



Henderson County Department of Public Health

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Public Health
Prevent. Promote. Protect.

Henderson County Board of Health

Class Room of the Henderson County Department of Public Health
1200 Spartanburg Highway Hendersonville, NC 28792
June 8, 2021 @ 6:00 P.M.

Agenda

- Call to Order. Craig Poole, Chairperson
- Approval of the Meeting Agenda Craig Poole, Chairperson
- Approval of the May 11, 2021 Minutes Craig Poole, Chairperson
- Approval of the May 11, 2021 Closed Session Minutes pursuant to NCGS 143-318.11 (a)(3).
- Approval of the May 11, 2021 Closed Session Minutes pursuant to NCGS 143-318.11 (a)(6).
- Public Comments Craig Poole, Chairperson
- Presentations
- Reports
 - NC Memorandum of Agreement/Fighting the Opioid Epidemic Russ Burrell, County Attorney
 - COVID-19 Response & Vaccinations Update. Steve Smith, Health Director
 - Health Director’s Monthly Report. Steve Smith, Health Director
- Old Business
 - Nominating Committee Report Pete Richards, Vice Chairperson
- New Business
 - Proposed Project Positions COVID-19 Vaccination Campaign Crystal O’Dell, Director of Nursing
 - Child Fatality Prevention Team Annual Summary 2020 Steve Smith, Health Director
 - Board Member Appreciation/Dr. Robyn Bryson Craig Poole, Chairperson
 - Board of Health July 13, 2021 Meeting Craig Poole, Chairperson
- Discussion Craig Poole, Chairperson
- Adjournment Craig Poole, Chairperson

Henderson County Board of Health

Minutes

Regular Meeting – May 11, 2021 *With Special Meeting Notice as Virtual Meeting*

Virtual Public Access via ZOOM Link at:

<https://us02web.zoom.us/j/88911312688?pwd=TGpVKzBabE5Gb3UyQkl2ZGhwdkRqQT09>

Meeting ID: 889 1131 2688

Password: 177707

Or

Conference Call at: +1 646 558 8656 US

Meeting ID: 889 1131 2688

Password: 177707

Henderson County Department of Public Health
1200 Spartanburg Highway Hendersonville, NC 28792

I. Call to Order

The Henderson County Board of Health meeting was called to order by Dr. Richards, Vice Chairperson at 6:13 p.m.. Dr. Richards stated that Dr. Poole would be unavailable for the meeting given a family commitment.

Members Present *All Virtual	Kathleen Baluha, Registered Nurse John Bryant, General Public Member Graham Fields, General Public Member Maggie Hayes, Physician Bill Lapsley, County Commissioner Pete Richards, Dentist – Vice Chairperson
Members Not Present	Robyn Bryson, Pharmacist David Ellis, General Public Member Leslie Leidecker, Veterinarian Craig Poole, Optometrist - Chairperson Jeffrey Young, Professional Engineer
Staff Leadership Present	Steve Smith, Secretary to the Board/Health Director Anita Glance, Administrative Officer Crystal O'Dell, Director of Nursing

Quorum Present

Henderson County Board of Health

Minutes

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II. Approval of the Meeting Agenda

Dr. Richards referenced the proposed agenda and inquired if any changes were needed.

Motion: Dr. Bryant made a motion for the agenda to be approved as presented and Mr. Fields seconded the motion. **Vote:** The motion passed by unanimous vote.

III. Approval of Minutes

Dr. Richards stated the April 13, 2021 minutes had been shared in advance and asked board members for their review and consideration of approval. **Motion:** Mr. Fields made a motion for the minutes to be approved and Dr. Bryant seconded. **Vote:** The motion passed by unanimous vote.

IV. Public Comments

Dr. Richards asked Mr. Smith if any public comments had been submitted prior to the meeting. Mr. Smith stated that none had been received.

V. Presentations

None.

