

May 12, 2016– Regular Session

The Swain County Board of Commissioners held a Regular Session on, May 12, 2016. Present were Chairman Carson, Vice-Chair Moon, Commissioner Monteith, Commissioner Bushyhead, and Commissioner Burns.

Chairman Carson called the regular session to order and led the pledge of allegiance.

Adjust Agenda

Commissioner Monteith made a motion to adjust the agenda to better facilitate the meeting. Commissioner Burns seconded the motion. A vote was unanimous.

Approval of Minutes

Vice-Chair Moon made a motion to approve minutes of the April 21 regular session and April 28 work session. Commissioner Monteith seconded the motion. A vote was unanimous.

Finance Officer's Report

Dean Kowal presented a report to the Board for April 2016. Mr. King reported revenues for the month were \$838,170.84. Total revenue year to date is \$13,613,192.87. We have approximately 65.991% of revenues for 2015/2016 fiscal year. Expenditures for the month were \$975,571.71. Year to date we have expended \$13,406,150.06. We have paid out approximately 65.91% of the General Fund appropriations for 2015/2016 fiscal year. Commissioner Monteith made a motion to approve the Finance Officer's Report as presented. Commissioner Burns seconded the motion. A vote was unanimous.

Tax Collector's Report

Peggy Hyde presented the Tax Collector's report to the Board for the month of April 2016. Ad-Valorem tax receivable was reported at \$5,550,814.08. There was \$82,176.27 collected for the month. Total collections year to date were \$6,213,052.00. The tax collection percentage year to date was 102.51%. Total releases were \$4,310.23, total discoveries were \$72.00 and total refunds were \$235.19. Vice-Chair Moon made a motion to approve the Tax Collector's report as presented. Commissioner Bushyhead seconded the motion. A vote was unanimous.

Closed Session:

None

Action Items

EMS Fee Schedule: Commissioner Bushyhead made a motion to approve the following fee schedule:

Swain County EMS	2016 Medicare Allowable (Rural)	Swain County EMS Current Charge	Recommended Charge (150% of MFS)
ALS NE A0426	\$318.11	\$370.19	\$477.17
ALS E A0427	\$503.67	\$586.13	\$755.51
BLS NE A0428	\$265.09	\$308.48	\$397.64
BLS E A0429	\$424.14	\$493.57	\$636.21
ALS 2 A0433	\$728.99	\$848.34	\$1,093.49
Specialty Care A0434	\$861.53	\$0.00	\$1,292.30
Mileage A0425	\$10.25	\$12.48	\$15.38

Vice-Chair Moon seconded the motion. A vote was unanimous.

Health Department items:

SCHD was awarded the 2016 Bicycle Helmet Initiative Award. We received 24 helmets to distribute to low income children.

Thru our Child Health Agreement we distributed 50 bicycle helmets to low income children thru our WIC program and at the Family Resource Center. We have also distributed 65 car seats as well.

Our Family Planning Federal Audit was May 4th. It mirrored our Accreditation Audit. We compiled information and sent it to them in March and they conducted then they made a site visit on. Everything went well. We will receive an official report in a few weeks to a month.

2016 North Carolina Child Health Report Card has been released. One and 10 babies are born to mother who smoke. Infants born to women who smoke have a lower average birth weight and are more likely to be small for gestational age than infants born to women who do not smoke. Infant mortality stalled between 2010 and 2014 while worsening for the Hispanic (5, 6.2) and

American Indian population (7.5, 9.4). There has been little change in the number of child fatalities across the state (ages 0-17). The highest in 2010 and 2014 has been motor vehicle related deaths. There has been a significant increase in child suicides (23 in 2010 and 46 in 2014). Later this year we will receive county specific data of the well-being of children and youth in our community.

The FDA issued its final deeming rule, which brings electronic cigarettes and other types of tobacco into the definition of tobacco products.

