

The Cleveland County Public Health Board met on Tuesday, September 13, 2022, at 6:00 p.m.

Board members present: Chair Sara Karner, Patti Alexander, Ronnie Whetstine, Robert Miller, Marty Hamrick, Kale Meade, Heather Bridges Moore

Board members present remotely: Henry Gilmore

Health Department staff present: Tiffany Hansen, Deshay Oliver, Leslie McSwain, Alisa Leonard, Anne Short, Nathan McNeilly, Holly Thornburg, Heather Voyles, Andrea Power

Citizens Present: Tara

Presenter: Carlene Crawford

County Attorney present: Tim Moore, Elliott Engstrom

CALL TO ORDER/WELCOME:

Chair, 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 SEPTEMBER 13, 2022, PUBLIC HEALTH BOARD MEETING:

Chair Karner presented the proposed agenda for the September 13, 2022, Public Health Board meeting for consideration of adoption.

Motion: A motion was made by Mr. Miller with a second by Marty Hamrick to adopt the agenda for the September 13, 2022, Public Health Board meeting as prepared. The motion carried unanimously.

APPROVAL OF AUGUST 9, 2022, PUBLIC HEALTH BOARD MEETING MINUTES:

Chair Karner presented the August 9, 2022, Public Health Board meeting minutes for consideration of approval.

Motion: Mr. Miller moved that the minutes of the August 9, 2022, Public Health Board Meeting be approved, and Ronnie Whetstine made the second. The motion carried unanimously.

ANNUAL COMMUNICABLE DISEASE REPORT:

Chair Karner introduced Holly Thornburg presenting the annual communicable disease report. Holly provided a packet with the information on the last 3 years of data for reportable communicable diseases in Cleveland County. Hepatitis A has greatly increased which is related to IV drug users and amount the population of men who have sex with men. We have partnered with the Cleveland County Detention Center in providing the Hep A vaccine to that population. We do offer the Hep A vaccine at CCHD as well. Sexually Transmitted Diseases in Cleveland County has seen a rise in Syphilis cases and Chlamydia. Our vaccine rates for last year for Pneumococcal vaccine was 119 clients and Influenza was 779 clients. We do not include the COVID-19 vaccine rate since those numbers are reported on our website. Patty asked if we keep records on how many cases of flu we have each year, but Holly explained that because the flu is not reportable that we do not have those numbers. We did only have 1 death in Cleveland County in 2021 due to Influenza.

ANNUAL SCHOOL HEALTH REPORT:

Chair Karner introduced Heather Voyles with her presentation for the annual school health report. The school health team consists of 12 RN's serving the elementary, intermediate, Turning Point Academy, Cleveland Early College High School, Alexander Youth Network Day Treatment site, and North Shelby schools, 4 RN's operating the 4 middle school health center, 4 Nurse Practitioners, 1 in each of the high school health centers, 1 clerical support staff, 1 RN-Nursing Supervisor and Medical Director. The Medical Director provides practice supervision for each of the 4 NP's providing expanded school health services in high school health centers, provide approval of standing orders for RN's that make up the general school health program (elementary, intermediate, alternative, North Shelby schools—no school-based health centers in these schools), approve and sign standing orders for the 4 RN's providing expanded school health services in middle school health centers. Approximately 14,000 students are served by school nurses and school nurse practitioners in Cleveland County Schools. In the elementary, intermediate, CECHS, TPA, and North Shelby schools, there were 10,465 student visits by the school nurse. In the SBHC, school nurses and nurse practitioners had 7,889 student visits to the health room. There were 5280 individual students served through direct contact with the school nurses/NP's, 14,866 visits to the school nurse resulting in the student returning to class, 3453 visits resulting in students being sent home, and 35 visits resulted in calling 911, for a total of 18,354 total visits. 110 health education presentations were provided to staff or students that included topics on diabetes, asthma, epilepsy, medication administration, anaphylaxis and allergies, infection prevention and control, flu prevention, handwashing, bloodborne pathogens, pest prevention and control, alcohol and drug abuse, tobacco, dental health, health careers, nutrition, physical activity, personal hygiene, injury prevention, and overall healthy lifestyle. Student medications in schools are reviewed by the school health nurse or NP for clarity and assessed for safety and appropriateness in the school setting, School staff responsible for administering medication are trained annually. A plan is developed to ensure that each student gets medication safely and on time. An individual health care plan will be created and shared with school staff that includes pertinent information about health condition, medication, potential side effects, potential signs of overdose, etc. This year there were 95 students

