

The Cleveland County Board of Health met on Tuesday, April 12, 2016 at 6:30 p.m., at the Cleveland County Public Health Center.

Board members present: Michael Alexander, Jay Patel, Johnny Hutchins, Kendalyn Lutz-Craver, Stan Pitts, Kale Meade, Randy Sweeting and Theresa Taylor.

Health Department staff present: Dorothea Wyant, Rodella Gold, Anne Short, Brittney Smith and Debbie Dyer.

Andrea Leslie-Fite, Assistant County Attorney, was present.

CALL TO ORDER/WELCOME:

Chair Lutz-Craver called the meeting to order and welcomed everyone. Johnny Hutchins gave the invocation.

CITIZEN RECOGNITION:

No citizens requested to appear before the Board.

APPROVAL OF AGENDA FOR APRIL 12, 2016 BOARD OF HEALTH MEETING

Chair Lutz-Craver presented the proposed agenda for the April 12, 2016 Board of Health meeting for consideration of adoption.

Motion: A motion was made by Randy Sweeting, with a second by Michael Alexander to adopt the agenda for the April 12, 2016 Board of Health meeting as presented. Motion carried unanimously.

APPROVAL OF MARCH 8, 2016 BOARD OF HEALTH MEETING MINUTES:

Chair Lutz-Craver presented the March 8, 2016 Board of Health meeting minutes for consideration of approval.

Motion: There being no corrections, additions, nor deletions to the minutes of the March 8, 2016 Board of Health meeting minutes, a motion was made by Kale Meade, with a second by Stan Pitts, that they be approved as written. Motion carried unanimously.

NORTH CAROLINA COUNTY HEALTH RANKINGS 2014/2015

Anne Short reviewed the 2016 County Health Rankings produced by the Robert Wood Johnson Foundation and the University of Wisconsin. These rankings have been published annually since 2010 and provide information on 3000 counties across the United States. Ms. Short provided information included in the board packet that identifies the health ranking information for Cleveland County as well as demographic information from the American Community Survey for the county, a comparison of Cleveland County to the surrounding counties and a comparison of Cleveland County data to the data of “peer counties” as designated by the State. Ms. Short identified the top two counties in the state as Orange and Wake. The full report may be accessed on line by going to www.countyhealthrankings.org.

Ms. Short identified factors that should be considered in the interpretation of this data; for example, some of the data is two to three years old. These rankings use identified factors that can be compared uniformly across counties in the United States. Counties/States report data in different time frames and consequently, the data available from the North Carolina State Center for Health Statistics for our county is older data. In addition, some data is reported on a regional basis rather than on a single county basis. Questions originating from the Behavior Risk Factor Surveillance Study conducted by the Center for Disease Control and Prevention for Cleveland County are reported as state-wide; formerly this data was reported regionally as the Piedmont region, stretching from Cleveland County to Orange County, and including large urban areas such as Mecklenburg, Guilford and Forsyth counties. In addition, definitions of indicators and choice of indicators appear to change annually within this ranking process. Evidence of this is shown on the county’s 2010-2016 comparison charts included in the packet. Data for each category carries a weight in computing the final ranking. Finally, some of the data is skewed due to the source. For example, data on diabetes screening percentages and mammogram screenings is drawn solely from Medicare reports and does not include information for individuals under the age of 65.

Ms. Short reviewed the health outcomes ranking of 80 of 100 counties placing Cleveland County in the bottom quartile for North Carolina. She explained the indicators which are used to develop this ranking, especially the indicator of premature death or years of life lost. Ms. Short then discussed the health factors that carry a ranking of 66 out of 100 counties. This category is composed of health behaviors, clinical care measures, social and economic factors and physical environment measures. The health behavior categories are those areas where individual choices may be impacted and where the real work of prevention/education is critical. Cleveland County data shows that 20% of adults in the county’s population smoke, a reduction of 4% from the previous year. Adult obesity has increased from 29% in 2015 to 32% in 2016.

