Macon County Public Health

MACON COUNTY BOARD OF HEALTH
MINUTES
5/23/2023

Members:	Mitchell Bishop, Engineer; Vacant, Pharmacist; Nathan Brenner, Dentist; Paul Higdon, County Commissioner; Ellen Shope, Nurse Representative and Vice Chair; Michael Dupuis, Physician; Roy Lenzo, Veterinarian; Vacant, Optometrist; Members of General Public Vacant, Jerry Hermanson, Chair, Dr. Charlie Vargas
Members Absent:	Paul Higdon
Staff Present:	Kathy McGaha, Jennifer Garrett, Jimmy Villiard, Tara Raby, Melissa Setzer, Jen Germain, Jonathan Fouts, Charles Womack, Kirstyn Smotherman, Sean Sullivan
Guests:	None
Media:	Mia Overton – Franklin Press
Call to Order:	Jerry Hermanson called the meeting to order at 6:20 p.m.
Welcome/Intro:	Kathy McGaha began the meeting by presenting Dr. Nathan Brenner with a plaque and congratulating him on serving three 3 year terms with the Board of Health. Kathy McGaha also introduced several new employees. Trevor Justice in Environmental Health (which is now fully staffed), Kirstyn Smotherman in Health Education and Jennifer Anderson in Clerical. We are happy to have all of them join the Health Department.
Public Comment:	None
Agenda Approval:	Mitchell Bishop made a motion to approve Agenda, removing Annual Child Fatality Report item (a) under New Business, Michael Dupuis seconded the motion. Motion passed unanimously.

Presentations:

Strategic Plan Update	Jen Germain and Jimmy Villiard presented the 2023 Strategic Plan.

What is a Strategic Plan?

- A strategic plan indicates an agency's current position and the directions the agency can follow to achieve its goals. The plan also provides criteria for monitoring the progress and outcome of the plan.
- Development of the agency strategic plan is led by the health department and/or its governing body with mostly internal stakeholders and key external stakeholders as needed for input into the process.
- An organizational strategic plan includes specific strategies, goals and objectives for the work of the LHD.
- The organizational strategic plan outlines the overall direction of the health department based on organizational mandates, mission, vision, values and data that define the strengths, weaknesses, opportunities and threats related to the organization.

Strategic Planning Process: Steps 1-3

- **Laying the Groundwork for Strategic Planning**
  - During this step, the LHD explores what is involved when embarking on strategic planning, makes a decision to go forward and prepares for the work ahead.
- **Developing Mission, Vision and Values Statements**
  - Organizational mandates and the type and level of stakeholders needed to be engaged are often identified prior to developing mission, vision and values.
- **Compiling Relevant Information**
  - Internal organizational strengths and weaknesses and external opportunities and threats (SWOT) or challenges (SWOC) are identified.

Strategic Planning Process: Steps 4-6

- **Analyzing Results and Selecting Strategic Priorities**
  - Data gathered is used to complete a SWOT/SWOC analysis. Data are fully reviewed and analyzed by the LHD to identify strategic issues. The issues are prioritized for inclusion in the strategic plan.
- **Developing the Strategic plan**
  - Full action plans to address the priorities are developed and strategies that impact the priorities are determined.
- **Implementing, Monitoring and Revising as Needed**
  - Ongoing measurement and monitoring of both process and outcome data is necessary to ensure the plan is on track for making an impact and identifying opportunities for quality improvement (QI).

Overview of Priorities

- Improve Utilization of technology through training and improvement
- Budgeting, marketing and outreach
- Facility upgrader- ADA improvements

Improve Utilization of Technology
Recommended Strategies:

- Review electronic medical records (EMR) (needs to meet the health requirements for monitoring visits)
- Review cloud based options (EMR)
- Making environmental health permits available to the public online (money and resources for conversion) Need suitable software for the application process. GIS upgrade.
- Acceptance of new technology/processes of training
- Trial of use of mobile/handheld technology for clinic and front billing Patient portal/client education kiosk

Budgeting, Market and Outreach
Recommended Strategies:

- Training - collaboration of marketing to ensure we are meeting agreement addenda
- Form a committee for marketing
- Control of website/updating - making sure the website is user friendly and information stays current
- Transit- Ads on van
- Social Media – Currently have FB and Instagram
- Overlap employees – training/cross training

Facility Upgrade – ADA Requirements
Recommended Strategies

- Deep cleaning the building
- Painting
- Get rid of unused items to create more space
- Improve building maintenance
- ADA compliance – Suggestions from ADA visit
- Space needed for ADA equipment (i.e. Scale)
- Automatic doors

Strategic Planning Goals

- Stay up to date on necessary software to increase functionality of the health department in all areas, and improve training for employees on using new technology related to their assigned tasks.
- Propose budget changes in the FY 2024 budget for continued outreach and marketing capacity.
- Improve the conditions of our building to help everyone involved and meet ADA standards. Budget increases will be needed to make the necessary changes.