The FDA Rule regulates products that meet the federal statutory definition of “tobacco products”. This rule is effective 90 DAYS after date of final publication in the Federal Register.

The new rule includes currently marketed products:

- electronic cigarettes, all ENDS products, including all the parts/components, but not accessories
- Liquids/e-liquids
- hookah tobacco, water pipes
- cigars,
- pipe tobacco, and
- certain dissolvable tobacco products (i.e., dissolvable products that do not currently meet the definition of "smokeless tobacco")

The new rule includes the following provisions:

- Prohibits sales to children under 18 (retail and online), requires age verification for all sales and provides for federal enforcement and penalties against retailers and online vendors who sell to minors
- Restricts vending machines to adult-only facilities
- Prohibits free samples
- Requires all tobacco products containing nicotine to carry an addiction warning
- Requires disclosure of ingredients and documents related to health
- Requires manufacturers of all newly-regulated products, to show that the products meet the applicable public health standard set forth in the law and receive marketing authorization from the FDA, unless the product was on the market as of Feb. 15, 2007. The tobacco product review process gives the agency the ability to evaluate important factors such as ingredients, product design and health risks, as well as their appeal to youth and non-users.
- Under staggered timelines, the FDA expects that manufacturers will continue selling their products for up to two years while they submit – and an additional year while the FDA reviews – a new tobacco product application. The FDA will issue an order granting marketing authorization where appropriate; otherwise, the product will face FDA enforcement.
- Prohibit manufacturers from claiming a tobacco product is less harmful or will expose a consumer to fewer harmful substances without first providing the FDA with scientific evidence; example: Prohibition against sale and distribution of products with modified

risk descriptors (e.g., "light," "low," and "mild" descriptors) and claims unless FDA issues an order authorizing their marketing;

- Authorize the FDA to set standards governing the content of tobacco products
- FDA has explained that establishments (e.g. vape shops) that mix or prepare e-liquids or create or modify aerosolizing apparatus for direct sale to consumers are tobacco product manufacturers under the definition set forth in the FD&C Act and, accordingly, are subject to the same legal requirements that apply to other tobacco product manufacturers.

The FDA proposed rule does not include:

- Banning flavorings in e-cigarettes that may appeal to youth
- Restricting marketing that appeals to kids

Preliminary Data - 2015 NC Youth Tobacco Survey

- E-cigarette use among high school students jumped by **888%**, from 1.7% (2011) to 16.8% (2015)
- E-cigarette use among middle school students jumped by almost **600%**, from 1% (2011) to 6.99% (2015)

NOTE: This 2015 data is preliminary and may be underestimating the true extent of tobacco use among NC youth. Additional studies may be released in the coming months that provide further detail.

Staff Updates: Currently, we have 2 RN positions open and a WIC Director open. Trish Hipgrave transferred to Health Promotion.

Health Department Numbers

	July 2014 - March 2015	July 2015 – March 2016
Vital Records		
Death Certificates	104	111
Home Births	2	4
Family Planning	85	122
	Increase of 37 from last year	
The SCHD family planning program is for clients of child-bearing age to receive a physical exam and reproductive health counseling. Birth control options are available and services are provided on a sliding fee scale based on client income. Clinic is held each Wednesday afternoon by appointment only.		
Adult Health	935	899
Pregnancy Test	81	74
Blood Pressure	66	95
Lab Draw	311	250
Drug Screen	68	73
Nurse Visit	55	61
B-12 Injection	31	71
Urine Dip	22	25
Adult Immunization	182	88
Hemoglobin/Glucose 25		N/A
Adult Health Clinic Appts.	94	162
Student Drug Screens at SCHS –	30	82

Influenza Vaccine

07/01/2014-03/31/2015: Private that also includes Medicare: 355
State for children up to age 19: 58

07/01/15-03/31/2016 : Private that also includes Medicare: 256
State for children up to age 19: 40

Breast/Cervical Cancer Control 40 29
Provides free or low-cost breast and cervical cancer screening and follow up services to eligible women. Women are eligible if they meet certain criteria including aged 40-64 for breast services and 21-64 for cervical, low-income, and are underinsured/uninsured.

