

1. Meeting Documents

Documents:

BOARD OF HEALTH REGULAR MEETING AGENDA.PDF
DRAFT MINUTES OF NOVEMBER 29, 2017.PDF
IMMIGRATION.PDF
JANUARY 2018 HEALTH DIRECTORS REPORT.PDF
RECYCLING.PDF
THE MEDIA ITEMS.PDF
WORKPLACE SAFETY.PDF
2ND QUARTER BILLING DASHBOARDS AND FINANCIAL REPORTS.PDF
APPROVED BOARD OF HEALTH NOVEMBER 29, 2017 MINUTES.PDF

**ORANGE COUNTY BOARD OF HEALTH
MEETING AGENDA**

DATE: January 24, 2018
TIME: 7:00 P.M.
PLACE: Whitted Building, 3rd Floor Meeting Room
300 West Tryon Street
Hillsborough, NC 27278

<u>TIME</u>	<u>ITEM</u>	
7:00 p.m.	I.	Welcome New Employees
7:00 – 7:05	II.	Public Comment for Items NOT on Printed Agenda <i>public Comment for Items ON Printed Agenda will be handled during that agenda item</i> (Please sign up for both on sheet near the entrance to room.) Please limit your comments to 3 minutes.
7:05 – 7:10	III.	Approval of January 24, 2018 Agenda
7:10 – 7:15	IV.	Actions Items (Consent) A. Minutes of November 29, 2017 Susan Elmore
7:15 – 8:15	V.	Educational Sessions A. Recycling Muriel Williman (relative to BOH Strategic Plan Priority: Social Determinants of Health) B. Immigration Updates Susan Clifford (relative to BOH Strategic Plan Priority: Social Determinants of Health) C. Workplace Safety Carla Julian D. 2 nd Quarter Billing Dashboard Reports Rebecca Crawford E. 2 nd Quarter Financial Reports Rebecca Crawford
8:15 – 8:20	VI.	Reports and Discussion with Possible Action A. Health Director Report Quintana Stewart B. Media Items Quintana Stewart
8:20 – 8:25	VII.	Board Comments
8:25	VIII.	Adjournment

BOARD MEMBERS: To ensure a quorum, SEND E-MAIL to lstrange@orangecountync.gov advising her of your attendance at this meeting OR CALL 919-245-2411.

Compliance with the “Americans with Disabilities Act” and Title VI - Interpreter services and/or special sound equipment are available on request. Call the Immigrant and Refugee Health Program Manager at 919.245.2387 to request an interpreter or other accommodation.

Conforme a la “Ley sobre Estadounidenses con Discapacidades” (ADA) y el Título VI – los servicios de intérprete y/o equipo de sonido especial están disponibles a solicitud. Llame a la Administradora del Programa de Salud para Inmigrantes y Refugiados al 919-245-2387 para solicitar un intérprete u otros arreglos o adaptaciones.

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 November 29, 2017, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey – Chair, Bruce Baldwin, Johanna Birchmayer, Commissioner Mia Burroughs, Barbara Chavious, Paul Chelminski, Jennifer Deyo, Sam Lasris and Timothy Smith.

BOARD OF HEALTH MEMBERS ABSENT: Susan Elmore – Co-Chair and Jessica Frega.

STAFF PRESENT: Dr. Dorothy Cilenti, Interim Health Director; Rebecca Crawford, Financial and Administrative Services Director; John Kase, Interim Environmental Health Director; Donna King, Health Promotion & Education Services Director; Carla Julian, Dental Clinic Practice Manager, HIPAA Privacy and Security Officer; Pam McCall, Personal Health Services Director; Kristin Prelipp, Communications Manager; Thais Ramirez, Temporary Community Health Specialist; April Richard, Tobacco Prevention and Control; Beverly Scurry, Board of Health Strategic Plan Manager; and La Toya Strange, Administrative Assistant II.

GUESTS PRESENT: Commissioner Penny Rich, Cliff Bellamy, Herald Sun reporter; and Ed Kerwin, OWASA Executive Director.

I. Welcome New Employees

Liska Lackey, Chair, called the meeting to order. Dr. Cilenti welcomed new employee, Thais Ramirez.

II. Public Comment for Items NOT on Printed Agenda: Chris Harlan, UNC School of Nursing. Amongst giving her thanks to the OCHD for the accepting of new students placed at the OCHD over the last 20 years, Ms. Harlan added that its been a valued experience by those students. Currently in the process of retiring, Ms. Harlan also expressed gratitude for all of the support received from the BOH and the OCHD.

III. Approval of the November 29, 2017 Agenda

Motion was made by Mia Burroughs to approve the agenda, seconded by Jennifer Deyo and carried without dissent.

IV. Action Items (Consent)

A. Minutes of October 25, 2017 Meeting

Motion was made by Sam Lasris to approve the minutes of October 2017, seconded by Barbara Chavious and carried without dissent.

B. 2018 Board of Health Schedule

Motion was made by Paul Chelminski to approve the 2018 Board of Health schedule, seconded by Mia Burroughs and carried without dissent.

V. Educational Sessions

A. Food Deserts/OC Food Council Collaboration

Molly De Marco, Research Assistant Professor, Department of Nutrition, Gillings School of Public Health, and Marcie Ferris, Professor, American Studies Department, UCH-CH, presented information on the OC Food Council (OCFC) including food deserts and insecurity. Below is a brief summary of the information presented:

OC Food Council

- Goals
 - Action plan development
 - Outreach
 - Reach successful models and policies
 - Collaborate with other food councils
- Strategic Priority Areas
 - Outreach to elected officials; creation of a local food economy.
 - Increase new market, wholesale and institutional buying opportunities for low-resource and farmers of color.
 - Support diversity of food producers and business owners.

Food Deserts

- Defined as a section or zone that is classified as both low income and low access to grocery stores as measured by different distance boundaries.
- Food access is defined as a household's mean to procure an adequate amount of food on a regular basis through a combination of purchases, barter, borrowings, food assistance or gifts.
- Food swamp is where there are unhealthy foods that are far more accessible than healthy foods.

Food Insecurity

- Defined as the inability of nutritionally adequate and safe foods, or the ability to acquire such food, is limited or uncertain for a household.
- Measured yearly via questions on the U.S. Census
- Four levels of food insecurity
 - High – no reported indications of food access problems/limitations
 - Marginal – 1-2 reported indications – typically of anxiety over food sufficiency or shortage of food in the house. Little or no indications of changes in diet or food intake.
 - Low – reports of reduced quality, variety or desirability of diet. Little or no indications of reduced food intake.
 - Very low – reports of multiple indications of disrupted eating patterns and reduced food intake.

- 2014 NC Food Insecurity rates (most recent presenters were able to find) –
 - Orange County has a child rate of 19.1% and the county overall has a rate of 14.6%.
- Highest usage of food stamps (SNAP) use in Orange County is in downtown Carrboro/Chapel Hill areas.
- Causes of food insecurities include
 - Racial oppression
 - Poverty and low income
 - Lack of transportation/grocery stores
 - Poor health/mental illness/acute or chronic illness or injury
- Consequences of food insecurities include
 - Under-nutrition (especially during vulnerable periods of life) and over-nutrition with the wrong foods (such as foods high in starch, carbohydrates and fat)
 - Increased incidence of chronic disease and depression
 - Effects on health and well-being in children and social implications (such as lack of concentration and low productivity in adults).
 - Hunger-Obesity Paradox

The BOH had questions that were addressed by Ms. Ferris and Ms. De Marco.

B. Tobacco Prevention Efforts

April Richard, Senior Public Health Educator, Tobacco Prevention and Control, presented a brief overview of the tobacco related efforts completed over the last year. The presentation will include sections on prevention, control, and treatment efforts.

Prevention

- Tobacco. Reality. Unfiltered. (T.R.U.)
 - One of few counties in NC that supports TRU and also supports TRU financially
 - TRU groups meet at the following high schools:
 - Chapel Hill/Carrboro City Schools
 - Carrboro High School, Chapel Hill High School, East Chapel Hill High School
 - Orange County Schools
 - Cedar Ridge High School, Orange High School
 - Hosts Tobacco 101 for the youth.
 - Participated in the the national movement, The Great American Smokeout, which occurred on November 16th .
- FreshStart
 - Classes provided at Whitted Building and Seymour Center.
 - New partnerships with Freedom House and UNC Horizons .
 - 7 Classes completed with 44 participants.
- New Employee Orientation
 - Opportunity to inform new employees about the tobacco related policies that affect them and the opportunity to connect tobacco users to treatment.

Control

- HUD Smoke Free Public Housing
 - Effective July 31, 2018, all Public Housing Agencies must comply with the rule and implement smoke-free policies.
 - Policy assistance to private tenants/landlords.
 - Provided technical assistance for the lease addendum development and enforcement protocol.
 - Completed 3 tenant listening sessions.
 - Discussed strategies to increase compliance including signage.

Treatment

- Nicotine Replacement Therapy (NRT)
 - 143 boxes of NRT were dispensed to employees, Quitline participants and FreshStart participants.
- Quitline
 - \$5000 contract was received to support NRT for all OC residents and employees.
 - There were approximately 190 Quitline participants in 2017.

C. Advisory Board Update

Beverly Scurry, Board of Health Strategic Plan Manager, gave a brief summary of the Orange County advisory boards' activities as they pertained to the BOH. Ms. Scurry added that just about every advisory board was working on some type of racial equity work. She also stated that the full advisory report is available online. Below are some highlights as it relates to BOH priorities in the Strategic Plan:

- Family Success Alliance (FSA) –
 - The FSA will be attending a national racial equity summit next year.
 - Currently have 7 new navigators which has increased their capacity to serve more families and family members.
- Healthy Carolinians of Orange County (HCOC) –
 - HCOC will be hosting a Poverty Simulation Exercise next month on January 19th. Community residents, committee members and service providers will be invited to participate in the simulation to help bridge the gap from misconception to understanding through this interactive immersion experience to help participants fully understand the realities of poverty.

D. Medicaid Transformation

Dr. Cilenti began by stating that the presentation was adopted from the NCALHD. Below is a summary of the presentation that incorporated information also related to the OCHD.

Background

- In September 2015, the NC General Assembly enacted Session Law 2015-245, which directed the transition of Medicaid from a fee-for-service structure to a managed care structure. This past August, NC Department of Medical Assistance (DMA) issued a position paper detailing the proposed vision for what has been coined "Medicaid Transformation". According to the proposed schedule, DMA will issue white papers this

fall, which will provide further information around program design, Requests for Information (RFI's) this winter, which will gather information from experts to flesh out the program design, and Requests for Proposals (RFP's) in the summer of 2018 to engage providers and candidates for managed care organizations; with the goal of beginning services under the new model in July 2019.

Medicaid facts

- Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
- About 68.5 million people in the U.S. were covered by Medicaid as of July 2017. Two million in NC are insured by Medicaid. About 5.8 million additional children were covered by the Children's Health Insurance Program (CHIP) as of July 2017.
- About 20% of the U.S. population (319 million) are covered by Medicaid/CHIP. One dollar out of every \$6 spent in healthcare in the U.S. is Medicaid.

Medicaid and CHIP in NC

- Medicaid is a health and long-term care coverage program that was enacted in 1965. The Children's Health Insurance Program (CHIP) was established in 1997 to provide new coverage opportunities for children in families with incomes too high to qualify for Medicaid, but who cannot afford private coverage.
- 2,030,268 million people in North Carolina were covered as of July 2017.
- Total State Fiscal Year 2016 Medicaid expenditures were \$13.9 billion.
- State appropriations for Medicaid were \$3.5 billion of that \$13.9 billion.
- Federal dollars make up the majority of the remaining Medicaid budget.
- State Medicaid dollars were about 15.7% of the total \$22.3 billion state budget.

Medicaid Managed Care

- Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between State Medicaid agencies and managed care organizations (MCO's) that accept a set per member per month (capitation) payment for these services.
- Over 55 million Medicaid enrollees covered under some form of Medicaid managed care as of July 2014 (77% of total enrollment).
- As of July 2011, over 80% of Medicaid beneficiaries in NC were enrolled in some form of managed care.

Medicaid Managed Care in the future

- Session Law 2015-245 – An act to transform and reorganize North Carolina's Medicaid and NC Health Choice Programs. Session Law 2016-121 – An act to ... Modify certain provisions of the Medicaid transformation legislation. Additional legislation will further define the scope and expectations association with Medicaid managed care.
- The intent of the legislation is to expand and connect the majority of remaining Medicaid expenditures to a managed care model that would capitate or limit those expenditures.
- The state will issue a request for proposals for 3 statewide commercial managed care organizations and up to 12 regional provider-led entities in 6 regions to manage Medicaid expenses based on a per member per month capitated model.