Jen Germain opened the presentation up for questions.

Approval of Previous Meeting Minutes:

Dr. Lenzo made a motion to accept previous minutes with the following change; Revision of member's positions, Mitchell Bishop removed as Chair, Jerry Hermanson elected Chair, Ellen Shope elected Vice Chair. Dr. Brenner seconded the motion. Motion passed unanimously.

Old Business:

Molar Roller Bid Process Update

Jimmy Villiard and Melissa Setzer gave an update on the Molar Roller. Melissa stated that bid packages were release to the public on May 1st and are due back to County Finance on May 31st. Currently the Molar Roller is down again and has been taken to the shop to have two more hydraulic jacks and stabilizers replaced. It has also been discovered that the unit now has an electrical short somewhere in the unit.

Premium Pay

Kathy McGaha informed the board that on April 10, 2023 Congress ended the Covid-19 National Emergency. As a result, local governments may no longer make premium pay payments through the premium pay category for work performed after April 10, 2023. Premium pay which enabled Macon County workers to receive an additional $2.00 per hour in premium pay for each hour worked up to a $14,000 maximum has come to an end. The May 5, 2023 premium payment will be the last payment received by Macon County employees.

New Business:

Rabies Clinic Update

Jimmy Villiard spoke about the Rabies Clinic that was held at the Cartoogechaye Elementary School where Dr. Lenzo gave 136 rabies vaccinations. The next clinic will be held in the fall.

Environmental Property Rule Changes

Jonathan Fouts presented new rules of the 18E implementation - effective January 1, 2024, for property condition and preparation. He emphasized the responsibility of determining what is needed centers on the property owners. Other considerations for the board included possible development of an ordinance for multiple RV and tiny home applications, engineering policy or ordinance development for new changes in the rules this coming January, possible development of Health Department administrative penalties for ongoing notices of violation. There are several changes that will be going into effect in the upcoming months. They range from system layout to system type along with the ability to work with smaller portions of land. Further discussions of liability release of research request completed by Environmental Health needs to be pursued further. If there are any questions regarding interpretation of the proposed rules, those may be directed to Jonathan.

Annual Communicable Disease Report

Jamie Waldroop presented the MCPH 2022 Communicable Disease Report.

In 2022, Macon County had approximately 4,190 positive cases of COVID and 1,608 COVID booster vaccines were given. Since January 2021, the number of COVID vaccines provided by MCPH totals 26,991. In 2022, 9,701 cases of COVID were reported in Macon County with 127 deaths caused by COVID.

- In 2022, COVID testing and vaccines were still offered as the demand for the services warranted. Eventually, the need for send out COVID testing and at home COVID test handouts were reduced to one hour per day. The demand for COVID vaccines reduced our COVID vaccine clinics to one afternoon per week.

- National Guard members provided assistance for COVID measures (testing, vaccines, etc.) from winter of 2021 until spring of 2022.
- In the fall of 2022, a military contractor who had top secret military clearance and had recently returned from Sierra Leone was found deceased in his home with blood around is body. The communicable disease concern when discovering this deceased individual was for diseases such as Ebola. Macon County Public Health worked with the state communicable disease branch to eventually rule out Ebola. The patient did test positive for COVID and had been sick with COVID previously and his death was attributed to COVID. Extensive contact tracing work was done to determine what flights this individual had been on, where he had traveled in Africa and what symptoms the patient was experiencing prior to his death.

Sexually Transmitted Infections (STD)

MCPH's primary mission is closely linked to the mission of the CDC Division of STD Prevention and the NC Communicable Disease Branch. MCPH must offer clients seeking STD evaluation a medical history including sexual risk assessment, a physical examination inclusive of upper and lower body, lab testing, treatment, counseling, and referral necessary for the evaluation of individuals with and exposure to or symptoms suggestive of a sexually transmitted infection. These services are to be offered at NO COST to the client regardless of county of residence.

Reportable Diseases (other than sexually transmitted)

Communicable disease surveillance, investigation, and control are components of the core public health services in North Carolina. Currently there are 79 reportable conditions in North Carolina (including sexually transmitted disease). The Health Department monitors these communicable diseases for the entire county.