Wise Woman 17 23
Program provides to low-income, underinsured, or uninsured 40- to 64-year old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases.

Care Coordination for Children 46 54
CC4C is a case management program worked by a RN that follows children age 0-5 that participate with Medicaid. It helps the child and families with resources in the community as well as following more medically high risk children coordinate their help care. It is also geared to help decrease the Medicaid cost by helping use their primary care provider appropriately and avoid more costly care when possible.

Pregnancy Care Management: 44 27, 8 pending
Services are for pregnant Medicaid recipients who are determined to be at risk for poor birth outcome. The goal of OBCM services is to improve the quality of maternity care, improve birth outcomes, and provide continuity of care.

Women Infant Children Program
Provides nutrition education, breastfeeding support and food subsidies for women, infant and children of Swain County's low-income families. This year WIC add a Peer Counselor Program in September 2015 in hopes of increasing our infants who are breastfed. The peer counselor program currently has 47 participant. Thus far in FY 2015/2016 WIC remains at 99% of caseload each month.

Produce Nutrition Voucher Program

Provides \$10 for each WIC participant over the age of one to use at the Swain County Farmers Market, Darnell Farms, A Blueberry Farm and Smokey Mountain Produce. The Health Department include CAP participant in last season's program.

Nutrition Education Program

Provides individual nutrition education on weight loss, diabetes and diets.

Life Style Change Program

Started February 25th and is a yearlong program, currently with 16 participants.

Community Alternatives for Disabled Adults
64 program, 6 pending, 27 W/L (2015) 68 program, 5 pending, 12 W/L (2016)

Community Health Outreach Program
A total of 83 head checks have been completed. 75 lice treatment kits and 5 lice treatment shampoos have been given. 3 head checks were completed with no evidence of lice.

S.C. Rec. Dept. Tobacco Free Ordinance

The Board discussed the proposed Tobacco Free Ordinance for the Swain County Recreation Department. A public hearing will be scheduled for this ordinance.

Human Services Board on-going training

The Board received ongoing training on the N.C. Local Governing Boards for Public Health The Role and Responsibility by Alison Cochran. The training included public health challenges, understanding the work of a Board of Health or other governing body for public health, guidelines and expectations for governing board members, legal responsibilities and authority, Session Law 2012-126, and the effective board/health director relationship.

Child Fatality Report

Commissioner Bushyhead made a motion to approve the following:

**SWAIN COUNTY CHILD FATALITY PREVENTION TEAM ANNUAL
REPORT 2014-2015**

Introduction:

The Swain County Child Fatality Prevention Team (CFPT) was developed to support North Carolina General Statute G.S. 143-576.1 for the purpose of reviewing all deaths in our county to age 18. Since 1995, local Child Fatality Prevention Teams have been reviewing child fatalities and searching for ways to prevent child deaths. It is through the work of the local teams that we can discover ways to improve agencies, laws and policies in ways that accurately reflect the needs of children in our community.

Process:

Each local team is composed of appointed members representing agencies such as the health department, department of social services, police department, district attorney's office, guardian ad litem program, school system, medical examiner's office, fire department and other child advocacy organizations.

Accomplishments:

Local teams have reviewed thousands of child fatalities and have made many recommendations. These recommendations are used by local and state policy makers to enact system changes to better protect children.