Why does this matter to public health?

- Care Management
 - Role could be removed from health departments (Eliminated or given to MCO's).

- Health departments have exceptional expertise in managing these high risk populations at a local level with our medical community.
- Reduces our capacity and staffing, which supports other critical community needs like preparedness and communicable disease outbreaks.
- Clinical Services and Cost Settlement
 - Higher costs per service for health departments since we are also complying with federal and state program requirements.
 - Cost settlement could end; the role with clinical services would be compromised
 - Unclear if all health departments will qualify for that designation (Primary Care).
- Medicaid revenue streams have become critical funding for local health departments.
- Local health departments rely on Medicaid funding in part to provide essential and mandated services required in the NC General Statutes (for all populations).

Timeline for Medicaid Transformation

- February 2018 – Estimated CMS Approval of Amended 1115 waiver application
- June 2018 – Requests for proposals released by state
- March 2019 – Contracts awarded and executed
- July 2019 – Prepaid Health Plans (PHP) go live
- July 2020 – Statewide rollout complete

Challenges for Public Health

- Uncertain about qualifying as an Advanced Medical Home – Primary care role.
- Questions about Medicaid dollar being able to follow the patient for services.
- Questions regarding how health departments would get paid for social determinants of health initiatives and chronic disease prevention.
- Won't be a level playing field.

Our Steps Forward/What's Next

- Electronic Health Record (HER) implementation.
- Large scale focus on improvement with clinical quality measures.
- Strong role with community and social determinants of health.
- NC Association of Local Health Directors is advocating for Local Health Departments.
- Consultant hired by NCAHLD to provide capacity and expertise.
- Ongoing responses to additional legislation, 1115 waiver application amendments and changes to managed care plan.
- There's a monthly Medicaid Transformation digest that will assist in the understanding of this process.

The BOH had questions that were addressed by Ms. Crawford and Dr. Cilenti.

VI. Action Items (Non Consent)

A. Elections (Chair and Vice-Chair)

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

Motion to elect Susan Elmore to Chair for the 2018 calendar year was made by Jennifer Deyo, seconded by Sam Lasris and carried without dissent.

Motion to elect Timothy Smith to Vice-Chair for the 2018 calendar year was made by Jennifer Deyo, seconded by Barbara Chavious and carried without dissent.

VII. Reports and Discussion with Possible Action

A. Periodic Review of Drinking Water Fluoridation

Dr. Cilenti began by acknowledging Ed Kerwin, OWASA's Executive Director. She referred to the November 3rd letter from OWASA requesting feedback and recommendation regarding a County-wide process for periodic review of fluoridation. The letter was sent following public input and discussion at OWASA's meeting held on October 26th. Our Communications Manager, Kristin Prelipp, was also in attendance at that meeting. Dr. Cilenti stated that a discussion needs to be had to develop a process about how the OCHD/BOH is going to address key concerns from those opposed to fluoridation, the oral health benefits and risks, and make sure it's communicated to the public in a clear way.

Suggestions by BOH members included creating a subcommittee with the new health director, hiring an outside party to give the OCHD/BOH a recommendation and possibly having an expertise in toxicology be involved. As a response was needed to the OWASA letter, it was suggested that this topic be a future agenda item. It was determined that this would occur in February 2018. Mr. Kerwin thanked the Board for all of its help and stated that he will pass the information on to his Board of Directors.

The BOH had questions that were addressed by Dr. Cilenti and Mr. Kerwin.

B. Health Director Report

In addition to the report, Dr. Cilenti invited all to the meet and greet taking place on December 19th at the Whitted Building Room 230 from 2-4pm to welcome the new health director, Quintana Stewart. Speakers are to include the county manager as well Vice-Chair, Susan Elmore and Commissioner Mia Burroughs.

The newly hired health director has also been invited to attend the OCHD All Staff meeting on December 15th at 2:30pm at the SHSC. Dr. Cilenti stated that it's an opportunity for staff to meet her before she starts on December 18th. Lastly, she expressed that it's been a great privilege to work at the OCHD again and that she will be available during Quintana's transition.

On behalf of the BOH, Chair Liska Lackey conveyed how thankful and appreciative the Board was for Dr. Cilenti and for the space she gave to the Board that allowed them to conduct the health director search eventhough it took longer than expected.

C. Media Items

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

At 8:55pm, Paul Chelminski motioned to move into closed session and Sam Lasris seconded.

VIII. Closed Session to Discuss Health Director Appointment

During the closed session, the Board of Health discussed the appointment process with Brenda Bartholomew, Human Resources Director.

IX. Adjourn to Open Session

Bruce Baldwin motioned to move from closed to open session and Mia Burroughs seconded.

X. Board Comments.

None.

XI. Adjournment

Timothy Smith moved to adjourn the meeting at 9:20pm and Jennifer Deyo seconded.

The next Board of Health Meeting will be held January 24, 2018 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

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

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: January 24, 2018

Agenda Item Subject: Immigration Updates

Attachment(s): PowerPoint

Staff or Board Member Reporting: Susan Clifford, Immigrant and Refugee Health Program Manager

Purpose: ___ Action
 ___ X Information only
 ___ Information with possible action

Summary Information:

As a result of changes in federal administration policies and practices affecting immigrants and refugees in 2017, OCHD's Immigrant and Refugee Health Program and an OCHD interdivisional task force took steps to: 1) inform immigrant and refugee OCHD clients and community members of their rights and access to services, 2) inform OCHD staff of resources to share with clients, and guidelines regarding their rights and responsibilities when law enforcement is on County property, and 3) review OCHD forms and documentation practices to ensure that they do not create any unnecessary barriers to services for immigrant and refugee clients. Currently the IRH Program Manager is exploring new ways to collaborate and integrate with community partners to support the health and well-being of immigrants and refugees in 2018.

Recommended Action: ___ Approve
 ___ Approve & forward to Board of Commissioners for action
 ___ Approve & forward to _____
 ___ X Accept as information
 ___ Revise & schedule for future action
 ___ Other (detail):



Orange County Health Department **Supporting** **Immigrant & Refugee** **Access to Care**

Susan Clifford, MSW, MPH,
Immigrant & Refugee Health Program Manager
OC Board of Health Presentation- **January 24, 2018**



Immigrant & Refugee Health Program

- OCHD Language Services Policies & Coordination
- OCHD Immigrant/Refugee Health TA
- 3 Staff Medical Interpreter/Translators, 18 Contractors, Telephonic & Video Interpretation
- IRH Community Liaison
- OC Latino & Refugee Health Interagency Coalitions



Big Changes: 2017- now

- Termination of DACA & DAPA
- End of TPS designations
- Refugee Admission Reduction
- Travel Ban & Extreme Vetting
- Expansion of Enforcement Priorities
- Expansion of 287(g) partnerships & restoration of Secure Communities program



Fear: Impact on Health Care

- Isolation
- Reluctance to seek health care or other services
- Deferred health care
- Hesitation about federal programs
- Mental Health



New York Times: June 26, 2017

2017 Activities

- ✓ Community Forums for Latino Immigrants & Refugees
- ✓ “IRH Update” Emails to Partners & Staff
- ✓ OC Social Justice Funds for Immigrant/Refugee Agencies
- ✓ OCHD Task Force

Upcoming Events – Help Spread the Word!

- **Empowering Las Latinas through Art (ELLA) – Free Art Therapy** group to help Spanish-speaking survivors create a support system. Food and child care provided. Jailene Nieves-Mercado (919-929-7122) or latinxgroups@compassctr.org Registration ends Jan 12. (Collaboration between ATI and Compass Center). *English and Spanish flyers attached.*
- **Building Integrated Communities** – a collaborative UNC, Town of Chapel Hill Project, and foreign-born residents - is hosting a series of Community Conversations with Foreign-born Residents of Chapel Hill to hear their experiences & recommendations for local government and services. *Some flyers are attached.....more to come.*
 - **Tuesday, January 16, 2018 9am-10:30am**
Seymour Senior Center 2551 Homestead Rd, Chapel Hill, 27516
Mandarin, Korean, and English Languages
 - **Saturday, January 20, 2018 11am-12:30pm**
Chapel Hill Public Library 100 Library Dr, Chapel Hill, 27514
English, Russian, Burmese, & Arabic Languages; Childcare
 - **Thursday, February 15, 2018 7pm-8:30pm**
St. Thomas More Catholic Church 940 Carmichael St, Chapel Hill, 27514
Spanish & English languages; Childcare

Announcements

- **El Futuro** will be moving to Lakewood Shopping Center in Durham in 2018. Check out more info about their latest project, **La Mesita** (first network of Mental health providers serving Latinos families across the state): <http://elfuturo-nc.org/language/en/>

Articles

- **Living in an Immigrant Family in America: How Fear and Toxic Stress Are Affecting Daily Life, Well-Being, & Health** <https://www.blueshieldcafoundation.org/publications/living-immigrant-family-america-how-fear-and-toxic-stress-are-affecting-daily-life-well>
- **The Year The U.S. Refugee Resettlement Program**
Unraveled: <https://www.npr.org/sections/parallels/2018/01/01/574658008/the-year-the-u-s-refugee-resettlement-program>
Unraveled?m_source=npr_newsletter&utm_medium=email&utm_content=20180102&utm_campaign=npr_email_a_friend&utm_term=storyshare

Job/Volunteer Opportunities

- **USCRI-NC's Nuevo Comienzo Program**, which provides legal and social services to unaccompanied minors in North Carolina's Triangle Area, has two openings:
 - **Staff Attorney:**
https://workforcenow.adp.com/jobs/apply/posting.html?client=immandrefu&jobid=198056&lang=en_US&source=CC3
 - **Clinician:**
https://workforcenow.adp.com/jobs/apply/posting.html?client=immandrefu&jobid=198259&lang=en_US&source=CC3

Task Force

- Forms Review
- Documentation Guidance for Staff
- Know Your Rights “Red Cards”
- Guidance for Staff when LE on Site “Yellow Cards”
- 2017: Staff Trainings
- 2018: New Staff Orientation



Guidance when Law Enforcement is on County Property

If Law Enforcement enters County property, they are allowed to access public spaces (without key or swipe access) without a warrant. Any items within plain view in public areas are also accessible.

If LE asks about a specific patient or request to enter a private space, staff should:

- 1) Ask the officer for their name, ID & agency affiliation.
- 2) Ask the officer for a copy of any warrant or other document they may have.
- 3) Politely inform the officer that he/she is not obstructing their process, but needs to ask for assistance from management.

CONTACT:

Carla Julian

HIPAA Privacy & Security Officer
(919) 245-2434

County Attorney's Office

(919) 245-2320

Rebecca Crawford

Financial & Administrative
Services Director
(If Carla is Not Available)
(919) 245-2414

Based on 2017 Guidance
from County Attorney's Office

2018: Forward Together

- Identifying more Collaboration Opportunities
 - Coalition Co-leadership & Visioning
 - Triangle Refugee Integration Workgroup
 - UNC/TOC Building Integrated Communities
 - Trauma-Informed Interpreter Training



Health Director's Report
January 2018

- My first 30 days on the job have been great! My days have been filled with lots of warm welcomes and a good bit of cold weather and snow! ☺ Health Department Staff and County Staff have all been extremely helpful in answering my questions and helping me get settled. To date, I've had the opportunity to meet with all Division Directors at least twice and several program staff once.
- I attended my first County Department Director's Meeting on 1-8-18; had the opportunity to meet all the other Department Directors and hear the County Manager's FY 18-19 Budget Guidelines. As a result, I've also had 1-on-1 meetings with the Finance Director, HR Director, Planning Director and an upcoming meeting with the Animal Control Director.
- Rebecca and I attended the Annual Budget Kickoff Workshop on 1-10-18. The process will mirror last year's process; key budget request guidelines include:
 - No New General Fund Positions without 100% offsetting revenues or reallocation of existing funds
 - Any request not legally mandated must be supported with new revenue or reallocation of existing funds
 - Minimal Recurring Capital – Request Replacement items only
- On 1-7-18, I had an opportunity to attend a presentation facilitated by Racial Equity Institute (REI), "Measuring Racial Equity: A Groundwater Approach." This event was co-sponsored by Orange Against Racism (OAR) and our Health Department. The presentation was very insightful on the impact of institutional racism on our society. I look forward to attending the Phase I training offered by REI.
- I attended the Annual Public Health Leaders Conference (formerly known as the State Health Director's Conference) January 17 – 19, 2018 in Raleigh. The theme of the Conference this year was "Public Health 3.0...Where Will You Be?" The Conference focused on five premises:
 - Role of Chief Health Strategist
 - Deliberate Collaboration
 - Health Equity Success
 - Timely Data
 - Innovative Funding Models

Despite the snow and low attendance, this was still a good conference. It was great to have the opportunity to network with several other Health Directors from across the State.