The percentage of adults who are physically inactive has remained the same, and the percentage of excessive drinking has increased from 10 to 14%. Deaths caused by alcohol-related motor vehicle accidents have decreased slightly. The teen birth rate has decreased from 53 per 1000 females ages 15-19 to 50 per 1000, and there has been a slight decrease in the rate of sexually transmitted diseases as well. All of the factors in this category are impacted by personal choices.

Clinical care data is documented from provider and hospital sources. The percentage of uninsured adults in the county is 16%, while preventable hospital stays have decreased. Data in the social and economic factors indicate a slight decrease in the population who has some college attendance, and the unemployment rate has decreased to 7.1% compared to 8.9% in 2015. The percentage of children living in poverty has remained at 31%, and the percentage of children living in single-parent households remained at 40%. In the physical environment area, the county's rank is 95, with three factors - severe housing problems, driving alone to work and driving alone on a long commute impacting that ranking. Comparisons with peer counties were reviewed and identified data was discussed.

CAROLINA COMMUNITY HEALTH PARTNERSHIP

Debbie Clapper, Network Director of the Cleveland County Carolina Community Health Partnership presented information regarding that program. A packet of information was provided to each board member. Information was reviewed and discussed. The history of the program was reviewed, highlighting that the program began in an attempt to defer Medicaid clients from using hospital Emergency Rooms for all their medical needs as many primary care physicians did not accept Medicaid as payment. Medical practices were recruited to accept Medicaid patients to provide a medical home. After piloting the program with eight counties, outcomes were successful with cost containment and premium quality. In 2004, DMA and DHA mandated expansion of the Carolina Access Program to all one hundred counties within the State, and renamed the program Community Care of North Carolina. As a network, the responsibility is to bring together community providers to manage the local Medicaid population. Many studies have focused on the Community Care Program to determine if it results in cost savings and improved quality of care. The most recent study was completed by Beth Woods, the State Auditor at the request of the General Assembly. That study showed that for each dollar invested into Community Care, three dollars was saved as well as a 25% reduction in inpatient admissions resulting in considerable savings of tax dollars. Each of the fourteen networks within the State has been accredited, which is very important for the program to be able to function within the guidelines set forth by Medicaid Reform.

BUDGET AMENDMENTS

Rodella Gold presented the following budget amendments, included in the Board of Health packet, for consideration of adoption by the Board of Health:

Item Number One: The North Carolina Department of Health and Human Services, Environmental Health Section, has allocated funds for 2015-2016 Food and Lodging services. With a 99% inspection rate, the Cleveland County Public Health Center will receive \$17,762 for expenses associated with the implementation of State mandated sanitation regulations. A request was made to budget this amount into the Environmental Health Department (541) to be used for operating expenses.

Item Number Two: The construction budget for the new Cleveland County Public Health Center did not include an allowance for furniture. Since moving into the facility, some areas do not have sufficient furniture. A request was made to budget \$200,000.00 anticipated funds from the Medicaid Cost Settlement for FY 2013-2014 to purchase furniture as well as contract with a vendor to assist with the design and purchase of artwork for the facility.

The Medicaid Cost Settlement process was reviewed and discussed.

Motion: Stan Pitts moved, with a second by Michael Alexander, that the budget amendments be approved as presented. Motion passed unanimously.

MISCELLANEOUS BUSINESS

Foothills Public Shooting Complex:

Board of Health members received an invitation to the Ribbon Cutting Ceremony celebration for the Foothills Public Shooting Complex to be held on Tuesday, April 19, 2016 at 12:00 pm. Several demonstrations are planned and shooting and archery opportunities will be available to attendees.

ADJOURN

There being no further business, Chair Lutz-Craver called for a motion to adjourn.

Motion: Stan Pitts moved, with a second by Kale Meade that the Cleveland County Board of Health meeting be adjourned. The motion passed unanimously.

**CLEVELAND COUNTY
BOARD OF HEALTH
APRIL 12, 2016**

**SHELBY
NORTH CAROLINA
PAGE 5**

RESPECTFULLY SUBMITTED,

Dorothea Wyant, Secretary
Cleveland County Board of Health