VI. Reports

Communicable Disease Annual Report 2020

Mrs. Crystal O'Dell, Director of Nursing, began her presentation to the board noting that some key areas for the 2020 report included the dominance of COVID-19, newly created supervisor position, staff turnover within the immunizations and communicable disease section and future initiatives. Several charts were then referenced which demonstrated an increase in cases described as general communicable disease while vaccine preventable diseases (a separate category) showed a decline from the peak evidenced in 2018 that was linked to a significant pertussis outbreak. Sexually transmitted infections (STI's) like chlamydia and gonorrhea were also showing slight declines, but staff speculated that individuals may have postponed testing or care during the pandemic. Mrs. O'Dell added that syphilis and other STI case rates in North Carolina as a whole were relatively high and that more needed to be done with education and prevention. It was also noted that active cases of tuberculosis had been relatively stable and low with only 1 case in 2020, but currently the department was dealing with 3 active cases which was an extensive undertaking given the need to directly observe treatment (medication). General immunizations which include flu vaccinations had been lower in 2020 compared to previous years and foreign travel immunizations had been suspended during this same period due to response priorities. It was also shared that rabies exposures for humans had dropped during the

Henderson County Board of Health

Minutes

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2020 calendar year due to decreased human interactions with domestic and wild animals. The percentage of involved domestic animals with rabies showed a positive trend with more of those animals being current with their rabies vaccinations (about 55% compared to 45% in 2019). On a final note, Mrs. O'Dell stated the department had 6,322 COVID-19 cases in 2020 which dominated the efforts of all public health staff and many partners for case investigations, control measures and follow up. Mrs. O'Dell added that many of the public health nursing staff had changed during the past year, but new hires and a restructured supervisor position were making a positive difference with their efforts and provided the means post-pandemic to support other needs like those in the detention facility and other settings.

COVID-19 Response Update

Mr. Smith shared some of the standing metrics for local data including the current case count of 10,163 compared to 9,701 in April. The daily new case rate per 100,000 had dropped to 8.8 in Henderson County. It had been 14.5 in April. Progress continued to be made with vaccinations with 49,010 first doses completed or 41.9% of the total population and 44,979 individuals now fully vaccinated or 38.4% of the total population. Mr. Smith added that vaccination partners now had the ability to vaccinate the 16+ age group and that approval for 12-15 year olds was likely in the next week or so making it possible to vaccinate larger portions of families or households. It was acknowledged that trends continued to move in the right direction and that the ongoing focus of the department would be additional education for individuals to protect themselves through vaccinations which had proved to be extremely effective.

Quarterly Fiscal Report

Mr. Smith reported on the status of expenditures and revenues for the 3rd quarter or 75% of the fiscal year. The General Health budget was in a favorable position with expenses under at 63%. Non-county revenues were behind at 54%, but this was attributable to a significant amount of COVID-19 revenues that had been moved into the budget which may not be utilized this year. It was also noted that the majority of Medicaid cost settlement funds would not be received until near the end of the fiscal year. The Environmental Health budget was also in a favorable position with expenses under at 63% and non-county revenues ahead at 105%. No anomalies reported for either budget experience beyond the exceptional COVID-19 funds which might not be realized in this fiscal year.

Health Director's Monthly Report

Mr. Smith referenced the County Manager's proposed budgets for public health and that most of the budget requests had been included with the exception of the new position request for Environmental Health.

Henderson County Board of Health

Minutes

Regular Meeting – May 11, 2021 *With Special Meeting Notice as Virtual Meeting*

VII. Old Business

Health Director Job Description Review

Dr. Richards reminded board members that the job description had been shared at the last board meeting and inquired if any changes were needed from the board's perspective. Mr. Smith referenced that the prior description had been organized into smaller categories of responsibilities and that the current description had been based on current practice and the strategic direction of the board. Dr. Richards added that the outline of responsibilities still seemed appropriate from his perspective. Dr. Bryant agreed that it seemed relevant to primary health director duties. **Motion:** Mr. Lapsley made a motion for the job description to be approved as presented and Dr. Bryant seconded the motion. **Vote:** The motion passed by unanimous vote.

Future Public Meeting Considerations for Board of Health

Dr. Richards shared that he had been informed that other appointed boards like Social Services had resumed in-person meetings and wanted to gauge if members were receptive to returning to that format in the near future given the improving trends with COVID-19 cases and eased restrictions. Mr. Smith added that a larger meeting room had been identified that was a possibility for future meetings which would provide a reasonable degree of social distancing. Dr. Richards proposed that the June 2021 meeting return to an in-person format and asked for the board's guidance. **Motion:** Dr. Bryant made a motion for the board to resume in-person meetings starting in June and Dr. Hayes seconded the motion. **Vote:** The motion passed by unanimous vote. Dr. Richards thanked board members for the decision and added that it would be good to see everyone again at the next meeting.