- Interim Environmental Health Director, John Kase submitted his resignation effective January 18, 2018. John accepted a position with Wake County. The Environmental Health Director position has been posted for applicants. In the interim, two EH Supervisors, Phil Vilaro and Victoria Hudson, have agreed to lead the Environmental Health Division until the position is filled.

Program Updates

- Communicable Disease/Preparedness
 - Pertussis - CD Team is actively investigating multiple pertussis cases in the County. Everyone involved has been made aware. The State is aware and they are working with us to monitor the situation. Letters have been sent out to parents, close contacts and the entire school (Principal's discretion). Most cases are fully immunized and other contacts have been notified and given information about prevention, symptoms and vaccinations.
 - TB Update (Follow-up from November Report) – A total of 109 contacts have been tested, 106 negative and 3 positive. One positive case is currently receiving LTBI treatment and the other 2 had a previous history of TB.
 - Preparedness Coordinator, Daniel Kashdan, organized a tabletop exercise for County Stakeholders. Participants included Communicators and Public Information Officers (PIOs) from Town of Chapel Hill, Town of Hillsborough, Sheriff's Office, UNC Campus, Health Department, Office of Aging, Hillsborough Fire and Police and Emergency Management. The exercise scenario was a flu pandemic. Successful exercise with a lot of lessons learned. Participants requested more of these communication type exercises a little more frequently so all partners stay ready and engaged.
- Family Success Alliance - invited to complete Phase II of the Robert Wood Johnson Culture of Health Prize award process.
- Tobacco Prevention and Control Coordinator, April Richard is working with both school systems to provide updated Tobacco free Schools signage for 32 schools (youth tobacco funding).
- Community Health Grant Update:

In collaboration with UNC Family Medicine, OCHD received funding for a Community Health Grant from the Office of Rural Health (9/1/17 to 6/30/18) and will submit the midpoint performance report February 7, 2018. The goal of this funding is to increase access to primary and preventive care as well as self-management support services for vulnerable patient populations living with chronic disease in Orange County. OCHD is using part of the funding for a voucher program created to cover the costs of the minimum fee for nutrition services and have already seen a significant increase in the number of primary care and family planning patients using nutrition services compared to previous years. The grant is also covering costs for diabetes testing supplies for the uninsured as this is a significant cost barrier in managing diabetes.

Through the grant, UNC Family Medicine and OCHD initiated a community partnership of medical providers and local agencies with the goal of increasing community awareness of services and linking residents to care through formal referral systems. We hired a community health worker who will establish relationships with residents and offer them support to better manage their disease. We plan to apply for additional funding (March 2018) with the information learned through this pilot programming period.

Upcoming Events

- Kiana Redd, Healthy Homes Coordinator, is hosting Healthy Homes overview & Asthma Medications training; January 29th for Headstart/ Early Headstart in Hillsborough; February 2nd for Family Home Visiting staff, Community Services staff, and partners.
- Poverty Simulation Exercise was cancelled due to inclement weather. A rescheduled date is forth coming. Contact Ashley Rawlinson, Healthy Carolinians Coordinator if you have questions. All Board of Health Members are Welcome to participate as your schedule allows.
- January 25, 2018 – Health Director to meet with UNC Director of Emergency Management & Planning
- January 26, 2018 – Board of County Commissioners Retreat
- January 29, 2018 – Health Director to meet with Ed Kerwin, OWASA Director
- January 31, 2018 – Regional Health Advisory Meeting (UNC Family Medicine)

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: January 24, 2018

Agenda Item Subject: Recycling

Attachment(s): PowerPoint

**Staff or Board Member Reporting: Muriel Williman, Education and Outreach
Coordinator**

Purpose: ___ Action
 ___ X Information only
 ___ Information with possible action

Summary Information:

The Orange County Solid Waste Management Department will inform the Board of the process of recycling in the county. Muriel will give facts on waste in the county and the improvements cycling has made. Muriel will cover how recycling works in county government buildings as well as in the community. The different materials that can be recycled will also be explained as well as visual demonstrations.

Recommended Action: ___ Approve
 ___ Approve & forward to Board of Commissioners for action
 ___ Approve & forward to _____
 ___ X Accept as information
 ___ Revise & schedule for future action
 ___ Other (detail):

Recycling Rules in Orange County

Waste Diversion Basics for your office and beyond!



Where Does Your Garbage Go?

Orange County
Hillsborough
Carrboro, Chapel Hill & UNC

Durham County

City of Durham Transfer Station

Waste Industries Transfer Station

Approximately 90 Miles

Sampson County Landfill

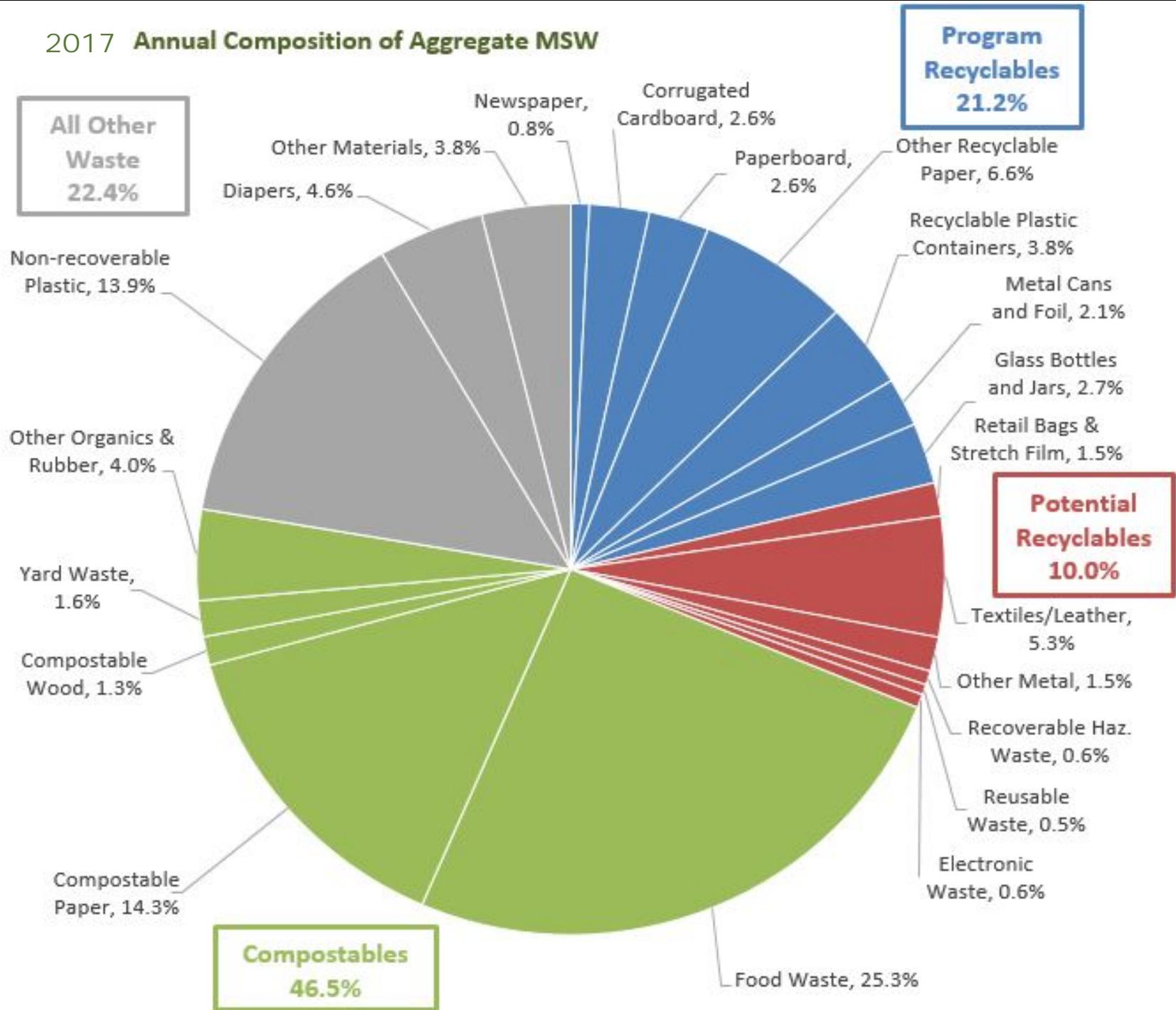
Roseboro, NC

Tons MUNICIPAL SOLID WASTE by origin in FY 13-14

Carrboro	6,489
Hillsborough	3,311
Chapel Hill	14,746
Orange County	10,710
UNC	5,660
UNC Hospital estimated	2,900
Subtotal	40,916
"Other" OC, origin unknown	9,989
OC MSW Total (from NC DENR)	53,805

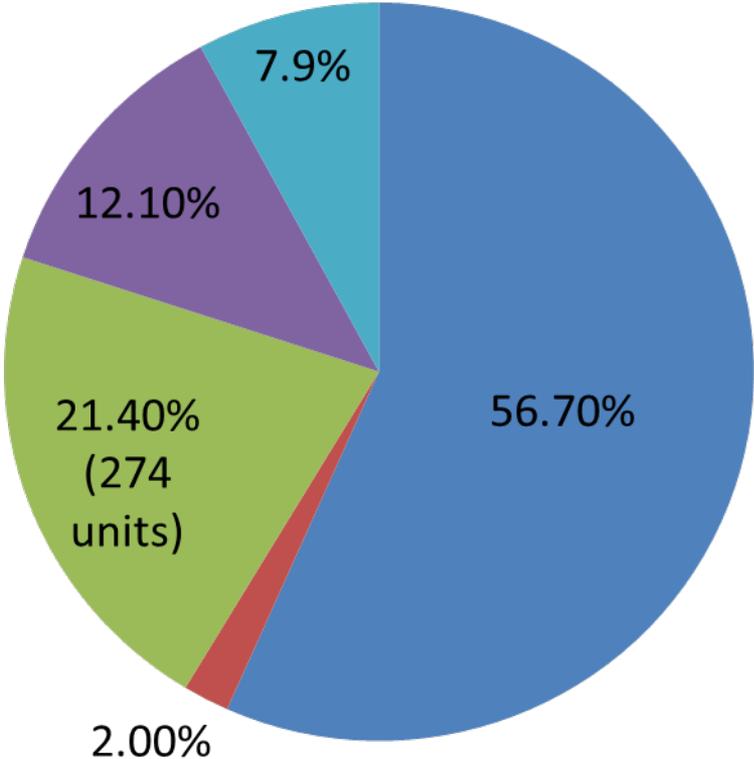
40,000 gallons of diesel fuel.