receiving special medical procedures in the elementary and intermediate schools. These special procedures included intermittent catheterization, dressing changes, tube feedings, etc. In the elementary and intermediate schools, there were 11 students being monitored for diabetes, and there were 46 students in these schools being monitored or treated for seizures. In the middle and high schools there were 35 students monitored for diabetes and 48 students monitored for seizures. Identified Health Conditions in schools reflects the 2,396 students that required a Health Care Plan, a 504 plan, or an IEP related to a health condition, medication during the day, or some other type of care at school. There were 138 student injuries that occurred during the school day that were significant enough to result in absence of at least ½ day of school or the need for immediate care. CCHD has a virtual care partnership with Cleveland County Schools. In the 2021-2022 school year, Virtual Care Services were available and utilized in a total of 22 Cleveland County Schools. During the 2021-2022 school year 3 more schools were added and utilized. In the 2021-2022 school year, 1,535 visits were made by Atrium Health Levine Children's School Based Virtual Care staff. In 583 of those visits, students were able to return to class. Cleveland County Schools will continue to partner with Atrium Health Levine Children's School Based Virtual Care in the coming 2022-2023 school year and will begin to offer virtual visits to staff members as well. In response to COVID-19 in the schools, school nurses provided 30,533 phone calls and education communications about COVID-19 to staff and parents during the school year. School Health handed out approximately 2,000 at home testing kits to families of Cleveland County Schools. There were 2,559 positive student cases, and 501 positive staff cases managed by school nurses and school health techs. 1102 staff and students received a COVID-19 test at school during the 2021-2022 school year from school health nurses. The HALT (Helping Adolescents Leave Tobacco) and NRT (Nicotine Replacement Therapy) programs are programs that are in middle and high schools that help adolescents leave tobacco by providing screening for dependency and referring for behavioral counseling and NRT if indicated. Highschool NP's can prescribe NRT if indicated.

TOBACCO PREVENTION AND POLICY PRESENTATION:

Chair Karner introduced Carleen Crawford with her presentation on Tobacco Policy and Opportunities for Advocacy in Cleveland County. Since 1964 there have been 17 Surgeon General Reports documenting the harm that tobacco use can cause. Tobacco use remains the #1 preventable cause of death. Smoking causes more deaths each year than alcohol, aids, homicides, suicides, car crashes or illegal drug deaths combined. Smoking damages nearly every part of the body. Secondhand smoke contains 7000 toxins of which 69 are Cancer causing chemical compounds. Impacts of secondhand smoke include stroke, nasal irritation, Coronary Heart Disease, Lung Cancer, Low Birth Weight, Respiratory symptoms Lower Respiratory illness, Middle Ear infection, Impaired Lung function, and SIDS (sudden infant death syndrome). What is Thirdhand Smoke? Thirdhand smoke is the toxic residue that sticks to surfaces and dust after the smoke clears. The chemicals in thirdhand smoke can affect the normal function of many parts of the body. Researchers at Nantong University's Institute of Reproductive Medicine reviewed existing thirdhand smoke research to summarize the effects of thirdhand smoke chemicals on our livers, lungs, brains, and our immune and reproductive systems. Thirdhand smoke chemicals can cause liver disease, which can lead to cancer, cardiovascular disease, and type 2 diabetes. It can also cause lung cancer and worsen respiratory diseases, including asthma. Chemicals can also enter the