VIII. New Business

Nominating Committee

Dr. Richards noted that 3 board members had expiring terms in June 2021 including Dr. Bryant, Dr. Hayes and Dr. Leidecker and that all were able to serve another term if they chose to do so. It was also shared that Dr. Bryson also had an expiring term and that she was not eligible to serve again since she had reached the statutory limit for appointed service, 3 terms of 3 years each. Dr. Richards stated he would coordinate with Dr. Poole as the Chairman and that options for reappointments and appointments would be brought back for the board's consideration in case they wanted to endorse candidates for the Commissioners' consideration.

Henderson County Board of Health

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Note: Given the virtual meeting format, Mr. Smith stipulated that the board would go into the scheduled closed sessions, would subsequently not take any action in a return to an open session and would simply adjourn the meeting at the conclusion of the sessions to comply with the provisions of the open meetings law.

Closed Session #1

Pursuant to NCGS 143-318.11 (a)(3)...

To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged. General policy matters may not be discussed in a closed session and nothing herein shall be construed to permit a public body to close a meeting that otherwise would be open merely because an attorney employed or retained by the public body is a participant. The public body may consider and give instructions to an attorney concerning the handling or settlement of a claim, judicial action, mediation, arbitration, or administrative procedure. If the public body has approved or considered a settlement, other than a malpractice settlement by or on behalf of a hospital, in closed session, the terms of that settlement shall be reported to the public body and entered into its minutes as soon as possible within a reasonable amount of time after the settlement is concluded.

Motion: Dr. Bryant made a motion to go into closed session as requested for the purpose stated above and Mr. Lapsley seconded the motion. **Vote:** The motion passed by unanimous vote.

Motion: Dr. Bryant made a motion to exit the closed session and Mr. Lapsley seconded the motion. **Vote:** The motion passed by unanimous vote.

Closed Session #2

Pursuant to NCGS 143-318.11 (a)(6)...

To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge, or grievance by or against an individual public officer or employee. General personnel policy issues may not be considered in a closed session. A public body may not consider the qualifications, competence, performance, character, fitness, appointment, or removal of a member of the public body or another body and may not consider or fill a vacancy among its own membership except in an open meeting. Final action making an appointment or discharge or removal by a public body having final authority for the appointment or discharge or removal shall be taken in an open meeting.

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Motion: Dr. Bryant made a motion to exit the closed session and Mr. Lapsley seconded the motion. **Vote:** The motion passed by unanimous vote.

IX. Discussion

No further discussion.

X. Adjournment

Motion: Mr. Fields made a motion to adjourn and it was seconded by Mr. Lapsley. **Vote:** The motion passed by unanimous vote.

Respectfully submitted: _____
Secretary to the Board/Health Director

Date

Approved by the Henderson County Board of Health at the June 8, 2021 meeting.



For Immediate Release:
Friday, April 30, 2021

NCDOJ Contact:
Laura Brewer (919) 716-6484

NCACC Contact:
Lacy Pate (401) 207-6703

Attorney General Josh Stein and North Carolina Association of County Commissioners Unveil Historic Agreement to Fight Opioid Epidemic

(RALEIGH) Attorney General Josh Stein and the North Carolina Association of County Commissioners today unveiled a historic agreement to fight the opioid epidemic. The agreement governs how North Carolina would use the proceeds of any future national settlement or bankruptcy resolution with drug distributors Cardinal, McKesson, and AmerisourceBergen and opioid manufacturers Johnson & Johnson and Purdue Pharma. These potential settlements and resolutions could bring as much as \$850 million to North Carolina over an 18-year period to support state and local efforts to address the epidemic.

“The opioid epidemic, in recent years, has taken the lives of more than 16,000 North Carolinians, torn families apart, and ravaged communities from the mountains to the coast,” said Attorney General Josh Stein. “These companies helped to create and fuel this epidemic with irresponsible marketing and a lack of oversight – and they must be held accountable to help clean up this mess. I am working hard, along with fellow attorneys general across the country, to do just that. Should we prevail, today’s agreement between the counties and the state is an important step toward getting much-needed resources to communities across North Carolina as they work to address the epidemic and its aftermath.”