Syphilis

Syphilis saw a major increase in the county and nation in 2022. It is an STI that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent and tertiary).

Tuberculosis

Tuberculosis was once a leading infectious cause of death in North Carolina. Cases continue to decline but elimination has not been reached. MCPH Communicable Disease nurse along with the clinic medical provider devise individual and programmatic interventions for all new cases in order to increase completion of therapy as well as improve timely completion of therapy. The TB clinician agrees to treat and monitor all active TB cases.

No cases of active TB were diagnosed in 2022. 9 cases of latent TB infection were identified in the county in 2022.

MCPH saw 326 persons for unduplicated TB program visits, and 575 duplicated TB program visits in 2022.

Rabies

Rabies is a deadly virus spread to people from the saliva of infected animals. This is usually transmitted through a bite. Once a person begins to show signs and symptoms of rabies, the disease nearly always causes death.

The CD nurse works with Animal Control. Animal Control officers send bite reports to the CD nurse along with any reports of animals submitted to the State Lab for rabies testing in order to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.

MCPH offers pre-rabies exposure vaccines for anyone who may be identified as needing the vaccine, but does NOT offer post exposure vaccinations.

No humans were infected with rabies in 2022.

A rabies vaccine bait drop was performed in Macon County in 2022 to help prevent rabies in raccoons.

Influenza and Associated Outbreaks

Per the CDC, "a 2018 study published in Clinical Infectious Diseases, looked at the percentage of the population who were sickened by the flue using two different methods and compared the findings. Both had similar findings, which suggested that on average, about 8% of the US population gets sick from flu each season, with a range of between 3% and 11% depending on the season."

In 2022. MCPH gave 874 flu vaccines. 299 of the flu vaccines were High Dose for persons 65 years of age or older. This is one of the lowest years for flu vaccine uptake at MCPH.

There was 1 influenza outbreak in a long-term care facility in Macon County in 2022.

2022 Trends and Likely 2023 Trends

- Gonorrhea causes have shown a downward trend of 41.93% compared to last year's total number of cases.
- Syphilis cases have shown a 475% increase compared to last year's total number of cases.
- Likely will continue to see an increase in Latent Tuberculosis (LTBI) cases with continued travel to endemic countries and immigration from endemic countries.
- With the continued Covid 19 vaccination efforts in 2022, MCPH is hoping to see a continued decline in the total number of positive cases and deaths.
- In 2022, Macon County had an animal (bat) test positive for rabies. Due to tis, the USDA felt it necessary to do an Oral Rabies Bait Drop during the fall of 2022. While no domesticated animals have tested positive, it is important for people to continue to get their animals vaccinated for rabies.

Tuberculosis Case Study

Jennifer Garrett presented a power point on Tuberculosis.

MCPH Tuberculosis Program

- The TB program aims to decrease morbidity and mortality through an integrated strategy of prevention and treatment.
- The Health Dept has the legal authority and responsibility to coordinate all TB efforts in its jurisdiction.

Tests for TB

- Mantoux TB skin Test ($21.00 per test)
- Interferon Gamma Release Assays (IGRAs) ($84.00 per test d/t blood draw)
- The 2 IGRAs available in NC are QuantiFERON Plus and T-SPOT.TB (T-Spot not done at MCPH)

When do what test?

- **IGRAs Preferred on the following people**:
- People under 2 years old or born outside USA
- Known to have received BCG (Bacille Calmette- Guerin)
- People unlikely to return for TST reading
- Persons at low risk for TB infection
- Testing in settings where the TST is infrequently performed

Latent Tuberculosis Infection

- LTBI is defined as infection with Mycobacterium Tuberculosis in the absence of signs and symptoms without any other clinical evidence of active TB disease.
- Identifying LTBI clients allows the prevention of future progression to active TB disease, thereby reducing future illness and interrupting the cycle of transmission.

LTBI treatment and Standards

- Not all people who test positive need treatment – there is a priority list
- If treatment needed, medications client currently on must be assessed for drug interaction
- Must take into consideration the risk for developing the disease vs. the adverse reaction of the medication.
- LTBI clients are offered HIV testing regardless of risk factors
- Pt reports cough and sputum results are pending – when a negative culture report is issued can begin meds
- Get medical history, review sx and previous adverse reaction to TB meds (drug fever, rash), liver disease, and offer HIV testing
- Self-administration of meds – no more than 30 days at time worth of meds
- Use interpreter as needed
- Educate pt. to stop LTBI meds if experience sx that may suggest severe medication side effect (Loss appetite, n/v, abnormal bruising, etc.)
- Nurses manage latent TB under standing orders signed by MD. MD chooses the drug regimen for the client.