2017 Annual Composition of Aggregate MSW



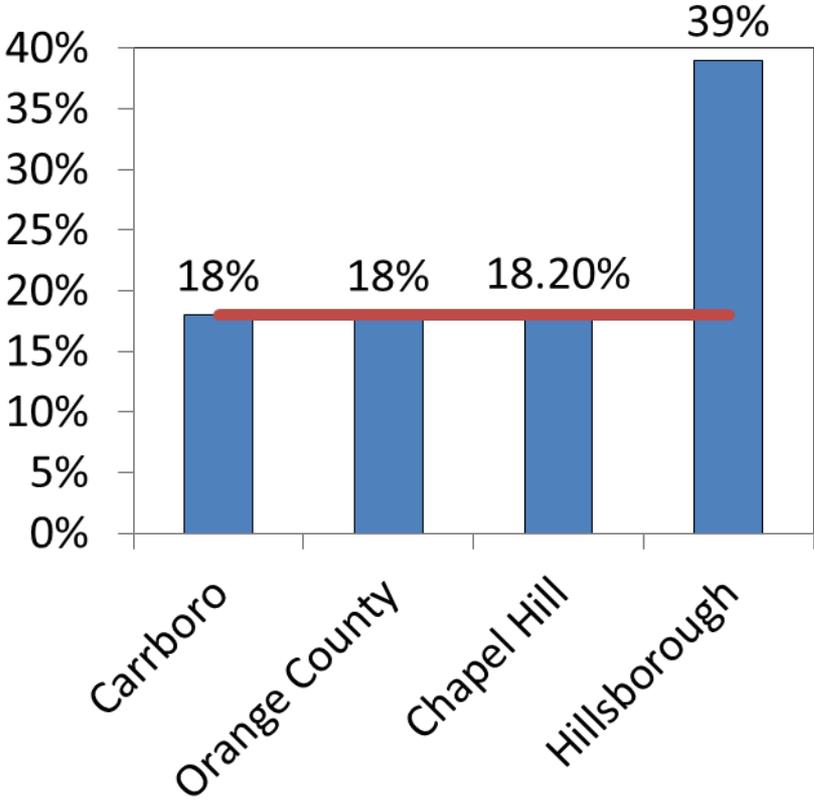
Orange County Waste Audit (Fall 2016)

Recyclable Materials in the Trash By Category



- Recyclable Paper
- Corrugated Cardboard
- Cans, Bottles, #2, #4, #5
- Reusable
- Hazard/Electronics

Percent of Trash That Was Actually Recyclable Materials



Recycle All Together!

Bottles, Cans, Jugs, Tubs, Jars and All Paper

Empty,
flatten,
and
recap!



Plastic Bottles and Jugs
Botellas y jarros de plástico



Plastic Cups and Tubs
#2, #4 and #5
Vasos y recipientes de plástico



Phonebooks
Guías telefónicas



Newspapers and Inserts
Periódicos y las inserciones



Flat and Gable-topped cartons
Envases de cartón con tapas
planas o tapas de pico



Mixed Paper
Todo el papel

Shredded paper
should be inside
a stapled paper
bag only.



Catalogs and Glossy Magazines
Catálogos y revistas elegantes



Metal Cans
Latas de metal



Aluminum Foil
Papel de aluminio

No Plastic Bags
No bolsas de plástico



No Garbage

No basura

No Cardboard

No Cartón

See facility manager about

CARDBOARD
recycling.

Empty Aerosol Cans
Latas de aerosol



Glass Bottles and Jars
Botellas y frascos de vidrio

Items must fit loosely in cart.

Keep lid closed.

Items left on ground
will not be collected.

Keep items clean and dry.
No corrugated cardboard
in carts.

Flatten and recap what
you can.

If it is not on this list,
do not put it in!



Plastics Perplexion!

Unlock the resin identification code...

 PETE	 HDPE	 PVC	 LDPE	 PP	 PS	 OTHER
<p>polyethylene terephthalate</p>	<p>high-density polyethylene</p>	<p>polyvinyl chloride</p>	<p>low-density polyethylene</p>	<p>polypropylene</p>	<p>polystyrene</p>	<p>other plastics, including acrylic, polycarbonate, polyactic fibers, nylon, fiberglass</p>
<p>soft drink bottles, mineral water, fruit juice containers and cooking oil</p>	<p>milk jugs, cleaning agents, laundry detergents, bleaching agents, shampoo bottles, washing and shower soaps</p>	<p>trays for sweets, fruit, plastic packing (bubble foil) and food foils to wrap the foodstuff</p>	<p>crushed bottles, shopping bags, highly-resistant sacks and most of the wrappings</p>	<p>furniture, consumers, luggage, toys as well as bumpers, lining and external borders of the cars</p>	<p>toys, hard packing, refrigerator trays, cosmetic bags, costume jewellery, audio cassettes, CD cases, vending cups</p>	<p>an example of one type is a polycarbonate used for CD production and baby feeding bottles</p>
						



Don't Trash Recycling, It's **EXPENSIVE!**

Contamination in recycling cost Triangle communities over **ONE MILLION DOLLARS** last year. Increase recycling's value and decrease environmental costs.

Keep These Contaminators Out.



No Plastic Bags

Don't bag your recyclables.
Take clean, dry bags back
to grocery stores.



Clean, Dry & Empty

No Food, liquids or trash in carts.
Drain bottles, do not recycle if there
is food or liquid in them.



No Tanglers

No electrical cords, hoses
or wire handers.
These items tangle recycling machinery.



Curbside, Apartment, School, Government and Commercial Collections



- Place your cart at the curb with 3 feet clearance from cars, trees and other objects.
- Place cart with the cart lid opening toward the street.
- Line up the front of the cart so it is flush along the curb.



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NO CORRUGATED CARDBOARD IN THIS CONTAINER

Corrugated cardboard has three layers with a wavy inner layer like this: 

Recycle corrugated cardboard in a separate dumpster or at a drop-off site.

Ask your site manager for details.

NO PLASTIC BAGS!



¡NO BOLSAS DE PLÁSTICO!

RECYCLING ONLY

Orange County Recycling - All Together Now!



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Newspapers and inserts
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Plastic Cups and Tubs
Vasos y recipientes de plástico



Aluminum Foil
Papel de aluminio



Mixed Paper
Todo el papel



Glass Bottles and Jars
Botellas y frascos de vidrio



Plastic Bottles and Jugs



Empty Aerosol Cans



Metal Cans



Catalogs and Glossy Magazines

Orange County Solid Waste Management Department

Mix. Mixen together. Keep clean and dry. Inserts and lids OK. Flatten what you can.

PLEASE
No Plastic Bags
No Bolsas de plástico
No Cables
No Bases
No Corrugated
No Cardboard



NO CORRUGATED CARDBOARD IN THIS CONTAINER

Corrugated cardboard has three layers with a wavy inner layer like this: 

Recycle corrugated cardboard in a separate dumpster or at a drop-off site.

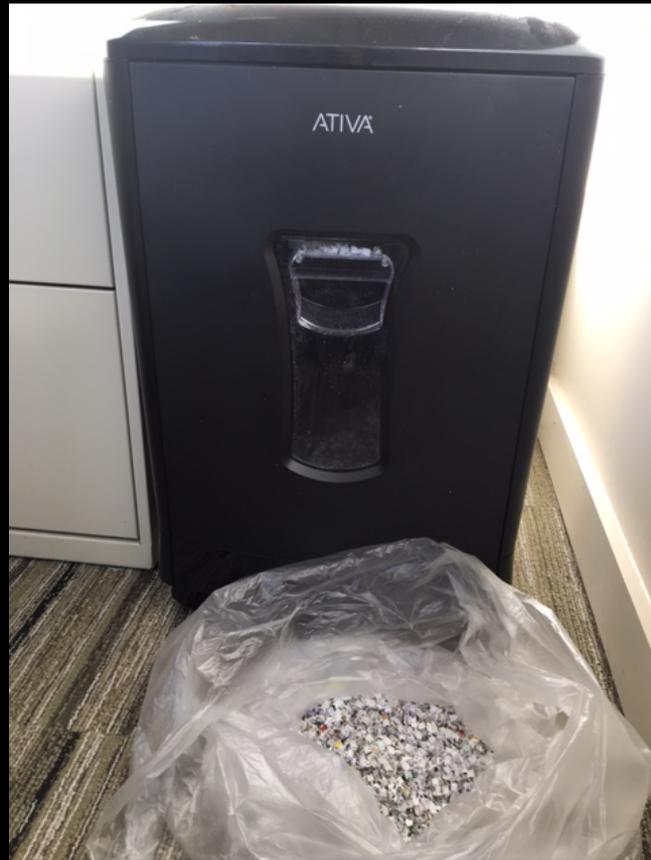
Ask your site manager for details.

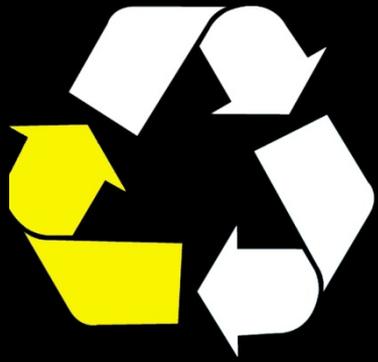
NO PLASTIC BAGS!



¡NO BOLSAS DE PLÁSTICO!

Shredded Paper





PURCHASING RECYCLED PRODUCTS

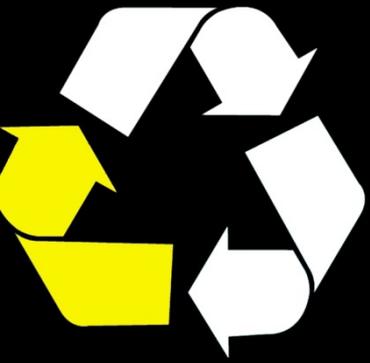
- Products are available
- Quality is as good or better
- Cost is competitive
- <https://vimeo.com/190005789>



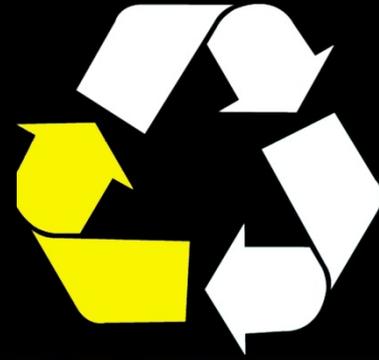
BUYING RECYCLED PLASTIC

- Apparel
- Carpeting and floor tile
- Office accessories
- Outdoor furniture
- Lumber
- Waste receptacles
- Traffic barricades/speed bumps
- Plastic Clamshells

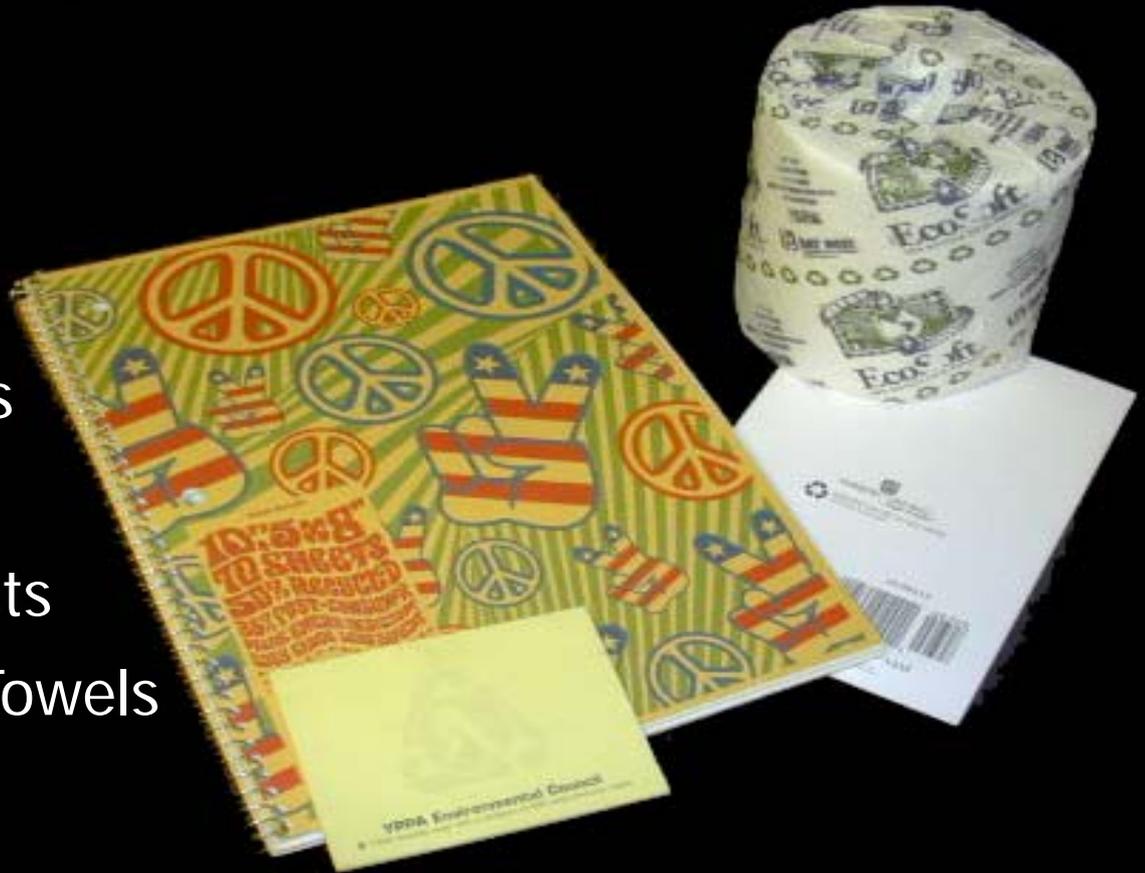




BUYING RECYCLED PAPER



- Cardstock
- Notebooks
- Office Paper
- Parchment for Brochures
- Greeting Cards
- Boxes/Packaging Products
- Toilet Paper and Paper Towels



Events that serve food

- No single-use disposable items
- Durable utensil loan-----Fork it Over
- Compostable serving ware
- Recycling and compost collection= virtually waste free.
- Online guides



Why Recycle?