“The opioid epidemic has had a devastating impact on all 100 counties. We all know someone personally affected by this heartbreaking crisis, and local governments remain on the front lines of this epidemic, compounded by the COVID-19 pandemic. This historic agreement will ensure potential opioid settlement funds coming into North Carolina get to people in need quickly and effectively. I, along with our NCACC Board of Directors, urge all counties and our municipal partners to sign this groundbreaking agreement as soon as possible,” said NCACC President Ronnie Smith, Chair, Martin County Board of Commissioners. The agreement is endorsed by the NCACC Board of Directors, which adopted a resolution in support of the agreement urging all 100 counties and municipal partners to sign on to it without delay.

“The increase in opioid overdoses we saw during the COVID pandemic is a stark reminder that we need strategic, long-term investments to fight the disease of addiction,” said Mandy Cohen, Secretary of the

North Carolina Department of Health and Human Services. "This agreement provides needed funding for local partners to implement strategies in North Carolina's Opioid Action Plan that prevent overdoses and save lives."

To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the agreement would direct settlement funds as follows:

- 15 percent to the state, which the General Assembly would appropriate to address the epidemic.
- 80 percent to local governments, including all 100 counties and 17 municipalities.
- An additional five percent to an incentive fund to encourage counties and large- and medium-size municipalities to sign on to the agreement.

In addition, the agreement offers a high level of transparency into how local governments will use the funds, including special revenue funds subject to audit, annual financial and impact reports, and a public dashboard showing how they are using settlement funds to address the epidemic.

The state of North Carolina, 76 counties, and eight municipalities are engaged in litigation with or investigations of opioid manufacturers and distributors. All 100 counties – along with large- and medium-size municipalities – will now have the opportunity to review and sign on to the agreement.

Click [here](#) to access a one-pager on this topic.

Click [here](#) to access an FAQ on this topic.

Click [here](#) to access the memorandum of agreement.

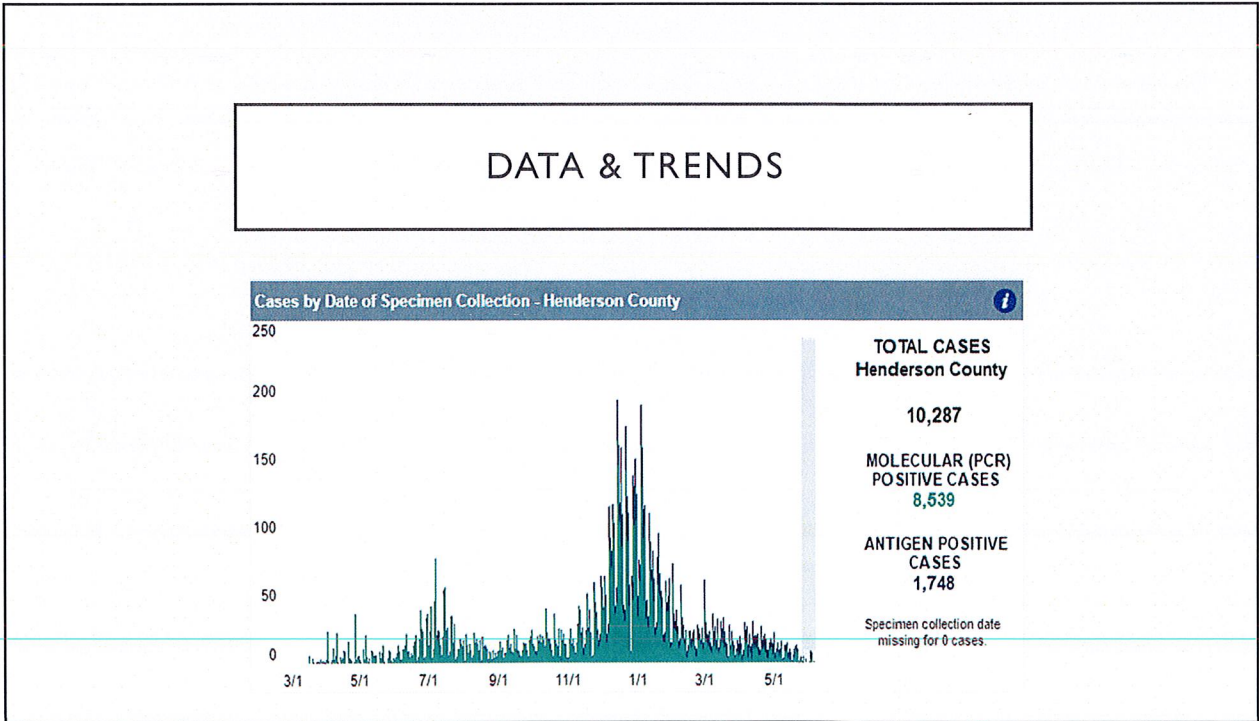
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**HENDERSON COUNTY
BOARD OF HEALTH**