Monitoring of LTBI treatment

- Blood tests to monitor liver function, CBC, PTT, PT, Platelets,
- Blood pressure
- Cxrays

LTBI treatment- What do we pay for?

- Blood tests to monitor liver function, CBC, PTT, PT, Platelets,
- Blood pressure
- Cxrays
- Meds
- Any other tests required during LTBI treatment

DX and TX of TB Disease

- Medical Evaluation of the following:
    - Medical and Social HX
    - Consult with Dr. Jason Stout –TB Medical Director
    - Recent exposure (Within 2 yrs.)?
    - Signs and Sx- cough > 3 weeks, weight loss, fever, night sweats, bloody cough
    - Previous infection- ? Took adequate tx
    - Previous dz- if incorrect tx or poor compliance can reoccur
    - Risk factors present?
    - HIV ?
    - Possible pregnancy (want to know status before starting meds)
    - Do a TB Test
    - CXRAY
    - Three sputum specimens 8 hours apart. One should be early am collection. (After the 3 initial specimens – two are collected every two weeks for smear and culture until two consecutive cultures are neg.)
    - Drug susceptibility testing should be done on initial isolates (NCSPHL)

Airborne and Home precautions

- New suspected or positive cases should use airborne precautions. NO new people exposed until 2 specimens are collected with 8 hour intervals and are neg. smear for AFB
- Have been compliant on TB medicine to which organism is judged to be susceptible
- Show evidence of clinical improvement

Hospitalized pts. should be maintained in neg. pressure isolation

Patients can be discharged home avoiding exposing anyone other than already exposed household members with Isolation and Quarantine orders from the Health Director. Avoid contact with young children and immunocompromised adults. The Health Dept. will advise when precautions can be lifted based on length of treatment and sputum smear status.

- IT is CRITICAL pt. with positive smears not return to congregate setting, institution, a setting with children under 5 years of age, or where there are immunocompromised people.

TB in Children

- Consult with Pediatric ID Specialist (Dr. AHMED in Raleigh)
- If source case is known, obtain sensitivity test to assure effective tx

- Consider Lumbar puncture to rule out meningeal TB for child <4 yr. old: STRONGLY recommended for under 2 with suspected TB despite lack of neurological sx
- CXRAY
- May need CT with Contrast and an MRI of Brain also

Treatment

- Based off clinical findings and sensitivity of the exposed case to therapeutic treatments
- Dr. Ahmed usually guides treatment with local Medical Director

DOT

- Directly Observed Therapy is the standard of care for the management of TB disease and is required by law (10A NCAC 41 A .0205(e)).
- Daily Meds must be administered M-F with DOT; unit doses are self-administered on the weekends.
- Thrice weekly DOT requires MD order to increase dose and is M-W-F dosing.
- This can get very involved with vacations, weekends, holidays etc. and we will not get into

VOT

- Video Observed Therapy- can be done by Skype or FaceTime
- Must be 18 or over that meets set forth criteria (compliant, motivated, no prior misses of doses, stable living conditions, etc.)
- Privilege of VOT can be revoked at any time at discretion of provider
- Must have connectivity
- Pt must be made aware if wanting to discuss private information that it is not a completely secure line and make sure client wishes to proceed and if not offer phone or face to face options

NON ADHERENCE by LTBI Patient

- Attempt to contact by phone within 14 days of not picking up medication
- If unable to reach by phone, send a letter advising patient to contact you within two weeks
- If no response to letter or pt. refuses treatment – close record to follow-up

NON ADHERENCE – TB Positive

- Evaluate for barriers to adherence on initial visit and during treatment phase
- If pt. does not abide by TB treatment agreement OR has missed 2 weeks of the initial phase or 3 weeks of the treatment in the continuation phase then an ISOLATION ORDER should be issued by HD.
- This order may require the person to comply with control measures treatment, testing, lab tests, etc.
- Remain in the home until no longer infectious (first 30 days initially then upped by a court to one calendar year at a time if the court determines that such extension is reasonably necessary based on petition to court by HD or designee) G.S. 103A-145(d) amended June 2004.

- If pt. is infectious and need to limit freedom of movement Isolation Order and Compliance Order is issued by HD.
- The intent of the order is to ensure pt. is fully informed on legal requirement for treating disease and understands legal action can be taken if there is any non-adherence from that date forward. Should NOT issue if not going to follow up with legal action if becomes necessary.
- Isolation Order or Compliance Order does not have to be issued before taking out a warrant for arrest of health law violator.
- If pt. may board an airplane while infectious – NC TB BRANCH for assistance having pt. added to DO NOT BOARD list.

