



MINUTES
Board of County Commissioners Meeting
Monday, May 2, 2022 4:00 PM
Pender County Public Assembly Room

MEMBERS PRESENT:

George Brown
Fred McCoy
Jacqueline A. Newton
David Piepmeyer
David Williams

MEMBERS ABSENT:

OTHERS PRESENT:

Chad McEwen, County Manager
Trey Thurman, County Attorney
Tera Cline, Clerk to the Board
Doug Shipley, Assistant County Manager
Allen Vann, Assistant County Manager
Other Staff and Members of the Press and Public.

Page

1 CALL TO ORDER

Chairman Piepmeyer called the meeting to order at 4:00 PM

2 INVOCATION

Commissioner McCoy

3 PLEDGE OF ALLEGIANCE

Chairman Piepmeyer

4 ADOPTION OF AGENDA

4.1 Motion to adopt the agenda

Moved by George Brown, seconded by Jacqueline A. Newton

Agenda Approved

	For	Against	Abstained	Absent
George Brown	x			

Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

5 PUBLIC HEARING

6 PUBLIC INFORMATION

6.1 Update on the Pender County Drainage Improvement Program

9 - 30

Daniel Adams, Flood Plain Administrator, gave an update to the board on the drainage improvement program. Mr. Adams explained that the program is a new approach to improve resilience in the county. He added the program is taking a proactive approach to improving drainage to reduce the impact of future flood events. The program is funded by county investment and the USDA grant and NC Dept. of Agriculture. Round 1 of the EWP program consisted of 32,338 Linear feet of waterways cleared of debris, which included 22 creeks in Willard, Rocky Point and Hampstead as well as 3 stream banks stabilized. The current and ongoing projects in the program are clearing and snagging as part of round 2. Beaver management was funded by the county to include a new position and beaver bounty program. Mr. Adams shared numerous pictures of the progress the program has made.

[5.2.22 Daniel BOCC Presentation](#)

7 PUBLIC COMMENT

8 CONSENT AGENDA

8.1 Approval of Tax Releases and Refunds

8.2 Approval of a Budget Amendment to Increase Health Department Revenues and Expenditures for Fiscal Year 2021-2022: \$144,483

8.3 Contract Renewal for Emergency Response, Management & Recovery Services

8.4 Approval of Petition for a Road Addition

NCDOT submitted a petition on behalf of the the property owners and/or developers of The Reserve on Island Creek, Sections I, II & III to add an addition to Mississippi Drive to the Division of Highways. Length of the

road is 0.23 miles. Number of occupied homes having street frontage is 10, it is located 2.5 miles west of the intersection of Route #1002 and Hwy #210.

8.5 Approval of the Board of Commissioner Meeting Minutes April 19, 2022

8.6 Motion to approve consent agenda

Moved by Fred McCoy, seconded by David Williams

Consent agenda adopted

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

9 APPROVALS AND RESOLUTIONS

9.1 Approval Public Portal Property Tax Information

Moved by David Williams, seconded by George Brown

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

10 DISCUSSION

11 APPOINTMENTS

11.1 Approval of an Appointment to the Pender County Kiwanis Park Board

Moved by David Williams, seconded by Fred McCoy

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

12 MAPLE HILL WATER AND SEWER DISTRICT

13 ROCKY POINT WATER AND SEWER DISTRICT

14 SCOTTS HILL WATER AND SEWER DISTRICT

15 MOORES CREEK WATER AND SEWER DISTRICT

16 CENTRAL PENDER WATER AND SEWER DISTRICT

17 PENDER COUNTY BOARD OF HEALTH

Board of Health called to order at 4:24 PM

17.1 Review Board of Health letters for Re-accreditation

Carolyn Moser, Director of Health, presented letters for accreditation to be signed by the chairman.

Moved by Fred McCoy, seconded by George Brown

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

17.2 Review Health Department Policies with the Board of Health 31 - 58

Carolyn Moser, Director of Health, shared with the board updates to the department policies in regard to Board of Health.

Moved by Jacqueline A. Newton, seconded by George Brown

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

[Health Department Policies with the BOH - Pdf](#)

17.3 Board of Health Handbook and Annual Training 59 - 205

Carolyn Moser, Director of Health, shared updates and changes to the annual training and handbook.

Moved by David Williams, seconded by George Brown

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams	x			
	5	0	0	0

CARRIED.

[BOH Annual Training and Handbook - Pdf](#)

18 SOCIAL SERVICES BOARD

19 ITEMS FROM THE COUNTY ATTORNEY, COUNTY MANAGER, ASSISTANT COUNTY MANAGERS, & COUNTY COMMISSIONERS

Trey Thurman, County Attorney

- Gave an update on Opioid Settlement case.
- Items for closed session are item three, attorney client, item five acquisition of real property.
-

Chairman Piepmeyer, noted that first round interviews have taken place for our legal department. Second round interviews will be done this week.

Chad McEwen, County Manager, gave an update on County budget sessions.

Doug Shipley, Assistant County Manager, stated the grant applications for Parks and Rec were delivered in person today and gave a shout out to Stephanie Key and Olivia Dawson for helping a citizen in distress.

Commissioner Newton, congratulated Emergency Management on a job well done on their open house last week. She also reminded the board and the public that the Kings Bluff waterline dedication is Friday May the 20th.

Chairman Piepmeyer, stated he attended WMPO meeting for last month was last Wednesday, it was held at the new airport, I'm not sure if everybody's had the occasion, to visit the airport, some of the renovations are now operational. It's very impressive. It's been needed. And we've been handling a large volume through that airport larger than his capacity for a pretty long time. This will help us get close to be able to handle that volume, which is about a million and a half I think is what we're using for what our volume is. But very impressive. Renovations to not only making renovations to the structure, are adding baggage handling equipment, they're going to be able to improve the operations themselves through the use of some technology. They back to the the area that you to carry so that now you're not actually standing at the door, when you come in, you know, you can actually have some distance between you and the ticket people when, because it comes becomes very crowded in there. So it's good sign for us for this region.

20 CLOSED SESSION (IF APPLICABLE).

Motion to move to closed session at 5:05 PM PM made by Commissioner Brown and seconded by Vice Chairman Williams.
Motion to enter into closed session pursuant to G.S. 143-318.11: 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 time; 5) To establish, or to instruct the public body's staff or negotiating agents concerning the position to be taken by or on behalf of the public body in negotiating (i) the price and other material terms of a contract or proposed contract for the acquisition of real property by purchase, option, exchange, or lease; or (ii) the amount of compensation and other material terms of an employment contract or proposed employment. BOCC adjourned from closed session at 7:03 PM

- 20.1 7:03 PM BOCC back in open session. Motion to add Springfest COI to agenda made by Commissioner Newton and Second by Commissioner McCoy.

Pender County SpringFest is requesting current COI be accepted this year due to not getting the new county insurance policy information in time.

Moved by Jacqueline A. Newton, seconded by George Brown

Motion approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer		x		
David Williams	x			
	4	1	0	0

CARRIED.

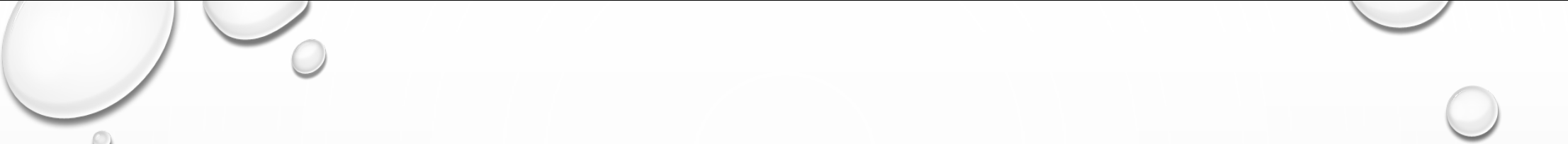
- 21 **NEXT MEETING DATE**
Monday May 9, 2022
Budget Session 4:00 PM

- 22 **ADJOURNMENT**

Motion to adjourn meeting at 7:05 PM Motion made by Commissioner Brown
Second by Commissioner McCoy.

The background of the slide features a light gray gradient. Scattered across the top and bottom edges are several realistic-looking water droplets and bubbles of varying sizes, some with highlights and shadows, giving them a three-dimensional appearance.

PENDER COUNTY DRAINAGE IMPROVEMENT PROGRAM



DRAINAGE IMPROVEMENT PROGRAM

- A NEW APPROACH TO IMPROVE RESILIENCE IN THE COUNTY
 - TAKING A PROACTIVE APPROACH TO IMPROVING DRAINAGE TO REDUCE THE IMPACT OF FUTURE FLOOD EVENTS
 - COUNTY INVESTMENT BEGINNING IN FY22 AND GRANT MONEY THROUGH THE USDA AND NC DEPARTMENT OF AGRICULTURE
- 

EWP ROUND 1

- 32,338 LINEAR FEET OF WATERWAYS CLEARED OF DEBRIS, WHICH INCLUDED 22 CREEKS IN HAMPSTEAD, ROCKY POINT AND WILLARD.
- THREE STREAM BANKS STABILIZED IN HAMPSTEAD.
 - NC HWY 210 NEAR HIDDEN BLUFF TRAIL
 - FACTORY ROAD NEAR MAJESTIC OAKS
 - COUNTRY CLUB ROAD ACROSS FROM THE OLDE POINT CLUBHOUSE

NC HWY 210 NEAR HIDDEN BLUFF TRAIL – BEFORE



NC HWY 210 NEAR HIDDEN BLUFF TRAIL – AFTER



FACTORY ROAD – BEFORE



FACTORY ROAD – AFTER



OLDE POINT – COUNTRY CLUB ROAD



CLEARING AND SNAGGING









CURRENT/ONGOING PROJECTS

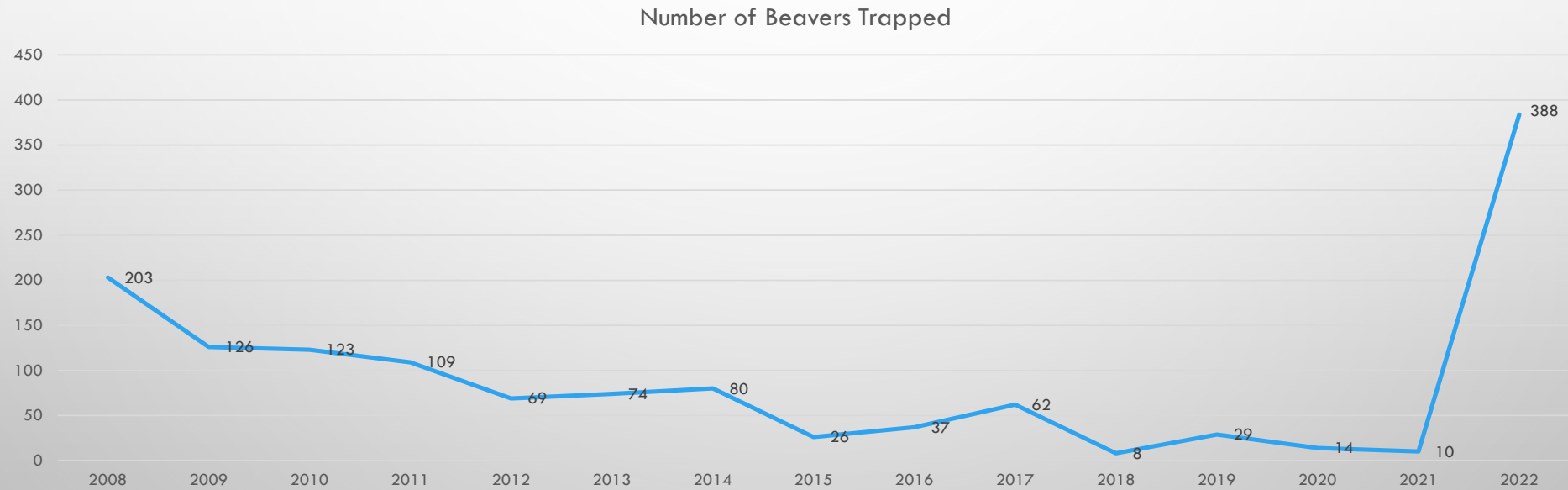
- CLEARING AND SNAGGING AS PART OF ROUND 2 OF THE EWP PROJECT IS CURRENTLY UNDERWAY.
 - BURGAW CREEK NEAR STAG PARK ROAD
 - BURGAW CREEK BETWEEN US HWY 117 AND NC HWY 53
 - NE CAPE FEAR RIVER NEAR CROOMSBRIDGE ROAD
 - SHELTER CREEK NEAR SHAW HIGHWAY BRIDGE



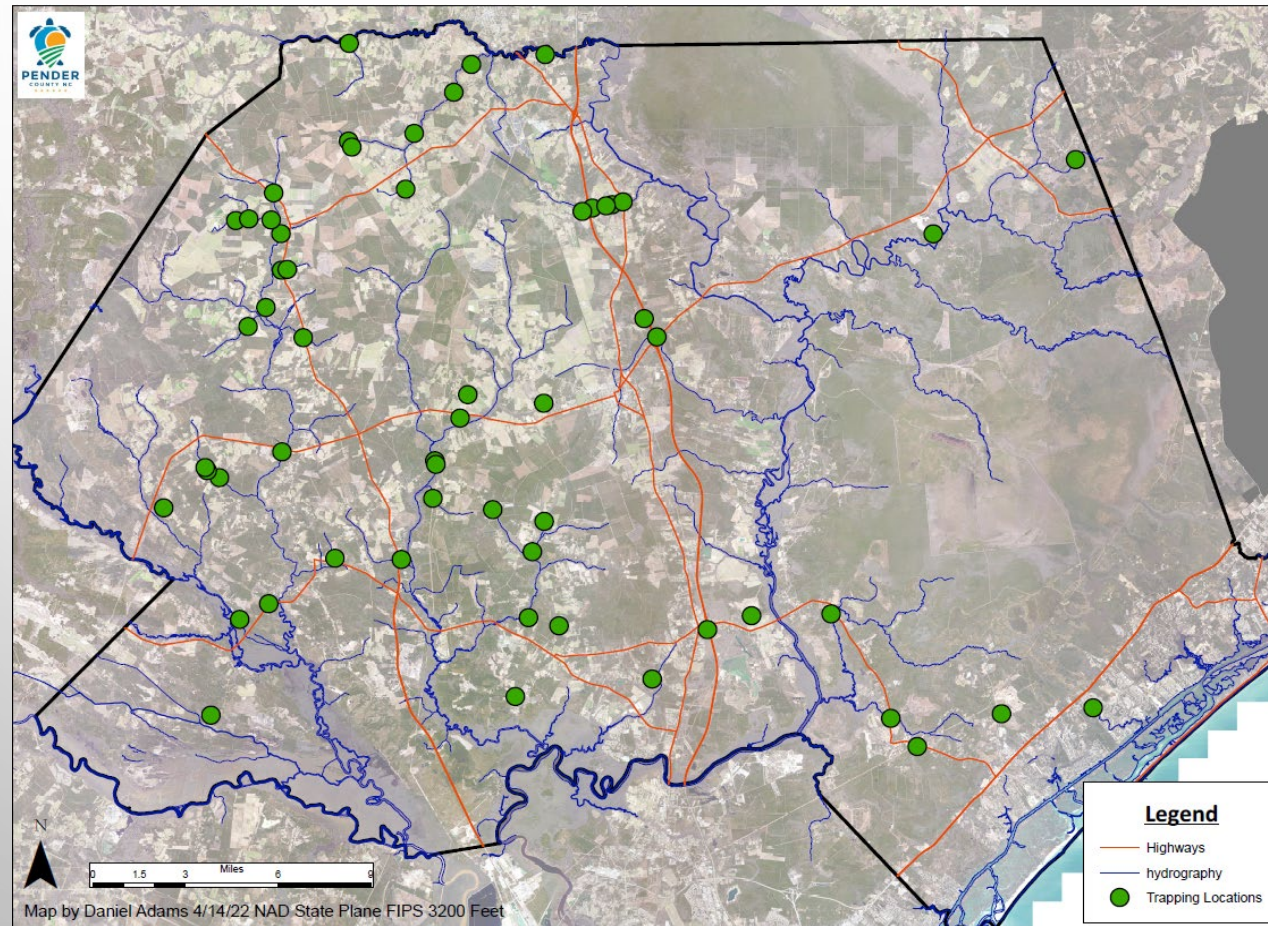
BEAVER MANAGEMENT

- THE BOARD FUNDED A COUNTY-LED BEAVER MANAGEMENT PROGRAM BEGINNING IN FY22.
 - INCLUDED A NEW POSITION
 - FUNDING FOR BEAVER BOUNTY PROGRAM
- FY22 IS THE FIRST YEAR SINCE 2008 THAT THE COUNTY HAS NOT PARTICIPATED IN THE USDA-SPONSORED BEAVER MANAGEMENT ASSISTANCE PROGRAM (BMAP).

RESULTS OF COUNTY BEAVER MANAGEMENT PROGRAM



MAP OF TRAPPING LOCATIONS



EXIT 408 – ROCKY POINT



EXIT 408 – ROCKY POINT INSIDE CULVERT



DAM ON SHELTER CREEK



DAM ON SHELTER CREEK



BIG BRANCH – US HWY 421





Pender County Board of Commissioners

TO: Board of County Commissioners
FROM: Carolyn Moser
DATE: May 2, 2022
SUBJECT: Review Health Department Policies with the Board of Health

SUMMARY:

Carolyn Moser will review the Health Department policies with the Board of Health.

There are policies included in the Board of Health handbook to be reviewed and approved by the Board: Any changes were highlighted or designated as a new policy.

- Rule-Making (new policy)
- Workforce Development (new policy)
- Fee Policy
- Tobacco-free, vapor-free health department - revised
- Nondiscrimination
- Diversity Policy

PENDER COUNTY HEALTH DEPARTMENT

Title: Rulemaking Authority

Department: Board of Health/
Pender County Commission

Effective Date: May 2, 2022

Last Revised:

Approved by:

David Piepmeyer, Chair
Pender County Commission

Date

Carolyn Moser, MPA
HHS Director

Date

Purpose: To provide guidance on the rulemaking authority by local boards of health necessary to protect the public's health.

Scope: Statutory rulemaking authority assigned to local boards of health

According to N.C. General Statute 130A-39, local boards of health have the "responsibility to protect and promote the public health" and are specifically authorized to "adopt rules necessary for that purpose." This authority is given to the Pender County Board of Commissioners who serve as the local board of health. The board is required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment, and disposal.

A local rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- is not discriminatory;
- does not violate any law or constitutional provision;
- does not make distinctions based upon policy concerns generally reserved for legislative bodies. Only legislative bodies are authorized to make policy-based distinctions.

Local boards of health may adopt rules solely based on health. Some rules may be pre-empted if the state already has already provided a regulation. Rules that are more stringent than rules adopted by the Commission for Health Services or Environmental Management Control must demonstrate that more stringent rules are necessary to protect the public's health.

Process:

When a public health concern is identified, the health director, Board of Health and county attorney will obtain guidance from the UNC School of Government for the steps taken to determine the need for a new county public health rule and its implementation.

PENDER COUNTY HEALTH DEPARTMENT

Title: Workforce Recruitment, Retention & Development/Training Policy

Department: Administrative

Effective Date: May 1, 2012

Last Revised: May 2, 2022

Approved by: _____
Carolyn Moser
Health & Human Services Director

David Piepmeyer
Board of Health Chair

PURPOSE

The purpose of this policy is to recruit, develop and retain a professional, diverse workforce.

POLICY

Pender County Health Department (PCHD) is committed to the employment, development and retention of its employees as public health workers. All staff members are encouraged to participate in professional and continuing education activities to the limit that budgetary and time constraints will permit. Staff members are encouraged and expected (and in applicable situations required) to attend such activities as are necessary to maintain professional standards and competencies in order to remain abreast of new developments in their respective areas of responsibility. All employees are subject to the conditions outlined in the Pender County Personnel Policies. This policy is in addition to the policies and procedures set forth in the county Personnel Policy.

PROCEDURES

Workforce Recruitment: The PCHD will abide by the laws and statutes governing "Equal Employment Opportunity" employers. All personnel responsible for recruitment and employment will follow state and federal labor laws to assure that equal employment opportunity based on reasonable, job-related position requirements is actively observed to prevent any discrimination based on race, color, religion, sex, national origin, political affiliation, qualified disability, marital status or age. Applicants with disabilities shall be given equal consideration for positions in which their disabilities do not represent an unreasonable barrier to satisfactory performance of duties. Notices with regard to equal employment matters will be posted in conspicuous places on county premises and where notices are customarily posted. See Pender County (PC) Personnel Policies Manual, Article II-Employment, Section 4. Recruitment.

Diversity: Efforts will be made to hire a workforce as diverse as the demographics of the Pender County population identified in the most recent Community Health Assessment. Anyone expressing an interest in available positions with PCHD has the opportunity to file an application. All job opportunities are listed on the PC Government website.

Recruitment Sources: When position vacancies occur, the Human Resources Department will publicize these opportunities for employment, including applicable salary information and employment qualifications. Information on

job openings and hiring practices may be published in local and/or other news media as necessary to inform the community in an effort to obtain a quality and diverse pool of applicants. Positions posted on the county website follow the guidance of the Pender County Human Resources policies and procedures. Job openings for professional positions are posted at area colleges and universities including historically Black Colleges/Universities. For non-professional positions, consideration for job announcements will be posted in an effort to provide as much exposure to culturally diverse candidates as possible.

Individuals will be recruited from a geographic area as wide as necessary and for a period of time sufficient to ensure that well-qualified applicants are obtained. Pender County Human Resources ensures employment advertisements contain appropriate verbiage concerning equal employment opportunities, complying with Federal and State statutes.

