

The Cleveland County Public Health Board met on Tuesday, January 9, 2024, at 6:00 p.m.

Board members present: Sara Karner, Ronnie Whetstine, Robert Miller, Marty Hamrick, Christina Alexander, Heather Bridges Moore, Nancy Cline

Remote Attendance: Kale Meade, Deanna Moseley Lawrence

Attorney Present: Martha Thompson

Health Department staff present: Leslie McSwain, Heather Voyles, Anne Short, DeShay Oliver, Nathan McNeilly, Tiffany Hansen, Andrea Power, Victoria Byars

CALL TO ORDER/WELCOME:

Tiffany Hansen called the meeting to order at 6:00 pm and welcomed everyone.

Mr. Miller gave the invocation.

CITIZEN RECOGNITION:

No citizens requested to appear before the Board.

OATH OF OFFICE TO PUBLIC HEALTH BOARD MEETING APPOINTMENTS:

Tiffany Hansen introduced DeShay Oliver with Public Health Board re-appointment, Marty Hamrick. DeShay read the oath of office for service on the Cleveland County Public Health Board to Marty Hamrick.

ELECTION OF PUBLIC HEALTH BOARD (CHAIR):

Tiffany Hansen asked for nominations for the position of the Public Health Board Chair to serve for Year 2024.

Motion: A motion was made by Robert Miller with a second by Ronnie Whetstine to nominate Sara Karner to serve as Chair of the Public Health Board. The motion carried unanimously.

ELECTION OF PULIC HEALTH BOARD (VICE-CHAIR):

Tiffany Hansen introduced Chair Sara Karner for election of the Public Health Board Vice Chair. Chair Karner asked for nominations for the position of vice-chair to service for Year 2024.

Motion: A motion was made by Robert Miller with a second by Ronnie Whetstine to nominate Kale Meade to serve as Vice Chair of the Public Health Board. The motion carried unanimously.

APPROVAL OF AGENDA FOR JANUARY 9, 2024, PUBLIC HEALTH BOARD MEETING:

Tiffany Hansen presented the proposed agenda for the January 9, 2024, Public Health Board meeting for consideration of adoption.

Motion: A motion was made by Ronnie Whetstine with a second by Christina Alexander to adopt the agenda for the January 9, 2024, Public Health Board meeting as prepared. The motion carried unanimously.

APPROVAL OF NOVEMBER 14, 2023, PUBLIC HEALTH BOARD MEETING MINUTES:

Chair Karner presented the November 14, 2023, Public Health Board meeting minutes for consideration of approval.

Motion: Robert Miller moved that the minutes of the November 14, 2023, Public Health Board Meeting be approved, and Marty Hamrick made the second. The motion carried unanimously.

BOARD OF HEALTH/HEALTH DIRECTOR RESPONSIBILITIES UNDER NC GENERAL STATUTES:

Chair Karner introduced Tiffany Hansen with the Board of Health/Health Director Responsibilities under NC General Statutes. These are the general statutes that outline the statutes for the board of health. It explains who serves, terms, how often we serve, what we do with vacancies, and how those should be filled. It also outlines the powers and duties of the board. Any questions regarding general statutes can be directed to Andrea Power at andrea.power@clevelandcountync.gov

ACCREDITATION REQUIREMENTS:

Chair Karner introduced DeShay Oliver with Accreditation Requirements. DeShay prepared an accreditation presentation to help with identification what responsibilities are applicable to the Public Health Board and what responsibilities are applicable to the board of commissioners. Cleveland County operates with our County Commissioners as our governing board and the Public Health Board operates as our advisory board. The purpose of the NC local health department accreditation program is to ensure that local health departments are held to a certain standard. One of the biggest components of the accreditation process is the self-assessment process which is a 4-year process where evidence is collected for 147 activities and 41 benchmarks. The site visit at the end of our 4-year cycle consists of peer volunteers that review

