

### **Update on the Board of Health's Strategic Planning Process**

**Tony Whitaker, Chair**

#### **Strategic Planning Process**

- **County-wide Community Health Assessment**
- **Top Twelve Identified Priorities**
- **Three BOH Priorities**

- **Strategic Plan**

#### **Developing the Strategic Plan**

- **Convene planning team for each priority**
- **Develop recommended means and methods for implementation (we are here)**
- **BOH review and refinement**
- **Strategic Plan Summer 2012**

#### **Elements of Strategic Plan**

1. Some key words and ideas:
  - o Partners, partnerships
  - o OCHD as Catalyst, Facilitator
  - o Innovation, Culture of innovation
2. Implementation, Two-year horizon
  - o Specific focus areas for each Priority
  - o Action steps and timelines
3. Committee re-structuring to support Strategic Plan priorities

#### **Questions and Answers Regarding Dental Services - All**

Commissioner Jacobs asked about patients going to Piedmont Health Services and identifying themselves as Orange County patients. He asked if there is a history in the system that would identify these patients and they could be treated at the lower rate.

Colleen Bridger said that this is correct, theoretically. She does not know how it is done right now. She will find out.

Commissioner Jacobs asked about Smart Smiles and if this is both school systems and it was answered yes.

*Michael Wood arrived at 6:06 PM.*

#### **Questions and Answers Regarding Board of Health Priorities – All**

Commissioner Jacobs asked for some examples of environmental and regulatory changes that should be made.

Colleen Bridger said that some of it involves improving bike paths and sidewalks. They want to work with city planners to eliminate cul-de-sacs so that people can go where they need to go on foot or bike. The emphasis will be on “smart growth.”

Dr. Vines said that another environmental change is in the school systems and partnering with nutrition.

Commissioner Jacobs asked if the planning boards would be advised to talk about things like cul-de-sacs. Colleen Bridger said that she plans to collaborate with the planning boards.

Chair Pelissier asked about integrating mental health with the health department.

Paul Chelminski said that it does not make sense to him to separate mental health and physical health. In general, the literature on chronic disease shows that people do much better if you bring as many services to one place as possible rather than farming them out.

## General Questions and Answers – All

Commissioner Foushee made reference to the partnership between UNC and BC/BS and asked if the County Health Department could do the same thing with Piedmont Behavioral Health in order to have coordinated services.

Colleen Bridger said that her understanding is that OPC will continue exist, but it will take on a coordinating function for medical health services. The Health Department is having conversations with OPC about integrating with PBH.

Commissioner Foushee asked if the Board could be apprised about how to move through the process. Colleen Bridger said yes.

Commissioner Yuhasz said that PBH is still in the process of developing what that process will be like.

Dr. Elmore said that one of the components of the strategic plan that they will be looking at is the smoking ban and expanding it to government-owned spaces such as bus stops, local parks, etc. She asked for support from the Board of County Commissioners. She said that Durham County is also looking at this issue.

Commissioner Foushee said that she would like to receive a recommendation from the BOH asking the Board of County Commissioners to consider this recommendation.

Frank Clifton suggested also sending it to the municipalities.

Colleen Bridger said that Chapel Hill had already done this.

Commissioner Jacobs said that there is an impetus to allow the carrying of concealed weapons in county parks. He said that the Board of Health may have a position on that as a matter of public health.

With no further items to consider, the meeting was adjourned at 6:47 PM.

Bernadette Pelissier, Chair

Donna S. Baker, CMC  
Clerk to the Board