Retention: Retention of a qualified and diverse workforce is a priority. PCHD promotes a workplace environment that encourages accountability, commitment to the communities served, pride in individual and team contribution, and engages all staff in continuous learning.

Training Opportunities: Management Staff/Supervisors share information about staff training opportunities via emails, postings, and/or staff meetings. Employees may submit requests to their supervisor for continuing education events relevant to their position and to Public Health. The agency will support individuals who wish to acquire new skills or improve their knowledge as budgets and workload allow per county policy. The Health Department will maintain budget lines within program budgets to support and assist staff with continuing education to meet state and licensure requirements.

Workforce Development:

All staff members are responsible for ongoing professional growth and skill development to meet changing public health priorities and to meet any licensure requirements based on their job description. Job descriptions are reviewed annually by the staff members and supervisors to assure accurate reflection of tasks, duties, and requirements of the position.

During the annual performance appraisal, the supervisor and employee work together to identify the employee's training needs for the upcoming year. The plan may include new state or federal training requirements related to the position held, continuing education specific to licensing requirements, and/or areas identified by the employee and/or supervisor(s) where knowledge and/or skill improvement is needed or desired. Plans may include development of succession planning that prepares staff for future leadership positions. Individual training needs are noted on the Performance Evaluation under the Employee Goals section. Employees will complete required trainings and adhere to any timelines required by the state or as soon as possible when the training is delayed at the state level.

Training Mandates:

The Pender County Health Department will comply with the NC Administrative Code, Section .003 – Local Health Department Staff, Rule .0301, which identifies the “Minimum Standard Health Department Staffing.” In compliance with this rule, the following shall be mandated:

Public Health Nurses

Legal Authority: Nurses will follow the G.S. 90-171.20(7) North Carolina RN Nursing Practice Law; 21 NCAC 36 .0224, LPNs G.S. 90-171.20(8) North Carolina LPN Nursing Practice Law and 21 NCAC 36 .0225.

- Must possess a nursing degree from an accredited baccalaureate school of nursing or successfully complete the the introductory course *Principles and Practices of Public Health Nursing* under the auspices of Department Health & Human Services (DHHS). Must pass competency exam within one year of employment with the health department.
- Must maintain Continuing Competence as required by the Board of Nursing effective July 1, 2006. See <https://www.ncbon.com/>
- Formal education or training needed to perform activities within the scope of practice for the registered nurse as well as the following:

- Dispensing of Drugs by Public Health Nurses
- Title X Mandatory Trainings (if working in Family Planning clinic)
- CPR Training
- Respiratory Fit Testing
- Training in NCEDSS, NCIR, CVMS if applicable

Physician, Nurse Practitioners

- Nurse Practitioner's practice is governed by the NC Board of Nursing 21 NCAC 36 .0801-.0813 and the NC Medical Board 21 NCAC 32M .0101-.0116.
- All practitioners are subject to the NC Board of Pharmacy for prescriptive authority. Pharmacy Practice Act, N.C. G.S. 90-85.2 to 90-85.44
- Physicians are regulated by the NC Medical Board.
- Staff will be responsible to meet the licensure requirements of their respective licensing boards
- CPR Training and Respiratory Fit Testing
- Title X Mandatory Trainings (if working in Family Planning clinic)

Environmental Health Specialists (EHS)

- Must have a Bachelor's Degree with 30 hours of physical or biological science.
- Must pass the National Environmental Health exam.
- EHS employed by the health department will be delegated authority by the state to administer and enforce state environmental health rules and laws as directed by the state pursuant to G.S. 130A-4(b). This delegation will be done according to 15A NCAC 18A .2300.
- Newly employed environmental health specialists (interns) will attend state mandated centralized training when it is offered by the state.
- All EHS must complete 15 hours of continuing education approved by the NC State Board of Sanitarian Examiners annually.

Registered Dietitians

- Must have a Bachelor's Degree in Dietetics, Public Health Nutrition or Nutrition, Master's Degree in Dietetics, Public Health Nutrition or Nutrition and credentialed as a Registered Dietician.
- Newly hired nutritionists/RD will attend a state approved training as indicated by their position.
- Newly hired nutritionists/RD will attend a breastfeeding training.
- In compliance with CDR – 75 hours of CEUs associated with the RD's Learning Plan goals and objectives must be completed within five (5) years of submission of learning plan.

Breastfeeding Lactation Coordinator

- Must successfully complete the NC Lactation Educator Training Program or other approved breastfeeding program.

Orientation Training

- See health department Orientation Policy & New Employee Orientation Checklist for required training, certificates, etc.
- All employees funded in whole or in part by Title X funds will complete the Title X/Family Planning required trainings.
- All staff will complete or provide proof of completion of ICS 100,701A, and 800B within six (6) months of employment. Additional NIMS classes may be required depending on specific job responsibilities

Annual Training

- All employees who are employed with the health department for at least one year are required to complete annual training.
- Annual training is scheduled in the month of December.
- All employees receive an email reminder in December to complete annual training along with the instructions on how to access the training documents, checklist, etc. in the shared data file.
- See the attached Annual Training Check List remember to include and Employee Training Instructions for all required policies, procedures, trainings and certificates.
- All employees who are funded in whole or in part by Title X funds will complete the annual Title X/Family Planning required trainings.
- All required training documentation will be retained in the employee's personnel file.
- Employees will be responsible for maintaining their own record of continuing education and professional development log.
- The Health Director and Senior Management Team will receive on-going training and updates in Public Health Laws and Rules.
- Staff will be trained on policies as they are adopted and revised.

Infection Control/Bloodborne Pathogens/Immunizations

- Employees receive training on Infection Control and Bloodborne Pathogens at Orientation and annually thereafter. (See Infection Control & Bloodborne Pathogens Exposure Control Policies).
- See Infection Control Policy for employee immunization requirements.
- Respiratory Fit Testing Training (See Respiratory Fit Test Training Policy).

Health Disparities Training (Differences in health and health care between groups of people. Health disparities disproportionately affect the morbidity and mortality of diseases according to someone's race, culture, environment, sex, age, socioeconomic status, etc.)

Upon hiring and annually, all staff will receive training on health disparities.

- Each employee will complete the online training on the HRSA Public Health Training Network site upon hiring and annually. Proof of training will be kept in employee's personnel file.
- Each employee will review the most current Community Health Assessment and/or the State of the County Health Report (SOTCH) annually.
- The DON will provide an annual review of health disparities to staff. Resources will include the Child Health Report Card, the Women's Health Report Card; and other county level data.
- The Health & Human Services Director will provide an annual review of health disparities to the Advisory BOH utilizing the most current Community Health Assessment/State of the County Health Report (SOTCH) and other county level data. The Health & Human Services Director will present recommendations/suggestions for changes in services or approach based on the data/input reviewed.

Required Pender County HR Trainings

Pender County mandates training requirements for new employees and ongoing training for existing employees. See Article X-Employee Education and Training, Section 1-Education and Training Requirements of the Pender County Personnel Policies Manual for completion dates. Trainings include, but are not limited to:

- Safety Training
- Workplace/Sexual Harassment
- Cultural Diversity
- Customer Service
- Workplace Violence
- Professionalism/Ethics
- Communication & Behavioral Styles

- Managing Difficult Situations & People
- Supervisor Training (for Supervisors only)
- Meeting Management

Performance Appraisals:

- The county's probationary period is 6 months.
- Performance appraisals are conducted annually.

Job Descriptions:

- Job Descriptions reflect the tasks, duties, requirements and qualifications of the position.
- Supervisors review job descriptions with employee during the orientation process and annually during the employee performance appraisal; they are signed by the supervisor, employee and Health & Human Services Director and filed in the employee's personnel file.
- If job responsibilities change, the job description is revised to reflect the change and is signed by the employee, supervisor and Health & Human Services Director.

Reference Policies:

- Orientation Policy
- Pender County Personnel Policies Manual
- Infection Control Policy
- Bloodborne Pathogens Exposure Control Policy
- Respiratory Fit Testing Policy

PENDER COUNTY HEALTH DEPARTMENT

Title: Fee, Eligibility, and Billing Policy

Department: Fiscal Management

Effective Date: September 18, 2007

Last Revised: May 2, 2022

Approved by: _____

Carolyn Moser
Health & Human Services Director

Date

David Piepmeyer
Board of Health Chair

Date

Background and Purpose: To define the process of fees, eligibility, and billing for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process fees, billing, and eligibility.

Policy: Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that mandated public health services are furnished for all citizens and then providing as many recommended and requested public health services as possible for citizens with greatest need. We are here to promote health and wellness for the residents, by providing not only affordable, but quality healthcare. We are sometimes a place that the uninsured or underinsured turn to for services due to inability to afford services within a private practice. This policy is reviewed annually and revised as processes change.

Pender County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference. Services will not be denied based on inability to pay. PCHD utilizes the current, annually updated Federal Poverty Guidelines to determine the sliding fee scale.

FEES

Fees are a means to help provide services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health & Human Services Director and approved by the Board of Health/County Commissioners, and 2) they are not otherwise

prohibited by law. Fees are based on the cost of providing the service. Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Health Department and the County Finance Office.

Fee Setting

In accordance with G.S. 130-A-39(g), which allows local health departments to implement fees for services rendered, the Pender County Health Department (PCHD), with the approval of the Board of Health/Board of County Commissioners, will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the services.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Pender County Health Department will use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.

A multi-disciplinary committee will meet at least annually and more often as needed to determine the cost of providing services and discuss the fees for the services provided. This committee is comprised of Program Supervisors, Lead Billing Clerk, Lab Manager, Business Officer, Director of Nursing and the Health & Human Services Director. The following procedures are followed:

- It is the responsibility of the Program Supervisor to bring to the attention of the committee any changes in costs for existing services or projected costs of new services.
- The Lead Billing Clerk notifies Program Supervisors and the DON of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
- Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.

Once the fees are reviewed and discussed by the committee, the Health & Human Services Director will present the fees to the governing board during the budget process for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Vaccine and Administration

Pender County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Pender County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

340b Drugs and Devices

Pender County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the health department's billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

Non-Sliding Fees

PCHD provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not be offered on a sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Environmental Health Services Fees

Environmental Health fees are set based on comparison with surrounding counties and the cost to provide the service.

Dental Services Fees

Dental fees are set following the same approach as the clinic fees. The market-driven approach and the relative value approach are both taken into consideration when determining dental fees. In addition to looking at surrounding counties' dental fees, local private practice fees are also used as a comparison.

Animal Shelter Fees

Animal Shelter fees are set based on comparison with surrounding counties and the cost to provide the service. In addition to looking at surrounding counties' shelter fees, local veterinarian fees are also used as a comparison.

ELIGIBILITY

Identification

It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., passport, visa, or green card, etc. The health department does not require a client to present identification that includes a picture of the client

for immunization, pregnancy prevention, sexually transmitted infection and communicable disease services (Consolidated Agreement).

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

Title X requires that any client seeking confidential services be considered a family of one and that only their income be used in assessing their percent pay on the sliding fee scale.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit
4	A client who requests "confidential services", regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent's medical insurance policy, interview questions may include the following: 1) Ask the client if their parents are aware of their visit? 2) Ask if "both" parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit. 3) Ask if you can send a bill to the home, to both parents.	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

DETERMINING GROSS INCOME

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income will be used in fee determination and shall be defined as the combined cash income received by the client's family. Examples of sources of income and/or proof of income documentation are listed below.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran's Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning and Communicable Disease clients, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days, then the charge stands at 100% for that visit. The charge may be adjusted if documentation is provided at a subsequent visit, not to exceed 90 days. The Family Planning Program will accept self-declaration of income. The Communicable Disease Program does not require income declaration. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

Computation of Income:

Income will be based on a twelve (12) month period. If the client is employed the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed at the time he/she presents for services, their “employment only” income will be calculated at zero (0), however the client should be required to describe “their mechanism”, in regard to costs for food, clothing, shelter, utilities, etc. Refer to “sources of income” counted and apply all sources, as appropriate. “Regular contributions received from other sources outside of the home” is most often considered one of those sources. If the client is receiving unemployment or other “sources” of income, as designated above, all of those sources should be counted.

	The client's income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months' formula (Based on 12 month Period)	• Unemployed today = last 6 months income + projected unemployment (if applicable) or zero if client won't receive unemployment. This will give you income for the client for a 12 month period. ◦ If no unemployment compensation – ask how the client is going to support themselves. • Employed today but unemployed last 6 months – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the “actual date” of service. If there has been a change or it is time for their annual review, the income determination process should take place. Income information reported during the financial eligibility screening process for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

The number in the household, annual gross income and percentage of pay will be documented in the Household Income section of the EHR and electronically signed by the client.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to assess fees. All third-party providers will be billed, without discount, where applicable.

Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)

Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Pender County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows: Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to "0" at 100% of the current, updated annually, Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

- (1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
 - (a) Will be applied according to a public schedule of charges;
 - (b) Will not be imposed on low-income individuals or their families;
 - (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
- (2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
- (3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Child Health/Health Check

Well child exams (Health Check) conducted by FNP; exam includes medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.

Primary Care (Child Health) for sick children provided by FNP.

Eligibility: birth to 20 years; Child Health/Primary Care: 101% - 250% Federal Poverty Scale; Medicaid, or Insurance

Maternal Health

Prenatal care for eligible pregnant women.

Eligibility: Must be a Pender County resident: 101% - 250% Federal Poverty Scale; Presumptive Medicaid, Medicaid or Insurance.

Proof of Residency

Proof of residency is required in the Maternal Health Program. Proof of residency must be a least one acceptable form such as:

- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60-days old)
- Bank Statement
- Pay check stub (less than 60-days old)
- Driver's license or DMV identification
- If no proof of residency is available due to theft, loss or disaster, homelessness, migrant, or a transfer with no proof, document the reasons for no proof of residency in the Patient Notes. Upon subsequent visit, request an acceptable proof of residency.

Family Planning or Women's Health Services

Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by nurse or provider. All family planning services are client centered, culturally and linguistically appropriate, inclusive, and trauma informed.

Eligibility: Men and Women of childbearing age regardless of residency: 101-250% Sliding Fee Scale is applied; Medicaid or Insurance.

The following shall apply to Family Planning clients:

- (1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
- (2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and the visit note for that day of service will be marked confidential. Charges to clients seeking confidential services will be based solely on the individual's income.
- (3) Confidential clients will NOT be referred to Debt Set-off.
- (4) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts will be approved by the Health & Human Services Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health meeting minutes will serve as documentation that the write-offs have been approved.

- (5) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.
- (6) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
- (7) Verbal declaration of income is accepted for Family Planning clients.
- (8) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the health department, the client will be charged 100% of the cost of services, after informing the client that failure to declare income will result in the client owing 100% of the fee.
- (9) Family Planning clients will pay the lesser of the copay and additional fees or where they fall on Sliding Fee Scale as required by Title X.

Communicable Disease Control

This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed unless this would result in breach of confidentiality and the client requests no third-party billing. All laboratory tests processed by the state lab will be provided at no charge.

Breast and Cervical Cancer Control Program (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility: determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

Other Services

The Sliding Fee Scale does not apply to all health department services. Services with non-sliding fees do not require proof of income.

Adult Health/Primary Care – Sliding to 30% of 250% Federal Poverty Scale (minimum fee)

Dental Clinic Services – Sliding to 40% of 250% Federal Poverty Scale

Women's Infants and Children's Nutrition (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Pender County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Pender County Health Department, with the approval of the Pender County Board of Health/County Commissioners will implement specific fees for services during the budget process and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client. Pender County Health Department currently participates with Medicare, Medicaid, State Health Plan of NC and a variety of private insurances. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of “aging” accounts.
5. No one shall be denied services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client’s account balance will not be reduced due to a donation. There shall be no “schedule of donations”, bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on the current Federal Poverty guidelines with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health and Dental Services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility under the Household tab in the EHR. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment D)
4. Adult Health clients who are self-pay are required to make a minimal payment upfront for preventative visits, sick visits, and labwork.
5. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
6. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
7. The Accounts Receivable System will be balanced daily.
8. Emergency services will never be denied.

9. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign an electronic consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party is billed the total amount of the service provided. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically via the clearing house of the EHR.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
7. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
8. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

All clinic and in-house laboratory fees will be collected as part of the check-out process by the health department billing staff. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the billing staff upfront. Out-sourced labs for patients with Medicaid or other third party insurance will be billed directly by the private laboratory. The private laboratory will bill patients for any remaining balances according to their standard fees. Exception: If a lab is ordered in the Family Planning Program, the private laboratory will bill the health department directly and the fee will be billed to the patient on sliding fee scale. All in-house labs will be billed on sliding fee scale.

Private Vaccines Administered in General Clinic

Payment in full is required at the time of service for vaccines not supplied by the State, with exception of those billed to contracted in-network third party payers. These include Medicaid, Medicare Part B, Medicare Part D (via TransactRX), Health Choice, BCBS, etc. Patients with coverage outside of health department's network of third party payers will be provided a receipt for submission to their insurance carrier.

Newborn/Postpartum Home Visits, High-risk Prenatal Home Visits, Diabetes Education Classes

Visits and classes will be billed to Medicaid. For non-Medicaid patients, Diabetes Education classes will be billed to insurance. If uninsured, services will be billed to the client at the Medicaid reimbursement rate and the sliding fee scale applied.

Environmental Health Services

Payment is required prior to the provision of these services. Fees must be accompanied with the appropriate application and any other necessary documents or maps, and are payable in the Environmental Health offices, over the phone via credit card and through the U.S. Post Office. Staff SHALL NOT accept or agree to transport any payment of fees while conducting field work.

Fees are collected and recorded by management support staff in the office during the hours of 8:00 a.m. until 5:00 p.m. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period of time during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health administration to accept applications, collect fees and issue receipts.

Animal Shelter Services

The animal shelter does not utilize income-based payments. Everyone is charged according to the set fees regardless of income or ability to pay.

Overpayments and Refunds

Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off

- An itemized list of uncollectable outstanding patient balances will be prepared at the end of the calendar year for the Director of Health & Human Services to review. This list includes all outstanding accounts that reflect no activity for more than 12 months.
- Those balances approved by the Health & Human Services Director and the Board of Health will be written off.
- The Accounts Receivable system shall indicate the recording of the bill as uncollectable by adjusting the patient balance to zero. Claims will be kept on file.

Family Planning patients will not be denied services for inability to pay. Payment arrangements will be made for all outstanding bad debt and any current unpaid balances for Family Planning services.

If a patient returns to the health department after a bad debt has been determined uncollectable, their bad debt write off will be reactivated and the billing process resumed. The patient's account balance will be reinstated at the full amount of the write off.

A patient should never be informed that a debt has been written off.

Limiting or Restricting Services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the health department can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.
- The Health & Human Services Director has the authority to waive or reduce fees for special projects or targeted populations. The Health & Human Services Director has the right to waive fees for individuals who for a good cause are unable to pay. If collection procedures have been followed without success, the Billing Department may submit the individual's statement of charges along with an explanation of his/her situation to the Health & Human Services Director and request a waiver of charges. The Health & Human Services Director will review the circumstances and make an approved or not approved notation on the statement, along with the date and his/her signature. Billing will scan this record into the patient's chart and attach it to the charges that were waived or not waived.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting-- **"NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".

HEALTH PROMOTION SERVICES

SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the Pender County Health Department shall impose an administrative penalty of \$200 on the person who manages, operates, or controls the business in violation.

The person who manages, operates or controls the business has the right to appeal this decision to the local Board of Health. To pursue a formal appeal, a written notice of appeal must be submitted to the Health & Human Services Director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S. 130A-24. A copy of the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations and the person who manages, operates or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars (\$200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant fines shall be made within 30 days of the date of notice, unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.

Pender County Health Department

CLIENT BILL OF RIGHTS

1. The PATIENT has the right to considerate and respectful care.
2. The PATIENT has the right to obtain from his/her medical provider complete and current information concerning diagnosis and treatment, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. The patient has the right to know by name the medical provider responsible for coordinating his/her care.
3. The PATIENT has the right to receive from his/her medical provider information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The PATIENT has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The PATIENT has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in direct care must have the permission of the patient to be present.
6. The PATIENT has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
7. The PATIENT has the right to expect that within its capacity any agency must make reasonable response to the request of a patient for services. The agency must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another agency only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The agency to which the patient is to be transferred must first have accepted the patient for transfer.
8. The PATIENT has the right to obtain information as to any relationship of the agency to other similar agencies and educational institutions insofar as his/her care is concerned. The

patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who is treating him/her.

9. The PATIENT has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and health care providers are available.
10. The PATIENT has the right to examine and receive an explanation of his/her bill regardless of source of payment.
11. The PATIENT has the right to know what the health department rules and regulations are that apply to his/her conduct as a patient.

The Pender County Health Department staff provides safe and individual patient care based on each patient's needs and rights through:

- Recognition of each patient's dignity as a human being, and
- Defending the rights of each patient as an advocate.

The observance of these rights is expected to contribute to quality patient care and greater satisfaction for the patient and health care provider.

PENDER COUNTY HEALTH DEPARTMENT

**Title: Tobacco-Free, Vapor-Free
Health Department**

**Department: Board of Health/
Pender County Commission**

Effective Date: June 1, 2012

**Last Revised: June 20, 2016
March 23, 2022**

Approved by:	_____	_____	_____	_____
	David Piepmeyer, Chair	Date	Carolyn Moser,	Date
	Pender County Commission		Health and Human	
			Services Director	

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco and second-hand smoke or vapor.

Policy

Tobacco use and products such as electronic cigarettes that produce vapor emissions are strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.
2. Employees are encouraged to avoid smoking within view of health department clients during operating hours.
3. Employees working away from the health department for environmental health and other outreach services are prohibited from smoking around health department clients.