documentation, tour facility and conduct interviews. At the completion of the site visit we will receive a report with any recommendations. Our current cycle began in February of 2023 and will run through 2027. We have been accredited for 3 cycles now. The accreditation requirements are written in general statute and accreditation is required for us to be eligible to receive federal and state funds. Senate Bill 804 established NCLHDA board within NC Institute for Public Health consist of 17 members appointed by NC Dept of Health and Human Services Secretary, directs commission to adopt rules establishing standards for LHD's, and mandates all LHD's to obtain and maintain accreditation as of December 1, 2014. The board's role is to ensure you have required policies, procedures, or materials, hear or review LHD reports, discuss service costs, need for new/amended rules or ordinances, approve fees and budgets, take other actions or be involved with efforts to assure the health department has what it needs to do its job. Some of the items the governing Board of Health and advisory Public Health Board are responsible for are review of financial reports, discussion around service costs as well as approve fees and final budget, and advocate with a wide array of funders in support of LHD efforts to secure financial resources to provide essential services. The board also should be active in Community Health by ensuring input on community health improvement efforts, hearing report on community health, support partnerships and coordination of resources, and educate and advocate with community leaders about community health issues and support for these issues. The board must, if the health director's position becomes vacant, make and implement a plan to recruit and secure a credentialed and qualified new health director, review and approve the health director's job description and performance evaluation. Board members must receive orientation initial and ongoing training on BOH rules and responsibilities, board must have operating procedures, an updated handbook, and a training policy/procedure. The board must have access to legal counsel and statutes, have policies for rulemaking and appeals and demonstrate it is following said policy, along with LHD, evaluate the need for additional or amended rules/ordinances, and support prohibition of tobacco within 50 feet of all LHD facilities. A good board member will attend meetings regularly so quorums are reached and, thus, required items can be approved on schedule, contribute to discussion during board meetings, share ideas and insight on how we can improve the health of our community, and carefully review meeting minutes to make sure your comments were captured.

PROGRAM PRESENTATION FOR LAB, CMHRP, AND CMARC:

Chair Karner introduced Victoria Byars with the Program Presentation for Lab, CMHRP, and CMARC. Victoria presented the lab and care management updates to the board. In late 2023 we began discussions with a representative regarding the RALS Fit system for lab. It is an interfacing system that automatically connects with your lab equipment and inputs patient results/data into the EMR. Among some of its features, it also stores Quality Control data for reliable record keeping. For staff, it will help to cut down on the time it takes to manually enter patient results for clinics to run more efficiently. It also helps to prevent errors that could potentially happen when you manually enter labs. With the RAL's system, the lab tech will enter patient ID information on a specific lab machine and will run the sample, once the test is complete, the result is sent via secure cellular connectivity to the patients' chart at which time the provider will review. Our IT team has been working with RALs to ensure the process is secure

and connection is adequate. In our main lab, we had several pieces of equipment that were not compatible with RALs, and we have made purchases to update that equipment. We are in the process of ordering a new CBC machine that will connect and allow us to have electronic CBC results in Patagonia. Currently, there are so many data pieces to a CBC, that results are printed, and hand delivered to the provider for scanning into our EMR. We have also updated the Hgb Alc machines and our urine microalbumin machines to interface with RALs. We have also updated the Hemocue machines for hemoglobin and diabetic screening results. The lab is also in the final stages of having 2 other new machines up and running that will help cut down on state lab process time on STD results and fewer nasal swabs for our pediatric patients. The Xpert Xpress CoV-2/Flu/RSV plus test is a rapid, real time PCR test intended for the simultaneous testing for SARS-CoV-2, Flu A and B, and RSV via nasal swab. This swab takes 30 minutes to run and will result in the same day. This will save our pediatric population from having to be swabbed 2 or 3 times. The machine can run up to 4 samples at a time. The other Cepheid machine we have is the Cepheid Xpert CT/NG. Lab staff can run up to 4 samples at one and results same day for Gonorrhea and Chlamydia. The test will take approximately 90 minutes to run compared to a 10-day lead time for the state lab. This will hopefully result in quicker treatment times and cut down on the spread of STD's. Victoria also explained care management for CMHRP and CMARC. CMHRP stands for Case Management for High-Risk Pregnancy and is a program designed to assist pregnant women on Medicaid who are at increased risk for adverse birth outcomes. Care managers will work with patients to assist with transportation, food, housing, mental health resources, and timeliness of prenatal and postpartum care. Care managers will work with the clients during the pregnancy and for 2 months postpartum. Women are identified by OB providers typically when the Pregnancy Risk Screen is filled out at the first visit. This screening tool allows the provider to notify the program of patients who have a high-risk factor with the pregnancy, chronic medical conditions, or high-risk social situations such as substance use, unstable housing, etc. The screening is sent to the health department for the county the patient resides in and assigned to a care manager. Women are also identified as high-risk via community resources such as WIC, hospital systems for frequent ER usage, or by repaid health plans based on factors listed on claims. CMARC stands for Care Management for At Risk Children. CMARC offers a set of care management services for at-risk children ages 0-5 on Medicaid, private, or uninsured. CMARC is a care management program for children who have long-term medical conditions, are in long-term stressful situations, children in foster care, the Infant Plan of Safe Care and/or were in a Neonatal Intensive Care Unit. CMARC promotes the medical home model, linkage to community resources, provides support to families, and addresses barriers affecting the child's care and health. Referrals come from providers, prepaid health plan, WIC, Levine's, care managers, and DSS. Prepaid Health Programs and local health departments meet at least quarterly to review data to ensure care managers are meeting state measures. The measures help to show that patients are receiving adequate resources and timely visits/calls from the care manager. With Medicaid transformation, case managers are held to a high standard to meet set metrics. Prepaid health plans provide a per member per month amount to the health department to provide care management services. The Department of Public Health also provides funding for non-Medicaid clients enrolled in CMARC. The average case loads for CMARC are 40 per staff member and for CMHRP 50 per staff member. Case managers are required to have a completed interaction or 3 or more attempts with the client with 7 days of referral. Case managers are also required to sign care plans and set goals with patients such as