COVID-19 RESPONSE & VACCINATIONS UPDATE

June 8, 2021

1



2

DATA & TRENDS

Daily New Cases Rate per 100,000

	February 9	March 9	April 13	April 21	June 71
• United States	35	18	21	21	5
• North Carolina	58.3	18.9	18.1	20.2	6.6
• Henderson County	58.3	24.7	14.5	20.7	1.9

- Harvard Global Health Institute

3

DATA & TRENDS

	Nov. 10, 2020	Jan. 12, 2021	Feb. 8, 2021	March 9, 2021	April 21, 2021	June 7, 2021
CASES	2,655	6,413	8,178	9,027	9,853	10,287
DEATHS	68	91	127	150	157	160
TESTS	44,830	73,403	102,639	*	*	*

4

EMERGENCY SERVICES & HEALTHCARE

Currently Hospitalized COVID-19 Patients | Region View



- As of 6/6 there is one local hospitalizations for COVID (peak of 60 on January 4th)
- EMS is averaging one COVID transport daily (peak of 17 on January 13th)
- The supply chain for more specialized respirators (N95s) is improving allowing staff to begin to replenish stocks and begin to compile a cache for future needs

5

COVID-19 VACCINATION CAMPAIGN

Henderson County Vaccine Update

All Groups Updated June 7



Public Health
Henderson County, NC

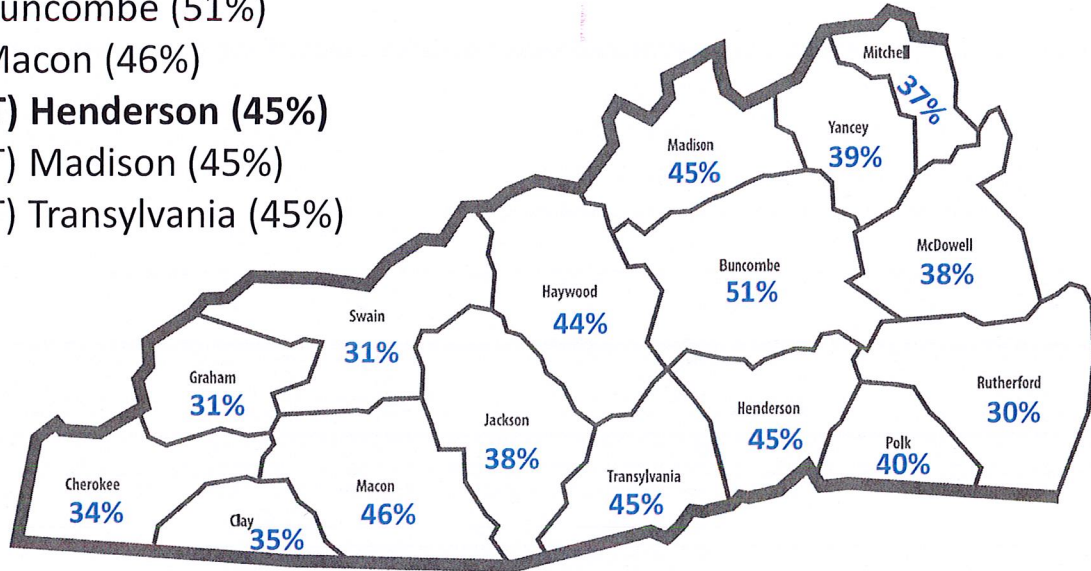
	Individuals vaccinated by the Henderson County Health Department	Henderson County residents vaccinated as a whole*
At Least One Dose	11,269	52,396
Fully Vaccinated	10,722	49,081