*Pender County Health Department
September 2013*

Procedure (cont)

4. Tobacco products (combustible and non-combustible products including electronic cigarettes) cannot be purchased, accepted as donations, and / or distributed to clients the department serves.
5. Copies of this policy will be distributed and reviewed during new employee orientation by the appropriate supervisor and whenever policy is revised. A copy of policy signed by employee will be placed in employee's personnel file.
6. Appropriate signage will be posted at all building entrances and on the grounds of the department.
7. The Pender County Health Department provides support to employees who want to quit the use of tobacco products. These employees are encouraged to talk to their health care provider or the health department's health care providers about quitting. Employees are encouraged to use the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW, available from 8:00 a.m. to 12:00 midnight, seven days per week. Educational materials are available at the health department to increase staff awareness of the importance of quitting tobacco use.
8. The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all staff. All individuals share in the responsibility for compliance. All staff is asked to help with compliance when it comes to clients, contractors, vendors, and visitors by politely informing them of the policy and asking that they refrain from smoking/using tobacco in the buildings and on the health department grounds. In keeping with the health department mission, the 1-800-QUIT-NOW free telephone tobacco use cessation support number is posted in the health department.
9. Any problems with enforcement or adherence to this policy should be to the attention of the appropriate supervisor and handled through the normal chain-of-command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other department rules.

I have received the Tobacco-Free, Vapor-Free Health Department Policy.

Employee Name

Date

*Pender County Health Department
September 2013*

PENDER COUNTY HEALTH DEPARTMENT

Title: Non-discrimination Policy

Department: Administration

Effective Date: June 1, 2012

Last Revised: April 7, 2022

Approved by:

David Piepmeyer
Board of Health Chair

Carolyn Moser
Health & Human Services Director

Purpose

The purpose of this policy is to comply with Federal and State laws including Title VI and VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, NC General Statutes §126-16 and 126-17 and to ensure consistency of services throughout the health department.

Policy

- This policy applies to all health department employees and clients.
- The Pender County Health Department will not discriminate against clients that present for services.
- The Pender County Health Department will not discriminate against applicants seeking employment. The Health Department provides equal employment opportunities for all persons regardless of race, color, national origin, religion, sex or sexual orientation, gender identity, age, disability or political affiliation, genetic information or any other protected category under local, state, or federal law. This policy will ensure that applicant choices for employment are based on the most qualified and are not viewed as discriminatory.

Procedures

Employees:

Supervisors are expected to participate in the implementation of this plan and to comply with health department policy to:

1. prohibit retaliatory action of any kind against any other employee or applicant for employment because the person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination;
2. assure that all employment practices are administered in compliance with Title VII of the Civil Rights Act of 1964 and this policy. Such practices include, but are not limited to:
 - a. recruitment, including advertising, or soliciting for employment;
 - b. selection, hiring, and placement;

- c. treatment during employment including compensation, promotion, and reallocation;
 - d. evaluation of work performance;
 - e. administration of all forms of pay and other compensation;
 - f. selection for training, including trainee, interim, and apprenticeship opportunities;
 - g. other career development opportunities; and
 - h. transfer, suspension, demotion, termination and/or reduction in force.
- 3. assure reasonable accommodations for applicants and/or employees with disabilities when doing so will enable them to successfully perform the essential job functions or benefit from training.
 - 4. refer to the Pender County Personnel Policies Manual, Article II-Employment, Section 1.
 - 5. notices of the *And Justice for All* are posted in conspicuous locations throughout the health department.
 - 6. employees of the health department shall receive this policy in their orientation manual upon employment.

Clients:

- 1. provide services for those clients that meet the eligibility of the programs.
- 2. ensure clients are not denied services based on the criteria in Title VI of the Civil Rights Act of 1964 and this policy.
- 3. assure reasonable accommodations for clients with disabilities to enable them to access services.

PENDER COUNTY HEALTH DEPARTMENT

Title: Diversity Policy

Department: Administration

Effective Date: September 18, 2007

Last Revised: April 7, 2022

Approved by: _____

David Piepmeyer
Board of Health Chair

Carolyn Moser
Health & Human Services Director

Purpose

To ensure a diverse staff that mirrors the demographics of the community.

Policy

The Pender County Health Department (PCHD) works to hire employees and management staff who best meet the needs of the individual programs. PCHD strives to recruit and retain an ethnic diverse staff that reflects the cultural diversity of the county. The health department monitors demographics in the community utilizing the data from the Community Health Assessment which is done every four years, NC Census Bureau and the NC Department of Commerce.

Strengths

Although the health department does not necessarily mirror the diversity of the county population (males are under-represented), the make-up of the staff closely reflects the patient base in our medical, WIC, and dental clinics, as well as staff management team. The health department has a strong staff development program that encourages individuals to obtain further education and training to prepare them for management positions.

Plans to Increase Diversity

Job postings are handled by the county's Human Resource Department (HR). HR posts the employment opportunities on bulletin boards, county websites, with Employment Security Commission, and other local, state or national organizations, in newspapers and professional publications and on websites as deemed appropriate by the HR Director. Job openings for professional positions are posted at area colleges and universities including Historically Marginalized Colleges/Universities. For non-professional positions, consideration for job opening announcements will be posted with effort to provide as much exposure to culturally diverse candidates as reasonably possible. PCHD will make presentations to health profession occupation classes in the local high schools, and the local community in an attempt to create awareness of a public health career in local government. The Health Educators will also promote local public health careers in the community at various festivals and events.



**Pender County
Board of Commissioners**

TO: Board of County Commissioners
FROM: Carolyn Moser
DATE: May 2, 2022
SUBJECT: Board of Health Handbook and Annual Training

SUMMARY:

Carolyn Moser will present to the Board of Health the Annual Training and Handbook.

2022 PENDER COUNTY

BOARD OF HEALTH

Board Member Handbook and Training Manual

Table of Contents

2.	Board of Health Handbook Opening Letter
3-3.1	Member Contact List/Advisory Board Member Contact List
4-4.1	Meeting Schedule/Advisory Board Meeting Schedule
5.	Organizational Chart
6.	Operating Procedures
7-7.11	Administrative Policies
8-8.4	Health Department Brochures
9-9.1	2021 SOTCH/2020-2024 Health Department Strategic Plan
10-10.4	Board Member Training Materials/Roles & Responsibilities
11.	North Carolina Accreditation
12-12.1	Miscellaneous

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

April 19, 2022

To: Pender County Commissioners/Board of Health
From: Carolyn Moser, Health and Human Services Director
Reg: Board Member Handbook and Training Manual

On behalf of the Pender County Health Department, this handbook and training manual is provided to you as a member of the Pender County Board of Health. It contains valuable information about the local health department, its operations, and your roles and responsibilities as a member of the Board of Health.

The Pender County Board of Commissioners participates in the policy-development, rulemaking, and adjudication processes for the Pender County Health Department. While this handbook has a variety of information, it also serves as the orientation/training manual for new and current board members.

I encourage you to consider this a reference tool that can be beneficial during your tenure as a board member. I look forward to working with you as we strive to improve the health of Pender County and its residents.

803 S. Walker St., Burgaw, NC 28425 (910) 259-1328 Fax (910) 259-1258

Environmental Health (910) 259-1233 WIC (910) 259-1290

PENDER COUNTY BOARD OF COMMISSIONERS/
Pender County Board of Health
2021-2022

David Piepmeyer, Chair
122 Broadview Ln., Hampstead, NC 28443
270-8512
dpiepmeyer@pendercountync.gov

Jacqueline A. (Jackie) Newton, Vice Chair
4304 Shiloh Rd., Watha, NC 28478
(910) 619-3863
janevton@pendercountync.gov

George R. Brown, Jr.,
361 Bridgeside Rd., Rocky Point, NC 28457
675-8653 | 512-2732
gbrown@pendercountync.gov

Fred McCoy
362 Harrell Rd., Burgaw, NC 28425
259-9349
fmccoy@pendercountync.gov

James David Williams, Jr.
240 Doral Dr., Hampstead, NC 28443
270-7757
dwilliams@pendercountync.gov

PENDER COUNTY
ADVISORY BOARD OF HEALTH
2021

Mrs. Kimberly Collins, Chair

329 Lafayette Street
Wilmington, NC 28411
Email: kimberly_collins@pender.k12.nc.us
Home #: 910-228-8759
Work #: 910-362-7927
Work Direct Line: 910-362-7927
Position: Nurse
First Term Appointed: June 5, 2017
Term Expires: June 30, 2023

Mr. George R. Brown, Jr.

361 Bridgeside Road
Rocky Point, NC 28457
Email: gbrown@pendercountync.gov
Home #: 910-675-5308
Cell #: 910-512-2732
Position: Commissioner
Appointed: June 17, 2013

Mrs. Jan Dawson

503 S. Bennett Street
Burgaw, NC 28425
Email: beaniej@att.net
Home #: 910-259-3149
Position: Public Member
First Term Appointed: June 5, 2017
Term Expires: June 30, 2023

Ms. Elizabeth Caveness

408 East Creekview Drive
Hampstead, NC 28443
Email: beth.caveness@gmail.com
Cell#: 910-520-2248
Position: Pharmacist
First Term Appointed: October 18, 2021
First Term Expires: June 30, 2024

Mr. Shannon Jennings, Vice Chair

337 Olde Point Loop
Hampstead, NC 28443
Email: Shannon.jennings@houseofraeford.com
Home#: 910-270-1012
Position: Veterinarian
First Term Appointed: June 17, 2019
First Term Expires: June 30, 2022

Ms. Samenthia Jones,

19119 US Highway 421
Willard, NC 28478
Email: sam.jones@pendersheriff.com
Home#: 910-283-0897
Cell: 910-604-0344
Position: Public Member
First Term Appointed: September 16, 2019
First Term Expires: June 30, 2022

Mr. Frank Perez

208 Doral Dr.
Hampstead, NC 28443
Email: fpfive@charter.net
Home#: 910-200-1924
Position: Public Member
First Term Appointed: April 19, 2021
First Term Expires: June 30, 2024

Ms. Denise Houghton

901 Spot Lane
Holly Ridge, NC 28445
Email: denise.houghton@yahoo.com
Home#: 910-520-3964
Position: Optometrist Member
First Term Appointed: November 18, 2019
First Term Expires: June 30, 2022

Vacancies:

Dentist-Vacant
Physician-Vacant
Engineer-Vacant

**2022 CALENDAR
REGULAR MEETINGS
PENDER COUNTY BOARD OF COMMISSIONERS**

DAY	DATE	TIME
Monday	January 3	4:00 p.m.
Tuesday (Hampstead Annex)	January 18	4:00 p.m./7:00 p.m.
Monday	February 7	4:00 p.m.
Tuesday	February 22	4:00 p.m./7:00 p.m.
Thursday (Hampstead Annex)	March 03 (Board Retreat – Day 1)	4:00 p.m.
Friday (Hampstead Annex)	March 04 (Board Retreat – Day 2)	9:00 a.m.
Monday	March 14	4:00 p.m./7:00 p.m.
Monday	April 4	4:00 p.m.
Tuesday	April 19	4:00 p.m./7:00 p.m.
Thursday	April 28 (Budget Work Session)	4:00 p.m.
Monday	May 2	4:00 p.m.
Monday	May 9 (Budget Work Session)	4:00 p.m.
Monday	May 16	4:00 p.m./7:00 p.m.
Thursday	May 19 (Budget Work Session)	4:00 p.m.
Monday (If Needed)	May 23 (Budget Work Session)	4:00 p.m.
Monday	June 6	4:00 p.m.
Monday	June 20	4:00 p.m./7:00 p.m.
Monday	July 11	4:00 p.m./7:00 p.m.
Monday	August 1	4:00 p.m.
Monday	August 15	4:00 p.m./7:00 p.m.
Tuesday	September 6	4:00 p.m.
Monday	September 19	4:00 p.m./7:00 p.m.
Monday	October 3	4:00 p.m.
Monday (Hampstead Annex)	October 17	4:00 p.m./7:00 p.m.
Monday	November 7	4:00 p.m.
Monday	November 21	4:00 p.m./7:00 p.m.
Monday	December 5	4:00 p.m./7:00 p.m.

Note: All Meetings Held at Pender County Public Assembly Room, 805 South Walker Street, Burgaw, Unless Otherwise Advertised.

2022

**Advisory Board of
Health**

Meeting Schedule

Thursday, January 13th

Thursday, April 14th

Thursday, July 14th

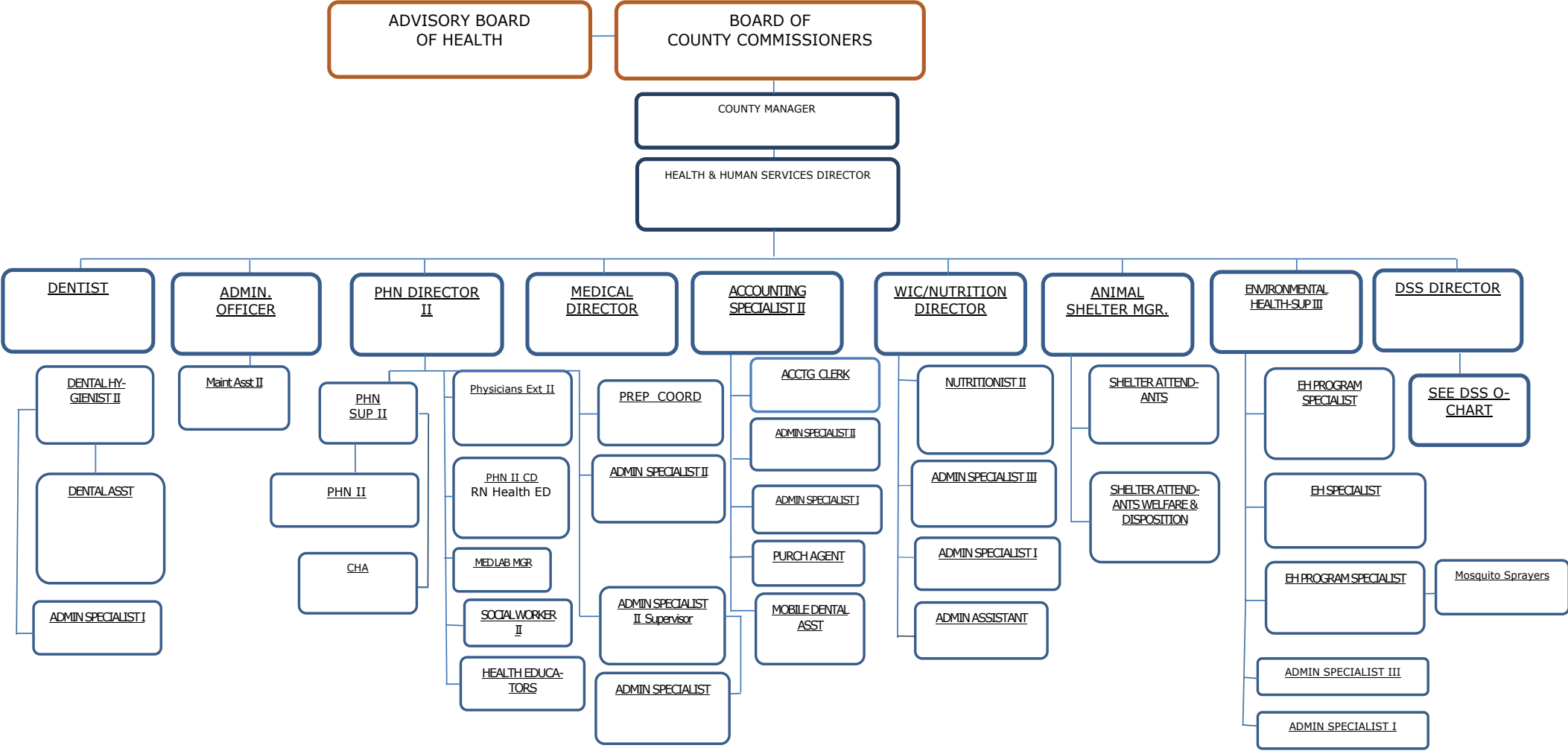
Thursday, October 13th

*All meetings are Open to the Public
and held at 5:00 p.m.*

*Meetings in Red will be held in the
board room of the health department*

Meetings in Blue will be held at the Hampstead Annex

Pender County Health Department



PENDER COUNTY HEALTH DEPARTMENT

Title: Operating Procedures
Pender County Board of Health

Department: Pender County Commission/
Health and Human Services

Effective Date: September 12, 2013

Last Revised: April 19, 2022

Approved by:

David Piepmeyer, Chair Date
Pender County Commissioners

Carolyn Moser, MPA Date
HHS Director

1. Name and Office

The name of this organization is the Pender County Commission who shall also serve in the capacity of the Pender County Board of Health (hereinafter "Board"). The principal office of the Board is located at 805 South Walker St., Burgaw, NC 28425.

2. Officers and Committees

a. Chair and Vice-Chair

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the December County Commissioner meeting.

b. Secretary

The administrative clerk to the Board shall serve as Secretary to the Board. The Health and Human Services Director is not a member of the Board.

c. Advisory Board of Health

The Board shall establish and appoint members for an Advisory Board of Health to serve as public health advocates for the community and professional liaisons to the Board of Commissioners. This Advisory Board is subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

3. Meetings

a. Regular Meetings

The Board shall hold regular monthly meetings on the first and third Mondays. If a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The Board is subject to the North Carolina open meetings laws and shall comply with the provisions of those laws. The meetings shall be held at 805 South Walker Street, Burgaw, NC and shall begin at 4:00 p.m. unless otherwise noted.

b. Public Comment/Participation

Each agenda/meeting shall include a time for individuals or groups who wish to address the Board of Commissioners. This Public Comment time is also available to anyone that may want to address health department/community health concerns or to participate in the community health improvement process. Such individuals or groups that wish to address the Board shall sign in at the beginning of each meeting on a sign-in sheet provided by the Secretary. The time limit for each speaker shall be established by the Board.

c. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary. The Health and Human Services Director shall submit resolutions to the Secretary two weeks prior to the Board meeting. Actionable resolutions, which may include recommendations from the Advisory Board of Health, must be submitted for final approval by the Board. Other resolutions may be informational as related to public health reports and updates.

For regular meetings, the Board may add items to the agenda by a unanimous vote or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

d. Presiding Officer

The Chair of the Board shall preside at Board meetings. If the Chair is absent, the Vice-Chair shall preside.

e. Quorum

A majority of the actual membership of the Board shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

f. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

g. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may access the minutes through the Pender County Government website or obtain written copies of Board meeting minutes at 805 South Walker Street, Burgaw, NC.

4. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

5. Rule Making

The Pender County Board of Health has the responsibility and authority to adopt rules, as necessary, to protect and promote the public health. The Board shall do so in compliance with conditions set out in N.C. General Statute 130A-39, by vote, at a regular meeting of the Board. The Board will adopt, amend, or repeal a rule only:

- After thorough consideration of the available data and analysis from county and/or staff with expertise in the subject under consideration;
- After consultation with the County Attorney regarding the subject under consideration and regarding the authorities and responsibilities of the Board;
- After public notice of the proposed rule, its effective date and where copies of the proposed rule are available; and
- After conducting a public hearing on the proposed version of the rule at a regular meeting of the Board.

6. Board of Health Training

Each member of the Pender County Commissioners serves as a member of the Pender County Board of Health. This is an important role and critical that the board member be trained and understand what it means to be a part of the Board of Health. Board of Health members should understand the statutory authorities they have, should be trained on their rule-making authority, should have a good knowledge of public health law and should develop their abilities to give sound advice and guidance to the health director and the department. Newly appointed board members are to receive training and reference materials on the authorities and responsibilities of the local Board of Health within the first year after appointment to the board. The health department is to assure that board members receive on-going training related to the authority and responsibility of the board. This training can be in-person, via web-based platforms, or through self-study.

7. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the county attorney shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

PENDER COUNTY HEALTH DEPARTMENT

Title: Public Comment

Department: Administration/
Board of Health

Effective Date: May 10, 2012

Last Revised: May 15, 2016
May 2, 2022

Approved by: _____
David Piepmeyer, Chair Date Carolyn Moser, Director Date
Pender County BOH Health and Human Services

Background and Purpose: To encourage public comment in a fair, consistent and informative manner.

Scope: All interested or concerned citizens

Policy: The Pender County Health Department, the Pender County Board of Health/BOCC, and the Pender County Advisory Board of Health shall establish methods to allow for public comment.

Procedures:

1. Oral Comments
 - a. The board will provide instructions for voice mail messages from the public to allow for public comments to be gathered when the agency is seeking public comment on a specific topic or event. When this method is utilized, an advertisement in the local newspapers, at the Pender County Administration building, and the county courthouse will be posted.
 - b. The board will provide a timeframe at each meeting for public comment at or near the beginning of agenda. A copy of the scheduled Board of Health/BOCC and Advisory Board of Health meetings can be found in the Pender County Administrative building and posted at the health department. This public comment period will be made available for the public to comment generally on department operations or on topics of interest to the board or department.
 - c. The board will provide open forums when deemed necessary by the Board of Health/BOCC to allow for public comments to be gathered on specific topics, events, and implementation of new rules and regulations. Notice of such forums will be placed in the local newspaper, on the county and the health department websites, and at the Pender County Administrative building.

2. Written Comments
 - a. The department provides forms for consumer comments located at each health department office, administrative, clinical, dental and environmental health.
 - b. The public may email comments to the county website which are then forwarded to the Board of Health chair and the health department director.
 - c. All written testimony must include the commenter's name and contact information.
3. Public comment for the Pender County Board of Health/BOCC shall follow the Operating Procedures for the County Commissioners.