During the past several years, CFPT recommendations have been responsible for a number of advancements:

Locally:

- Improved local agency coordination
- improved parenting education
- more car seats, smoke detectors and bicycle helmets to needy families
- safer intersections
- warning signs at ponds
- hundreds of child safety campaigns

Statewide:

- an amended DWI law
- a strengthened child passenger safety law
- a "zero tolerance" law for underage drinkers who drive
- a rental property smoke detector law
- a graduated driver's license program an increased penalty for illegally selling guns to a minor

Swain County Team Activities and Accomplishments:

- A. Team meets to review deaths.
- B. Received \$203 from State – purchased infant car seats

Swain County Child Fatality Statistical Information

- A. Swain County had no child fatality deaths in 2014/2015

Training Needs Identified:

Basic Training/Orientation needed for new team members

Conclusions:

There are 15 members who serve on this team from various organizations/disciplines.

Commissioner Burns seconded the motion. A vote was unanimous.

Community Health Assessment

Commissioner Bushyhead made a motion to approve the following:

Swain County Health Department Community Health Assessment 2015

Swain County Hospital, Swain County Schools, Smoky Mountain Urgent Care, Swain County Health Department and Swain County Sheriff's Department, studied data results and conversed about the evidences and conditions within Swain County. We used the following criteria to identify significant health issues:

- County data deviates notably from the region, state and benchmark
- The number of people affected
- The degree to which the issue leads to death
- The effectiveness and the feasibility of intervention
- The importance of the issue to the community

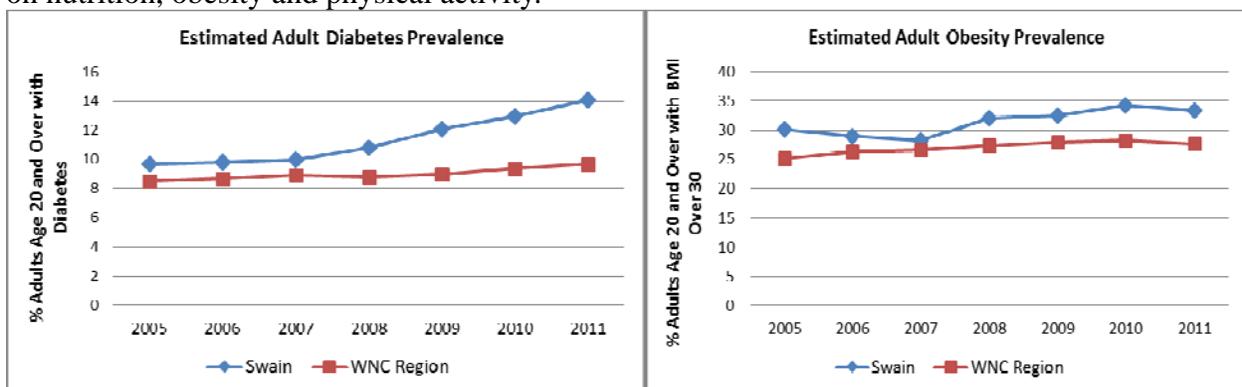
Identified Issues

- Chronic Disease Control and Prevention: Heart disease, chronic lung disease and diabetes continue to have mortality rates in Swain County.
- Substance Abuse: This was rated as a major problem by 66.7% of respondent on the key informant survey. Substance abuse has been the source of rising rates of hepatitis in Swain County.
- Diabetes: Over two-thirds of key informants characterized Diabetes as a major problem in Swain County.
- Prevalence of Cancer: Ranks #2 for mortality in Swain County.
- Maternal Health: Risky behavior of pregnant mothers include tobacco use, poor nutrition and high risk sexual activity is great amongst teens leading to high teenage pregnancy rates.

The following priority health issues are the final community wide priorities for our county that were selected through the process described above:

Chronic Disease (Heart Disease and Diabetes)

The top 3 leading causes of death in Swain County are chronic diseases; heart disease, cancer and stroke. Diabetes was 6th overall. The prevalence of diabetes in Swain County adults has continued to grow each year since 2005. The high incidence of obesity may relate to the high incidence of diabetes. This was chosen due to the number of affected individuals in our community. The SCHD has worked and will continue to work on reducing the number of individuals with Type II Diabetes. We will focus on nutrition, obesity and physical activity.