*Source: NCDHHS

6

Population at least partially vaccinated:

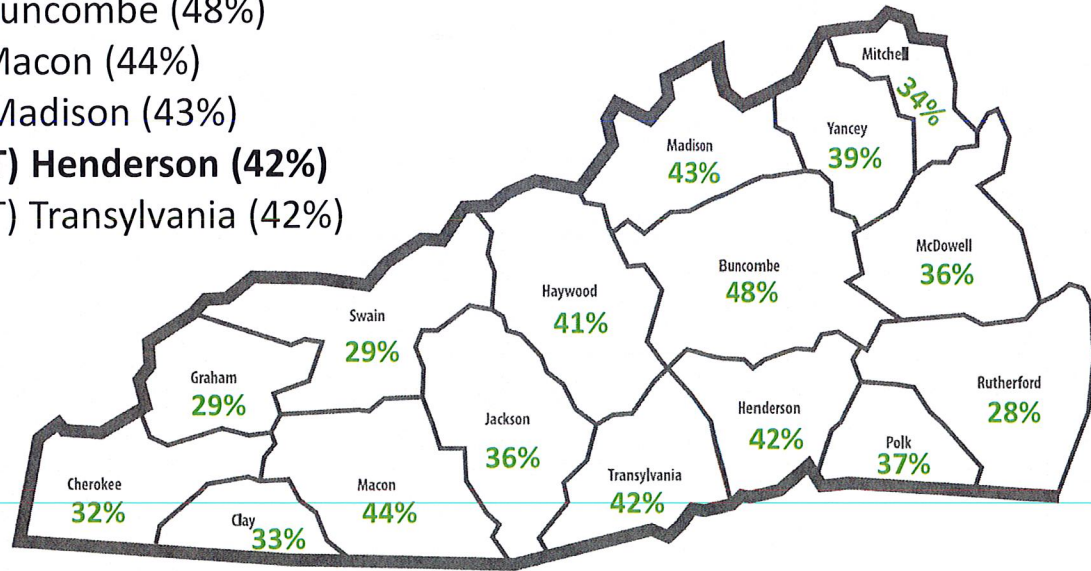
- 1. Buncombe (51%)
- 2. Macon (46%)
- 3.(T) Henderson (45%)
- 3.(T) Madison (45%)
- 3.(T) Transylvania (45%)



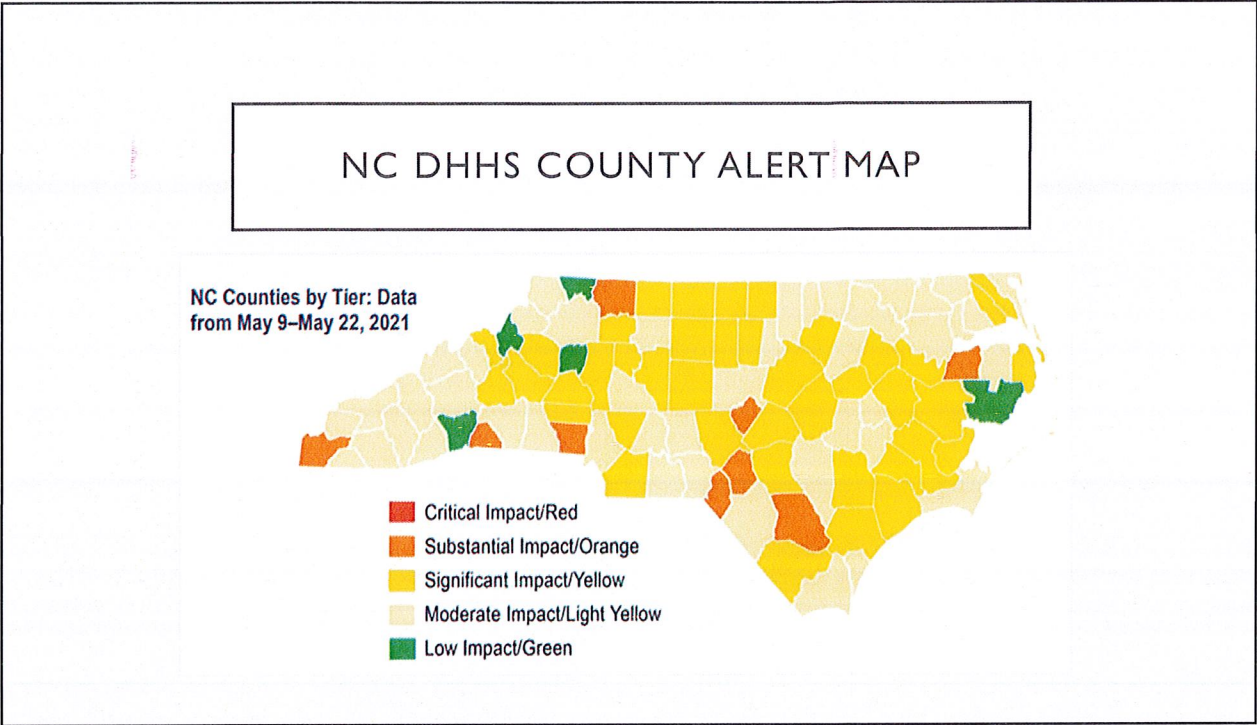
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Population fully vaccinated:

- 1. Buncombe (48%)
- 2. Macon (44%)
- 3. Madison (43%)
- 4.(T) Henderson (42%)
- 4.(T) Transylvania (42%)



8



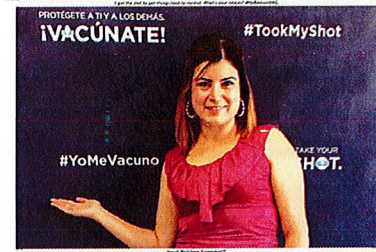
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- ### TRADITIONAL MEDIA CAMPAIGN
- **Billboard Campaign**
 - Working with Henderson County Public Schools to identify a rising senior leaders from each high school with a simple message to encourage their peers to get vaccinated.
 - Billboards will be placed near each high school. Materials will be reused for flyers and printed materials.
 - Another billboard is proposed featuring local pediatricians in Henderson County.
 - Pediatricians are in a “wait and see” approach before proceeding after rare reports of myocarditis in young people have been reported.

10

PEER-TO-PEER DIRECT MAIL PILOT

- Henderson County selected for NC DHHS pilot postcard program in partnership with local Latinx support nonprofit True Ridge
- Postcards will be mailed to Latinx residents in using zip codes identified with high SVI and low vaccination percentages.
- Residents receive a Spanish version with hyper-local, visibly Latinx messengers.

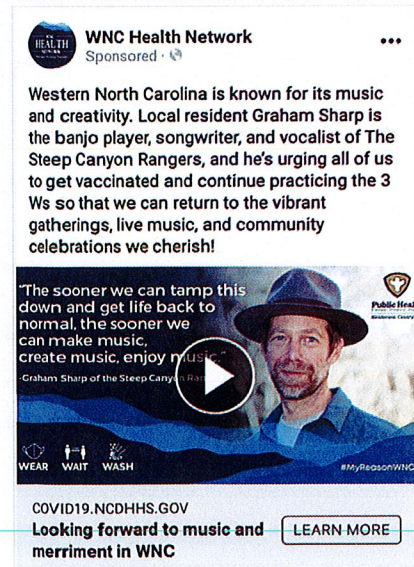


Sample of front and back

11

#MYREASONWNC CAMPAIGN

- Campaign funded through August and continues to see impressive engagement numbers.
- Ads feature videos from local messengers and infographics related to COVID-19 vaccines.
- Ads display on Facebook, Instagram, Mobile Apps and several websites used by targeted audiences.



12

NC DHHS SUMMER CASH CARD PROGRAM

- N.C. DHHS is offering \$25 Summer Cash Cards in 4 counties to offset the time and transportation costs of getting vaccinated.
- Anyone 18 and older who gets their first dose of a COVID-19 vaccination — or drives someone to their vaccination — receives a \$25 cash card after vaccination.
- Program has led to increased average daily vaccinations at sites. Surveys indicate low-income and Latinx are benefitting the most.
- N.C. DHHS plans to expand the program to other counties.
 - Current counties: Rowan, Guilford, Mecklenburg and Rockingham

2020 Local Child Fatality Prevention Team Activity Summary

1.