PENDER COUNTY HEALTH DEPARTMENT

Title: Executive Succession for Health Director

Department: Board of Health/
Pender County Commission

Effective Date: November 18, 2008

Last Revised: June 20, 2016
September 12, 2013
May 2, 2022

Approved by:

David Piepmeyer, Chair
Pender County Commission

Date

Carolyn Moser, MPA
HHS Director

Date

Succession: In order for the Pender County Commissioners to plan for a change in administration, the Health Director will provide the County Manager and the County Commissioners adequate notice prior to resignation so there is ample time to recruit a new director.

In the event the Health Director becomes incapacitated or is otherwise unable to perform the duties of the health director for an extended time; or until a replacement can be employed the following management structure will prevail:

- The Director of Nursing in conjunction with guidance from the Board of Health, and the department's Business Officer will be responsible for handling all matters relating to the fiscal operations of the health department including, but not limited to, budgetary and personnel considerations for employment and dismissal. The board also has the option to hire an interim director during the recruitment process.
- The Nurse Director, Nurse Supervisor, and WIC Director will be responsible for handling all matters relating to the clinical and outreach operations of the health department, including, recruitment and training of personnel.
- Environmental Health Supervisor will be responsible for the environmental health program including, recruitment and training of personnel.
- Following standard Board of Health approved policies and procedures, the senior management team will work together in committee to ensure that the operations of the health department continue smoothly and that program objectives and responsibilities continue to be met.

PENDER COUNTY HEALTH DEPARTMENT

Title: Delegation of Duties to the Health Director

Department: Board of Health/
Pender County Commission

Effective Date: September 18, 2007

Last Revised: January 12, 2012
June 20, 2016
May 2, 2022

Approved by:

David Piepmeyer, Chair Date
Pender County Commission

Carolyn Moser, MPA Date
HHS Director

Background and Purpose: To employ a Health Director and delegate to him/her the authority and responsibility for the overall management of the affairs of the Health Department in accordance with written policies. In the absence of written policies, the Health Director is to be guided by an application of Board intent as established in other policies and counseled where appropriate by the members of the Board.

Scope: To state general policies that will guide the Board of Health in their delegation of duties to the Health Director.

Procedure:

1. To establish a job description for the position of the Health Director including appropriate qualifications of education, experience, personal factors, and skills. The Health Director shall guide his/her activities by the content and spirit of the job description.
2. The Health Director must administer the Health Department within conformance or a reasonable interpretation of North Carolina General Statutes.
3. Responsibilities of the Health Director include:
 - a. The implementation of programs, policies, and fiscal plans.
 - b. Performance of management functions which will assure that program services will be available, accessible, acceptable, coordinated to promote continuity of care and meet appropriate standards.
 - c. Delegation of authority and accountability for program functions to Health Department staff that is assigned managerial responsibilities.

(cont)

- d. Coordination of information with other governmental and private groups concerned with the planning and delivery of health and social services for which clients of the area are eligible.
 - e. Performances of administrative functions which will provide accountability for funds received and expended and assure that all regulations and requirements are satisfied.
 - f. Management of Health Department staff addressing such functions as recruitment, staff development, job descriptions, evaluation, termination, grievance procedures, and related employee benefits.
 - g. Use statistical and other relevant information for determining needs, planning services, monitoring staff and program activity, and evaluating the attainment of objectives.
 - h. Present issues to the Board that may require board policy statements.
 - i. Approve contracts for services for amounts approved by the Board in the budget ordinance or revision.
 - j. Approve the purchase of capital equipment approved by the Board in the budget ordinance or revision.
 - k. Develop the organizational structure for the Health Department, prepare current organizational charts, and establish lines of communication.
4. The board will evaluate the Health Director on an annual basis. Evaluations should be done in a closed session where a quorum of the Board evaluates the Health Director. The Board will utilize the evaluation to deem eligibility for merit raise consideration.
5. It is the responsibility of the Board to hire and terminate, if necessary, the Health Director.

PENDER COUNTY HEALTH DEPARTMENT

Title: Nondiscrimination Policy

Department: Administration/BOH

Effective Date: June 1, 2012

Last Revised: May 2, 2022

Approved by:

David Piepmeyer, Chair
Board of Health

Date

Carolyn Moser, Director
Health & Human Services

Date

Purpose

The purpose of this policy is to comply with Federal and State laws including Title VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, NC General Statutes §126-16 and 126-17 and to ensure consistency of services throughout the health department.

Policy

- This policy applies to all health department employees and clients.
- The Pender County Health Department will not discriminate against clients that present for services.
- The Pender County Health Department will not discriminate against applicants seeking employment. The Health Department provides equal employment opportunities for all persons without regard to race, color, national origin, creed, religion, sex, sexual orientation, gender identity, genetic information, age, disability or political affiliation, except where religion, sex or age are bona fide job-related employment requirements or any other protected category under local, state and federal law. This policy will ensure that applicant choices for employment are based on the most qualified and solely on individual merit.

Procedures

Employees:

Supervisors are expected to participate in the implementation of this plan and to comply with health department policy to:

1. prohibit retaliatory action of any kind against any other employee or applicant for employment because the person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination;
2. assure that all employment practices are administered adhere to any protected category under local, state, and federal law.

(cont)

Such practices include, but are not limited to:

- a. recruitment, including advertising, or soliciting for employment;
 - b. selection, hiring, and placement;
 - c. treatment during employment including compensation, promotion, and reallocation;
 - d. evaluation of work performance;
 - e. administration of all forms of pay and other compensation;
 - f. selection for training, including trainee, interim, and apprenticeship opportunities;
 - g. other career development opportunities; and
 - h. transfer, suspension, demotion, termination and/or reduction in force.
3. assure reasonable accommodations for applicants and/or employees with disabilities when doing so will enable them to successfully perform the essential job functions or benefit from training.
 4. refer to the Pender County Employee Personnel Policies Manual Employment *Statement of Equal Employment Opportunity*
 5. seek guidance from Pender County Human Resources Department
 6. post notices of the Fair Labor Standards Act (FLSA) in conspicuous locations throughout the health department.
 7. Assure employees of the health department receive this policy during orientation upon employment by Human Resources and health department staff.

Clients:

1. provide services for those clients that meet the eligibility of the programs.
2. ensure clients are not denied services based on age, gender, race, color, creed, religion, national origin, sexual orientation, gender identity, genetic information, political affiliation, or physical handicap.
3. assure reasonable accommodations for clients with disabilities to enable them to access services.

PENDER COUNTY HEALTH DEPARTMENT

Title: Employee Diversity Policy

Department: Administration/
Pender Co. Advisory Board of Health/
Pender County Commission

Effective Date: September 18, 2007

Last Revised: June 14, 2012
September 12, 2013
May 2, 2022

Approved by:

David Piepmeyer, Chair Date
Board of County Commissioners

Carolyn Moser, MPA Date
Health Director

Purpose

To ensure a diverse staff that mirrors the demographics of the community.

Policy

The Pender County Health Department (PCHD) works to hire employees and management staff who best meet the needs of the individual programs. PCHD strives to recruit and retain an ethnically diverse staff that reflects the cultural diversity of the county. County demographics are monitored in the community utilizing the data from the most recent Community Health Assessment.

Strengths

Although the health department does not necessarily mirror the diversity of the county population (males are under-represented), the make-up of the staff closely reflects the patient base in our medical, WIC, and dental clinics, as well as staff management team. The health department has a strong staff development program that encourages individuals to obtain further education and training to prepare them for management positions.

Plans to Increase Diversity

In order to recruit a diverse staff, the health department will make job postings available to traditional historically marginalized colleges and universities. PCHD staff will provide presentations to health profession occupation classes in the local high schools and the local community in an attempt to create awareness of a public health career in local government upon request. Health Educators will also promote local public health careers in the community whenever possible.

PENDER COUNTY HEALTH DEPARTMENT

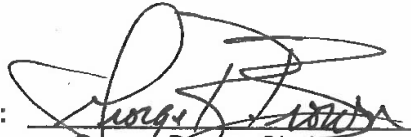
Title: Residency of Department Head

Department: Administration/
Pender Co. Commission

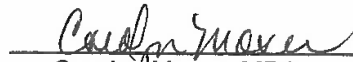
Effective Date: November 18, 2008

Last Revised: January 12, 2012
September 12, 2013
June 20, 2016

Approved by:


George Brown, Chair,
Pender County Commission

6-20-16
Date


Carolyn Moser, MPA
Health Director

6/20/14
Date

Background and Purpose: To establish a policy governing residency for the Department Head of Pender County Health Department.

Scope: This policy applies to the Health Director.

Procedure: The Health Director who accepts employment with Pender County shall establish permanent legal residency within the County with twelve (12) months from the date of initial employment. The Health Director shall provide proof of residency (i.e., voter registration, driver's license, etc.) to the satisfaction of the County. This requirement is in addition to and not in substitution of any other condition of employment.

PENDER COUNTY HEALTH DEPARTMENT

Title: Fee, Eligibility, and Billing Policy

Department: Fiscal Management

Effective Date: September 18, 2007

Last Revised: May 2, 2022

Approved by: _____

Carolyn Moser
Health & Human Services Director

Date

David Piepmeyer
Board of Health Chair

Date

Background and Purpose: To define the process of fees, eligibility, and billing for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process fees, billing, and eligibility.

Policy: Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that mandated public health services are furnished for all citizens and then providing as many recommended and requested public health services as possible for citizens with greatest need. We are here to promote health and wellness for the residents, by providing not only affordable, but quality healthcare. We are sometimes a place that the uninsured or underinsured turn to for services due to inability to afford services within a private practice. This policy is reviewed annually and revised as processes change.

Pender County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference. Services will not be denied based on inability to pay. PCHD utilizes the current, annually updated Federal Poverty Guidelines to determine the sliding fee scale.

FEES

Fees are a means to help provide services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health & Human Services Director and approved by the Board of Health/County Commissioners, and 2) they are not otherwise

prohibited by law. Fees are based on the cost of providing the service. Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Health Department and the County Finance Office.

Fee Setting

In accordance with G.S. 130-A-39(g), which allows local health departments to implement fees for services rendered, the Pender County Health Department (PCHD), with the approval of the Board of Health/Board of County Commissioners, will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the services.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Pender County Health Department will use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.

A multi-disciplinary committee will meet at least annually and more often as needed to determine the cost of providing services and discuss the fees for the services provided. This committee is comprised of Program Supervisors, Lead Billing Clerk, Lab Manager, Business Officer, Director of Nursing and the Health & Human Services Director. The following procedures are followed:

- It is the responsibility of the Program Supervisor to bring to the attention of the committee any changes in costs for existing services or projected costs of new services.
- The Lead Billing Clerk notifies Program Supervisors and the DON of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
- Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.

Once the fees are reviewed and discussed by the committee, the Health & Human Services Director will present the fees to the governing board during the budget process for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Vaccine and Administration

Pender County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Pender County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

340b Drugs and Devices

Pender County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the health department's billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

Non-Sliding Fees

PCHD provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not be offered on a sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Environmental Health Services Fees

Environmental Health fees are set based on comparison with surrounding counties and the cost to provide the service.

Dental Services Fees

Dental fees are set following the same approach as the clinic fees. The market-driven approach and the relative value approach are both taken into consideration when determining dental fees. In addition to looking at surrounding counties' dental fees, local private practice fees are also used as a comparison.

Animal Shelter Fees

Animal Shelter fees are set based on comparison with surrounding counties and the cost to provide the service. In addition to looking at surrounding counties' shelter fees, local veterinarian fees are also used as a comparison.

ELIGIBILITY

Identification

It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., passport, visa, or green card, etc. The health department does not require a client to present identification that includes a picture of the client

for immunization, pregnancy prevention, sexually transmitted infection and communicable disease services (Consolidated Agreement).

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

Title X requires that any client seeking confidential services be considered a family of one and that only their income be used in assessing their percent pay on the sliding fee scale.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit
4	A client who requests "confidential services", regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent's medical insurance policy, interview questions may include the following: 1) <i>Ask the client if their parents are aware of their visit?</i> 2) <i>Ask if "both" parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit.</i> 3) <i>Ask if you can send a bill to the home, to both parents.</i>	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

DETERMINING GROSS INCOME

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income will be used in fee

determination and shall be defined as the combined cash income received by the client's family. Examples of sources of income and/or proof of income documentation are listed below.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran's Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning and Communicable Disease clients, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days, then the charge stands at 100% for that visit. The charge may be adjusted if documentation is provided at a subsequent visit, not to exceed 90 days. The Family Planning Program will accept self-declaration of income. The Communicable Disease Program does not require income declaration. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

Computation of Income:

Income will be based on a twelve (12) month period. If the client is employed the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed at the time he/she presents for services, their “employment only” income will be calculated at zero (0), however the client should be required to describe “their mechanism”, in regard to costs for food, clothing, shelter, utilities, etc. Refer to “sources of income” counted and apply all sources, as appropriate. “Regular contributions received from other sources outside of the home” is most often considered one of those sources. If the client is receiving unemployment or other “sources” of income, as designated above, all of those sources should be counted.

	The client’s income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months’ formula (Based on 12 month Period)	• Unemployed today = last 6 months income + projected unemployment (if applicable) or zero if client won’t receive unemployment. This will give you income for the client for a 12 month period. ○ If no unemployment compensation – ask how the client is going to support themselves. • Employed today but unemployed last 6 months – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the “actual date” of service. If there has been a change or it is time for their annual review, the income determination process should take place. Income information reported during the financial eligibility screening process for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client’s self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

The number in the household, annual gross income and percentage of pay will be documented in the Household Income section of the EHR and electronically signed by the client.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to assess fees. All third-party providers will be billed, without discount, where applicable.

Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)

Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Pender County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows: Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to "0" at 100% of the current, updated annually, Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

- (1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
 - (a) Will be applied according to a public schedule of charges;
 - (b) Will not be imposed on low-income individuals or their families;
 - (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
- (2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
- (3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Child Health/Health Check

Well child exams (Health Check) conducted by FNP; exam includes medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.

Primary Care (Child Health) for sick children provided by FNP.

Eligibility: birth to 20 years; Child Health/Primary Care: 101% - 250% Federal Poverty Scale; Medicaid, or Insurance

Maternal Health

Prenatal care for eligible pregnant women.

Eligibility: Must be a Pender County resident: 101% - 250% Federal Poverty Scale; Presumptive Medicaid, Medicaid or Insurance.

Proof of Residency

Proof of residency is required in the Maternal Health Program. Proof of residency must be a least one acceptable form such as:

- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60-days old)
- Bank Statement
- Pay check stub (less than 60-days old)
- Driver's license or DMV identification
- If no proof of residency is available due to theft, loss or disaster, homelessness, migrant, or a transfer with no proof, document the reasons for no proof of residency in the Patient Notes. Upon subsequent visit, request an acceptable proof of residency.

Family Planning or Women's Health Services

Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by nurse or provider. All family planning services are client centered, culturally and linguistically appropriate, inclusive, and trauma informed.

Eligibility: Men and Women of childbearing age regardless of residency: 101-250% Sliding Fee Scale is applied; Medicaid or Insurance.

The following shall apply to Family Planning clients:

- (1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
- (2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and the visit note for that day of service will be marked confidential. Charges to clients seeking confidential services will be based solely on the individual's income.
- (3) Confidential clients will NOT be referred to Debt Set-off.
- (4) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts will be approved by the Health & Human Services Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health meeting minutes will serve as documentation that the write-offs have been approved.
- (5) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.

- (6) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
- (7) Verbal declaration of income is accepted for Family Planning clients.
- (8) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the health department, the client will be charged 100% of the cost of services, after informing the client that failure to declare income will result in the client owing 100% of the fee.
- (9) Family Planning clients will pay the lesser of the copay and additional fees or where they fall on Sliding Fee Scale as required by Title X.

Communicable Disease Control

This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed unless this would result in breach of confidentiality and the client requests no third-party billing. All laboratory tests processed by the state lab will be provided at no charge.

Breast and Cervical Cancer Control Program (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility: determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

Other Services

The Sliding Fee Scale does not apply to all health department services. Services with non-sliding fees do not require proof of income.

Adult Health/Primary Care – Sliding to 30% of 250% Federal Poverty Scale (minimum fee)

Dental Clinic Services – Sliding to 40% of 250% Federal Poverty Scale

Women's Infants and Children's Nutrition (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Pender County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Pender County Health Department, with the approval of the Pender County Board of Health/County Commissioners will implement specific fees for services during the budget process and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client. Pender County Health Department currently participates with Medicare, Medicaid, State Health Plan of NC and a variety of private insurances. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.
5. No one shall be denied services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client's account balance will not be reduced due to a donation. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on the current Federal Poverty guidelines with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health and Dental Services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility under the Household tab in the EHR. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment D)
4. Adult Health clients who are self-pay are required to make a minimal payment upfront for preventative visits, sick visits, and labwork.
5. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
6. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
7. The Accounts Receivable System will be balanced daily.
8. Emergency services will never be denied.

9. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign an electronic consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party is billed the total amount of the service provided. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically via the clearing house of the EHR.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
7. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
8. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

All clinic and in-house laboratory fees will be collected as part of the check-out process by the health department billing staff. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the billing staff upfront. Out-sourced labs for patients with Medicaid or other third party insurance will be billed directly by the private laboratory. The private laboratory will bill patients for any remaining balances according to their standard fees. Exception: If a lab is ordered in the Family Planning Program, the private laboratory will bill the health department directly and the fee will be billed to the patient on sliding fee scale. All in-house labs will be billed on sliding fee scale.

Private Vaccines Administered in General Clinic

Payment in full is required at the time of service for vaccines not supplied by the State, with exception of those billed to contracted in-network third party payers. These include Medicaid, Medicare Part B, Medicare Part D (via TransactRX), Health Choice, BCBS, etc. Patients with coverage outside of health department's network of third party payers will be provided a receipt for submission to their insurance carrier.

Newborn/Postpartum Home Visits, High-risk Prenatal Home Visits, Diabetes Education Classes

Visits and classes will be billed to Medicaid. For non-Medicaid patients, Diabetes Education classes will be billed to insurance. If uninsured, services will be billed to the client at the Medicaid reimbursement rate and the sliding fee scale applied.

Environmental Health Services

Payment is required prior to the provision of these services. Fees must be accompanied with the appropriate application and any other necessary documents or maps, and are payable in the Environmental Health offices, over the phone via credit card and through the U.S. Post Office. Staff SHALL NOT accept or agree to transport any payment of fees while conducting field work.

Fees are collected and recorded by management support staff in the office during the hours of 8:00 a.m. until 5:00 p.m. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period of time during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health administration to accept applications, collect fees and issue receipts.

Animal Shelter Services

The animal shelter does not utilize income-based payments. Everyone is charged according to the set fees regardless of income or ability to pay.

Overpayments and Refunds

Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off

- An itemized list of uncollectable outstanding patient balances will be prepared at the end of the calendar year for the Director of Health & Human Services to review. This list includes all outstanding accounts that reflect no activity for more than 12 months.
- Those balances approved by the Health & Human Services Director and the Board of Health will be written off.
- The Accounts Receivable system shall indicate the recording of the bill as uncollectable by adjusting the patient balance to zero. Claims will be kept on file.

Family Planning patients will not be denied services for inability to pay. Payment arrangements will be made for all outstanding bad debt and any current unpaid balances for Family Planning services.

If a patient returns to the health department after a bad debt has been determined uncollectable, their bad debt write off will be reactivated and the billing process resumed. The patient's account balance will be reinstated at the full amount of the write off.

A patient should never be informed that a debt has been written off.

Limiting or Restricting Services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the health department can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.
- The Health & Human Services Director has the authority to waive or reduce fees for special projects or targeted populations. The Health & Human Services Director has the right to waive fees for individuals who for a good cause are unable to pay. If collection procedures have been followed without success, the Billing Department may submit the individual's statement of charges along with an explanation of his/her situation to the Health & Human Services Director and request a waiver of charges. The Health & Human Services Director will review the circumstances and make an approved or not approved notation on the statement, along with the date and his/her signature. Billing will scan this record into the patient's chart and attach it to the charges that were waived or not waived.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting-- **"NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".

HEALTH PROMOTION SERVICES

SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the Pender County Health Department shall impose an administrative penalty of \$200 on the person who manages, operates, or controls the business in violation.

The person who manages, operates or controls the business has the right to appeal this decision to the local Board of Health. To pursue a formal appeal, a written notice of appeal must be submitted to the Health & Human Services Director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S. 130A-24. A copy of the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations and the person who manages, operates or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars (\$200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant fines shall be made within 30 days of the date of notice, unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.

Pender County Health Department

CLIENT BILL OF RIGHTS

1. The PATIENT has the right to considerate and respectful care.
2. The PATIENT has the right to obtain from his/her medical provider complete and current information concerning diagnosis and treatment, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. The patient has the right to know by name the medical provider responsible for coordinating his/her care.
3. The PATIENT has the right to receive from his/her medical provider information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The PATIENT has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The PATIENT has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in direct care must have the permission of the patient to be present.
6. The PATIENT has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
7. The PATIENT has the right to expect that within its capacity any agency must make reasonable response to the request of a patient for services. The agency must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another agency only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The agency to which the patient is to be transferred must first have accepted the patient for transfer.
8. The PATIENT has the right to obtain information as to any relationship of the agency to other similar agencies and educational institutions insofar as his/her care is concerned. The

patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who is treating him/her.

9. The PATIENT has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and health care providers are available.
10. The PATIENT has the right to examine and receive an explanation of his/her bill regardless of source of payment.
11. The PATIENT has the right to know what the health department rules and regulations are that apply to his/her conduct as a patient.

The Pender County Health Department staff provides safe and individual patient care based on each patient's needs and rights through:

- Recognition of each patient's dignity as a human being, and
- Defending the rights of each patient as an advocate.