Reduce Substance Abuse in our community (mental health, infectious disease, sexually transmitted diseases)

A general characteristic of WNC is high mortality rates due to unintentional poisoning, especially by medication and drug overdose. Swain County is one of the WNC counties with higher than state average poisoning and drug overdose mortality rates. In the period 2009-2013, 22 Swain County residents died as a result of unintentional poisoning. Of the 22 unintentional poisoning deaths in the county in that period, 77.3% or 17 were due to medication or drug overdoses.

County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are Medication/Drug Overdoses	#	Rate per 100,000 NC Residents
Swain	22	31.6	77.3	17	24.4
WNC (Regional) Total	560	14.8	90.0	506	13.3
Non-WNC (Regional) Total	4,749	10.7	91.0	4320	9.7
State Total	5,309	11.0	90.9	4826	10.0

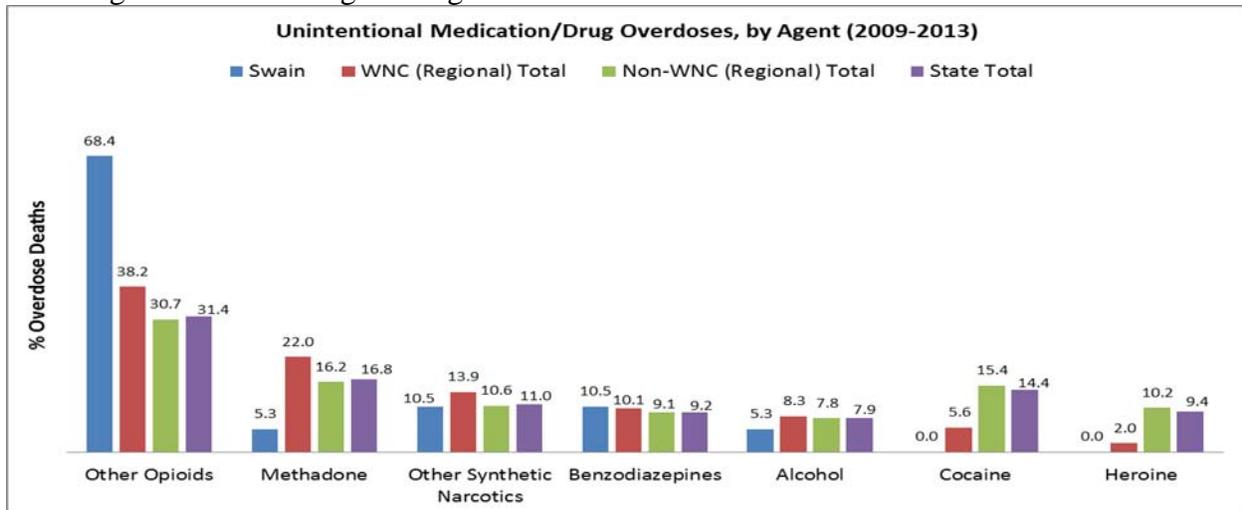
Injury Epidemiology..2015

The following medications/drugs were used in drug overdose deaths in Swain County:

- Methadone
- Cocaine
- Heroin
- Alcohol
- Benzodiazepines
- Other Synthetic Narcotics
- Other Opioids

“Other Opioids” caused the highest proportion of drug overdose deaths (68.4%) in Swain County in the period 2009-2013. Methadone is a synthetic opioid usually associated with treatment for drug abuse.

"Other opioids" could include: hydrocodone, oxycodone, morphine, codeine, and related drugs. Benzodiazepines could include anti-anxiety medications, sleeping pills, anti-seizure drugs, muscle relaxers. Other synthetic narcotics could include: bath salts, synthetic marijuana, incense, air fresheners, and things known as "designer drugs".



