

**Buncombe County Department of Health
Board Minutes
September 9, 2010**

The Buncombe County Board of Health held its monthly meeting at the Hughes Building, September 9, 2010.

Department of Health Board Members Present: Dr. Richard Oliver, Bill McElrath, Dr. David McClain, Carol Peterson, Mike Goodson, L.C. Ray, Susanne Swanger, Dr. Bart Martin, Winnie Zeigler, Dr. John Whitener, Linda Morgan and Gibbie Harris.

Staff Present: Mandy Stone, Julie Montanea, Erin Henderlight, Dr. Yancey, Nelle Gregory, Lisa Eby, Jim Holland, Sharon West, Karan Smith, Christina Papesch, Amy Harmon, and Terri Rogers

Chair, Dr. Oliver called the meeting to order at 6:00 pm.

MINUTES

The minutes of the June 10, 2010 Meeting were presented. With one change to note, Bill McElrath made a motion to accept the minutes, seconded by Winnie Zeigler.

CHAIR'S PRIVILEGE

Dr. Oliver spoke about the Board Operating Procedures that each board member has a copy of. The current Operating Procedures were recommended by the North Carolina School of Government as a requirement for the accreditation received by the Buncombe County Department of Health. These are being reviewed to get in line with the Department of Social Services Operating Procedures.

Dr. Oliver asked that members comment on the current version to address any changes that they felt needed to be made, once these are noted and typed up in a draft version they will be emailed to each member and action to adopt the revised procedures will be done at the October meeting of the Board of Health.

The proposed edits are drawn up in the Draft copy of the Operating Procedures attached.

PRESENTAION

Gibbie Harris, Director, gave a presentation on Health Care Reform: Focus on Prevention.

Legislation signed into law on March 23, 2010 the Patient Protection and Affordable Care Act (HR 3590) (and Health Care and Education Affordability Act of 2010 (HR 4872).

It is important to note the differences in wording between direct appropriations (funding available immediately as part of the enacted legislation), and authorizations for future funding (some or all of the funding may be included in a future appropriations bill).

By 2014, the bill requires most people to have health insurance and most employers to provide health insurance - or pay a penalty. Most low-income people under 133% Federal Poverty Level (FPL) eligible for Medicaid and most individuals or families with incomes below 400% FPL are eligible for premium subsidies, unless they have employer or governmental insurance. Large employers (50+) will be required to offer affordable insurance coverage or pay penalty. Smaller employers will be exempt from mandates, but some will be eligible for tax credits if they offer insurance.

The insurance reform is made to cover more people and make it more affordable. It will cover preventive services and essential health benefits. New funding will be in place for health promotion and wellness initiatives, expansion of the safety net, health professional education, increased emphasis on quality and testing new delivery models and efforts to reduce unnecessary health care costs.

The Federal government will be providing more funding to support prevention efforts at national, state and local levels. Grant funds will be made available for prevention, wellness, and public health activities. Some of the focus areas include: healthy lifestyle changes, reduction and control of chronic diseases, health disparities, public health infrastructure, obesity and tobacco reduction, improved oral health, immunizations, maternal and child health, worksite wellness.

The Health Care Reform will create National Prevention, Health Promotion and Public Health Council and task forces on clinical preventive services and community preventive services. Appropriates funds for a Prevention and Public Health Fund, invests in prevention, wellness, and public health activities and Outreach and Education Efforts.

Centers for Disease Control will be authorized to award competitive grants. These would be in community transformation grants to state and local government agencies and community-based organizations. Activities may focus on healthier school environments, active living communities, access to nutritious foods, chronic disease, worksite wellness, healthy food options, reducing disparities. CDC will also be authorized to award demonstration grants. Appropriates \$1M (SFY 2010) to increase immunization rates for children, adolescents and adults. Epidemiology laboratory capacity grants for funding to strengthen epidemiological capacity and implement prevention and funds to improve information system.

Continuation CHIPRA Childhood Obesity Demonstration project: Appropriates \$25M. Personal Responsibility Education: Appropriates \$75M in each fiscal year of 2010-2014. Each state will be eligible for grants of at least \$250,000 for personal responsibility education that includes both abstinence and contraception education and adulthood preparation. At least \$10M shall be allocated for innovative demonstration strategies. It will also appropriate funds for maternal, infant and early childhood home visiting programs. Intended to improve maternal and infant health, child development, parent skills, school readiness and academic achievement, family self-sufficiency; and reduce crime, delinquency or domestic violence. Pregnancy assistance funds for states to assist pregnant and parenting teens and women is part of the project. It can be used to help pregnant and parenting high-school or college students, or improve services for pregnant women who are victims of violence. Covering also research on postpartum depression, and grants to public or nonprofits to operate programs to address postpartum depression.

Centers of Excellence for Depression: up to 30 centers for research, dissemination of evidence-based interventions, training, education of policymakers, employers and community leaders, and improving treatment standards, Congenital heart surveillance system, and Young women's breast health awareness and support will authorize funds.

Prevention and Wellness sections to be funded are worksite wellness initiatives. The CDC will provide technical assistance. Grants will be available to encourage small businesses to offer wellness programs. Employers can have wellness programs that include requirements that enrollees satisfy health status if the financial consequences do not exceed 30% of the cost of employee-only coverage (or 30% of family coverage if dependents participate).

It will include employer requirements for breastfeeding employees with employers that have 50+ employees, they must provide break time and a place for breastfeeding mothers to express milk.

The Governor's Task Force Oversight Committee/NCIOM Workgroups will oversee: Health Benefit Exchange and Insurance Oversight, Health Professional Workforce, Medicaid Provisions and Elder Law, New Models of Care, Quality, Safety Net, Fraud and or Abuse and Prevention.

REPORTS

Health Director's Report-Gibbie Harris

Prenatal Care

Prenatal Care and the transition of those services will move to WNCCHS in July 2011. Any patients that are currently under the care of the Department of Health will continue for the remaining months of prenatal care, but new prenatal services will be seen at WNCCHS.

Space

The space update currently has WIC moved to the Church on Haywood St., WIC at HS West-Leicester Crossing, additional staff at Woodfin St. that were located on the 2nd floor are temporarily in offices on the 1st floor and will move to the basement area where WIC was once that area has been updated by facilities maintenance.

CTS Update

The State Report is back and there is a meeting tonight at the Skyland Fire Department with the EPA and residents of that area. We will know by March if they made the national list.

QUESTION and ANSWER MONTHLY REPORTS:

Financial Report

The August expenditure report shows that we are at 16.67% of the way into the budget year. With a bit higher percentage in payroll due to July having 3 payroll dates

The August revenues are at about 10% of budgeted projections but too hard to tell at this point with only one month of data being submitted. So projections are difficult at this time.

All the reports are included in the board packets. Dr. Oliver asked if anyone had questions about the reports. No questions were noted.

Performance Analysis Review

The PAR for the Department of Health is in a different format than previously submitted. The new version will be easier to maintain in your notebooks. There is a far right column that has room to makes progress notes for the different program areas.

The PAR for Behavioral Health has a new section added for "Homeward Bound". A-Hope a local shelter here now has a full time case manager and deals with chronic homeless people.

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: None

ANNOUNCEMENTS:

The next meeting will be held on October 14, 2010. Location will be announced at a later date.

Chair, Richard Oliver adjourned the meeting at 7:00 pm.

Respectfully submitted:

Gibbie Harris, Secretary

Adopted:

Richard Oliver, Chair