The observance of these rights is expected to contribute to quality patient care and greater satisfaction for the patient and health care provider.

PENDER COUNTY HEALTH DEPARTMENT

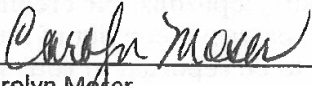
Title: Conflict of Interest

Department: Administration

Effective Date: June 1, 2012

Last Revised: May 15, 2016

Approved by:


Carolyn Moser

Health & Human Services Director


Shirley Steele

Director of Nursing

Definition

A conflict of interest is defined as an actual or perceived interest by a staff member or board member in an action that results in, or has the appearance of resulting in, personal, organization, or professional gain. A conflict of interest occurs when an employee/board member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

- * Ownership with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- * Employment of or by a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- * Contractual relationship with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- * Creditor or debtor to a member of the Board of Health or an employee where the other has supervisory authority over the other or with a client who receives services.
- * Consultative or consumer relationship with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group.

Employee Responsibilities

It is in the interest of the organization, individual staff, and Board members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest. Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to your supervisor immediately. Employees are to maintain independence and objectivity with clients, the community, and the organization. Employees are called to maintain a sense of fairness, civility, ethics and personal integrity even though law, regulation, or custom does not require them.

Acceptance of Gifts

Employees, members of employee's immediate family, and members of the Board of Health are prohibited from accepting gifts, money, or gratuities from the following:

- Persons receiving benefits or services from the organization;
- Any person or organization performing or seeking to perform services under contract with the organization; and
- Persons who are otherwise in a position to benefit from the actions of any employee of the organization.

Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave or leave without pay. If the employee is acting in an official capacity, honoraria received by the employee in connection with activities relating to employment with the organization are to be paid to the organization.

PENDER COUNTY HEALTH DEPARTMENT

Title: Community Involvement

Department: Pender County Board of Commissioners/Board of Health

Effective Date: September 18, 2007

Last Revised: January 12, 2012
September 12, 2013
May 2, 2022

Approved by:

David Piepmeyer, Chair
Board of Commissioners

Date

Carolyn Moser, MPA
Health Director

Date

Background and Purpose: To have a procedure that assures community input and public participation in the development of goals, objectives and strategies for the Community Health Assessment and used to develop the agency's Strategic Plan.

Scope: When developing strategies to improve the public health and safety of Pender County, it is the policy of The Pender County Board of Health to involve community members in developing its comprehensive quadrennial Community Health Assessment (CHA) and Strategic Plan.

Procedure:

1. The Pender County Advisory Board of Health and the Pender County Commissioners rely on the community to provide input into the development and dissemination of public health data in Pender County.
2. During the quadrennial Community Health Assessment, Pender County Health Department will solicit the assistance of community partners and citizens to identify needs in all areas of community health to be addressed appropriately for the betterment of Pender County's health.
3. The CHA and the SOTCH report will be used to develop the agency's strategic plan. The plan will be updated annually and include:
 - 1) A review and analysis of factors influencing the health department's ability to improve the community's health
 - 2) Local health status data and information to set goals and objectives
 - 3) Community input where applicable
 - 4) Desired outcomes for each element
 - 5) Priorities for the agency
 - 6) Community collaborations to implement activities

PENDER COUNTY HEALTH DEPARTMENT

**Title: Tobacco-Free, Vapor-Free
Health Department**

**Department: Board of Health/
Pender County Commission**

Effective Date: June 1, 2012

**Last Revised: June 20, 2016
May 2, 2022**

Approved by: _____
David Piepmeyer, Chair Date Carolyn Moser, Date
Pender County Commission Health and Human
Services Director

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco and second-hand smoke or vapor.

Policy

Tobacco use and products such as electronic cigarettes that produce vapor emissions are strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.
2. Employees are encouraged to avoid smoking within view of health department clients during operating hours.
3. Employees working away from the health department for environmental health and other outreach services are prohibited from smoking around health department clients.

*Pender County Health Department
September 2013*

Procedure (cont)

4. Tobacco products (combustible and non-combustible products including electronic cigarettes) cannot be purchased, accepted as donations, and / or distributed to clients the department serves.
5. Copies of this policy will be distributed and reviewed during new employee orientation by the appropriate supervisor and whenever policy is revised. A copy of policy signed by employee will be placed in employee's personnel file.
6. Appropriate signage will be posted at all building entrances and on the grounds of the department.
7. The Pender County Health Department provides support to employees who want to quit the use of tobacco products. These employees are encouraged to talk to their health care provider or the health department's health care providers about quitting. Employees are encouraged to use the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW, available from 8:00 a.m. to 12:00 midnight, seven days per week. Educational materials are available at the health department to increase staff awareness of the importance of quitting tobacco use.
8. The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all staff. All individuals share in the responsibility for compliance. All staff is asked to help with compliance when it comes to clients, contractors, vendors, and visitors by politely informing them of the policy and asking that they refrain from smoking/using tobacco in the buildings and on the health department grounds. In keeping with the health department mission, the 1-800-QUIT-NOW free telephone tobacco use cessation support number is posted in the health department.
9. Any problems with enforcement or adherence to this policy should be to the attention of the appropriate supervisor and handled through the normal chain-of-command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other department rules.

I have received the Tobacco-Free, Vapor-Free Health Department Policy.

Employee Name

Date

*Pender County Health Department
September 2013*

PENDER COUNTY HEALTH DEPARTMENT

Title: Workforce Recruitment, Retention & Development/Training Policy

Department: Administrative

Effective Date: May 1, 2012

Last Revised: May 2, 2022

Approved by: _____
Carolyn Moser
Health & Human Services Director

David Piepmeyer
Board of Health Chair

PURPOSE

The purpose of this policy is to recruit, develop and retain a professional, diverse workforce.

POLICY

Pender County Health Department (PCHD) is committed to the employment, development and retention of its employees as public health workers. All staff members are encouraged to participate in professional and continuing education activities to the limit that budgetary and time constraints will permit. Staff members are encouraged and expected (and in applicable situations required) to attend such activities as are necessary to maintain professional standards and competencies in order to remain abreast of new developments in their respective areas of responsibility. All employees are subject to the conditions outlined in the Pender County Personnel Policies. This policy is in addition to the policies and procedures set forth in the county Personnel Policy.

PROCEDURES

Workforce Recruitment: The PCHD will abide by the laws and statutes governing "Equal Employment Opportunity" employers. All personnel responsible for recruitment and employment will follow state and federal labor laws to assure that equal employment opportunity based on reasonable, job-related position requirements is actively observed to prevent any discrimination based on race, color, religion, sex, national origin, political affiliation, qualified disability, marital status or age. Applicants with disabilities shall be given equal consideration for positions in which their disabilities do not represent an unreasonable barrier to satisfactory performance of duties. Notices with regard to equal employment matters will be posted in conspicuous places on county premises and where notices are customarily posted. See Pender County (PC) Personnel Policies Manual, Article II-Employment, Section 4. Recruitment.

Diversity: Efforts will be made to hire a workforce as diverse as the demographics of the Pender County population identified in the most recent Community Health Assessment. Anyone expressing an interest in available positions with PCHD has the opportunity to file an application. All job opportunities are listed on the PC Government website.

Recruitment Sources: When position vacancies occur, the Human Resources Department will publicize these opportunities for employment, including applicable salary information and employment qualifications. Information on

job openings and hiring practices may be published in local and/or other news media as necessary to inform the community in an effort to obtain a quality and diverse pool of applicants. Positions posted on the county website follow the guidance of the Pender County Human Resources policies and procedures. Job openings for professional positions are posted at area colleges and universities including historically Black Colleges/Universities. For non-professional positions, consideration for job announcements will be posted in an effort to provide as much exposure to culturally diverse candidates as possible.

Individuals will be recruited from a geographic area as wide as necessary and for a period of time sufficient to ensure that well-qualified applicants are obtained. Pender County Human Resources ensures employment advertisements contain appropriate verbiage concerning equal employment opportunities, complying with Federal and State statutes.

Retention: Retention of a qualified and diverse workforce is a priority. PCHD promotes a workplace environment that encourages accountability, commitment to the communities served, pride in individual and team contribution, and engages all staff in continuous learning.

Training Opportunities: Management Staff/Supervisors share information about staff training opportunities via emails, postings, and/or staff meetings. Employees may submit requests to their supervisor for continuing education events relevant to their position and to Public Health. The agency will support individuals who wish to acquire new skills or improve their knowledge as budgets and workload allow per county policy. The Health Department will maintain budget lines within program budgets to support and assist staff with continuing education to meet state and licensure requirements.

Workforce Development:

All staff members are responsible for ongoing professional growth and skill development to meet changing public health priorities and to meet any licensure requirements based on their job description. Job descriptions are reviewed annually by the staff members and supervisors to assure accurate reflection of tasks, duties, and requirements of the position.

During the annual performance appraisal, the supervisor and employee work together to identify the employee's training needs for the upcoming year. The plan may include new state or federal training requirements related to the position held, continuing education specific to licensing requirements, and/or areas identified by the employee and/or supervisor(s) where knowledge and/or skill improvement is needed or desired. Plans may include development of succession planning that prepares staff for future leadership positions. Individual training needs are noted on the Performance Evaluation under the Employee Goals section. Employees will complete required trainings and adhere to any timelines required by the state or as soon as possible when the training is delayed at the state level.

Training Mandates:

The Pender County Health Department will comply with the NC Administrative Code, Section .003 – Local Health Department Staff, Rule .0301, which identifies the “Minimum Standard Health Department Staffing.” In compliance with this rule, the following shall be mandated:

Public Health Nurses

Legal Authority: Nurses will follow the G.S. 90-171.20(7) North Carolina RN Nursing Practice Law; 21 NCAC 36 .0224, LPNs G.S. 90-171.20(8) North Carolina LPN Nursing Practice Law and 21 NCAC 36 .0225.

- Must possess a nursing degree from an accredited baccalaureate school of nursing or successfully complete the the introductory course *Principles and Practices of Public Health Nursing* under the auspices of Department Health & Human Services (DHHS). Must pass competency exam within one year of employment with the health department.
- Must maintain Continuing Competence as required by the Board of Nursing effective July 1, 2006. See <https://www.ncbon.com/>
- Formal education or training needed to perform activities within the scope of practice for the registered nurse as well as the following:

- Dispensing of Drugs by Public Health Nurses
- Title X Mandatory Trainings (if working in Family Planning clinic)
- CPR Training
- Respiratory Fit Testing
- Training in NCEDSS, NCIR, CVMS if applicable

Physician, Nurse Practitioners

- Nurse Practitioner's practice is governed by the NC Board of Nursing 21 NCAC 36 .0801-.0813 and the NC Medical Board 21 NCAC 32M .0101-.0116.
- All practitioners are subject to the NC Board of Pharmacy for prescriptive authority. Pharmacy Practice Act, N.C. G.S. 90-85.2 to 90-85.44
- Physicians are regulated by the NC Medical Board.
- Staff will be responsible to meet the licensure requirements of their respective licensing boards
- CPR Training and Respiratory Fit Testing
- Title X Mandatory Trainings (if working in Family Planning clinic)

Environmental Health Specialists (EHS)

- Must have a Bachelor's Degree with 30 hours of physical or biological science.
- Must pass the National Environmental Health exam.
- EHS employed by the health department will be delegated authority by the state to administer and enforce state environmental health rules and laws as directed by the state pursuant to G.S. 130A-4(b). This delegation will be done according to 15A NCAC 18A .2300.
- Newly employed environmental health specialists (interns) will attend state mandated centralized training when it is offered by the state.
- All EHS must complete 15 hours of continuing education approved by the NC State Board of Sanitarian Examiners annually.

Registered Dietitians

- Must have a Bachelor's Degree in Dietetics, Public Health Nutrition or Nutrition, Master's Degree in Dietetics, Public Health Nutrition or Nutrition and credentialed as a Registered Dietician.
- Newly hired nutritionists/RD will attend a state approved training as indicated by their position.
- Newly hired nutritionists/RD will attend a breastfeeding training.
- In compliance with CDR – 75 hours of CEUs associated with the RD's Learning Plan goals and objectives must be completed within five (5) years of submission of learning plan.

Breastfeeding Lactation Coordinator

- Must successfully complete the NC Lactation Educator Training Program or other approved breastfeeding program.

Orientation Training

- See health department Orientation Policy & New Employee Orientation Checklist for required training, certificates, etc.
- All employees funded in whole or in part by Title X funds will complete the Title X/Family Planning required trainings.
- All staff will complete or provide proof of completion of ICS 100,701A, and 800B within six (6) months of employment. Additional NIMS classes may be required depending on specific job responsibilities

Annual Training

- All employees who are employed with the health department for at least one year are required to complete annual training.
- Annual training is scheduled in the month of December.
- All employees receive an email reminder in December to complete annual training along with the instructions on how to access the training documents, checklist, etc. in the shared data file.
- See the attached Annual Training Check List remember to include and Employee Training Instructions for all required policies, procedures, trainings and certificates.
- All employees who are funded in whole or in part by Title X funds will complete the annual Title X/Family Planning required trainings.
- All required training documentation will be retained in the employee's personnel file.
- Employees will be responsible for maintaining their own record of continuing education and professional development log.
- The Health Director and Senior Management Team will receive on-going training and updates in Public Health Laws and Rules.
- Staff will be trained on policies as they are adopted and revised.

Infection Control/Bloodborne Pathogens/Immunizations

- Employees receive training on Infection Control and Bloodborne Pathogens at Orientation and annually thereafter. (See Infection Control & Bloodborne Pathogens Exposure Control Policies).
- See Infection Control Policy for employee immunization requirements.
- Respiratory Fit Testing Training (See Respiratory Fit Test Training Policy).

Health Disparities Training (Differences in health and health care between groups of people. Health disparities disproportionately affect the morbidity and mortality of diseases according to someone's race, culture, environment, sex, age, socioeconomic status, etc.)

Upon hiring and annually, all staff will receive training on health disparities.

- Each employee will complete the online training on the HRSA Public Health Training Network site upon hiring and annually. Proof of training will be kept in employee's personnel file.
- Each employee will review the most current Community Health Assessment and/or the State of the County Health Report (SOTCH) annually.
- The DON will provide an annual review of health disparities to staff. Resources will include the Child Health Report Card, the Women's Health Report Card; and other county level data.
- The Health & Human Services Director will provide an annual review of health disparities to the Advisory BOH utilizing the most current Community Health Assessment/State of the County Health Report (SOTCH) and other county level data. The Health & Human Services Director will present recommendations/suggestions for changes in services or approach based on the data/input reviewed.

Required Pender County HR Trainings

Pender County mandates training requirements for new employees and ongoing training for existing employees. See Article X-Employee Education and Training, Section 1-Education and Training Requirements of the Pender County Personnel Policies Manual for completion dates. Trainings include, but are not limited to:

- Safety Training
- Workplace/Sexual Harassment
- Cultural Diversity
- Customer Service
- Workplace Violence
- Professionalism/Ethics
- Communication & Behavioral Styles

- Managing Difficult Situations & People
- Supervisor Training (for Supervisors only)
- Meeting Management

Performance Appraisals:

- The county's probationary period is 6 months.
- Performance appraisals are conducted annually.

Job Descriptions:

- Job Descriptions reflect the tasks, duties, requirements and qualifications of the position.
- Supervisors review job descriptions with employee during the orientation process and annually during the employee performance appraisal; they are signed by the supervisor, employee and Health & Human Services Director and filed in the employee's personnel file.
- If job responsibilities change, the job description is revised to reflect the change and is signed by the employee, supervisor and Health & Human Services Director.

Reference Policies:

- Orientation Policy
- Pender County Personnel Policies Manual
- Infection Control Policy
- Bloodborne Pathogens Exposure Control Policy
- Respiratory Fit Testing Policy

PENDER COUNTY HEALTH DEPARTMENT

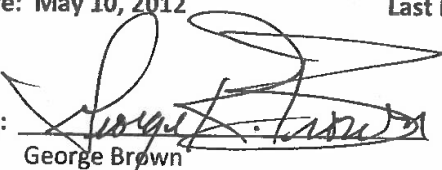
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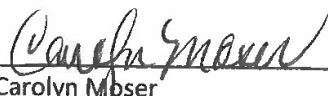
Department: Administration

Effective Date: May 10, 2012

Last Revised: May 15, 2015

Approved by:


George Brown
Board of Health Chair


Carolyn Moser
Health & Human Services Director

Background and Purpose: To assure the Pender County Health Department follows procedures for adjudication set forth in NC G.S. 130A-24.

Scope: Pender County Board of Health and the Pender County Health & Human Services Director

Applicable Laws and Rules:

- NC General Statutes 130A-24
- NC General Statutes 130A-34
- NC General Statutes 130A-39
- NC General Statutes 130A-41

Policy: The Pender County Health Department, the Pender County Board of Health shall follow the adjudication process as outlined in NC G.S. 130A-24.

PENDER COUNTY HEALTH DEPARTMENT

Title: Rulemaking Authority

Department: Board of Health/
Pender County Commission

Effective Date: April 19, 2022

Last Revised:

Approved by:

David Piepmeyer, Chair Date
Pender County Commission

Carolyn Moser, MPA Date
HHS Director

Purpose: To provide guidance on the rulemaking authority by local boards of health necessary to protect the public's health.

Scope: Statutory rulemaking authority assigned to local boards of health

According to N.C. General Statute 130A-39, local boards of health have the "responsibility to protect and promote the public health" and are specifically authorized to "adopt rules necessary for that purpose." This authority is given to the Pender County Board of Commissioners who serve as the local board of health. The board is required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment, and disposal.

A local rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- is not discriminatory;
- does not violate any law or constitutional provision;
- does not make distinctions based upon policy concerns generally reserved for legislative bodies. Only legislative bodies are authorized to make policy-based distinctions.

Local boards of health may adopt rules solely based on health. Some rules may be pre-empted if the state already has already provided a regulation. Rules that are more stringent than rules adopted by the Commission for Health Services or Environmental Management Control must demonstrate that more stringent rules are necessary to protect the public's health.

Process:

When a public health concern is identified, the health director, Board of Health and county attorney will obtain guidance from the UNC School of Government for the steps taken to determine the need for a new county public health rule and its implementation.

Ten Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts and needs.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services, and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Page 50 of 247



IF YOU WOULD LIKE HEALTH INFORMATION/HEALTH DATA OR COPIES OF THE COMMUNITY HEALTH ASSESSMENT, STATE OF THE COUNTY REPORT OR A COMMUNITY RESOURCE DIRECTORY, PLEASE SEE SOMEONE AT THE FRONT DESK. YOU MAY ALSO VISIT <http://health.pendercountync.gov>

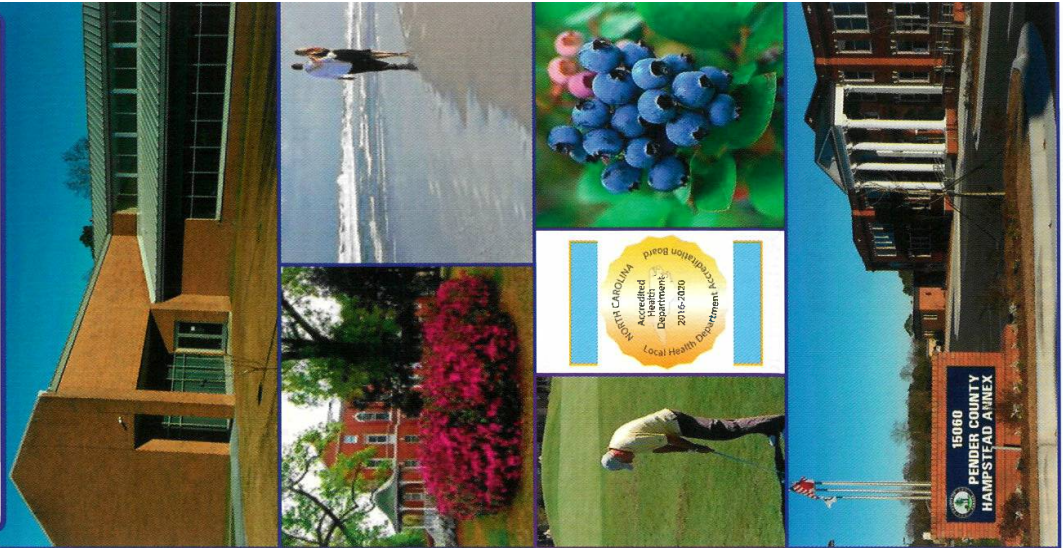


Burgaw	Hampstead Annex
803 S. Walker St.	15060 US Highway 17
Burgaw, NC 28425	Hampstead, NC 28443
(910) 259-1230	(910) 270-5000

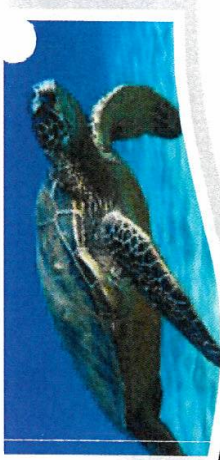
We gladly accept Medicaid, Medicare, Health Choice and most private insurance.

Pender County Health Department

...Building a healthier tomorrow...