- Save \$\$ in reduced disposal costs
- Reduce carbon footprint
- Enhance image= Walk the Talk!
- Good for the economy
 - 17,000 recycling related jobs in North Carolina
- Provide re-manufacturers with feedstock
- Purchasing products made from recycled materials supports recycling businesses in North Carolina and beyond

Thank you!



Muriel Williman
muriel@orangecountync.gov
(919) 968-2788



BUSINESS

Wake County reports first flu death of season as statewide total climbs

BY JOHN MURAWSKI
jmurawski@newsobserver.com

JANUARY 04, 2018 01:05 PM

UPDATED JANUARY 04, 2018 05:01 PM

Wake County reported its first flu-related death of the 2017-18 flu season as the statewide total climbed to 20 flu-related deaths since Oct. 1.

State health officials updated the weekly total Thursday, reporting seven new deaths statewide between Dec. 24 and Dec. 30, including that of a child – the second pediatric death this flu this season. The N.C. Department of Health and Human Services does not disclose the gender, county or other particulars of flu deaths to protect patient privacy.

The Wake County Health Department confirmed that one of the deaths involved a resident of the county. In the 2016-17 flu season, Wake County reported 22 deaths.

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Officials in Durham, Johnston and Orange counties said they have had no flu-related deaths in the past week. Chatham County does not disclose flu death totals as a matter of policy.

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North Carolina reported 219 flu deaths in the 2016-17 flu season, mostly among the elderly. In the 2015-16 flu season, the state reported 59 flu-related deaths, most affecting people age 50 through 64.

The flu season begins Oct. 1 and runs through May. The greatest number of the flu-related deaths so far have been among people aged 65 years and older.

During the week ending Dec. 30, North Carolina also hit a new peak for the total of people admitted to hospitals for influenza and other respiratory illnesses. Nearly 320 people were admitted statewide, about double the totals seen at the beginning of the flu season in October and early November. Most of those admitted in the last week of reported data were aged 65 years and older.

People most vulnerable to flu complications are infants, children up to age 5, and people 65 and older, as well as pregnant women. Flu complications can include pneumonia, bronchitis, sinus infections and ear infections; a case of the flu can also exacerbate asthma and congestive heart disease.

The U.S. Centers for Disease Control and Prevention urge flu vaccinations for everyone 6 months and older, with rare exceptions. People aged 65 and above are urged to get a high dose of the flu vaccine. The CDC recommends injections for children; it no longer recommends the flu mist for children because of lower effectiveness.

John Murawski: 919-829-8932, @johnmurawski

COMMENTS ▼



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Treating The Flu

By Kroger — While you might think doctors and nurses are the front-line defense against the flu, it's often parents who are best able to prevent influenza...

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Racial Equity Institute Sheds Light on Systemic Racism

Posted by Kelly Fahey | Jan 5, 2018 | Non-Profit | 0

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VEHICLE AT QUADRE CITY TIRE.

Orange Organizing Against Racism and the Racial Equity Institute are holding a "Groundwater" presentation this Sunday at 2:30pm at the Kehillah Synagogue in Chapel Hill.

Groundwater presentations are participatory in nature and focus on the systemic and structural aspects of racism.

Wanda Hunter of Orange Organizing Against Racism compares racism affecting systems such as the government and economics to groundwater spreading to lakes and rivers.

"Racism is in the groundwater of our nation," says Hunter. "It is feeding all of the institutional lakes, and it's a cross-system problem, so when you ask who should come, we think everyone should come because we're all connected to systems."

This type of institutional racism is what the Racial Equity Institute focuses on over individual bigotry because, Hunter says, racism will always exist as long as it exists in our institutions.

"We could take all those bigots and shoot them to the moon and racism would still be alive and well in this



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inequities in systems that we talk about is not caused by bigots, it's not caused by the bad apples, it's caused by the normal people," says Hunter. "And we don't even know how we're doing it."

Helping to organize this Groundwater training presentation is April Richard of the Orange County Health Department, who attended the Racial Equity Institutes' Historical and Institutional Foundations in Racism workshop along with the rest of her department.

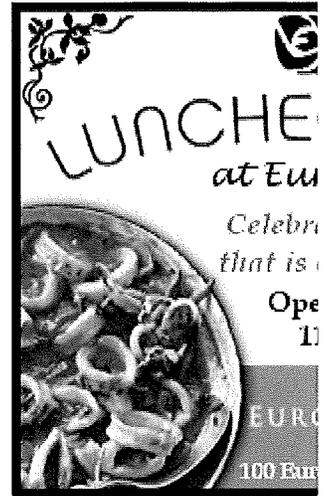
Richard has been helping to inculcate the health department with the institute's teachings.

"Everyone comes to the table with a prejudice or a bias," says Richard. "One of the things we've really been spending some time on is looking at how that bias has manifested itself in how we work with our clients."

Richard says that attending racial equity training has helped her and the rest of the staff not let those inherent biases affect the way that they treat their clients.

"You really have to bring this conversation back home," says Richard. "It's hard to admit, to sit back and say, 'I hold some bias myself.'"

For more information on the Groundwater presentations or on the Racial Equity Institute visit racialequityinstitute.org.



Related

January 2, 2018
Wanda Hunter
(Organizing
Against Racism)
and April
Richard (Orange



Police Chiefs
from Chapel
Hill, Carrboro to
Meet With
NAACP
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WCHL Broadcast Schedule

Orange County Receives 9th Rabies Confirmation of 2017

Posted by Blake Hodge | Dec 28, 2017 | Safety | 0



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Orange County has received its ninth positive rabies test of 2017.

The confirmation from the North Carolina State Laboratory of Public Health originated when a Hurdle Mills resident found a deceased raccoon in her back yard along with her two dogs on Friday, December 22. Officials say that one of the resident's dogs was up to date on rabies vaccinations and will only require a booster shot. The second dog did not have a rabies vaccination history, according to a release, but the



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State law requires unvaccinated dogs, cats and ferrets that come into contact with a rabid animal to be quarantined or euthanized.

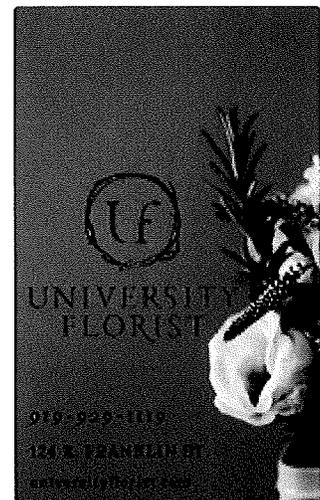
A communicable disease nurse from the Orange County Health Department is also in contact with the residents because they may have experienced possible secondary exposure when handling their dogs.



Raccoons and bats are the dominant host species for rabies in North Carolina but dogs, cats, groundhogs and skunks are also susceptible to contracting rabies.

Orange County recorded six positive rabies cases in 2016 and 10 in 2015. Both of those totals were down dramatically from a spike of 23 confirmed cases in 2014.

Photo via Wikimedia Commons



Related



Orange County Holds Rabies Vaccinations Clinic Amidst

Fourth Rabies Case Confirmed In Orange County For 2014 Fourth Rabies Case

OC Raccoon Rabies Cases Could Be On The Rise In 2014 OC Raccoon Rabies Cases



DURHAM COUNTY

Why you should still get a flu shot this season.

BY CLIFF BELLAMY
cbellamy@heraldsun.com

DECEMBER 06, 2017 04:44 PM

UPDATED DECEMBER 06, 2017 04:45 PM

DURHAM — If you have not yet received your flu shot, health officials are still strongly urging you to get inoculated, despite news reports that the flu vaccines being given this year may not be as effective as previously thought.

“No doubt, getting vaccinated is always better than not getting vaccinated,” said Anthony Fauci, director of the the National Institutes of Health’s National Institute of Allergy and Infectious Diseases. Vaccines still can help to “blunt” the effect of the flu, Fauci said in a phone interview.

Flu vaccines are always “kind of a gamble,” said Pam McCall, a registered nurse and director of nursing with the Orange County Health Department. “There may not always be a 100 percent match between the vaccines and the viruses that are circulating,” McCall said.

Even without a total match, the vaccines can help prevent more severe flu symptoms. “If it’s not a total match, you might get a milder case if you get the flu after getting the vaccine,” McCall said. The vaccine may also lessen the severity of the symptoms, she said.

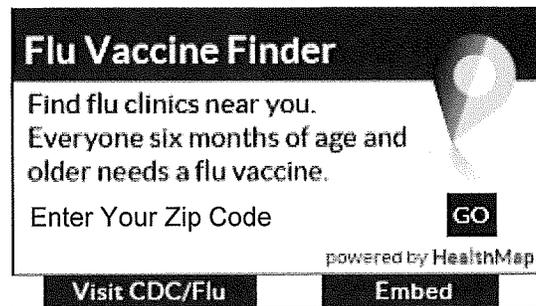
The Centers for Disease Control and Prevention recommends that people get a flu vaccine by the end of October, if possible. Getting vaccinated later, however, can still be beneficial, and the CDC recommends making vaccinations available throughout the flu season, even into January or later.

Flu season sometimes may last into April or May, so it is not too late to get vaccinated, McCall said.

Durham’s Health Department has had a steady number of people coming to get the vaccines, said Joy Nolan, public health nurse specialist. “The one thing we hear is, I’ve had it before – I don’t want to have it again,” Nolan said. “The majority of our clients would rather have that protection than chance it.”

The reminders come after news reports that the vaccines for the 2017-2018 flu season may not be as effective as originally predicted. The flu vaccines used in Australia during its flu season, similar to those used in the United States, proved only about 10 percent effective, according to reports.

Fauci explained the reasons to WTOP news of Washington, D.C. “What happened is, in the development of the vaccine, as we grow it in eggs, the virus itself mutated a bit, so that there was almost an accidental mismatch purely on the basis of the virus trying to adapt itself to growing in eggs, which is the way you make the vaccine,” Fauci said.



Flu Vaccine Finder

Find flu clinics near you.
Everyone six months of age and older needs a flu vaccine.

Enter Your Zip Code

powered by HealthMap

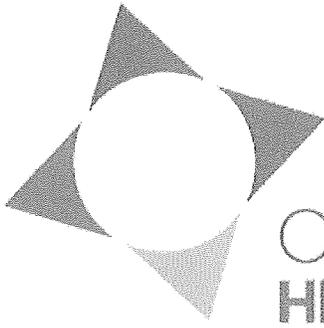
[Visit CDC/Flu](#) [Embed](#)

Most influenza vaccines in the United States are produced using chicken eggs, while a few are made in cell culture or by using recombinant DNA technologies, according to the National Institutes of Health.

Fauci and other public health officials still advise people to get the vaccine, particularly those in high-risk groups. High-risk groups include adults 65 and older, and children younger than five, according to the Centers for Disease Control and Prevention.

Fauci was one of the authors of a recent paper in the New England Journal of Medicine titled “Chasing Seasonal Influenza — The Need for a Universal Influenza Vaccine.” The paper reported higher flu hospitalizations in Australia, which could translate into less effectiveness in U.S. vaccines against influenza A (H3N2) viruses if they predominate. “This possibility underscores the need to strive toward a ‘universal’ influenza vaccine that will protect against seasonal influenza drift variants as well as potential pandemic strains, with better durability than current annual vaccines,” the paper states.

Cliff Bellamy: 919-419-6744, @CliffBellamy1



ORANGE COUNTY HEALTH DEPARTMENT

Improving health. Inspiring change.

Today is Giving Tuesday, an international day of giving.

Two collaborative partnerships in Orange County, the Family Success Alliance and Making Connections: Orange County Comprehensive Early Childhood Initiative, are encouraging residents to donate to their campaign to help struggling families in the area.

Family Success Alliance communications manager Kristin Prelipp says bringing awareness to local issues is important.