1. Which county does your team represent? Please select your county from the dropdown menu.

Henderson

2. How many CFPT meetings were conducted in 2020?

4

3. Please identify community partners your team collaborated with during 2020. Please check all that apply.

Health Dept.

Local DSS

Law Enforcement

Guardian Ad Litem

Local School System

EMS/Firefighters

Mental Health

Medical Examiner's Office

Local Child Advocacy Agency

4. Were legislative funds allocated to your local CFPT for calendar year 2020?

Yes

5. How were these funds spent? Please check all that apply.

Staff support for your team

2.

6. Please indicate your team's top accomplishments and activities occurring during calendar year 2020. Accomplishments is defined as the successful achievement of a task, performance, attainment or effort. Please respond in narrative form (no lists). Do not use acronyms. Please provide information on accomplishments that go beyond what local CFPTs are required to do as outlined in your Agreement Addenda with the Division of Public Health such as meeting four times per year or conducting child death reviews. When writing your accomplishments please be specific and include the topic, title of your program, number of participants (if known) and, information about other collaborators or co-sponsors.

The team supported providing choking hazard education for parents of children 0 to 2 years of age in the Health Department clinic. The team is working with the school system and mental health agency's to provide suicide prevention resources with a fair planned for September 2021. The team supports improvements in cell phone services in rural areas due to delays in contacting 911 in emergencies.

7. Training is an on-going process as child death trends change and team membership changes. Please rank your training needs below. Note: you cannot use the same rank (number) for more than one topic.

1. Operations of the Medical Examiner's Office
2. Suicide prevention
3. Safe sleep
4. Motor vehicle safety
5. Child death scene investigations
6. Identifying system problems and recommendations
7. Effective team building
8. Prematurity and perinatal issues
9. Supervision of children

8. Do you have any other training needs? If so, please list them below.

The affect of environmental temperatures on risk of SIDS

9. Please provide any suggestions for improving the CFPT review process. If you have more than one suggestion, please number them.

Receipt of quarterly report from the state as soon as possible in the quarter to allow maximum time to prepare for meeting

10. Please answer the following questions regarding data needs and requests:

What kind of data pertaining to the CFPTs would you like to receive?

Data for my local CFPT only
Statewide data from CFPTs in aggregate form
Comparisons between my CFPT's data and other CFPTs' data

What reports would you like shared with you?

Annual Activity Reports
Report Forms/Tracking Forms

How frequently would you like to receive data?

Annually

What format would you like to receive data in?

Word document-charts and text

How would you use the data you have requested?

To educate our CFPT members about what other teams are doing and state trends.

3. (untitled)

11. Is your local team a blended team between child fatality prevention and community child protection?

Yes

12. Sub-committees are generally used by large population counties. Does your team have a sub-committee?

No

4.

13. Please enter your Team Chairperson's information here.

First and Last Name

Diana Curran

Email Address

Dcurran@hendersoncountync.gov

2020 CFPT REVIEW OF 2019 HENDERSON COUNTY DEATHS (17 YEARS OF AGE AND YOUNGER)

18-month-old male – Centronuclear myopathy type 3 (congenital disorder with limited life expectancy).

14-year-old male – Cardiac dysrhythmia due to intramyocardial arteriopathy with interstitial/perivascular fibrosis.

1-day-old female – Complications of Trisomy 21 and Fetal Hydrops.

2-year-old female – Malignant Rhabdoid Tumor of the kidney.

2-year-old male – Aspiration of foreign object (rock) with occlusion of right mainstem bronchus (child had a disorder called PICA that causes ingestion of non-food items, i.e., rocks).

22-week-gestational female – Extreme prematurity due to placenta abruption.

4-month-old female – Born prematurely at 32 weeks due to bleeding placenta previa and infant had congenital malformation of the heart.

17-year-old male – Suicide by hanging.

13-year-old female – Aspiration due to multiple congenital anomalies.

1-year-old male – Asphyxia due to occlusion of trachea and mainstem bronchus by foreign object (bean).

Summary: 5 males
5 females