

The Cleveland County Public Health Board met on Tuesday, February 11, 2025, at 6:00 p.m.

Board members present: Chair, Sara Karner, Vice-Chair, Kale Meade, Robert Miller, Marty Hamrick, Christina Alexander, Henry Gilmore, Heather Bridges Moore, Nancy Cline

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

CALL TO ORDER/WELCOME:

Sara Karner 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.

APPROVAL OF AGENDA FOR THE FEBRUARY 11, 2025, PUBLIC HEALTH BOARD MEETING:

Chair Karner presented the proposed agenda for the February 11, 2025, Public Health Board meeting for consideration of adoption.

Motion: A motion was made by Kale Meade with a second by Marty Hamrick to adopt the agenda for February 11, 2025, Public Health Board meeting as prepared. The motion carried unanimously.

APPROVAL OF JANUARY 14, 2025, PUBLIC HEALTH BOARD MEETING MINUTES:

Chair Karner presented January 14, 2025, Public Health Board meeting minutes for consideration of approval.

Motion: Mr. Miller moved that the minutes for January 14, 2025, Public Health Board Meeting be approved, and Henry Gilmore made the second. The motion carried unanimously.

NURSE FAMILY PARTNERSHIP PRESENTATION:

Chair Karner introduced Hunter Freeman with the presentation for Nurse Family Partnership. Hunter began by showing everyone a short video about NFP and then explained the vision for NFP. The vision is "A future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken. NFP has served 385,375 families since replication began in

1996. The partnership is in 40 states plus Washington, D.C., the US Virgin Islands and some Tribal communities. Every \$1 invested in NFP saves \$5.70 in future costs for the highest-risk families served. The key goals for NFP are to improve pregnancy outcomes, improve child health and development, and improve economic self-sufficiency of the family. During the first 1000 days of life, early experiences influence the developing brain of a child. Toxic effects of chronic stress and adversity can lead to lifelong problems, and early intervention can prevent consequences. Stable, caring relationships are essential for a developing brain. Nurse Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income pregnant mothers with their first child. Built upon the pioneering work of David Olds, Ph. D., NFP's model is based on more than 40 years of evidence from randomized, controlled trials that show it works. Beginning in the early 1970's, Dr. Olds initiated the development of a nurse home visitation program for first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations in Elmira, NY, Memphis, TN, and Denver, CO. The trials were designed to study the effects of the Nurse Family Partnership model and maternal and child health and child development, by comparing the short and long-term outcomes of mothers and children enrolled in the Nurse Family Partnership program to those of a control group of mothers and children not participating in the program. The trial outcomes indicated a 48% reduction in child abuse and neglect, 56% reduction in ER visits for accidents and poisonings, 50% reduction in language delays of child age 21 months, 67% less behavioral/intellectual problems at age 6, 79% reduction in preterm delivery for women who smoke, 32% fewer subsequent pregnancies, 82% increase in months employed, 61% fewer arrests of the mother, and a 59% reduction in child arrests at age 15. The trial outcomes demonstrate that Nurse Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency which makes a measurable impact on the lives of children, families and the communities in which they live. For those participating in the program in North Carolina, 89% of babies were born full term, 85% of mothers-initiated breastfeeding, 89% of babies received all immunizations by 24 months, and 61% of clients 18 and over were employed at 24 months. For Cleveland County, 90.7% of babies received all their immunizations by 24 months, 80% of mothers-initiated breastfeeding, and 65.2% of mothers were employed ages 18 and up. NFP for Cleveland County was initiated in March of 2009. The program has served 703 clients and had 227 graduates. We are staffed with 2 nurse home visitors, 1 administrative assistant, and 1 nursing supervisor. We are actively recruiting for 2 additional nurse home visitors. The current caseload for each nurse home visitor is 58 clients. The criteria for enrollment in the NFP program are that you must be a 1st time mother, before 28 weeks pregnant, meet pregnancy Medicaid income criteria, a resident of Cleveland County, and participate voluntarily. Hunter did ask if anyone had any questions about the program. Sara asked what reasons mothers did not finish the program. Hunter explained that most that haven't finished have moved outside of the county. Christina asked if a child moves into foster care, does the program follow the child once that happens. Hunter explained that since that has not happened before during her time in NFP that she cannot say with certainty but can say that NFP follows the mother. Marty asked where most referrals come from. Hunter said that most referrals come from our care managers that are connected with the OBGYN office. DeShay did emphasize that referrals can come from any source. Tiffany encouraged the board to relay information on the NFP program nurse home visitor positions that we are recruiting for to anyone they feel may be interested.