"If you're somebody who lives in a certain neighborhood and goes to your school and lives in your neighborhood, you may not be aware of the fact that so many people are impoverished," Prelipp said. "Almost 30 percent of Orange County families do not earn a living wage and statistics show that 75 percent of children born into poverty in Orange County will remain in poverty unless we break the cycle."

"I would just like for people who have lived here for a long time, and who know and love this community as I do, to want everybody to be doing well in the community."

The agencies have navigators who work personally with all members in the family, adults and children to address issues and reach YES status, which stands for youth success, early childhood success and stable homes.

The Family Success Alliance focuses on the family as a whole, according to Prelipp.

“When they work with a family, they begin by assessing their needs and then helping them to see beyond the immediate needs such as keeping your lights turned on and having enough food, to what are your goals, and kind of open up their eyes to that there are many things you can look forward to in life such as sending your kid off to college.”

Orange County Partnership for Young Children executive director Robin Pulver says Making Connections instead focuses on the early needs of children from prenatal to age eight.

“There are 2,000 days from the time a child is born to kindergarten, and during that time is a period of rapid growth and development – especially with the brain and how it is formed and how it is processed,” Pulver said. “And what we know to be an issue is toxic stress, where a series of adverse childhood experiences has an impact on the way the brain develops. And so we are trying to counteract some of that to mitigate the impact and the adverse kinds of consequences that come out of that.”

United Way of the Greater Triangle vice president of marketing and communications Stacy Shelp said Orange County’s overall key issues revolve around affordable housing and transportation. Shelp added having agencies partner up to address issues has been a success.

“Working collaboratively is absolutely critical to making a difference. We’ve been working independently as non-

move on a lot of issues,” Shelp said. “And the past few years we’ve been working collaboratively with partners – we have 17 partnerships around the Triangle that we’re working with – and each one of those collaboratives make a change.”

Other efforts launched for Giving Tuesday in our community include a #TarHealTuesday campaign from UNC Medicine.

The UNC Medicine fundraising effort is focusing on patient care programs, which are designed to “help families cope with the emotional and financial stress experienced” when a family member is sick. Donations to this effort can be made online or individuals can donate in person at Bondurant Hall on the UNC campus from 11 a.m. – 2 p.m. Individuals who donate online can enter a drawing for a chance to win two tickets to a UNC men’s basketball game, according to a release, and those who donate in person on Tuesday at Bondurant Hall can receive stickers and other gifts.

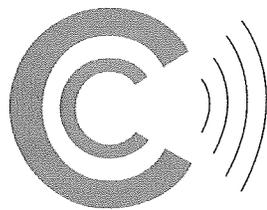


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School of Media and Journalism

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Health officials urge vaccinations as flu season begins

🕒 October 28, 2017

By Rachel Bridges

Download



UNC Campus Health Services is encouraging students to get their flu shots. (Rachel Bridges/Carolina Connection)

Getting a flu shot probably isn't your favorite thing to do this pumpkin-spice season. And while Campus Health at UNC has given a out a lot of them, some students still don't have plans to get vaccinated.

Rachel Bridges reports.

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Tweets by @UNCConnectic

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BY SIMRANN WADHWA

Staff writer Simrann Wadhwa spoke with recently-named Health Director of the Orange County Health Department Quintana Stewart about her future plans.

Daily Tar Heel: Why were you interested in this position?

Quintana Stewart: So I was interested in Orange County health director position specifically just because Orange County is known across our state as being innovators, the forerunners with their public health work. When I saw the opportunity to apply for the director position I just thought that was a dream come true. I've been working with local health departments for 16 years, and that's the next step for me. I'm currently serving as an assistant in Forsyth County. So it was just a dream to be able to go work in a community with staff and local government that really supports the local public health department.

DTH: What educational and professional experiences have you had before this position?

QS: My undergraduate degree is in community health education, and I got that from UNC-Greensboro. Then, I went back to school and got a master's in Public Administration with a concentration in Health Care Administration from UNC-Pembroke. Again as I said, I've worked for Forsyth County Department of Health for a little over 16 years now and I've had a chance to work in several different positions. I started as a health educator, and I moved my way on up to the Disaster Preparedness Coordinator position — from there, assistant Health Director.

EDITORS PICKS

DTH: What issues do you want to tackle most as the new health director?

QS: I think coming in, health department staff has done a great job with their community health assessment. They've already worked through a lot of their primary and secondary engagement in the community, they identify what their priority health issues are. So as a new director, I plan to come in and continue with those efforts. One of their top priority

issues was social determinants of health, and they're looking at access and poverty specifically. The next one was mental health and substance abuse and then activity and nutrition. I plan to come in and meet with the board of health and figure out their plans. I don't want to come in and make any abrupt changes because I think they'll already lay a pretty strong foundation framework on those health priority issues.

DTH: What is your overall vision for the Orange County Health Department?

QS: I just plan to maintain (its) current reputation. I want us to continue to find some out-of-the-box kind of things with that spirit of innovation. I just want us to be seen in the community, be part of the community, so I'm all about developing healthy communities. That is my vision for Orange County — maintain that top number one health outcome in the county health rankings.

DTH: Is there anything else Orange County residents should know about you?

QS: I'm really excited. It's hard to stay focused here in Forsyth because I'm so excited to come to Orange County and meeting all the new team members, and just jumping in.

@simrann_wadhwa

city@dailytarheel.comn

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: January 24, 2018

Agenda Item Subject: Health Department Workplace Safety Activities

Attachment(s): PowerPoint Presentation

Staff or Board Member Reporting: Carla Julian

Purpose: Action
 Information only
 Information with possible action

Summary Information:

Maintaining an effective Workplace Safety Program is one of the best ways to create productive work environments and protect our most valuable asset – the employees. OCHD has engaged in a number of safety activities to meet these goals including new employee and annual training, classroom de-escalation training, an active assailant tabletop exercise, and installation of panic buttons in the clinics and environmental health. Efforts will continue through the work of the Safety Committee throughout the coming year and beyond.

Recommended Action: Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to _____
 Accept as information
 Revise & schedule for future action
 Other (detail):



ORANGE COUNTY
HEALTH DEPARTMENT

Workplace Safety Program

Safety Training for OCHD Employees

- Orange County New Employee Orientation
 - Workplace Harassment Prevention
 - Workplace Violence Prevention
 - Presentation by County Risk Manager
 - Initial Orientation
 - Basic Safety

Orange County Risk Manager Training Includes

SAFETY ORIENTATION TRAINING CHECKLIST

EMPLOYEE NAME: _____ JOB: _____

<u>EMPLOYEE INITIAL</u>	<u>TRAINER INITIAL</u>	<u>DATE</u>	<u>TOPIC COVERED</u>
<u>Initial Orientation</u>			
_____	_____	_____	Management Philosophy regarding Safety and Health
_____	_____	_____	Employee's responsibility to work safely
_____	_____	_____	Dress Code and safe dress
_____	_____	_____	Incident/Unsafe Conditions reporting procedures
_____	_____	_____	How to make safety suggestions
_____	_____	_____	Return to Work policy and program
<u>Basic Safety</u>			
_____	_____	_____	Basic Safety Rules
_____	_____	_____	Smoking regulations
_____	_____	_____	Emergency Action Preparedness Plan (EAP)
_____	_____	_____	Portable Fire Extinguisher Operation
_____	_____	_____	Housekeeping requirements
_____	_____	_____	Safety Committee structure and activities
_____	_____	_____	Incident reporting procedures
_____	_____	_____	Medical treatment authorization procedures
_____	_____	_____	General Hazard Communication Training

(View GHS video on OC Intranet: Risk Management: Safety Training
<http://intranet.orangecountync.gov/finance/SafetyTraining.asp>)

OCHD New Employee & Annual Training

- ❑ Emergency Action Plan and Fire Plan
- ❑ Workplace Violence Prevention
- ❑ Incident reporting
- ❑ Respiratory Protection Plan Training
- ❑ Bloodborne Pathogens and Personal Protective Equipment for staff with exposure risk
- ❑ Hazardous Chemical Communication for staff with exposure risk

Emergency Action Plan

The Departmental EAP details the actions personnel in a department will take in response to an emergency situation.

- ❑ Evacuation
- ❑ Shelter-in-Place
- ❑ Workplace Violence / Active Assailant
- ❑ Weather Emergencies
- ❑ Fire
- ❑ Etc.

What We Did in 2017

- ❑ February – Panic Buttons installed in the medical and dental clinics
- ❑ March 3 – Active Assailant Training at SHSC by Troy Comar with the Sheriff's Dept.
- ❑ June 16 – Classroom de-escalation training for Personal Health Services
- ❑ Aug 22 – Active Assailant Tabletop with Troy Comar for Personal Health Services
- ❑ Sept 27 – EAP Training conducted by County

What's Next

- ❑ At least quarterly Safety Committee meetings
- ❑ Quarterly Workplace Safety assessments
- ❑ Address Incident Reports, look for trends
- ❑ Additional safety tabletop or functional exercises
- ❑ Encourage participation in county-offered active assailant and Emergency Action Plan training

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: January 24, 2018

Agenda Item Subject: 2nd Quarter Financial Report FY 17-18

Attachment(s): 2nd Quarter Financial Report
2nd Quarter Billing Dashboard

Staff or Board Member Reporting: Rebecca Crawford

Purpose: Action
 Information only
 Information with possible action

Summary Information:

Total Health Department Revenue: Average YTD monthly revenue in FY18 after the second quarter is \$211/month and totals \$1.3M YTD, representing 39.7% of our overall budgeted revenue for the year. The total second quarter revenue is slightly skewed down due to the majority of state funds not eligible to be drawn in July (this is typical) but we are trending higher than we were at this time last fiscal year (\$1.2M). Expenses are higher than revenues at 44.3% of the total, overall budget.

Total Billing Accuracy: Continuing with the goal of 90% billing accuracy set in FY 14-15, the average billing accuracy rate for medical after the second quarter is 91% as compared to 95% in FY 16-17 and the average rate for dental for second quarter FY 17-18 is 103% as compared to 104% in FY 16-17. Dental billing accuracy data for December is unavailable while we are going through a system upgrade.

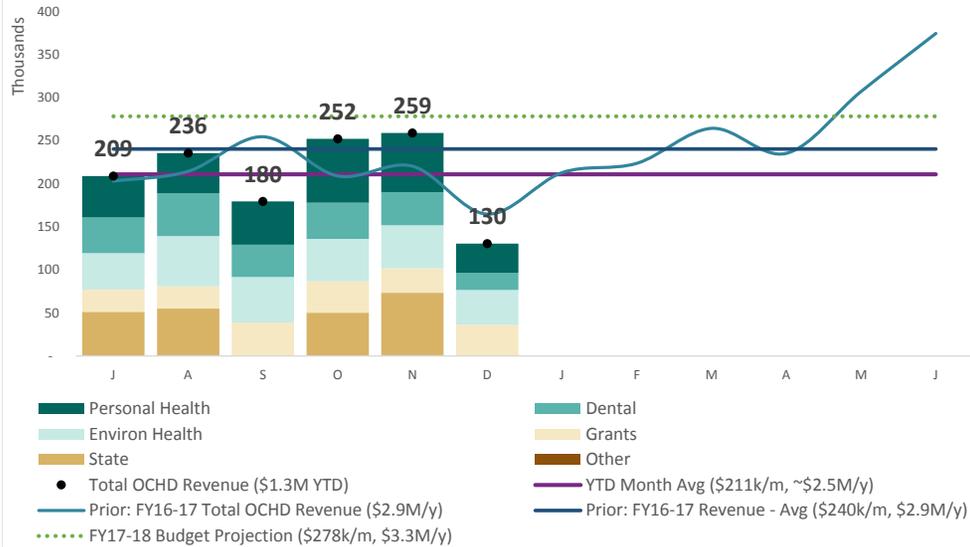
Dental Earned Revenue by Source: The FY 17-18 average monthly revenue (\$38.1/month) for the second quarter is below our budget projection (\$43.4k/month) and our FY 16-17 average of \$39.8k/month. FY 17-18 dental earned revenue totaled \$234k at the end of the second quarter.

Medical Earned Revenue by Source: Medical earned revenue is currently below the budgeted projection for FY 17-18 (\$57.1k/month) at \$54.1k/month since we had a provider on maternity leave until the end of December. Medical clinic revenue totals \$325k for second quarter FY 17-18.

