

**MINUTES OF A JOINT MEETING OF
THE JACKSON BOARD OF COMMISSIONERS AND
THE JACKSON COUNTY BOARD OF HEALTH
HELD ON FEBRUARY 10, 2020**

The Jackson County Board of Commissioners met in a Joint Meeting with the Jackson County Board of Health on February 10, 2020, 6:00 p.m., at the Department on Aging Center, Heritage Room, 100 County Services Road, Sylva, North Carolina.

Present:

Jackson County Board of Commissioners:

Brian McMahan, Chairman

Boyce Deitz, Vice Chair

Ron Mau, Commissioner

Gayle Woody, Commissioner

Don Adams, County Manager

Heather C. Baker, County Attorney

Angela M. Winchester, Clerk to Board

Absent: Mickey Luker, Commissioner

Board of Health:

Kathy Farmer, Chairperson

Luisa McMahan

Gayle Woody

Jerry DeWeese

Kim Cowan

David Trigg, MD

Emily Buchanan

Shelley Carraway, Health Director

Melissa McKnight, Assistant Health Director

Clarissa Ashe, Clerk to the Board

Absent: Ellerna Forney

David McGuire, DDS

Brandy Hicks, OD

David Homolka, DVM

Chairman McMahan called the meeting of the Board of Commissioners to order.

Chairperson Farmer called the meeting of the Board of Health to order.

Ms. Carraway stated that the purpose of the meeting was for orientation for new Board of Health members. Within the first year of appointment, members were required to attend orientation. Since the Board of Commissioners were a vital part of the operation, they were invited to attend as well.

The goal of the training was to provide an intro to the key roles and responsibilities for North Carolina (NC) local Boards of Health (BOH). NC General Statutes defined both the responsibilities and the composition of local boards of health. This board was charged with being the “policy making, rulemaking and adjudicatory body for a county health department”.

(1) LEARNING OBJECTIVES: Ms. Carraway presented:

- Describe key components underlying the practice of public health and the role a Board of Health plays in carrying out core functions and essential services
- Identify the laws regulating the local public health system
- Describe the guidelines and expectations for being an effective Board member
- Discuss recent successes and accomplishments of the Jackson County Department of Public Health

(2) PUBLIC HEALTH: Ms. McKnight presented:

(a) Public health, core functions and current challenges:

CDC named 10 great public health achievements of the 20th century, including mass vaccination, healthier mothers and babies, and motor vehicle safety; the continued improvements in these areas throughout the beginning of the 21st century. We also noted some of the new strides taken during the 1st decade of the 21st century, such as cancer and lead poisoning prevention. Finally, we noted that despite these notable public health successes, major challenges remain.

Public health prevents infectious diseases in many ways; through immunizations, health promotion; and finding and treating people who have been exposed to certain communicable disease. Public health also promotes and protects clean water, air, and food, and protects against environmental hazards. Examples include testing water to make sure it is safe to drink; fluoridating water to prevent tooth decay; and inspecting restaurants to ensure that food is prepared safely. It also works to prevent injuries by providing health education to increase use of safety belts, bicycle helmets, car seats and other protective devices; supporting policies that prevent fires; and working to promote healthy relationships and prevent homicide, suicide, child abuse, and intimate partner violence.

Public health promotes and encourages healthy behaviors like emphasizing the health benefits of exercising and eating right; encouraging and recommending screening for certain chronic conditions; and discouraging harmful behaviors such as tobacco use. It responds to disasters and assists communities in recovery in many ways, including educating people about ways to prepare for emergencies; providing or coordinating health screening, vaccination, and other medical care after an emergency; and conducting environmental testing to ensure clean water, food, and air after an emergency. Finally, public health assures the quality and accessibility of health services by creating culturally appropriate health education materials; connecting individuals with health services in the community; and serving as a safety net medical provider for people otherwise unable to access health care.

During the 20th century, we saw an increase in life expectancy and improvements in health at every stage of life. During the first 10 years of the 21st century, we continued to take great strides in population health. Improvements continued on many of the advances seen during the 20th century, as well as improvement in new areas.