attending dental visits, etc. Victoria spoke about a success story that was on the news recently of a recall on fruit packets for babies/toddlers due to high levels of lead. Our CMARC team had a hand in helping with this investigation by asking where the items were purchased and what ingredients were the common denominator in that packet. It was found that the cinnamon in the apple cinnamon packets contained high levels of lead and was removed from store shelves. The items did come from overseas where the levels of lead are not tracked as they are in the United States. Mr. Miller asked if our lab tested the lead levels of the product, and Nathan explained that our EH team collected samples that were sent to the state lab for testing.

EMPLOYEE ENGAGEMENT:

Chair Karner introduced DeShay Oliver with Employee Engagement updates. DeShay began by updating the board on things we are doing to improve employee morale. We now have remote work that is being offered to some program areas at CCHD. Care managers for CMARC and CMHRP have been given the option to work remotely, however they elect to come into the office once a week. NFP has also been given the opportunity to work remotely 100% of the time. Finance and Health Education can work remotely one day a week if they choose. To qualify for remote work in those program areas you must have been employed with the County for 12 months. DeShay explained that we are also working on having fun within the workplace. A few things that we have done over the last month were a visit from Santa. This gave staff an opportunity to bring their children to visit Santa, and this was open to the public as well. We also had our annual all-staff Christmas breakfast where we ate, played games, had employee of the year recognition, candy awards, and quarterly employee awards. The team did have a chance to win gifts during the games. Some employees also got the opportunity to pie leadership in the face. Names were drawn from those that were present at the breakfast and they were given a pie to put in the face of leadership members. We also had the 5 days of Christmas that staff were able to dress up each day leading up to Christmas. Everyone seemed to have fun with this, and we received lots of fun pictures from staff. Sara asked if we would continue to do these things annually, and DeShay explained that we plan to continue planning lots of fun things that would be great for teambuilding all throughout the year for staff.

MISCELLANEOUS:

Chair Karner asked if there was any miscellaneous business to discuss. DeShay explained that it is the time of the year when we have all board members sign the Conflict-of-Interest form. Andrea did pass those around to the board members for signature. Anne also explained that board members would be receiving an email with the Priority Ballot attached for the Community Health Assessment, and this ballot was also passed out to those that attended the meeting. She asked that everyone please fill out the ballot with their top five choices that you think our priorities should be and return it to her by January 22nd. For questions, please reach out to Anne.

ADJOURN: 7:08 PM

There being no further business, Chair Karner called for a motion to adjourn.

Motion: Mr. Miller moved that the Cleveland County Public Health Board meeting be adjourned, and Nancy Cline made a second. The motion carried unanimously.

RESPECTFULLY SUBMITTED,



Tiffany Hansen, Secretary
Cleveland County Public Health Board