- Recommended Action:** Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to _____
 Accept as information
 Revise & schedule for future action
 Other (detail):

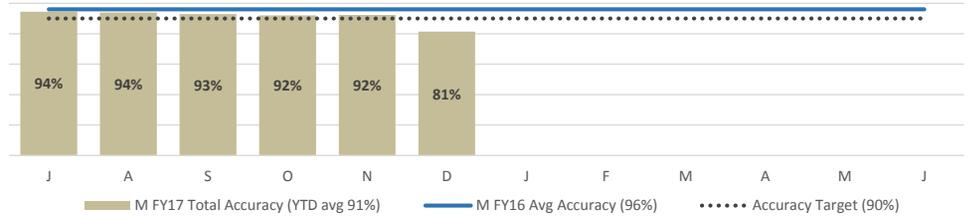
TOTAL HEALTH DEPARTMENT REVENUE

vs. budget projections & prior year



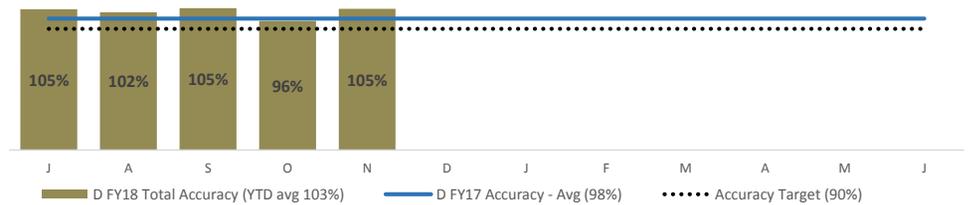
Medical Billing Accuracy*

vs previous year & goal



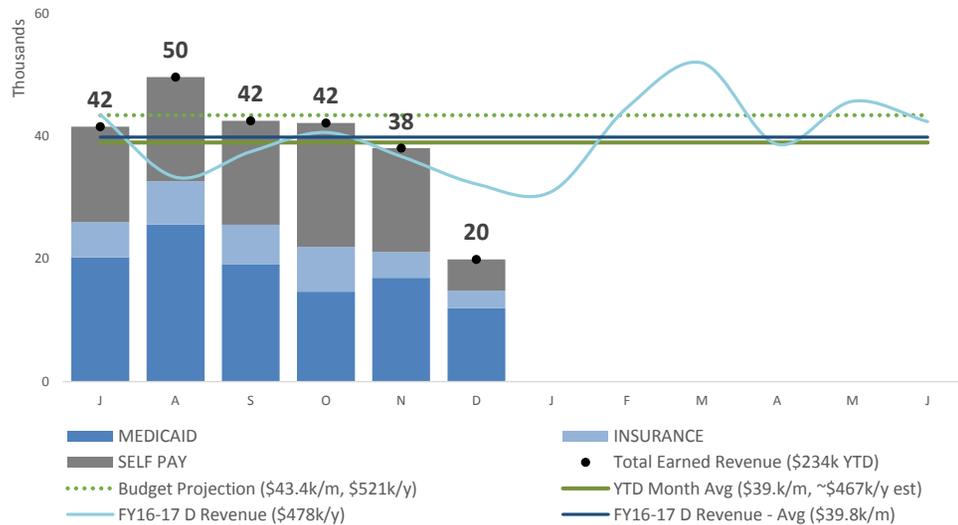
Dental Billing Accuracy*

vs previous year & goal



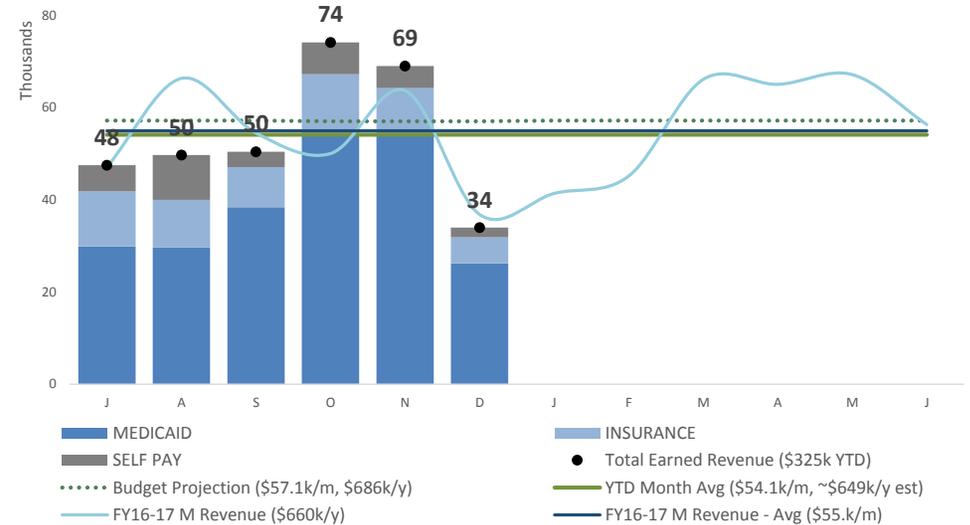
DENTAL EARNED REVENUE BY SOURCE

vs. budget projection & prior year



MEDICAL (PH) EARNED REVENUE BY SOURCE

vs. budget projection & prior year



* NOTE : FY17-18 Billing Accuracy no longer combines dental and medical paid claims & unpaid claims. Because two different accounting systems are being used (Medical: Accrual; Dental: Cash) the two clinics are shown separately. Billing Accuracy Formulas: Medical = Paid claims/(# encounters minus no charge claims). Un-claimed appointments are no longer factored in; Dental = Paid Claims/# kept appointments. Claims can take a quarter to realize payment - billing accuracy for all months increases with time as claims are finalized and errors are reworked.

Due to application updates, December Dental billing accuracy data is not available

Orange County Health Department
 Second Quarter Financial Report
 FY 2017-2018

TOTAL HEALTH	Q2	YTD ACTUAL	ANNUAL BUDGET	% OF ANNUAL BUDGET
Revenue				
Donations				
Finance and Admin Services	0	(74)	0	0.00%
Health Promotion & Edu	(1,715)	(3,301)	(13,886)	23.77%
Personal Health	0	(338)	(18,000)	1.88%
Donations Total	(1,715)	(3,712)	(31,886)	11.64%
Internal Allocations				
Finance and Admin Services	0	0	(37,144)	0.00%
Dental Health	0	0	(18,000)	0.00%
Health Promotion & Edu	0	0	(244,756)	0.00%
Personal Health	0	0	(30,000)	0.00%
Internal Allocations Total	0	0	(329,900)	0.00%
Service Revenue				
Dental Health	(100,081)	(234,270)	(520,734)	44.99%
Environmental Health	(139,901)	(299,650)	(576,100)	52.01%
Personal Health	(177,137)	(325,047)	(684,386)	47.49%
Service Revenue Total	(417,120)	(858,967)	(1,781,220)	48.22%
State Allocations				
Finance and Admin Services	(8,301)	(20,213)	(42,921)	47.09%
Health Promotion & Edu	(18,352)	(30,528)	(90,674)	33.67%
Environmental Health	(1,027)	(2,118)	(41,324)	5.13%
Personal Health	(95,211)	(228,210)	(525,202)	43.45%
State Allocations Total	(122,892)	(281,069)	(700,121)	40.15%
Grants Project Revenues				
Piedmont Hlth Srv - Nutr	(5,237)	(8,658)	(33,800)	25.61%
CC4C Accesscare	(37,027)	(74,638)	(149,624)	49.88%
PCM Accesscare	(40,474)	(80,813)	(147,651)	54.73%
FIT Grant	0	(9,500)	(45,093)	21.07%
MDPP	0	0	(10,175)	0.00%
Community Health Grant	(9,174)	(9,174)	(122,065)	7.52%
Wolfe Mini Grant	(8,000)	(8,000)	(8,000)	100.00%
Grants Project Revenues Total	(99,913)	(190,783)	(516,408)	36.94%
Revenue Total	(641,639)	(1,334,531)	(3,359,535)	39.72%

Orange County Health Department
 Second Quarter Financial Report
 FY 2017-2018

TOTAL HEALTH	Q2	YTD ACTUAL	ANNUAL BUDGET	% OF ANNUAL BUDGET
Expenditures				
Salaries	1,508,876	2,675,416	5,719,659	46.78%
Benefits	507,121	963,136	2,003,119	48.08%
Travel	808	5,312	18,430	28.82%
Training	9,786	19,148	44,264	43.26%
Certifications & Licensing	1,227	4,087	11,276	36.25%
Mileage	8,708	13,613	31,593	43.09%
Telephone	18,131	42,837	86,084	49.76%
Postage	1,594	5,461	14,015	38.97%
Motor Pool	6,909	19,052	53,014	35.94%
Equip Repairs	2,996	3,851	9,921	38.82%
Equip Rent	145	748	1,200	62.33%
Duplicating	2,340	4,992	13,350	37.39%
Printing	1,024	2,915	11,849	24.60%
Advertising	934	6,570	24,483	26.84%
Dues	300	2,792	5,100	54.74%
Subscriptions	228	228	1,500	15.20%
Dept Supplies	4,480	8,997	44,045	20.43%
Edu Supplies	963	1,129	26,762	4.22%
Office Supplies	3,334	8,193	30,435	26.92%
Medical Supplies	34,154	53,451	123,042	43.44%
Bloodborn Path Supplies	240	398	2,750	14.46%
Pharmacy Supplies	40,359	75,247	172,155	43.71%
Comp Supp/Software	191	1,328	7,444	17.84%
Contracted Srv	387,216	516,487	1,516,709	34.05%
X-Ray	2,994	7,726	30,235	25.55%
Lab Srv	15,583	50,308	123,840	40.62%
Bonds & Insurance	0	0	10,815	0.00%
Uniforms	1,395	4,183	7,014	59.64%
Community Proj	14,068	16,872	67,812	24.88%
Innovations Project	4,009	4,737	20,000	23.68%
Accreditation Project	0	2,750	2,750	100.00%
Credit Card Exp	1,989	4,078	6,000	67.96%
Capital Exp Under \$500	1,453	1,938	4,635	41.81%
Nicotine Replacement Therap	17,034	17,034	18,000	94.63%
Capital Expenditures				
Equipment	0	0	5,156	0.00%
IT Equipment	660	4,570	11,172	40.90%
Expenditures Total	2,601,250	4,549,582	10,279,628	44.26%

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 November 29, 2017, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey – Chair, Bruce Baldwin, Johanna Birchmayer, Commissioner Mia Burroughs, Barbara Chavious, Paul Chelminski, Jennifer Deyo, Sam Lasris and Timothy Smith.

BOARD OF HEALTH MEMBERS ABSENT: Susan Elmore – Co-Chair and Jessica Frega.

STAFF PRESENT: Dr. Dorothy Cilenti, Interim Health Director; Rebecca Crawford, Financial and Administrative Services Director; John Kase, Interim Environmental Health Director; Donna King, Health Promotion & Education Services Director; Carla Julian, Dental Clinic Practice Manager, HIPAA Privacy and Security Officer; Pam McCall, Personal Health Services Director; Kristin Prelipp, Communications Manager; Thais Ramirez, Temporary Community Health Specialist; April Richard, Tobacco Prevention and Control; Beverly Scurry, Board of Health Strategic Plan Manager; and La Toya Strange, Administrative Assistant II.

GUESTS PRESENT: Commissioner Penny Rich, Cliff Bellamy, Herald Sun reporter; and Ed Kerwin, OWASA Executive Director.

I. Welcome New Employees

Liska Lackey, Chair, called the meeting to order. Dr. Cilenti welcomed new employee, Thais Ramirez.

II. Public Comment for Items NOT on Printed Agenda: Chris Harlan, UNC School of Nursing. Amongst giving her thanks to the OCHD for the accepting of new students placed at the OCHD over the last 20 years, Ms. Harlan added that its been a valued experience by those students. Currently in the process of retiring, Ms. Harlan also expressed gratitude for all of the support received from the BOH and the OCHD.

III. Approval of the November 29, 2017 Agenda

Motion was made by Mia Burroughs to approve the agenda, seconded by Jennifer Deyo and carried without dissent.

IV. Action Items (Consent)

A. Minutes of October 25, 2017 Meeting

Motion was made by Sam Lasris to approve the minutes of October 2017, seconded by Barbara Chavious and carried without dissent.

B. 2018 Board of Health Schedule

Motion was made by Paul Chelminski to approve the 2018 Board of Health schedule, seconded by Mia Burroughs and carried without dissent.