(b) What is Public Health? Public health is the science and art of preventing disease and injury, prolonging life, and promoting health and efficiency through organized community effort though:

- The sanitation of the environment,
- The control of communicable disease,
- The education of the individual in personal hygiene,
- The organization of medical and nursing services for early diagnosis and preventative treatment of disease, and
- The development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health so, organizing these benefits as to enable every citizen to realize their birthright of health and longevity.

(c) What does Public Health do?

- Population:
 - Assessment
 - Policy
 - Preparation and response
- Environment:
 - Food, lodging and institutional sanitation
 - Water and wastewater
 - Lead, pests and other risks
- Individuals:
 - Disease detection, prevention and control
 - Clinical care
 - Service coordination

(d) The Public Health System: To accomplish this, it requires a whole system to make it work – not just an individual public health agency. This system includes:

- WHO: All public, private, and voluntary entities that contribute to public health in a given area
- WHAT: A network of entities with differing roles, relationships, and interactions. All entities contribute to the health and well-being of the community.
- All of these contribute to the health and well-being of the community.

(e) 1988 Institute of Medicine Report: A landmark 1988 Institute of Medicine (IOM) Report titled *The Future of Public Health* highlighted the overall state of the nation’s public health system. The panel completing the IOM report recommended new governmental functions at federal, state, and local levels to strengthen our nation’s public health system. Localities, they said, should reestablish BOH or “public health councils” to assess public health needs, develop public health policy, and assure that public health services are available. In NC, we undertook an initiative to strengthen our local BOHs in response to this recommendation. In this same IOM Report, the role of these BOHs was discussed in terms of their members serving as advocates for public health as well as brokers between policymakers and the provision of public health services.

(f) Core Functions and Essential Services of Public Health: The report also articulated the mission, substance and organizational framework of public health. The fundamental purpose of public health was defined in terms of three core functions: assessment, policy development and assurance.

Understanding the work of a board of health, then, can be advanced by looking at its relationship to the local health department in terms of these three core functions.

(g) Boards and Assessments:

- Community health assessments (CHAs) required for Health Department accreditation:
 - Required every 4 years
 - Can synchronize with hospital CHAs (3-year cycle)
 - Annual SOTCH reports also required
- Requires collaboration with the community
- The CHA assesses:
 - Health status/concerns of the community
 - Factors that influence health
 - Assets and resources
 - Where to intervene for positive change
- The Board of Health can then use the community health assessment to develop a strategic plan. The strategic plan includes identifying and facilitating partnerships which make it possible to connect the public health needs of the community, families and individuals with local public health initiatives.

(h) Boards and Policy Development:

- Boards have the authority to make policy that impacts the operations and management of the local health departments
- Policy is limited by state laws or county ordinances and policy
- Boards are called upon to give advice and help in decision-making
- Examples:
 - Board approved Strategic Plan
 - Sets priorities for short and long term
 - Board Operational Manual
 - Define relationships and Board functions

(i) Boards and Assurance:

- Assures public health services are provided
 - Even services provided by other organizations
- Assures public health policies and programs are in place and working
- Anticipates trends likely to affect the health department or community

(j) Current Public Health Challenges:

- Chronic disease
- Emerging infectious diseases
- Anti-vaccination sentiments
- Potential for culture & politics to inhibit public health progress
- Terrorism, large-scale natural disasters
- Violence
- Substance abuse
- Technology

(k) Health Impact Pyramid: As we consider the essential services framework, we must also take into account the impact that interventions have on population health. This health impact pyramid depicts the potential impact of different types of public health interventions. It is now recommended that we strive for the two lowest tiers on this pyramid as they reach entire populations of people at once and require less individual attention. The Centers for Disease Control & Prevention (CDC) has researched interventions that demonstrate positive health impact in 5 years or less and cost effectiveness and savings over time. Those interventions include:

- Change the Context of Health
 - School based programs to increase physical activity
 - Safe Routes to School
 - School based violence prevention
 - Motorcycle injury prevention
 - Tobacco control interventions
 - Access to clean syringes
 - Pricing strategies for alcohol
 - Multi-component worksite obesity prevention
- Address the Social Determinants of Health
 - Early childhood education
 - Clean diesel bus fleets
 - Public transit
 - Home improvement loans and grants
 - Earned income tax credits
 - Water fluoridation