Pender County Health Department Services



Adult Services

- Physical Examinations
- Sick & Well Care
- Immunizations
- STIs/HIV Testing
- Full Range of Dental Services
- Laboratory Services

Nutritional Services

- Women, Infants, & Children's Supplemental Food Program (WIC)
- Breastfeeding Education
- Nutrition Education

Children's Health

- Immunizations
- Sick Care
- Well Child Checks
- Care Coordination for at-risk Children
- Full Range of Dental Services
- Newborn Home Visits
- Laboratory Services

Women's Health Services

- Family Planning (Limited Fertility Consultation, Physicals & Birth Control)
- Pregnancy Testing
- Prenatal Care
- Colposcopy Clinic
- Pregnancy Care Management
- Postpartum Home Visits
- Immunizations
- Breast & Cervical Cancer Screening
- High Risk Prenatal Home Visits

Special Services

- Communicable Disease Prevention & Control
- TB Testing
- Public Health Preparedness
- Vital Records
- Health Promotion & Community Education
- Diabetes Self-Management Program
- Community Outreach & Certified Application Counselors
- Chronic Disease Self-Management

Environmental Health Services

- Food & Lodging Inspections
- Temporary Food Establishment Permits
- Septic /Well Permits
- Water Testing
- Institutional Inspections (Child Care Facilities, Schools, Nursing Homes)
- Swimming Pool Inspections
- Tattoo Parlor Inspections

803 South Walker Street 910-259-1230

Protecting your smile... Protecting your health...

The health of your teeth and gums impacts the health of your body. Don't wait until it's too late.

Tooth decay and gum disease are caused by **plaque**, a sticky combination of bacteria and food. Plaque begins to build up on teeth within 20 minutes after eating. If teeth are not cleaned well each day, plaque will lead to tooth decay. Over time, plaque will harden into tartar. Healthy teeth are clean and have no cavities.

Plaque and tartar lead to a number of problems:

- **Cavities** — holes that damage the structure of teeth
- **Gingivitis** — swollen, inflamed, bleeding gums
- **Periodontitis** — destruction of the ligaments and bone that support the teeth, often leading to tooth loss
- **Bad breath** — "halitosis" — can manifest from a variety of issues and should be evaluated by a dental professional
- **Abscesses** — cause pain and inability to use teeth

A variety of health problems, from preterm labor to heart disease can be affected by plaque and tartar build-up.

Healthy gums are pink and firm. To maintain healthy teeth and gums, follow these steps:

- Brush your teeth at **least twice daily, preferably** after every meal and at bedtime
- Floss at **least once per day**. If you floss only once a day, bedtime is better.
- See your dentist for a routine cleaning and exam. Many dentists recommend having the teeth professionally cleaned every 6 months

Keep dentures, retainers, and other appliances clean. This includes brushing them regularly. You may also need to soak them in a cleansing solution.

If it has been more than a year since you have seen a dentist and/or do not have a regular dentist, call us today for an appointment!

We also provide dental exams for children at area schools, daycares and Head Start through our mobile dental clinic.

IF YOU WOULD LIKE HEALTH INFORMATION/DATA OR COPIES OF THE COMMUNITY HEALTH ASSESSMENT, STATE OF THE COUNTY HEALTH REPORT OR COMMUNITY RESOURCE DIRECTORY, PLEASE SPEAK TO SOMEONE AT THE FRONT DESK.

YOU MAY ALSO VISIT US AT
<http://health.pendercountync.gov>



Pender County Health Department
Dental Services
803 South Walker Street
Burgaw, NC 28425
910-259-1503



Pender County Health Department Dental Services

...Building a Healthier Tomorrow...

All Ages are Welcome!



We gladly accept Medicaid, Health Choice and private insurance.

Office Hours:
**Monday–Thursday
8:30 am-4:00pm**
For dental emergencies call the office for further assistance

Phone (910) 259-1503

Pender County Health Department Dental Services

Comprehensive Dental Exam

- We review your medical and dental history.
- Oral cancer examination & Periodontal evaluation are provided to check for gum and bone disease.
- Individual teeth are checked visually for cavities.
 - A bite examination is performed to check for proper placement of teeth.
 - X-rays will be done to check for hard-to-see cavities and bone loss.



Page 53 of 147

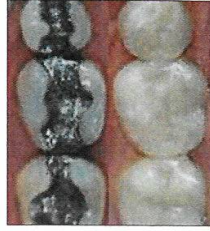
Dental Sealants

- Play an important role in helping to prevent cavities.
- Thin plastic coatings are applied to grooves on the chewing surfaces of back teeth.
- Protect the chewing surfaces from tooth decay by keeping germs and food particles out of the grooves.



Composite Fillings (Tooth Colored)

- Silver metal fillings are becoming a thing of the past.
- The metal fillings expand and contract with temperature changes, often cracking and breaking the teeth they are meant to protect.
- We offer the newest composite fillings matched to your tooth color.



Restorative Dentistry

A smile can be the most eye-catching feature of a face. With dentistry's many advances, you no longer have to settle for stained, chipped, or misshapen teeth. You now have choices that can help you smile with confidence.

Professional Teeth Cleaning

- Detects gum erosion and pockets of bacteria.
- Helps prevent decay.
- Removal of plaque buildup.

Other Services Include:

- Fluoride Treatments
- Most Tooth Extractions
 - ♦ X-Rays
 - ♦ Dentures
 - ♦ Crowns
- Partials and Bridges

All fees for services are determined using a sliding fee scale that is based on your household income. We will be happy to work with you on payment options.

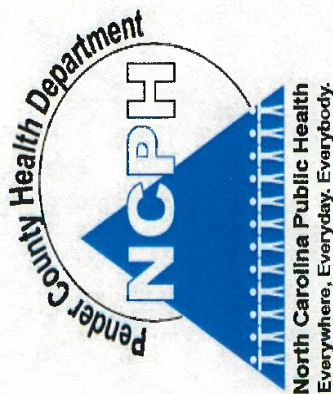
803 South Walker Street Burgaw, NC 28425

**A Pender County Health
Department Social Worker Can
Help You:**

- **Apply for Medicaid and complete other applications**
- **Apply for Affordable Health Care**
- **Apply for Food and Nutrition Services and resources**
- **Provide Information on community based resources that are available to you and your family**

Page 54 of 147

**How Can My Family
Get Assistance?.....**
Contact Salina Dixon,
Social Worker
(910) 259-1179



www.facebook.com/pendercountyhealthdepartment



Pender County Health department
803 South Walker Street
Burgaw NC 28425
(910) 259-1230

www.pendercountyhealthdepartment.com

**Pender County Health
Department**

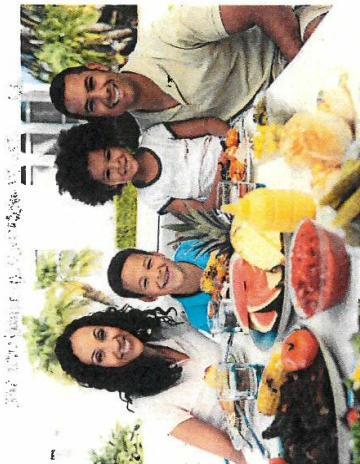
Social Worker Services

**803 South Walker Street Burgaw
NC 28425
(910)259-1230**

www.pendercountyhealthdepartment.com

Do You Need To Apply For...

Medicaid
Affordable Health Care
Pregnancy Care Management
Housing
Clothing
Shelter
Food Bank
Transportation



Social Work Services Provide Help Such As:

- Obtaining medical, dental and behavioral health services
- Providing education about the available community based resources
- Linking your family to community resources such as WIC, Medicaid, Food and Nutrition Services
- Helping to connect with programs and services for you and your family as your needs change
- Scheduling classes such as smoking cessation, parenting, diabetes, etc.
- Helping you establish a medical home

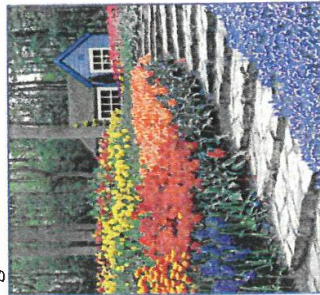
**Pender County Health
Department
Social Worker
Salina Dixon
(910) 259-1179**

Pender County Health Department
803 South Walker Street
Burgaw NC, 28425
(910) 259-1230

Private Water Supply Wells:

North Carolina rules, as of July 1, 2008 require that the local health department must permit all installation and repair of wells for private water supplies.

The local health department will have to make multiple visits to the site in order to determine placement options, inspect the installation and routing of the well, and also collect water samples for testing as to ensure the quality of the drinking water.



Items to Consider When Installing a Private Well

- Contact the local health Department for required permits
- Check the well contractor's certification card and expiration date
- Be aware of separation requirements from wells such as (this is not a complete list):
 - Septic tank and drain field: 100 ft
 - Building foundations: 25 ft
 - Surface waters such as ponds and lakes: 50 ft
 - Surface waters such as creeks and streams: 25 ft
 - Animal barns: 50 ft

*For more information on private wells and well contractors refer to:
www.ncwelldriller.org

System Maintenance Tips:

- Know the location of the system
- Do NOT drive or build over the system
- Grade the site to remove excess rainwater away from the system
- Do NOT flush solid waste materials such as, Disposable diapers, cigarette butts, sanitary napkins, tampons, condoms or other materials that do not easily decompose.

Tank Size (gallons)	Number of People Using The System				
	1	2	4	6	8
Average Number of Years Between Pumping	12	6	3	2	1
1,000	16	8	3	2	1
1,250	19	9	4	3	2
1,500					

*1,000 gallons is the average size for 3 and 4 bedroom homes.

- Do NOT put grease into the system
- Do NOT pour oil, solvents or poisons into the system
- Plants trees and shrubs AWAY from the system
- Restrict the use of a garbage disposal
- Maintain a grass vegetative cover over the nitrification

Burgaw
803 S. Walker St.
Burgaw, NC
28425
(910) 259-1233

Hampstead Annex
11676 US Highway 17
Hampstead, NC
28443
(910) 259-5000

For more information, visit

www.ncwelldriller.org

Pender County
Health Department
Environmental Health Services
... Building a Healthier Tomorrow...



- Services offered:
- Site Evaluation
 - Existing System Inspections
 - Repair Permits
 - Improvement Permits
 - Operations Permits

On-Site Wastewater

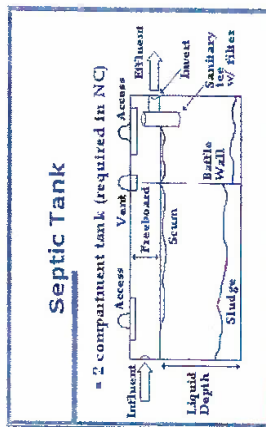
Private Water Supply Wells

803 S. Walker St.
Burgaw, NC 28425
(910) 259-1230

Pender County Health Department Environmental Health Services:

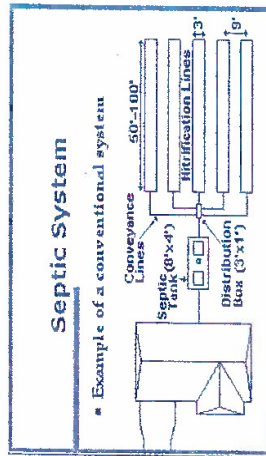
On Site Wastewater:

- Use where municipal sewer is not practical
- Wastewater is ANY sewage discharges from residences, businesses, or other places
- Often contains disease-causing germs and it must be treated so that public health and the environment is protected from contaminants



- Conventional septic system consist of a septic tank (above), a distribution box, nitrification lines, all connected by pipes called conveyance lines.
- All components must be resistant to corrosion
- Wastewater first flows into the septic tank where heavy solids separate from light scum, (primary treatment)
- Wastewater now (effluent) flows into the distribution box, it divides the flow evenly into the nitrification lines

- Nitrification lines usually consist of perforated pipe in a gravel bed that allows the effluent to slowly move into the soil
- If soil conditions are suitable, the effluent is purified as it flows through the soil in a process of aerobic (presence of oxygen) treatment
- Aerobic soil is where most of the germs and pollutants are removed so the type of soil Where the septic system is located is very important.



- Suitable soils are deep, well-drained and color is often a uniform yellow, orange, or red in nature
- Marginal soils often have some gray color (chroma 2 or less on the Munsell color chart) This may indicate anaerobic conditions and sometimes is seen in clay soils where affluent would flow too slowly, or in very wet soils
- If site is marginal, modified or alternative septic systems may be used

These systems include:

- Shallow Systems, Fill Systems, Low-Pressure Pipe (LPP) systems and Sand -Backfill Trench (STB) systems, with or without artificial drainage.
- Approved pre-treatment devices may also be used to further purify the effluent.

The Environmental Health Specialist from the local health department, must perform a site evaluation. The site evaluation procedure is governed by state and local laws & regulations. A septic system must be installed before electrical service can be permanently connected.

Refer to On-site Water Protection at:

www.publichealth.nc.gov

In order for the site to be properly evaluated for the use of a septic system

please do the following:

1. Apply at the local health department and pay the evaluation fee
2. Submit a plat or site plan of the site
3. Clearly mark the site boundaries
4. Remove excess vegetative growth and other obstacles so the Environmental Health Specialist will have adequate access to the site. Do not disturb the soil.
5. Place a sign at the road front identifying the site.
6. Use a state-certified septic installer.

803 South Walker Street, Burgaw, NC 28425
(910) 259-1233 or (910) 259-5000

****NEW ORDINANCE AS OF 2016
REG. TAG STRAY ANIMALS****

Section 3-25. Handling of stray animals by the public. "It shall be unlawful for any person, without the consent of the owner or keeper, knowingly and intentionally to harbor, keep in possession by confinement or otherwise, any animal that does not belong to him/her. Any person in possession of a stray animal shall contact the Pender County Animal Control within 24 hours to arrange for impoundment. If the person assessing or harboring does not want the animal taken to the shelter, they must provide a clear photo and description of the animal, along with the location the animal is being held to the Pender County Animal Shelter within 24 hours. They are required to hold the animal for 7 consecutive days and must provide proof they have made reasonable attempts to locate the owner."

What does this mean? This means anytime you find a stray animal you should immediately contact Pender County Animal Control to pick up the animal and bring it to the shelter! You have up to 24 hours to do so from the time you find the animal. This makes it safer for you since most of the time you have no idea of the animal's vaccination status or temperament; and it prevents you from having strangers or possibly false impersonators come to your home to claim the animal. *It removes that responsibility and liability* from you! This also makes it easier for the owner to find their pet and for Animal Control to better monitor habitual offenders!

What if the owner isn't found? In NC owners have 72 hours to come to the shelter to claim their animal or the animal becomes county property. At the end of 72 hours if the animal appears friendly and generally healthy, the shelter will place the animal up for adoption! If the animal has serious health issues or aggression, the animal is euthanized for humane/safety reasons.

What if I want to keep the animal? There is no established timeline in NC that gives you ownership of a stray animal. The only way to have guaranteed ownership of a stray is to adopt it from the shelter at the end of the 72 hour hold. Notify the officer/shelter that you want first option to adopt!

**PENDER COUNTY ANIMAL
CONTROL INFORMATION:**

***You must contact Animal Control
for these services:***

- To have animals picked up
 - To report loose / wandering animals
 - To report neglect or abuse
 - To report bites
- 910-259-1349

NC Wildlife Resources Commission:

Anything pertaining to injured or nuisance wild animals must go through NC Wildlife:
919-707-0010

Cape Fear Raptor Center:

To report an injured raptor
(eagle, hawk, vulture, etc)

910-602-6633

ASPCA Poison Control

888-426-4435

View our animals online!

<https://www.facebook.com under>

Pender County Animal Shelter — Pender Pets

Wilmington NC Craigslist Pet Section—search PCAS

Petfinder.com & Petharbor.com



**Pender County
Animal Shelter**

Pender County Animal Control Ordinance Facts

What pet owners need to know!

3280 New Savannah Rd

Burgaw, NC 28425

Tel: 910-259-1484

animalshelter@pendercountync.gov

Shelter Hours:

Monday - Friday 8am - 5pm

Saturday & Sunday - Noon - 4pm

Ordinances

Affect you the most:

While it is important to know all of the ordinances related to owning pets in Pender County, here are some key ones that everyone needs to know!

Section 3-6. At Large: "It shall be unlawful for any owner or keeper of a dog or cat to allow it to run at large in the county. Hunting dogs shall be exempt from the provisions of this section, while engaged in hunting, as long as they are under the supervision of the owner or keeper".

The definition of "at large" is as follows: "Any animal shall be deemed at large when it is off the property of its owner, off of leased property of its owner, off of property for which the owner has permission for the animal to be on, and is not under the restraint of the owner or his designee"

The definition of "restraint" is as follows:

Any animal is under restraint within the meaning of this chapter if it:

- 1) Is controlled by means of chain, leash, electronic device, or other tether
- 2) Is within or on a vehicle driven or under the control of the owner or his agent
- 3) Is locked within a secure enclosure and cannot exit without assistance
- 4) Is locked within the dwelling or outbuildings of the owner and cannot exit without assistance
- 5) Is under voice control

Violation of this section is a Class 3 misdemeanor punishable by a fine of no less than \$50.00 and not more than \$500.00!

This means your animal needs to be on your property in a fence, in your home, on a chain/tether or under your direct supervision & voice control at all times!



Section 3-11. Vaccination

logs, cats & other pets:

In this section the ordinance states: "It shall be unlawful for an owner or keeper to fail to provide current vaccination against rabies (hydrophobia) for any dog or cat 4 months of age or older."

This section also gives the health director or Board of Health the right to require the vaccination of other species of animals in the event of a threatened epidemic or to control an existing epidemic. Rabies vaccines will ONLY be recognized when administered by a licensed veterinarian or certified rabies vaccinator (CRV).

Section 3-12. Vaccination tag & certificate:

All animals vaccinated for Rabies are required to have a tag assigned for that vaccination. Owners must be given a certificate with details regarding the animal vaccinated & the vaccine. It is a STATE LAW that dogs & cats wear their CURRENT Rabies tag at ALL times.

Part B of this section states: "It shall be unlawful for any dog or cat owner or keeper to fail to provide the dog or cat with a collar or harness to which a current rabies tag issued under this section is securely attached."

Section 3-7. Identification tag: "It shall be unlawful for a dog owner to own a dog that is not fitted with an ID tag displaying the owner's name & phone number on the collar of the dog; the ID tag shall be worn at all times and shall serve as prima facie evidence of ownership of a dog." **Violation of this section is a Class 3 misdemeanor punishable by a fine of no less than \$50.00 and not more than \$500.00!**

****It is recommended that cats have identification as well. Microchips are the BEST form of identification for dogs & cats as they can not be altered or removed!****



Section 3-8. Unlawful removal or

identification articles:

"It shall be unlawful to remove or destroy any identifying articles including collars, tattoos, tags, microchips or any other article used to prove ownership of a dog."

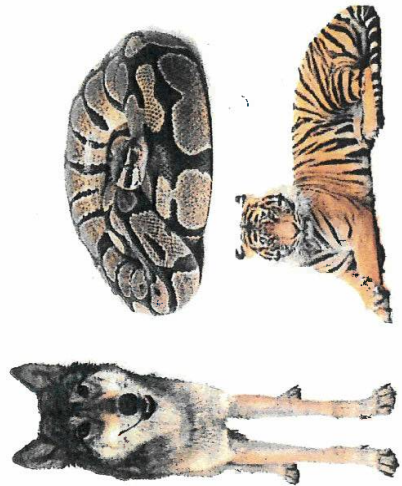
Violation of this section shall be a class 3 misdemeanor or punishable by a fine of no less than fifty dollars (\$50.00) and not more than five hundred dollars (\$500.00).

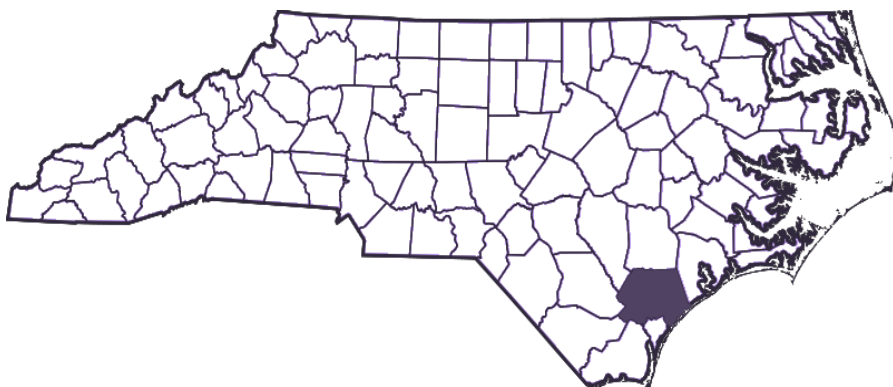
Section 3-28 Prohibited—Inherently Dangerous Wild

Animals: "It shall be unlawful for any owner or other person to possess or harbor an inherently dangerous wild animal as defined within this chapter within the county." There are exemptions in this section in regards to zoos, circuses, fairs, or other temporary events.

Inherently Dangerous Wild Animals are defined as:

"The term applies to the following animals which are inherently dangerous to person or property and which include, but are not limited to: all felines, other than the domestic house cats (including, but not limited to lions, tigers and leopards), nonhuman primates, bears, wolves, reptiles that are venomous or weigh 25 pounds or more (excluding all turtles), and other non domesticated carnivores. Not included in this definition are: emus, llamas, ostriches, alpacas and pack animals (as defined in this chapter)."





2021

State of the County Health (SOTCH) Report Pender County, North Carolina

The 2021 State of the County Health (SOTCH) Report presents an update on the current health status of Pender County residents. The SOTCH provides health information that is intended to augment the 2018 Community Health Assessment (CHA) that is conducted every four years and includes a more comprehensive analysis of the overall health status of the county. The main priorities identified from the 2018 Community Health Assessment were:

- 1- Mental Health and Substance Use Disorders**
- 2- Nutrition and Physical Activity**
- 3- Cancer Education and Prevention**

This report demonstrates progress made in the last year as it relates to these health priorities, recent health statistics, new initiatives and emerging issues that may impact the health status of residents in Pender County. The 2018 CHA and previous SOTCH reports may be found at the county libraries, the health department, or online at: <http://health.pendercountync.gov>



“Building a Healthier Tomorrow...”