While overdose and poisonings are significant in Swain County, other effects due to drug abuse are rising. Swain County had 2 reported Hepatitis B cases in 2014 and 21 reported cases in 2015. There is a strong correlation between the increase in Hepatitis cases and the drug problems plaguing Swain and other communities (Frost, A 2016). Sexually transmitted diseases are also a concern in our community. Over the past few years, chlamydia and gonorrhea have increased.

Swain County Sexually Transmitted Diseases

	2001	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Syphilis	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea	11	4	9	6	4	3	5	9	21	3	22
Chlamydia	39	26	29	30	27	34	43	97	75	42	53
HIV/AIDS	0	3	2	1	0	0	0	0	0	0	0

Promote a healthy environment – focus on tobacco cessation in pregnant moms and youth

The percentage of women who smoked during pregnancy within WNC did not improve significantly between 2008 and 2013. The occurrence of pregnant women in Swain County who smoked actually increased after 2009. Among comparators, in every year cited except 2009 Swain County had the highest percentage of pregnant women who smoked.

County Percent of Births to Mothers Who Smoked While Pregnant

	2008	2009	2010	2011	2012	2013
Swain County	30.3	18.6	n/a	26.5	27.8	26.7
WNC Region	20.3	19.1	n/a	20.1	19.2	19.4
State of NC	10.4	11.0	n/a	10.9	10.6	10.3

Next Steps

Collaborative action planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. The CHA team will meet with community partners and discuss the next steps and develop a community health improvement plan (CHIP).

Commissioner Burns seconded the motion. A vote was unanimous.

Swain County Health Department Budget Amendment

Commissioner Bushyhead made a motion to approve the following:

Swain County Health Department				
Budget Revision				
Fiscal Year 2015/2016				
Department	Code			
CAP Fees	50-4050-000	\$50,000		
Lifeline Commissions	50-4050-100	\$8,000		
CAP Salaries	50-6100-020			\$46,850
CAP FICA	50-6100-050			\$1,650
CAP Contracted Services	50-6100420			\$9,500
Family Planning-Medicaid Cost	50-4854-000	\$15,241		
Communicable Disease-Supplies	50-5800-320			\$4,000
Communicable Disease-Clinician	50-5800-430			\$4,000
Family Planning-Clinician	50-5820-380			\$6,141
Family Planning-TANF funds	50-5820-400			\$1,100
Health Promotion	50-4650-000	\$17,200		
Health Promotion-Retirement	50-5130-070			\$500
Health Promotion-Supplies	50-5130-320			\$2,500
General-Salaries	50-5900-020			\$14,200
Well Fees	50-4155-000	\$1,900		
Environmental Health-Retirement	50-5210-070			\$1,750
Wells-Retirement	50-5250-070			\$100
Wells-Travel	50-5250-140			\$50
Maternal Health-State-Infant Mortality	50-4810-100	\$35,000		
Maternal Health-Infant Mortality-Supplies	50-5510-460			\$15,192
Maternal Health-Infant Mortality-Medical Supplies	50-5510-470			\$10,321
General-Salary	50-5900-110			\$7,662
General-Fica	50-5900-050			\$586
General-Insurance	50-5900-060			\$519
General-Retirement	50-5900-070			\$720
	Total Budget Revision		\$127,341	\$127,341

Commissioner Burns seconded the motion. A vote was unanimous.

Records Retention and Disposition Schedule

Commissioner Monteith made a motion to approve the Records Retention and Disposition Schedule as presented by Kevin King. Commissioner Burns seconded the motion. A vote was unanimous.

New Business: Discussion of a proclamation celebrating 100 years for the Park Service.

Informal Discussion: The following items were discussed:

- County Assembly Day
- East Elementary Project update
- School Sales Tax Request

Public Comment:

- Joe Hayes

Adjournment

Commissioner Monteith made a motion to adjourn. Commissioner Bushyhead seconded the motion. A vote was unanimous.

Respectfully Submitted,

Cindi C. Woodard
 Clerk to the Board
 Swain County Commissioners

Phil Carson
 Chairman
 Swain County Commissioners