(l) Summary:

- Public health's main goals are to prevent disease and promote health
- The three core functions of public health are assessment, policy development, and assurance
- Core functions and essential services represent aspects of the Board's activities and responsibilities
- Major challenges remain that require us to look upstream at the social determinants of health

(3) **LEGAL RESPONSIBILITIES AND AUTHORITY**: Ms. Carraway presented:

(a) Laws that affect local services and activities:

- Essential public health services
- NC local health department accreditation standards
- NC mandated services rule
- Federal laws such as HIPAA or Title X
- NC General Statutes
- Consolidated Agreement

(b) Essential Services: Because the core functions are very broad, in the mid-1990s public health leaders developed a list of ten essential services that describe public health activities in greater detail. Each of the ten services falls within the broader scope of the core functions of public health.

Each of the three core functions of public health—assessment, policy development, and assurance—and the ten essential services that fall within the broader scope of these core functions represent crucial aspects of your board's activities and responsibilities.

The responsibilities of the health department are largely defined by the essential services the health department provides. G.S. 130A-1.1 lists the essential services to be ensured by the local health department. Prior to July 2012, the state was responsible ensuring these services, but a rewrite of the law puts the responsibility at the local level. In addition, the new law redefined essential public health services to be in line with state's local health department accreditation law, making them the 10 essential services mentioned in the previous section.

- Monitoring health status to identify community health problems;
- Diagnosing and investigating health hazards in the community;
- Informing, educating and empowering people about health issues;
- Mobilizing community partnerships to identify and solve health problems;
- Developing policies and plans that support individual and community health efforts;
- Enforcing laws and regulations that protect health and ensure safety;
- Linking people to needed personal health care services and assuring the provision of health care when otherwise unavailable;
- Assuring a competent public health workforce and personal health care workforce;
- Evaluating effectiveness, accessibility and quality of person and population-based health services; and
- Conducting research.

(c) Accreditation:

- Required under G.S. § 130A-34.1
 - All local health departments must obtain and maintain accreditation
- Aims to ensure consistent quality of public health services across local health departments
- Focuses on capacity to provide the essential public health services
- Achieved by:
 - Meeting a set of capacity-based standards
 - Providing evidence of completion of prescribed activities, either directly or through contracts

(d) Mandated Services: State regulations require that every local health department either provide or ensure the provision of twelve mandated services.

- Provide:
 - Onsite waters supply
 - Sanitary sewage collection, treatment and disposal
 - Food, lodging and instructional sanitation
 - Communicable disease control
 - Vital records
- Provide or Ensure:
 - Child health
 - Maternal health
 - Family planning
 - Dental public health
 - Home health
 - Adult health
 - Public health lab support
- What does it mean to “ensure provision” of a service?
 - Provide the service
 - Contract for the provision of service
 - Certify the availability of the service

(e) State Rules: NC Administrative Code:

- Adopted by NC Commission for Public Health / Environmental Management Commission
- Public Health Rules: Title 10A, Chapters 39-62
- Environmental Health Rules: Title 15A, Subchapter 18A

- NC Public Health Rules implement statutes addressing matters including:
 - Environmental health inspections and permitting
 - Communicable disease control and immunizations
 - Accreditation standards
- Online at <http://reports.oah.state.nc.us/ncac.asp>

(f) Federal Law:

- Examples of obligations under federal law include:
 - Compliance with the Affordable Care Act (ACA) and HIPAA Privacy Rule
 - Provision of language assistance services at no cost
 - Provision of services to clients regardless of immigration status
 - “Strings” attached to particular programs such as Title X family planning grants

(g) Legislation: NC General Statutes

- Enacted by NC General Assembly
- Public Health Code: G.S. Chapter 130A
 - Citation example: G.S. 130A-248
- Other chapters of the General Statutes are also relevant to public health
- Chapter 130A addresses matters including:
 - Mission and structure of the NC public health system
 - Local health department accreditation
 - Powers and duties of the Board of Health and local health directors
 - Public health remedies
 - Specific requirements for some public health programs
- Online at www.ncleg.gov

(4) LOCAL GOVERNING BOARD: Ms. Ashe presented:

(a) Powers and duties:

- Make policy for local public health agency
- Adopt local public health rules
- Adjudicate disputes regarding local rules or locally imposed public health administrative penalties (fines)
- Impose local public health fees
- Satisfy state accreditation requirements for Boards of Health
- Appoint local health director

(b) Policy Making:

- Board policies affect the whole organization (what they do)
 - Advice and decision making
 - Board approved strategic-plan
 - Board of Health bylaws
- Operational policies are developed by health department staff
 - Define how things are to be done within the health department to achieve the goals set by the Board
- Staff Policies affect individuals in the health department
 - Personnel policies
 - Staff schedules
 - Program work teams

(c) What is a BOH Rule?