**Pender County Health
Department**

**803 S. Walker Street
Burgaw, NC 28425**

910-259-1230

Pender County Snapshot

Population (2019 est.)	63,060	Percent White	75.4%
Est. Percent Change of Population (2010-2020, Census)	15.5%	Percent African American	14.7%
Population Projection 2030	69,689	Percent Hispanic/Latino	7.5%
Population Projection 2040	79,163	Median Household Income (2015-2019)	\$57,240
Percent Female	50.2%	Median Family Income (2019)	\$67,061
Percent Male	49.8%	Per Capita Income (2015-2019)	\$29,266
Percent Under 18 Years Old	22.2%	Population Living Below Poverty	12.3%
Percent Under 5 Years Old	5.7%	Under Age 18 Below Poverty (2019)	22.0%
Percent 65 Years and Older	18.6%	Percent of Population that are Veterans (219)	10.3%
Median Age (2019)	42.7	Average Life Expectancy at Birth (2017-2019)	77.3

(U.S Census Bureau, 2019 Quick Facts; N.C Institute of Medicine)



Maternal and Child Health

The NC State Center for Health Statistics shows the Pender County birth rate for teens ages 15-19 years old was 22.2 compared to 22.0 for North Carolina (2015-2019). Approximately 12% of pregnant women had less than a high school education while 33% had a college or post-graduate degree. The percentage of women that smoked during their pregnancy was 10.6 compared to a state rate of 8.6%. Eighty-five percent of mothers had chosen to breastfeed at the time of hospital discharge. About 68.5% of women sought prenatal care in the first trimester. Only two percent of pregnant women received no prenatal care prior to delivery. Women receiving early prenatal care have lower rates for poor pregnancy outcomes such as low birth weight and infant death.

A brief look at the health of Pender County children showed that there was a 7.6% five-year infant mortality rate (2015-2019) compared to the state rate of 7.0. The child death rate was 8.2% with 43 child deaths under the age of 17 years during this five-year period.

One of the most important long-term factors that can affect a child's health and development is poverty. Twenty percent of children less than 18 years of age are living in poverty. In addition, 19.4% of children are living in households that experience food insecurity.

Access to care means timely use of comprehensive, quality health care services that promote and maintain health; prevent and manage diseases; and reduce unnecessary disability and premature death. Health care access is a concern in Pender County, a designated "provider shortage area." In 2019, there were 4.1 dentists per 10,000 residents compared to the state rate of 5.0 per 10,000 population. The rate for medical providers was much lower: 2.8 primary care providers per 10,000 residents and the state rate was 7.0 per 10,000 people.

10 Leading Causes of Death in Pender County, 2015-2019 Age-adjusted Death Rates

	Cause of Death	Pender County Rate	N.C. Rate
1	Cancer, All Sites	166.1	158.0
2	Heart Disease	157.7	157.3
3	Cerebrovascular Disease	53.5	42.7
4	Other Unintentional Injuries	43.4	39.3
5	Chronic Lower Respiratory	36.0	44.0
6	Alzheimer's Disease	26.4	36.9
7	Motor Vehicle Injuries	24.4	14.7
8	Diabetes	23.9	23.8
9	Suicide	22.9	13.4
10	Nephritis and Renal Diseases	19.8	16.5
	All Causes	807.6	780.0

(2021 County Health Data Book, N.C. State Center for Health Statistics)

As noted on page three, the highlighted death rates for Pender County are greater than the state rates for 2015-2019. In addition, the overall death rate for the county exceeds the state rate. Many of these causes of death are preventable. Our prevention efforts face many challenges when trying to promote healthy lifestyles through physical activity, healthy nutrition, injury prevention and avoidance of tobacco and other substances. Progress toward many of the community health improvement activities are found in this document. However, residents must assess their own personal choices and behaviors and how their decisions may negatively impact their health outcomes.

From 2017-2019, the average life expectancy for Pender County residents at birth was 77.3 years of age. Life expectancy for women was 80.3 years compared to 74.4 years for men. Aside from gender, disparities are also found among whites with an average life expectancy of 77.9 years compared to 73.8 years for African Americans.

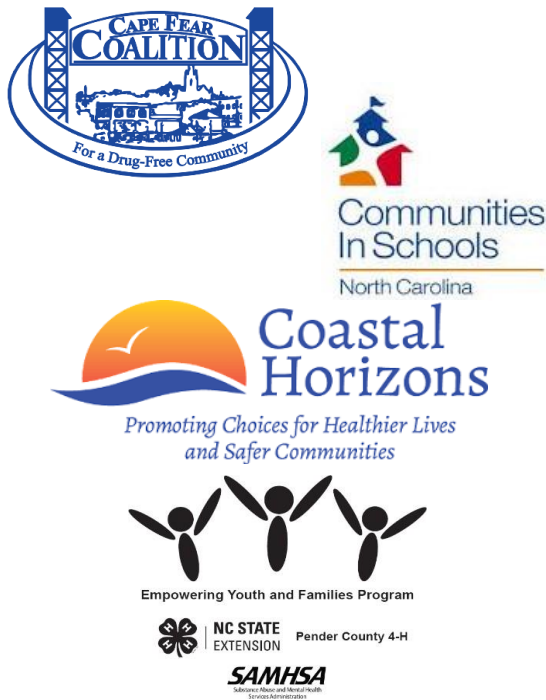
Changes in Data for 2021

The leading causes of death in Pender County for 2015-2019 compared to 2014-2018 revealed few changes. Deaths due to diabetes have dropped from 7th to 8th position. Unfortunately, unintentional motor vehicle injuries moved to the 7th leading cause of death. Concern continues for resident deaths due to other unintentional injuries and suicide.

Tracking Progress of Pender County Health Priorities

Mental Health & Substance Use Disorders	Progress
Identify available resources for mental health and substance use prevention and increase awareness among Pender County residents.  1-800-QUIT-NOW 1 - 8 0 0 - 7 8 4 - 8 6 6 9 Se Habla Español 1-800-Déjelo-Ya www.quitlinenc.com  NO SMOKING, VAPING, ELECTRONIC SMOKING DEVICES OR USE OF ANY TOBACCO PRODUCTS NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255) suicidepreventionlifeline.org Opioid Overdose: Understanding the Epidemic Pender County Website Page: http://www.pendercountync.gov/hhs/notices-base/opioid-overdose-understanding-the-epidemic/  Integrated Family Services PLLC (910)-444-4191 http://www.integratedfamilyservices.net/	✓ On-going promotion of Quitline NC via community events, brochures, and social media. ✓ On-going multi-disciplinary <i>Substance Use Prevention Partnership</i> meetings and action planning/implementation to target mental health and substance use prevention efforts ○ Meetings held virtually due to COVID-19 ○ Regular assessment of state and local data on unintentional poisoning, drug overdose deaths, opioid prescribing rates, and current interventions ✓ Continued participation in state and regional activities for the promotion of smoke-free/tobacco-free policies ✓ On-going promotion of <i>National Suicide Prevention Lifeline</i> and <i>Crisis Text Line</i> ✓ Current standing order for Naloxone Kit onsite and staff trained to administer ✓ Website and Facebook up-to-date postings on Opioid Epidemic ○ Fewer postings because focus shifted to updates/awareness of COVID-19 pandemic ✓ Promotion of county-wide “Drug Take Back Day” events and locations ✓ Partnered with Pender County Parks & Rec to provide Medication Safety through Summer Camp Education. ✓ Promotion of <i>Integrated Family Services Mobile Crisis</i> team with patients and community ✓ On-going referrals to/promotion of Coastal Horizon’s Substance Use Prevention Programs via brochures, flyers, community events, social media, and website ✓ Continues to maintain an up-to-date Resource Guide of mental health providers in Pender County for community members

Tracking Progress of Pender County Health Priorities



Empowering Youth and Families Program



NC STATE EXTENSION Pender County 4-H

SAMHSA

Pender County Billboard Designs-Hampstead, NC



- ✓ Monthly Reproductive Life Planning Education Classes at Pender County Department of Social Services that includes the topic of Neonatal Abstinence Syndrome
 - Program resumed virtually in 2021 due to pandemic
- ✓ Partnered with Pender County Cooperative Extension to implement the *Empowering Youth and Families (EYFP)* Program to resident families
 - Training was completed

Community Outreach/Education



Tracking Progress of Pender County Health Priorities

Physical Activity & Nutrition	Progress
Increase public awareness and promote opportunities for increasing physical activity and nutrition.  Playground at Pender Memorial Park in Pender County Learn about other opportunities by visiting: https://penderpr.recdesk.com/Community/Page?pageId=21114  Diabetes Self-Management Education Program Learn more: http://www.pendercountync.gov/hhs/health-human-services/health-department/diabetes-self-management-education/  World Breastfeeding Week 2021	✓ On-going collaboration with <i>Pender County Parks and Recreation</i> to promote activities held at county parks ✓ Partnership with <i>Pender County Public Schools</i> to promote National Walk to School, Bike to School, and the Safe Routes to School Program events ○ Effort halted due to pandemic ✓ Partnered with local Law Enforcement to host the 5th Annual Burgaw Bike Rodeo ✓ On-going promotion of physical activity programs, community events, and opportunities across the county, via brochures, local newspapers, social media (Facebook, health department and county websites) ○ Fewer than normal due to pandemic ✓ Conduct <i>Diabetes Self-Management Education (DSME)</i> classes at the health department ✓ Conduct <i>Matter of Balance (MOB)</i> classes in the community. Classes focus on falls-prevention, a common injury for older adults. ○ Halted due to pandemic ✓ Promotion of various nutritional programs to health care providers and community partners through Lunch and Learn events ○ Fewer due to pandemic ✓ Continued health presentations with <i>after school groups and community groups</i> to promote MyPlate and importance of physical activity ○ Implemented following CDC guidelines ✓ Active participation in regional diabetes awareness campaigns ✓ Facebook page posts on events that promote physical activity and good nutrition ○ Fewer than normal due to shift to promote awareness/information about COVID-19 ✓ Collaboration with WIC to promote <i>World Breastfeeding Day</i> ✓ Promotion of <i>National Nutrition Month</i> through bulletin board displays and social media

Tracking Progress of Pender County Health Priorities

Cancer Prevention & Education	Progress
Identify available resources for cancer screenings and provide the community with educational outreach events/programs to promote awareness.  Pender County Breast & Cervical Cancer Control Program To learn more: http://www.pendercountync.gov/hhs/health-human-services/health-department/breast-cervical-cancer-control-program-bcccp/  	✓ Monthly promotions to increase awareness in the prevention of many types of cancers ○ Fewer events held due to pandemic ✓ Educational displays made and set up at all county departments ✓ Facebook posts to promote awareness of many types of cancers ○ Fewer postings due to pandemic ✓ Billboard designs displayed in the county to promote cancer screening awareness ✓ Promotion of the Breast and Cervical Cancer Control Program to allow uninsured, low-income women the opportunity for breast and cervical screenings ✓ Implementation of the CATCH My Breath program to decrease risk of teens engaging in tobacco and e-cigarette use ○ Halted due to pandemic 

New Initiatives

Substance Use Prevention- Members of the Pender County Opioid Action Team have resumed regular committee meetings of the Substance Use Prevention Partnership (SUPP). It is comprised of a variety of public agency leaders. Through a coordinated effort, priorities of the partnership are to raise community awareness of substance use and addiction, increase provider knowledge of CDC's recommended policies and procedures for prescribing, decrease substance use/opioid overdoses and deaths and raise awareness of community resources, i.e., diversion programs, therapy, treatment, and linkage to support services. The committee monitors data, assesses resources for county residents and identifies unmet needs. Opioid abuse increased slightly in the past year as did most counties across the state. Much of this increase has been attributed to COVID and the limited options for socialization.

The health department collaborates with the Department of Social Services to offer Reproductive Life Planning Education classes that address Neonatal Abstinence Syndrome for babies born addicted to opioids and other substances. Attempts were made to utilize virtual means for this educational program that did not prove as effective as in-person training. The health department has resumed these classes in person.

Health and Human Services Facility- Efforts have begun to design and construct a new health and human services facility. The new building will include the health department and the Department of Social Services.

2022 Community Health Assessment (CHA)- The community health assessment is to be conducted every four years and staff is planning for this nine-month process. Staff will be requesting members of the community to consider assisting with this endeavor. As noted earlier, the CHA helps identify important health topics in Pender County and establishes three main priorities to focus on in the coming years.

Local Health Department Re-Accreditation- The COVID response led to a pause in statewide reaccreditation efforts. The last re-accreditation for Pender County was in 2016. This requirement resumes for 2022 and staff is working to identify the documentation for the 41 benchmarks comprising of 147 activities. Re-accreditation is scheduled for August 2022. This program allows health departments to assess how well the department is meeting national and state-specific standards for public health practice and to address any gaps in service delivery.

Emerging Issues

North Carolina Medicaid Transformation- The North Carolina Medicaid program moved to a managed care system beginning with FY 21/22. Medicaid revenue streams into the health department are posing uncertainties as staff must bill five different health plans for the care provided to patients. The health department has contracted with them to provide services. Staff is learning how to implement new ways of doing business which will include a greater emphasis on the impact of social determinants of health as well as meeting the identified health indicators for the various health plans.

National Opioid Settlement- North Carolina has developed strategies for counties to address the opioid epidemic. In order to develop a strong response plan that will benefit Pender County residents, a work group of community stakeholders will be needed to help identify the most effective programs and prevention strategies.

Aging Public Health Workforce- A recent North Carolina Public Health Worker survey revealed that a significant portion of local health department employees are over the age of 40. Thirty-two percent of senior leaders and 27% of supervisors and managers plan to retire in the next five years. Nationally, public health is comprised of insufficient numbers of young public health professionals. A strong, well-trained public health workforce is an important part of overall community health.

Public Health Workforce Initiative- As part of the American Rescue Plan Act of 2021 (ARPA), the North Carolina Division of Public Health has distributed funds to ten regions in the state. Pender County is part of the Southeast region. A workforce grant work plan will be developed to focus on public health staff recruitment and hiring; a regional training plan and a regional coordination plan to engage a regional leadership team. A main focus of the initiative will be to identify strategies to strengthen the local public health workforce and response to community health issues.

Want to do something? Get involved

Community members can get involved by participating on the Advisory Board of Health; participating in the upcoming 2022 community assessment; attending meetings, forums, community coalitions and outreach events. Join us in our efforts to help support your family, friends, and neighbors as we work on “Building a Healthier Tomorrow.”

PENDER COUNTY HEALTH DEPARTMENT



STRATEGIC PLAN 2020-2024

*Pender County Health Department
Strategic Plan 2020-2024*

Page 70 of 147

Mission Statement

The ***Pender County Health Department*** is dedicated to the purpose of disease prevention and health promotion for all Pender County residents.

Health Department Values

Integrity- We are committed to treating all people honestly and fairly, with dignity and respect.

Accountability- We are committed to fiscal and program accountability and evaluating our performance in terms of benefit to the public.

Excellence- We strive for excellence in services to our customers and in leadership throughout the health department.

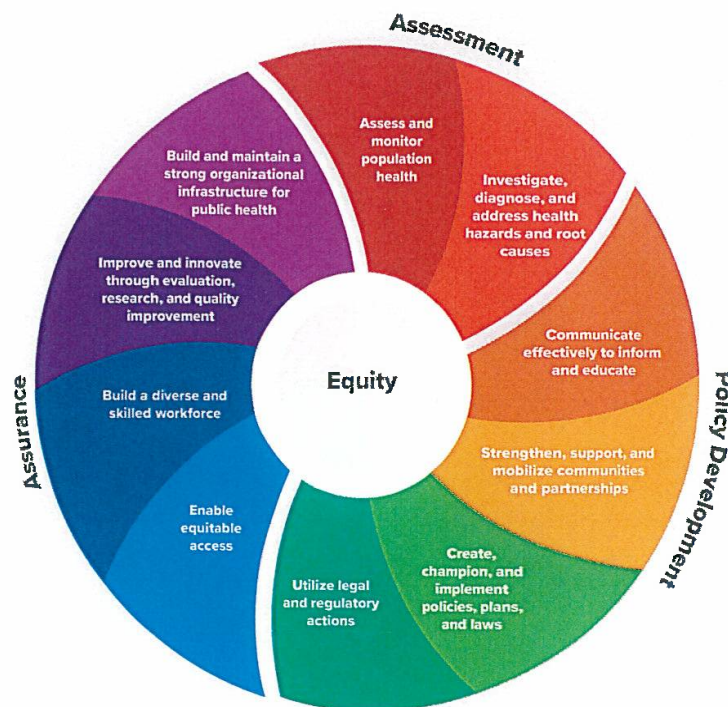
Responsive- We are committed to a strong, professional, responsive public health department that meets the challenges and adapts to a rapidly changing environment.

Teamwork- We are committed to working collaboratively with others to enhance public health services for our communities and our residents.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Pender County Health Department Strategic Plan 2020-2024

The Pender County Board of Commissioners serves as the Pender County Board of Health which is the "...policy-making, rule-making, and adjudicatory body ..." for the local health department as defined by N.C. General Statute 130A-35. This responsibility supports public health's direct role with the community health assessment, community health improvement plans, and the department's strategic plan. Other requirements that support the development of these plans include:

- Statutory responsibility to protect and promote the public's health
- North Carolina accreditation standards for local health departments require strategic plans
- North Carolina mandated public health services
- Mission of disease prevention and health promotion for all Pender County residents
- Three public core functions (Assessment, Policy Development, and Assurance) and the ten Essential Public Health Services.

The Pender County Advisory Board of Health offers a variety of professional guidance and advocates for the health department and its programs. Recommendations from this board are shared with the Commissioners to assist in decision-making processes.

The objective of this document is to identify and set priorities to guide the work the health department. Areas of emphasis are based on community needs/public health data found in the following:

- Community Health Assessments
- SOTCH Reports
- Health status indicators and statistical data for Pender County
- Public input and community surveys
- Experience and expertise of the Pender County Board of Health, Advisory Board of Health, and health department staff in identifying resources and needs.

They are not intended to exclude or discourage any existing program or other goals and interests. This plan will serve as a road map with evaluation, modifications, and intervention as the ongoing methodology of operation.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

SWOT Analysis is a tool that identifies strengths, weaknesses, opportunities, and threats of an organization. Specifically, SWOT is a basic model that assesses what an organization can and cannot do, as well as potential opportunities and threats that impact what an organization can accomplish. The Strategic Planning Team developed the following SWOT that can impact delivery of public health services to Pender County communities.