V. Educational Sessions

A. Food Deserts/OC Food Council Collaboration

Molly De Marco, Research Assistant Professor, Department of Nutrition, Gillings School of Public Health, and Marcie Ferris, Professor, American Studies Department, UCH-CH, presented information on the OC Food Council (OCFC) including food deserts and insecurity. Below is a brief summary of the information presented:

OC Food Council

- Goals
 - Action plan development
 - Outreach
 - Reach successful models and policies
 - Collaborate with other food councils
- Strategic Priority Areas
 - Outreach to elected officials; creation of a local food economy.
 - Increase new market, wholesale and institutional buying opportunities for low-resource and farmers of color.
 - Support diversity of food producers and business owners.

Food Deserts

- Defined as a section or zone that is classified as both low income and low access to grocery stores as measured by different distance boundaries.
- Food access is defined as a household's mean to procure an adequate amount of food on a regular basis through a combination of purchases, barter, borrowings, food assistance or gifts.
- Food swamp is where there are unhealthy foods that are far more accessible than healthy foods.

Food Insecurity

- Defined as the inability of nutritionally adequate and safe foods, or the ability to acquire such food, is limited or uncertain for a household.
- Measured yearly via questions on the U.S. Census
- Four levels of food insecurity
 - High – no reported indications of food access problems/limitations
 - Marginal – 1-2 reported indications – typically of anxiety over food sufficiency or shortage of food in the house. Little or no indications of changes in diet or food intake.
 - Low – reports of reduced quality, variety or desirability of diet. Little or no indications of reduced food intake.
 - Very low – reports of multiple indications of disrupted eating patterns and reduced food intake.

- 2014 NC Food Insecurity rates (most recent presenters were able to find) –
 - Orange County has a child rate of 19.1% and the county overall has a rate of 14.6%.
- Highest usage of food stamps (SNAP) use in Orange County is in downtown Carrboro/Chapel Hill areas.
- Causes of food insecurities include
 - Racial oppression
 - Poverty and low income
 - Lack of transportation/grocery stores
 - Poor health/mental illness/acute or chronic illness or injury
- Consequences of food insecurities include
 - Under-nutrition (especially during vulnerable periods of life) and over-nutrition with the wrong foods (such as foods high in starch, carbohydrates and fat)
 - Increased incidence of chronic disease and depression
 - Effects on health and well-being in children and social implications (such as lack of concentration and low productivity in adults).
 - Hunger-Obesity Paradox

The BOH had questions that were addressed by Ms. Ferris and Ms. De Marco.

B. Tobacco Prevention Efforts

April Richard, Senior Public Health Educator, Tobacco Prevention and Control, presented a brief overview of the tobacco related efforts completed over the last year. The presentation will include sections on prevention, control, and treatment efforts.

Prevention

- Tobacco. Reality. Unfiltered. (T.R.U.)
 - One of few counties in NC that supports TRU and also supports TRU financially
 - TRU groups meet at the following high schools:
 - Chapel Hill/Carrboro City Schools
 - Carrboro High School, Chapel Hill High School, East Chapel Hill High School
 - Orange County Schools
 - Cedar Ridge High School, Orange High School
 - Hosts Tobacco 101 for the youth.
 - Participated in the the national movement, The Great American Smokeout, which occurred on November 16th .
- FreshStart
 - Classes provided at Whitted Building and Seymour Center.
 - New partnerships with Freedom House and UNC Horizons .
 - 7 Classes completed with 44 participants.
- New Employee Orientation
 - Opportunity to inform new employees about the tobacco related policies that affect them and the opportunity to connect tobacco users to treatment.

Control

- HUD Smoke Free Public Housing
 - Effective July 31, 2018, all Public Housing Agencies must comply with the rule and implement smoke-free policies.
 - Policy assistance to private tenants/landlords.
 - Provided technical assistance for the lease addendum development and enforcement protocol.
 - Completed 3 tenant listening sessions.
 - Discussed strategies to increase compliance including signage.

Treatment

- Nicotine Replacement Therapy (NRT)
 - 143 boxes of NRT were dispensed to employees, Quitline participants and FreshStart participants.
- Quitline
 - \$5000 contract was received to support NRT for all OC residents and employees.
 - There were approximately 190 Quitline participants in 2017.

C. Advisory Board Update

Beverly Scurry, Board of Health Strategic Plan Manager, gave a brief summary of the Orange County advisory boards' activities as they pertained to the BOH. Ms. Scurry added that just about every advisory board was working on some type of racial equity work. She also stated that the full advisory report is available online. Below are some highlights as it relates to BOH priorities in the Strategic Plan:

- Family Success Alliance (FSA) –
 - The FSA will be attending a national racial equity summit next year.
 - Currently have 7 new navigators which has increased their capacity to serve more families and family members.
- Healthy Carolinians of Orange County (HCOOC) –
 - HCOOC will be hosting a Poverty Simulation Exercise next month on January 19th. Community residents, committee members and service providers will be invited to participate in the simulation to help bridge the gap from misconception to understanding through this interactive immersion experience to help participants fully understand the realities of poverty.

D. Medicaid Transformation

Dr. Cilenti began by stating that the presentation was adopted from the NCALHD. Below is a summary of the presentation that incorporated information also related to the OCHD.

Background

- In September 2015, the NC General Assembly enacted Session Law 2015-245, which directed the transition of Medicaid from a fee-for-service structure to a managed care structure. This past August, NC Department of Medical Assistance (DMA) issued a position paper detailing the proposed vision for what has been coined "Medicaid Transformation". According to the proposed schedule, DMA will issue white papers this

fall, which will provide further information around program design, Requests for Information (RFI's) this winter, which will gather information from experts to flesh out the program design, and Requests for Proposals (RFP's) in the summer of 2018 to engage providers and candidates for managed care organizations; with the goal of beginning services under the new model in July 2019.

Medicaid facts

- Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
- About 68.5 million people in the U.S. were covered by Medicaid as of July 2017. Two million in NC are insured by Medicaid. About 5.8 million additional children were covered by the Children's Health Insurance Program (CHIP) as of July 2017.
- About 20% of the U.S. population (319 million) are covered by Medicaid/CHIP. One dollar out of every \$6 spent in healthcare in the U.S. is Medicaid.

Medicaid and CHIP in NC

- Medicaid is a health and long-term care coverage program that was enacted in 1965. The Children's Health Insurance Program (CHIP) was established in 1997 to provide new coverage opportunities for children in families with incomes too high to qualify for Medicaid, but who cannot afford private coverage.
- 2,030,268 million people in North Carolina were covered as of July 2017.
- Total State Fiscal Year 2016 Medicaid expenditures were \$13.9 billion.
- State appropriations for Medicaid were \$3.5 billion of that \$13.9 billion.
- Federal dollars make up the majority of the remaining Medicaid budget.
- State Medicaid dollars were about 15.7% of the total \$22.3 billion state budget.

Medicaid Managed Care

- Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between State Medicaid agencies and managed care organizations (MCO's) that accept a set per member per month (capitation) payment for these services.
- Over 55 million Medicaid enrollees covered under some form of Medicaid managed care as of July 2014 (77% of total enrollment).
- As of July 2011, over 80% of Medicaid beneficiaries in NC were enrolled in some form of managed care.

Medicaid Managed Care in the future

- Session Law 2015-245 – An act to transform and reorganize North Carolina's Medicaid and NC Health Choice Programs. Session Law 2016-121 – An act to ... Modify certain provisions of the Medicaid transformation legislation. Additional legislation will further define the scope and expectations association with Medicaid managed care.
- The intent of the legislation is to expand and connect the majority of remaining Medicaid expenditures to a managed care model that would capitate or limit those expenditures.
- The state will issue a request for proposals for 3 statewide commercial managed care organizations and up to 12 regional provider-led entities in 6 regions to manage Medicaid expenses based on a per member per month capitated model.

Why does this matter to public health?

- Care Management
 - Role could be removed from health departments (Eliminated or given to MCO's).

- Health departments have exceptional expertise in managing these high risk populations at a local level with our medical community.
- Reduces our capacity and staffing, which supports other critical community needs like preparedness and communicable disease outbreaks.
- Clinical Services and Cost Settlement
 - Higher costs per service for health departments since we are also complying with federal and state program requirements.
 - Cost settlement could end; the role with clinical services would be compromised
 - Unclear if all health departments will qualify for that designation (Primary Care).
- Medicaid revenue streams have become critical funding for local health departments.
- Local health departments rely on Medicaid funding in part to provide essential and mandated services required in the NC General Statutes (for all populations).

Timeline for Medicaid Transformation

- February 2018 – Estimated CMS Approval of Amended 1115 waiver application
- June 2018 – Requests for proposals released by state
- March 2019 – Contracts awarded and executed
- July 2019 – Prepaid Health Plans (PHP) go live
- July 2020 – Statewide rollout complete

Challenges for Public Health

- Uncertain about qualifying as an Advanced Medical Home – Primary care role.
- Questions about Medicaid dollar being able to follow the patient for services.
- Questions regarding how health departments would get paid for social determinants of health initiatives and chronic disease prevention.
- Won't be a level playing field.

Our Steps Forward/What's Next

- Electronic Health Record (HER) implementation.
- Large scale focus on improvement with clinical quality measures.
- Strong role with community and social determinants of health.
- NC Association of Local Health Directors is advocating for Local Health Departments.
- Consultant hired by NCAHLD to provide capacity and expertise.
- Ongoing responses to additional legislation, 1115 waiver application amendments and changes to managed care plan.
- There's a monthly Medicaid Transformation digest that will assist in the understanding of this process.

The BOH had questions that were addressed by Ms. Crawford and Dr. Cilenti.

VI. Action Items (Non Consent)

A. Elections (Chair and Vice-Chair)

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

Motion to elect Susan Elmore to Chair for the 2018 calendar year was made by Jennifer Deyo, seconded by Sam Lasris and carried without dissent.

Motion to elect Timothy Smith to Vice-Chair for the 2018 calendar year was made by Jennifer Deyo, seconded by Barbara Chavious and carried without dissent.

VII. Reports and Discussion with Possible Action

A. Periodic Review of Drinking Water Fluoridation

Dr. Cilenti began by acknowledging Ed Kerwin, OWASA's Executive Director. She referred to the November 3rd letter from OWASA requesting feedback and recommendation regarding a County-wide process for periodic review of fluoridation. The letter was sent following public input and discussion at OWASA's meeting held on October 26th. Our Communications Manager, Kristin Prelipp, was also in attendance at that meeting. Dr. Cilenti stated that a discussion needs to be had to develop a process about how the OCHD/BOH is going to address key concerns from those opposed to fluoridation, the oral health benefits and risks, and make sure it's communicated to the public in a clear way.

Suggestions by BOH members included creating a subcommittee with the new health director, hiring an outside party to give the OCHD/BOH a recommendation and possibly having an expertise in toxicology be involved. As a response was needed to the OWASA letter, it was suggested that this topic be a future agenda item. It was determined that this would occur in February 2018. Mr. Kerwin thanked the Board for all of its help and stated that he will pass the information on to his Board of Directors.

The BOH had questions that were addressed by Dr. Cilenti and Mr. Kerwin.

B. Health Director Report

In addition to the report, Dr. Cilenti invited all to the meet and greet taking place on December 19th at the Whitted Building Room 230 from 2-4pm to welcome the new health director, Quintana Stewart. Speakers are to include the county manager as well Vice-Chair, Susan Elmore and Commissioner Mia Burroughs.

The newly hired health director has also been invited to attend the OCHD All Staff meeting on December 15th at 2:30pm at the SHSC. Dr. Cilenti stated that it's an opportunity for staff to meet her before she starts on December 18th. Lastly, she expressed that it's been a great privilege to work at the OCHD again and that she will be available during Quintana's transition.

On behalf of the BOH, Chair Liska Lackey conveyed how thankful and appreciative the Board was for Dr. Cilenti and for the space she gave to the Board that allowed them to conduct the health director search eventhough it took longer than expected.

C. Media Items

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

At 8:55pm, Paul Chelminski motioned to move into closed session and Sam Lasris seconded.

VIII. Closed Session to Discuss Health Director Appointment

During the closed session, the Board of Health discussed the appointment process with Brenda Bartholomew, Human Resources Director.

IX. Adjourn to Open Session

Bruce Baldwin motioned to move from closed to open session and Mia Burroughs seconded.

X. Board Comments.

None.

XI. Adjournment

Timothy Smith moved to adjourn the meeting at 9:20pm and Jennifer Deyo seconded.

The next Board of Health Meeting will be held January 24, 2018 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

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