- Prohibit citizens from doing something
- Require citizens to do something
- Criminal, civil, and administrative penalties

- Examples:
 - Private drinking water wells
 - On-site waste water
 - Mosquito control
- (d) Local Laws:**
 - Local Ordinances:
 - Adopted by a county or city elected governing board
 - Limited territorial jurisdiction
 - Broad authority to adopt ordinances to protect the health, safety, and welfare of the public, or the peace and dignity of the county or city
 - Local Public Health Rules:
 - Adopted by a local board of health (or board of county commissioners that has assumed board of health duties)
 - Territorial jurisdiction includes counties and cities served by the board
 - Rules must be related to protection and promotion of health and are subject to some other limits
- (e) Rulemaking Limitations:**
 - General:
 - Must be related to health
 - Must be reasonable
 - Must not discriminate
 - Specific:
 - BOH may not adopt rules related to the grading, operating and permitting of food and lodging establishments
 - Local smoking rules may only govern certain spaces
- (f) Adjudication Rule:**
 - Appeal is quasi-judicial
 - Consult with an attorney
 - Follow statutory timelines
 - Record proceedings
 - Issue written decision
 - Board's decision may be appealed to a district court
- (g) Administration:**
 - Appointing a health director
 - Must consult with the County Commissioners and State Health Director or designee
 - Evaluate, promote and terminate the health director
- (h) Local Health Director Powers and Duties:**
 - G.S. 130A-41
 - Administer public health programs
 - Hire/dismiss employees
 - Enforce local public health rules
 - Investigate and control communicable disease
 - Isolation and quarantine authority
 - Enforce immunization laws
 - Investigate & control rabies
 - Abate public health nuisances and imminent hazards
 - Disseminate public health information and promote health
 - Advise local officials
 - Enter contracts

- Elsewhere in G.S. 130A
 - Rabies vaccination clinic
 - Embargo authority
 - Access to records
 - Etc.
- Elsewhere in G.S.
 - Approve jail medical plan
 - Relocation of graves
 - Etc.
- Regulations and other
 - Compliance, budget, etc.

(5) BUDGET AND FINANCES: Ms. Ashe presented:

(a) State law states that each local government shall operate under an annual balanced budget ordinance adopted and administered in accordance with these articles. NCGS 159 also states that the budget ordinance shall cover a fiscal year beginning July 1 and ending June 30.

- Consolidated Agreement: is a contract between the Local Health Department and the Division of Public Health. The Contract outlines requirements for LHD and NCDPH, such as, funding stipulations, fiscal control, confidentiality, civil rights, compliance and disbursement of funds. It applies to all activities related to DHHS funding reimbursed through the Aid to County. The consolidated agreement is revised and renewed annually. An example of funding stipulations is that the LHD establish one charge/fee for all payors based on related costs.
- Agreement Addenda: provides program specific requirements for each state funded activity. The AA guides the clinical and support services through the best practices of care as well as the legal requirements of staffing, quality and quantity services. State funding is allocated annually.
- LHD Revenue: includes state/federal grant dollars, local appropriations, Medicaid earnings, other receipts (fees, 3rd party billing, grants and contracts).
- LHD Expenditures: includes salary and fringe benefits, operating expenses, and capital outlay. Expenditures equal Revenue.
- Fiscal control: The County General Ledger for each month must balance to the Aid to County report. Administrative monitoring assures that the LHD is in compliance with the Consolidates Agreement, State Program Rules, Title X Requirements, and Local Policies. Example, revenue earned must be used for the activity that generated the revenue.
- Reporting: LHD are required to upload public health data monthly. Examples include patient demographics, procedure codes, and visits by program.