Jennifer Garrett explained the different Enforcements in the CD Law are Criminal Enforcement and Civil Enforcement. Mrs. Garrett also explained where a person could access the General Statutes. She further explained the different fees that are associated with a positive TB case for as long as a patient was under observation of the Health Department and how much it would cost the County per case.

Mrs. Garrett then opened the floor up for questions.

Board of Health Training Item:

Board of Health Accreditation Items

Sean Sullivan presented Accreditation items. The Accreditation site visit for MCPH is scheduled for September 7th. Most all documentation is required to be submitted by June 4th, will all remaining documentation required to be submitted by August 4th, when the data base will be locked and remained locked until two days before the site visit.

Sean Sullivan then presented a power point for the Board of Health members training in Roles and Responsibilities of the Boards of Health.

Presentation Overview

- Review of purpose of accreditation
- Identification of activities related to Board of Health involvement
    - Finance
    - Community Health
    - Health Director/Staff
    - Rules and Ordinances
    - Board Function

Basic Components of the Process

- **Self-Assessment by the Agency**
    - 147 Activities & 41 Benchmarks
- **Site Visit**
    - Peer volunteers
    - Administration, Environmental Health, Nursing, Board of Health
    - Review documentation, tour facilities and conduct interviews
    - Site Visit Report — recommendation

- **Board Adjudication**

Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**
  - **Assessment:** Department must meet 26 of 29 activities
  - **Policy Development:** Department must meet 23 of 26 activities
  - **Assurance:** Department must meet 34 of 38 activities

- **Facilities and Administrative Services**
  - Department must meet 24 of 27 activities

- **Governance**
  - Department must meet 24 of 27 activities

Purpose of NCLHDA Program

The focus of NCLHDA is on the capacity of the local health department (LHD) to perform at a prescribed, basic level of quality

Accreditation provides a framework for a health department to:

- Identify performance improvement opportunities
- Improve management
- Develop leadership
- Improve relationships with the community

Being accredited helps position Health Departments and give them credibility as a respected player in the future of integrated healthcare and population health initiatives.

The Law

- **Senate Bill 804**
  - Established NCLHDA Board within N.C. Institute for Public Health (17 members appointed by N.C. Department of Health and Human Services Secretary)
  - Directs Commission to adopt rules establishing standards for LHDs
  - Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation
- **10A NCAC 48B**
  - Defines scoring requirements by core function
  - Describes Benchmarks and Activities

Board Role

- 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.

Finance

The Board must:

- Review financial reports.
- Discuss service costs as well as approve fees and final budget.
- Advocate with a wide array of funders in support of LHD efforts to secure financial resources to provide essential services.

Community Health

The Board must:

- Ensure input on community health improvement efforts.
- Hear reports on community health.
- Support partnership and coordination of resources.
- Educate and advocate with community leaders about community health issues and support for these issues.

Health Director/Staff

The Board must:

- If the Health Director position becomes vacant, make and implement plans to recruit and secure a credentialed and qualified new Health Director.
- Review and approve the Health Director's job description and performance evaluation.

Board Function

- Board members must receive initial (within the first year of appointment) and ongoing training on BOH roles and responsibilities.
- Board must have Operating Procedures, an annually updated handbook and a training policy/procedure.

Rules & Ordinances

The Board must:

- Have access to legal counsel and statutes.
- Have policies for rulemaking and appeals and demonstrate it is following said policies.
- Along with the LHD, evaluate the need for additional or amended rules/ordinances.
- Support prohibition of tobacco within 50 feet of all LHD facilities.

What can you do to be a "good" BOH member?

- Attend meetings regularly so quorums are reached and, thus, required items can be approved on schedule.
- Document your activities regarding community health and contribute to discussion during Board meetings.
    - Carefully review meeting minutes to make sure your comments were captured.
- Complete required trainings promptly.

For additional information about the NCLHDA Program visit:
https://NCLHDaccreditation.unc.edu

Closed Session:	None
Discussion:	None
Announcements:	None
Next Meeting Date:	The next meeting will be July 25, 2023
Adjournment:	Michael Dupuis made a motion to adjourn. Dr. Lenzo seconded the motion. Motion to adjourn passed unanimously at 7:30 p.m.
Minutes Recorded by:	Melissa Setzer and Amanda Cowart