blood stream through gas exchange in the lungs. Thirdhand smoke chemicals can lead to reduced numbers of defensive cells, making it harder to fight off infection, it can interfere with male and female reproduction organs, leading to risky birth outcomes, infertility, and cancer, and can interfere with brain development, cause neurodevelopmental diseases, such as ADHA, and reducing brain volume. Thirdhand smoke builds up in a car just the way it does in any indoor environment. A car, however, is a much smaller space and when passengers smoke the concentration of tobacco smoke chemicals is much higher than in an office or apartment. Smokeless tobacco doesn't mean it's harmless. Smokeless tobacco has more than 28 chemical compounds known to cause cancer and up to 2X the nicotine. Our general population smoke rates nationally are 14%, and our behavioral health population smoking rates range from 32% - 98% depending upon diagnosis. In the US, individuals with a behavioral health condition who use tobacco lose 25 years of life, on average; an estimated 50% of those in treatment for substance use disorders will die from tobacco related illness. The NC Smoke-free restaurants and Bar law was effective on January 1, 2010. We have made a lot of progress in tobacco-free environments in NC. All 127 acute care hospitals in NC have 100% tobacco-free campus wide policies. All 14 State operated mental health, developmental, alcohol and drug abuse treatment centers are 100% tobacco-free campus wide. State laws prohibits any from using tobacco products inside or on the grounds of a state prison. All public housing in NC is now smoke-free indoors under HUD rule. State law authorizes the 16 campuses of the UNC system to prohibit smoking on their grounds within 100 linear feet of a building. Public Schools K-12 requires local boards of education to adopt policies always prohibiting the use of tobacco, and all childcare centers prohibit smoking and all tobacco product use on their campuses. All government buildings in Cleveland County have a 100% smoke-free policy. NC Medicaid will be requiring nearly all physical and behavioral health care providers that contract with an MCO/LME to provide a 100% tobacco-free environment starting December 1, 2022. What does a 100% tobacco-free policy mean? It means that the policy applies to all the property under the program's control (whether rented or owned), all property including buildings, grounds, and vehicles is tobacco-free, tobacco includes the use of combustible, electronic, heated, synthetic and smokeless tobacco products, no designated areas for tobacco use indoors or outdoors, and programs do not purchase, accept as donations, or distribute any tobacco products. Local boards of health may adopt and enforce rules restricting or prohibiting smoking that are more restrictive than state law. The rule must be approved by an ordinance adopted by the Board of County Commissioners. Since 1964, the US has steadily expanded protection from commercial tobacco. As a result, there is less smoke in the air and fewer advertisements for addictive products like cigarettes and e-cigarettes. Nicotine use in NC youth is on the rise. In young people, 5 mg of nicotine a day is enough to establish a nicotine addiction. E-Cigarette use is very popular among youth. E-cigarettes make aerosol that contains harmful substances. The FDA, in an effort, to regulate the use of e-cigarettes has approved 23 ENDS products, has banned flavors in e-cigarette pods, and increased the age to purchase to 21. Why should our worksites be 100% tobacco-free? Because it increases productivity of employees, it lowers health care costs for employers/employees, it reduces the amount of missed worked days, it protects employee's health, and it promotes employees to cut back or quit tobacco. A tobacco-free campus policy does help promote quitting, and most employees support tobacco-free policies. Our call to action is to accelerate policies and programs that can reduce e-cigarette use and implement proven strategies that will prevent potentially harmful effects of e-cigarette use among our population.

BUDGET AMENDMENTS:

Chair Karner introduced Leslie McSwain with budget amendments for CCHD.

ITEM NUMBER ONE:

The Cleveland County Health Department has been allocated an additional \$15,538 funding from NCDHHS due to the increase in caseload in our WIC Department. These funds will be used to support promotion of August's National Breastfeeding month. These funds will also be utilized towards staff training as well as program incentives for WIC clients. We ask that these funds be budgeted in our WIC (540) department.

ITEM NUMBER TWO:

The Cleveland County Health Department has been allocated an additional \$19,897 funding, contracting with Partner Behavioral Health, COVID 19 Block Grant. These funds will be used towards the Block Grand Coordinators salary, as well as materials, prevention education, as well as expansion of our Lock Your Meds campaign. We ask that these funds be budgeted in our CODAP (548) department.

ITEM NUMBER THREE:

The Cleveland County Health Department has received a \$200.00 donation from Carolina Federal Credit Union to be used towards purchase of multi-cultural hair products to be distributed as part of feminine hygiene kits that will be distributed through our school health nurses at their designated schools. We asked that these funds be budgeted in our Adolescent Pregnancy Prevention (536) program.

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

MISCELLANEOUS:

Chair Karner asked if there was any miscellaneous business at this time. Deshay Oliver did ask if everyone was okay with us reverting to the old U-Shaped set up for board meetings. It does promote more conversation during our meetings. It was decided to use the u-shaped set up for future meetings with a table to the side for those that are concerned about the proximity of one another.

ADJOURN: 7:11 PM

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

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

RESPECTFULLY SUBMITTED,

Tiffany Hansen, Secretary
Cleveland County Public Health Board