(b) Local Health Department Fees: Boards are also involved in setting fees for some services. Why do we charge fees? The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help cover the full cost of providing recommended and needed services. The fee law, GS 130A-39(g), prohibits the board from imposing local fees for some services such as food & lodging inspections. The local BOH also reviews and approves the LHD budget before it is submitted to the BOCC for their approval. Local BOH approval of the budget is not required by statute. However, accreditation states that the local BOH shall annually review and approve the LHD budget and approve fees in accordance with GS 130A-39(g). Fees must be approved by the BOCC and they must be set based on the cost to provide the service. The methodology for setting fees is a required piece of evidence for reaccreditation.

(6) GUIDELINES: Ms. Carraway presented:

(a) Guidelines for Board members: The General Statutes outline the composition of the board with specific disciplines representation required. There are 11 members appointed and removed by our county commissioners for three year terms. Each member must be a resident of the county. The Health Director serves as the secretary.

- Educate yourself about the community and its public health status
- Represent public health to the community

- Speak for the Board when delegated
- Act as an advocate for public health by maintaining active involvement
- Work to link the community to the health department

(b) **Guidelines for Board Meetings and Activities:** There are a number of specific guidelines for the management of Board meetings and activities. For example, you must have a quorum to do business and the business of the meeting must be reflected in written minutes. All approval must be recorded in the minutes and the minutes from Board meetings should be preserved and must not ever be discarded.

Whenever appropriate, the Board may be divided into working committees or sub-committees. These committees may include members from outside of the Board, to expand the base of expertise on a particular issue. Another thing to keep in mind, Boards and their subcommittees or working committees are subject to NC Open Meetings law. This means that notice of all meetings must be given to the public, even meetings that will be closed session. It also means that most of the time the public must be allowed to attend. The circumstances in which a meeting may be closed session is very narrow. The BOH should consult its attorney (or the University of NC School of Government) if there is a question about whether a meeting can be closed.

It is recommended that every Board have a manual and it is a requirement for accreditation that every Board should have a set of operating procedures. At our first meeting, we distributed a Board of Health manual. For orderly and effective meetings, our boards will follow our standard operating procedures. For additional information consult the Suggested Rules of Procedure for Small Local Government Boards, which is a UNC School of Government booklet written by A. Fleming Bell, II. We are working on getting everyone a copy of this publication.

- Must have a quorum present
- Must have written minutes for open and closed sessions and preserve these records
- Subject to NC Open Meetings Law
- For orderly and effective meetings consult your Board's Operating Procedures
- Maintain manual and operating procedures
- Use working or sub-committees which can include members from outside of the Board

(c) **Levels of Board Accountability:**

- Self
- Board
- Health Director, Staff
- Citizens, Community
- Region, State, Nation

(d) **Chair Roles and Responsibilities:**

- Leader of the Board
- Speaks for and represents the Board
- Promotes teamwork among Board members
- Addresses performance issues with other Board members when necessary
- Initiates annual evaluation of strategic planning process

(e) **Summary update:**

- Board members are advocated for public health, function as policy makers, and stay educated about local public health
- Board's overall roles are rule-making, adjudication, and administration
- Serving as a Board member is a weighty responsibility
- Strive for partnership; the Board hires the Director and the Director runs the agency
- Providing good service to the community is the ultimate goal

(7) **ACCOMPLISHMENTS:** Ms. McKnight shared a list of successes and accomplishments by the various departments over the past years.

Commissioner Deitz thanked the Board of Health Members for sacrificing their time and for their expertise on the Board.

(8) **ANNOUNCEMENTS**: Chairperson Farmer announced the next meeting of the Board of Health would be April 13th at 6:00 p.m.

Chairman McMahan announced that the next meeting of the Board of Commissioners would be February 11th at 1:00 p.m.

There being no further business, Commissioner Mau moved to adjourn the meeting. Commissioner Woody seconded the Motion. Motion carried and the meeting adjourned at 7:54 p.m.

Attest:

Approved:

Angela M. Winchester, Clerk
Jackson County Board of Commissioners

Brian Thomas McMahan, Chairman
Jackson County Board of Commissioners