ANNUAL CHILD FATALITY PREVENTION REPORT:

Chair Karner introduced DeShay Oliver with the Annual Child Fatality Prevention Report. DeShay began by reminding everyone that NC General Statute, and the CFPT Agreement Addenda with local health departments requires Local Child Fatality Prevention Teams to advocate for system improvements and needed resources where gaps and deficiencies may exist and submit a report annually to their local county commissioners and boards of health. The purpose of the local Child Fatality Prevention Team is to identify deficiencies in the delivery of services to children and families by public agencies, make and carry out recommendations for changes that will prevent future child deaths, and promote understanding of the causes of child deaths. In 2024, the Cleveland County CFPT reviewed 16 child deaths in Cleveland County and identified 2 system problems and recommendations for future prevention efforts. Of the 16 deaths reviewed, there was 1 leukemia/organ failure/septic shock, 1 gunshot wound, 1 drowning, 1 brain injury from abusive trauma, 3 unsafe sleep conditions, 6 extreme immaturity/prematurity and 3 were related to neonatal problems at birth/birth defects/congenital abnormalities. Unsafe sleep conditions and drowning/pool and water safety are an area of concern for Cleveland County. The system problems identified for unsafe sleep conditions was co-sleeping with parents and/or unsafe sleep environment. The recommendations were to continue to provide safe sleep education to citizens of Cleveland County and consider renewing the 12-month contract for the safe sleep billboard for Cleveland County. The system problem identified for drowning was the need for pool and water safety education in Cleveland County. The recommendations were that Cleveland County should continue to provide pool and water safety education to the community that is currently being provided by Safe Kids of Cleveland County, and Cleveland County should continue to provide the water safety and life jacket loaner stations provided through Safe Kids of Cleveland County and consider replacing and/or updating the jackets or adding more stations if needed in the future. DeShay asked if anyone had any questions. Henry asked if the drowning was in a pool or lake. Tiffany explained that this was a drowning at the Broad River. Henry also asked if the death from gunshot was accidental. Tiffany reported that this death by gunshot was a suicide. DeShay did let everyone know that we have a billboard on safe storage of firearms. Hunter Freeman explained that a grant for pack and plays was received by Jessica Crawford for those in need of items that will aid in safe sleep. Mr. Miller asked what percentage of deaths for safe sleep were African American. Tiffany explained that that information was not collected for race, but she will follow up at her next CFPT meeting on this.

BUDGET AMENDMENTS:

Chair Karner introduced Leslie McSwain with budget amendments for consideration.

ITEM NUMBER ONE:

The Cleveland County Health Department has been allocated \$1754.00 from NC DPH for Child Fatality Case Reporting. These funds will be used to prepare and begin using the NFR-CRS (National Fatality Review Case Reporting System) to collect, analyze, and report information

learned through child death reviews in a manner consistent with NC Law. We are requesting that these funds be budgeted in our Child Health (537) Department.

Motion: A motion to recommend the proposed budget amendments to the Board of Commissioners was made by Mr. Miller and a second was made by Kale Meade. The motion carried unanimously.

MISCELLANEOUS:

Chair Karner asked if there was any miscellaneous business to discuss. Sara did want to communicate to CCHD staff that our social media posts are very well done. DeShay explained that Bailey Caudle posts to our social media accounts and she will pass along the words of praise.

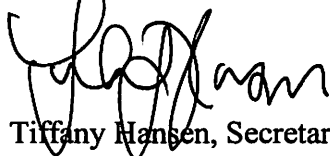
Kale asked if we have had any impact on our federal grant funding since the change in our administration in Washington has taken place. Tiffany said we have had no impact on any of our funding.

ADJOURN: 7:00 PM

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

Motion: Kale Meade moved, with a second by Marty Hamrick, that the Cleveland County Public Health Board meeting be adjourned. The motion carried unanimously.

RESPECTFULLY SUBMITTED,



Tiffany Hansen, Secretary
Cleveland County Public Health Board