Strengths	Weaknesses
♦ Local Government Support ♦ Strong community partnerships ♦ Competent, well-trained, dedicated staff ♦ On-going professional development ♦ Access to quality technological resources ♦ Bilingual staff ♦ Highly qualified, knowledgeable billing support staff ♦ Inviting public health facilities ♦ Annex location for services- Environmental Health, Clinical, WIC ♦ Training sites for numerous students and career tracks ♦ Enhanced health education and outreach programs ♦ Tele-health ♦ Comprehensive clinical and dental care ♦ Electronic health/dental record systems ♦ New partnerships and regional collaborations ♦ Strong coordination with emergency management to respond to public health preparedness concerns ♦ Knowledge and ability to respond to public health threats such as COVID-19 ♦ Highly trained Animal Shelter staff with supportive veterinarian care ♦ Quality improvement initiatives including practice management training and guidance ♦ Responsible and proactive to emerging issues and trends	♦ Medicaid Managed Care billing uncertainties ♦ Ability to compensate professional staff at levels that attract highly qualified workers ♦ Ability to recruit in professional fields such as dental, nursing, nutrition, environmental health ♦ Availability of mental health resources and providers in the county ♦ Limited primary care and chronic disease management services in the county ♦ Economically diverse population ♦ Challenges related to a rapidly growing population ♦ Aging workforce ♦ Decreasing office space in the health department facility

4

Opportunities	Threats
♦ Emerging technologies to promote more efficient service delivery ♦ Established relationship with media outlets ♦ Regional partnerships with UNC-W and Southeastern AHEC ♦ Leadership roles of staff in various professional organizations, regional, state and nationally ♦ Safety Net provider for uninsured and underinsured ♦ Up-to-date electronic equipment and tools for staff to perform more efficiently	♦ Lack of public transportation ♦ Limited funding in chronic disease, health promotion and disease prevention services ♦ Tier 3 county ranking limits grant opportunities ♦ Potential cuts to federal, state and local programs ♦ Provider Shortage Area with limited primary care providers in the county

Public Health Strategic Goals 2020-2024	
Goal #1	Improve the health status and prevent premature death for all residents of Pender County
Goal #2	Expand access to primary care, preventive care, and chronic disease management for residents in Pender County
Goal #3	Ensure environmental health and safety through reduced exposure to unsafe food and water, unsanitary environmental health conditions, emerging environmental and vector-borne health issues, and response and recovery during environmental events
Goal #4	Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks

Public Health Goals and Objectives 2020-2024

1. Improve the health status and prevent premature death for all residents of Pender County.

Objective 1.1 Improve Child Well-being

- ➔ Seek ways to reduce five-year trends for infant mortality.
(2015-2019) Pender County 7.6; NC 7.0;
(2016-2020) Pender County 6.3; NC 7.0
- ➔ Promote early prenatal care for pregnant women.
(2015-2019) Pender County 68.5%; NC 68.0%;
(2021) Pender County 68.5%; NC 68.0%
- ➔ Identify strategies to decrease the rate of teen pregnancies (Ages 15-19).
(2015-2019) Pender County 22.2; NC 22.0;
(2016-2020) Pender County 22.9; NC 25.1
- ➔ Enhance/develop partnerships to promote access to physical activity.
*Activities halted due to pandemic, 2020
*On-going collaboration with Pender County Parks and Recreation, 2021
*Partnered with law enforcement to host Burgaw Bike Rodeo, 2021
*Plans beginning 2022 bike rodeo, 2022
- ➔ Continue local/regional efforts to reduce tobacco use in youth.
*Activities halted in 2020 due to pandemic
*Implementation of CATCH My Breath program in the schools, 2021
*No staff trained at this time. Plans in place for the fall of 2022
- ➔ Promote vaccinations to prevent childhood diseases.
Immunizations up-to-date by 24 months of age:
(2016-2017) PCHD 85%; Pender County 76%
(2017-2018) PCHD 83%; Pender County 75%
(2018-2019) PCHD 87%; Pender County 75 %
*Focus on pandemic and limited staffing prevented many outreach activities.
*New immunization staff to be employed in 2022

**Updates in red

Public Health Goals and Objectives (cont) 2020-2024

Objective 1.2 Improve Adult Well-being

- ➔ Seek health education opportunities that focus on health promotion and disease prevention to increase the life expectancy for all residents, minimizing racial disparities.
Life Expectancy (2018-2020)
Pender County- 77.2 years; Whites-78.0 years; African Americans-73.2 years
NC- 77.7 years; Whites-78.6 years; African Americans-75.0 years
- ➔ Resume and expand *Chronic Disease Self-Management* classes.
**No trained staff, 2021*
**Staff to participate in training, 2022*
- ➔ Provide *A Matter of Balance Fall Prevention* classes in the community.
**Halted due to pandemic, 2020*
**Decreased classes due to limited staff, 2021*
**Trained staff and resuming classes, 2022*
- ➔ Implement Medical Nutrition Therapy for high-risk clients.
**No Registered Dietician, 2020*
**No services due to untrained staff, 2021*
**Staff member pursuing certification as registered dietician, 2022*
- ➔ Enhance/develop partnership to promote access to physical activity.
**Activities halted due to pandemic, 2020*
**Limited staffing, 2021*
**Resume partnership with Pender County Parks and Recreation, 2022*
**Collaborate with Parks and Recreation in the development of the new Pender County Parks Master Plan, 2022*
- ➔ Promote local/regional efforts to improve access to healthy foods.
**Halted due to pandemic, 2020*
**Limited staffing, 2021*
**Resuming community classes, Lunch and Learn on nutritional topics, 2022*
- ➔ Continue local/regional strategies to decrease tobacco use in adults.
**Adult smoking Pender County 16%; NC 17%, 2020*
**Adult smoking Pender County 21%; NC 18%, 2021*
**Strategies halted due to pandemic, 2020*
**Limited staff to conduct activities, 2021*
**Resuming health promotion messaging and regional networking, 2022*

7

Public Health Goals and Objectives (cont) 2020-2024

2. Expand/enhance access to chronic disease management and mental health services for residents in Pender County.

Objective 2.1 Conduct health promotion efforts to address chronic diseases

- ➔ Resume/expand *Chronic Disease Self-Management* classes.
 - *Strategy halted due to pandemic, 2020
 - *No trained staff, 2021
 - *Staff to pursue training, 2022
- ➔ Resume/expand *Diabetes Self-Management* classes in the community.
 - *No classes due to pandemic, 2020
 - *No trained staff, limited nursing staff, 2021
 - *Staff trained and classes resumed, 2022
- ➔ Maintain a strong health education program at the health department.
 - *Health education's chief focus related to pandemic response, 2020
 - *Loss of staffing, new health education staff, 2021
 - *Resuming health education programs as staff become trained, 2022
- ➔ Continue to offer adult health primary care and chronic disease management at the health department.
 - *Decreased appointments due to pandemic response, 2020
 - *Turnover in staffing and scheduling reduced, 2021
 - *Staff resuming regular patient schedules, 2022

Public Health Goals and Objectives (cont) 2020-2024

Objective 2.2 Monitor leading causes of death in Pender County

- ➔ Seek health promotion opportunities to help decrease the death rate for all cancers. Death rates (2015-2019) *Pender County 166.1; NC 158.0*
(2016-2020) *Pender County 160.2; NC 154.6*
- ➔ Enhance outreach to provide community education on prevention in an effort to decrease the death rate for heart disease.
Death rates (2015-2019) *Pender County 157.7; NC 157.3*
(2016-2020) *Pender County 158.8; NC 156.1*
- ➔ Identify health promotion activities to address deaths related to cerebrovascular disease.
Death rates (2015-2019) *Pender County 53.5; NC 42.7*
(2016-2020) *Pender County 54.2; NC 42.7*
- ➔ Continue/develop programs to help reduce deaths from diabetes.
Death rate (2015-2019) *Pender County 23.9; NC 23.8*
(2016-2020) *Pender County 23.6; NC 24.5*

Public Health Goals and Objectives (cont) 2020-2024

Objective 2.3 Maintain/expand partnerships to address unintentional deaths and increase access to mental health care

- ➔ Continue/develop partnerships to reduce the death rate from suicide.
Death rate (2015-2019) *Pender County 24.3; NC 15.6*
(2016-2020) Pender County 22.6; NC 14.4
- ➔ Decrease drug overdose deaths through evidence-based treatment and education.
Death rate (2015-2019) *Pender County 24.4; NC 18.5*
(2020) Pender County 23.8 (15 deaths); NC 30.4
(2021) Pender County 42.8 (18 deaths); NC 30.2
- ➔ Identify programs to help decrease the death rate from motor vehicle injuries. (2015-2019) *Pender County 24.4; NC 14.7*
(2016-2020) Pender County 24.4; NC 15.1
- ➔ Continue collaborative efforts with mental health providers and other partners to address opioid prevention efforts in the county.
**Activities halted due to pandemic, 2020*
**Sporadic partnership meetings due to limited staff, 2021*
**Substance use prevention team meeting monthly, 2022*

Public Health Goals and Objectives (cont) 2020-2024

3. **Ensure environmental health and safety through reduced exposure to unsafe food, water, unsanitary environmental health conditions, emerging environmental, vector-borne health issues, and response & recovery during environmental events**
 - Utilize risk-based assessment for food safety in food handling establishments.
(2020) On-going; (2021) All Food and Lodging staff understand and utilize assessment
 - Reduce the risk of food-borne illness and other communicable diseases by ensuring reasonable protection through education, leadership and resources
*(2019-2020) Food and Lodging Inspections completed-100%
(2020-2021) Food and Lodging Inspections completed-100%*
 - Develop a Quality Assurance Program for Environmental Health utilizing current DPH/EH standards *Implemented for Food and Lodging staff (2020)
Sporadic QA due to staffing issues first of year. Resumed late fall (2021)
EHS Specialist oversees F&L; EHS Supervisor evaluates On-site (2022)*
 - Permitting, inspecting and testing well water in accordance with state statutes and rules *2020-On-going; 2021-On-going; 2022-On-going*
 - Permitting and inspecting on-site wastewater treatment systems in accordance with state statutes and rules
2020-On-going; 2021-On-going; 2022-On-going
 - Maintain cross-trained staff within environmental health program
*On-going, 2020; Limited staffing; experienced EHS specialist hired (2021)
Additional training options for pools and childcare authorizations (2022)*
 - Utilize social media to alert and educate communities on various topics related to food and water safety *Staff and health educators available as needed*
 - Increase public awareness on the prevention of vector-borne illnesses
*Outreach decreased due to pandemic (2020) and limited staff (2021)
Health educators planning outreach events (2022)*
 - Active participation in public health preparedness response and training
(2020) EH staff assisted with COVID response; (2021) Assured staff participated in training; (2022) Staff to participate in upcoming preparedness trainings

Public Health Goals and Objectives (cont) 2020-2024

4. Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks

- Maintain the current NC EDSS reporting system that allows for timely reporting and intervention as required by NC Communicable Disease Laws, increase communicable disease reporting from outside medical facilities and ensure providers are familiar with the reporting system
On-Going
- Maintain a current All Hazard Plan and a Continuity of Operations Plan and a coordinated response to a bioterrorism event or communicable disease outbreak, to be positioned for the competent management of hazardous materials, a bioterrorism event, or a communicable disease outbreak
(2020) Plans used during pandemic
(2021) Limited staff available for updating plans
(2022) Staff recruitment for preparedness coordinator
- Continue regular EPI team meetings and expand participation
(2020) EPI team meetings halted during pandemic
(2021) Limited staffing; new staff training for CD
(2022) EPI team meetings resumed
- Utilize the NC Health Alert Network to learn of local outbreaks as well as to alert regional and state officials in the event of an outbreak
On-going
- Provide professional development opportunities for staff to enhance epidemiology and preparedness response knowledge and skills.
On-going

2018 Pender County Health Department Community Health Assessment

The 2018 Pender County Health Department's Community Health Assessment is the mechanism by which the county's health status is reviewed utilizing a community health opinion survey and available statistical data along with an understanding of economic factors and social influences within the county. Statistical data sets were researched from a variety of sources including, US Census, State Data Center, NC Employment Security Commission, NC Department of Commerce, Federal Statistics, Center for Disease Control, National Institutes of Health and numerous others.

The top three priorities identified in the 2018 Community Health Assessment were:

1. Mental Health and Substance Use Disorders
2. Nutrition and Physical Activity
3. Cancer Education and Prevention

Community Health Action Plans were developed for the priorities. The following information will also be addressed as these plans evolve.

- According to the 2010 U.S. Census, the population for Pender County has grown 17% since 2017. This growth is much greater than the population growth for the state as well as counties of similar size to Pender County. By the year 2020, the North Carolina Office of State Budget and Management estimates Pender County's rate of growth will be greater than 14%.
- According to the N.C. Division of Aging, the fastest growing population in the next 20 years will be those 65 years of age and older. In 2030, there will be more people in Pender County over the age of 65 years than those under the age of 17 years.
- In 2010, the three leading causes of death in Pender County were: Cancer, Diseases of the Heart, and Cerebrovascular Disease. For 2008-2012, these chronic diseases remain the leading causes of death.
- From 2008-2012, the Diabetes death rate was 23% higher than the state rate. The diabetes death rate for African Americans in Pender County is double the diabetes death rate for whites.
- The leading cause of death for residents ages 1-39 years was unintentional injuries, with the highest number of deaths from motor vehicle injuries.
- Access to care remains a problem in Pender County. In 2012, there were 3.3 primary care physicians per 10,000 population compared to the state ratio of 7.6 per 10,000 population.
- Poverty is a serious concern as it contributes to many barriers to health care and can negatively impact overall health status. From 2008-2012, child poverty and elder poverty rates were higher than the state rates.

**Pender County Health Department
2020-2024 Strategic Plan Activities and Partners**

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.			
Objective #1.1	Improve child well-being. Seek ways to reduce five-year trends for infant mortality			
Baseline Data	2015-2019 <i>Pender 7.6; NC 7.0; (2016-2020) Pender 6.3; NC 7.0</i>			
Activities	Lead Person	Partners	Timeframe	
NOTE: Activities halted for pandemic; limited due to staffing; resuming 2022		N=new; E=existing		
Health Department Activities	-Health Education -Nursing Director -Maternal Health staff and OB/GYN FNP -WIC Program -On-Site Interpreters -C-MARC	E-NHRMC E-CCNC E-Pender County Schools E-Pender Adult Services transportation E-DSS E-Coastal Horizons N-NC Coop Ext	On-going	
Family Planning Clinic	-Health Education -Family Planning staff and OB/GYN FNP -C-MARC	E- DSS E- Pender Adult Services transportation E-Coastal Horizons	On-going	
Promote early prenatal care through media and community education outreach	-Health Education -WIC Program	E-Local Newspapers E-DSS E-Pender County Schools E-WIC Program E-Social Media; agency website	On-going	

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.			
Objective #1.1	Improve child well-being. Promote early prenatal care for pregnant women			
Baseline Data	2019 <i>Pender</i> 63.5; <i>NC</i> 67.5; <i>2020-No State data;</i> <i>2022 Pender 68..5; NC 68.0</i>			
Activities <i>NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022</i>		Lead Person	Partners N=new; E=existing	Timeframe
Health Department Activities		-Health Education -Nursing Director -Maternal health staff and OB/GYN FNP -WIC Program -On-site interpreters -C-HARP	E- DSS E-Pender Co. Schools E-NHRMC N- Coastal Horizons E-Pender Adult Services transportation	On-going
Increase community awareness and education		-Health Education	E- DSS E- Local Newspaper E-Local churches E-Pender Co. Schools E-Website N- Coastal Horizons	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.			
Objective #1.1	Improve child-wellbeing Identify strategies to decrease the rate of teen pregnancies, ages 15-19			
Baseline Data	2015-2019 <i>Pender 25.0; NC 26.6</i> <i>(2016-2020) Pender 22.9; NC 25.1</i>			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022		Lead Person	Partners N=new; E=existing	Timeframe
Health Department Activities		-Health Education -Family planning program staff -Nursing staff -WIC Program -On-Site Interpreters	E-DSS E- NHRMC E-Pender Adult Services transportation E-Local media and website E-Community events N-Coastal Horizons	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.			
Objective #1.1	Improve child well-being. Promote physical activity; tobacco use prevention; vaccinations			
Baseline Data	Health Education Outreach Activities			
CHA Priority addressed	-Mental Health and Substance Use Disorders -Nutrition and Physical Activity			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	Lead Person	Partners N=new; E=existing	Timeframe	
Enhance and develop partnerships to promote access to physical activity	-Health Education -Nursing staff -WIC Program -C-MARC	E-Pender County School nurses E-Local Health Care Providers E-Local Churches E-Local media and website N-Pender County Parks and Recreation E-Coastal Horizons	On-going	
Continue local/regional efforts to reduce tobacco use in youth	-Health Education -Nursing staff -Dental staff	E-Pender County School nurses E-Local Health Care Providers E-Local Churches E-Local media and website E-Coastal Horizons	On-going	
Promote vaccinations to prevent childhood diseases	-Health Education -Nursing staff -WIC program	E- DSS- E –Local media and website E-Pender County Schools E-Local Health Care Providers	On-going	

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.		
Objective #1.2	Improve Adult well-being. Seek health education opportunities that focus on health promotions and disease prevention to increase the life expectancy for all residents, minimizing racial disparities		
Baseline Data	2015-2019 (Death rates for all causes) <i>Pender County African Americans</i> 978.4; <i>(2016-2020)</i> 994.2 <i>Pender County Whites</i> 793.9 <i>797.4</i>		
CHA Priority addressed NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	-Mental Health and Substance Use Disorders -Nutrition and Physical Activity -Cancer Education and Prevention		
Activities	Lead Person	Partners N=new;E=existing	Timeframe
Health Department Activities including: -Chronic Disease Self-Management classes -A Matter of Balance Fall Prevention classes -Medical Nutrition Therapy for high-risk clients	-Health Education -Nursing staff -Adult health primary care and chronic disease care -Nutrition staff -Dental staff	E-Local Churches E-DSS N-Coastal Horizons N-Parks and Recreation staff N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	Ongoing
Maintain/develop partnerships to promote physical activity; access to healthy foods; and decrease tobacco use in adults	-Health Education -Nursing staff -WIC staff -Dental staff	E-Pender County Government Human Resources, wellness program E-NC Coop. Ext. E-Local Newspaper E- Website E- Pender County Parks and Recreation E- Churches E-Pender Adult services E-Regional Tobacco Prevention staff N-Coastal Horizons N-Local municipalities N-Coastal Horizons E- American Cancer Society	Ongoing

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.1	Conduct health promotion efforts to address chronic diseases			
Baseline Data	Maintain a fully-staffed; professional, active health education program			
CHA Priority addressed	-Mental Health and Substance Use Disorders -Nutrition and Physical Activity -Cancer Education and Prevention			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	Lead Person	Partners N=new; E=existing	Timeframe	
Health Department Activities including: -Chronic Disease Self-Management classes -Diabetes Self-Management classes in the community	-Health Education -Nursing staff -Nutrition staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	Ongoing	
-Maintain a strong health department health education program. -Continue adult health primary care and chronic disease management at the health department	-Health Director -BOH -Health Education -Nursing staff and FNP	E- Pender Memorial Hospital E-Local Newspaper E- Website E- Local Health Care Providers E-DSS	On-going	

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.2	Monitor leading causes of death in Pender County Seek health promotion opportunities to help decrease the death rate for all cancers.			
Baseline Data	2015-2019 Pender 166.1; NC 158.0 <i>2016-2020 Pender 160.2; NC 154.6</i>			
CHA Priority addressed	-Cancer Education and Prevention			
Activities <i>NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022</i>	Lead Person	Partners N=new; E=existing	Timeframe	
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	On-going	

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.2	Monitor leading causes of death in Pender County Enhance outreach to provide community education on prevention in an effort to decrease the death rate for heart disease			
Baseline Data	2015-2019 Pender 157.7; NC 157.3 <i>2016-2020 Pender 158.8; NC 156.1</i>			
Activities <i>NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022</i>	Lead Person	Partners N=new; E=existing	Timeframe	
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	On-going	

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.2	Monitor leading causes of death in Pender County Identify health promotion activities to address deaths related to cerebrovascular disease.			
Baseline Data	2015-2019 Pender 53.5; NC 42.7 <i>2016-2020 Pender 54.2; NC 42.7</i>			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	Lead Person	Partners N=new; E=existing	Timeframe	
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	On-going	

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.2	Monitor leading causes of death in Pender County Continue/develop programs to help reduce deaths from diabetes.			
Baseline Data	2015-2019 Pender 23.9; NC 23.8 <i>2016-2020 Pender 23.6; NC 24.5</i>			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	Lead Person	Partners N=new; E=existing	Timeframe	
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -WIC staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender Adult Services E-Local Health Care providers E-Local media and website	On-going	

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Continue/develop partnerships to reduce the death rate from suicide.			
Baseline Data	2015-2019 Pender 22.9; NC 13.4 <i>2016-2020 Pender 22.6; NC 14.4</i>			
CHA Priority addressed	-Mental Health and Substance Use Disorders			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022		Lead Person	Partners N=new; E=existing	Timeframe
Health Department Activities		-Health Education -Nursing staff -All health department staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Pender County Emer. Mgmt E-Local Health Care providers E-Local media and website E-Coastal Horizons	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Decrease drug overdose deaths through evidence-based treatment/educ.			
Baseline Data	2015-2019 Pender 24.4; NC 18.5 <i>2020 Pender 23.8; NC 30.4</i> <i>2021 Pender 42.8; NC 30.2</i>			
CHA Priority addressed	-Mental Health and Substance Use Disorders			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022		Lead Person	Partners N=new; E=existing	Timeframe
Health Department Activities Continue collaborative efforts with mental health providers and other partners to address opioid prevention efforts in the county		-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	E-NHRMC E-Local Churches E-DSS N-Local municipalities E-Regional/state partnerships, E-Local Health Care providers E-Local media and website E-Mental health providers	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County			
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Seek educational opportunities and partnerships to address excessive drinking			
Baseline Data	2016-2020 Pender 19.0; NC 16.9			
CHA Priority addressed	-Mental Health and Substance Use Disorders			
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022		Lead Person	Partners N=new; E=existing	Timeframe
Health Department Activities		-Health Education -Nursing staff -All health department staff	E-NHRMC E-Local Churches E-DSS E-Pender County schools N-Local municipalities E-Pender County Emer. Mgmt E-Local Health Care providers E-Local media and website E-Coastal Horizons	On-going

Goal 3-Health	Ensure environmental health and safety through reduced exposure to unsafe food and water, unsanitary environmental health conditions, emerging environmental and vector-borne health issues, and response and recovery during environmental events.		
Objective #1	Maintain a well-trained staff to provide high quality environmental health services. 2020-2022 Minimal staff turnover		
Baseline Data	Statistical reports indicating compliance with state mandated programs and specific program reviews from Regional Environmental Health Consultants.		
Activities <i>NOTE: Activities impacted by the pandemic; limited due to staffing; resuming in 2022</i>	Lead Person	Partners N=new; E=existing	Timeframe
Utilize risk-based assessment for food safety in food handling establishments	Environmental Health Supervisor and Program Specialists	E-NCEH, NCDA	As prescribed by State Regulation
Reduce the risk of foodborne illness and other communicable diseases by ensuring reasonable protection through education, leadership and resources	-Environmental Health staff -Epi team	E- NC Env. Health E-Communicable Disease program	On-going
Develop a Quality Assurance Program for Environmental Health utilizing current DPH/EH standards	Environmental Health Supervisor and Program Specialists	E- SOP Workshops, NCPHA, RS Board, State Universities	On-going
Permitting, inspecting, and testing well water in accordance with state statutes and rules	Environmental Health Supervisor and Specialists	E-NC Env. Health E-Division of Water Quality (DWQ) E-Well installers	Daily
Permitting and inspecting on-site wastewater treatment systems in accordance with state statutes and rules	Environmental Health Supervisor and Program Specialists	E- NC Env. Health E-Septic Installers E- Soil Scientists E-Pender County Planning and Zoning	On-going
Maintain cross-trained staff within the environmental health programs including public health preparedness and response	Health Director Environmental Health Supervisor	E- NC Env. Health E-Emer. Mgmt.	On-going
-Utilize social media to alert and educate communities on various topics related to food and water safety. -Increase public awareness on the prevention of vector-borne illnesses	-Environmental Health Supervisor and Specialists -Health education	E- NC Env. Health E-Local media and website	As Needed

Goal 4-Health	Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks		
Objective #1	Maintain the current NC EDSS reporting system that allows for timely reporting and intervention as required by NC Communicable Disease Laws, increase communicable disease reporting from outside medical facilities and ensure providers are familiar with the reporting system		
Baseline Data	Maintain highly-qualified, experienced professional staff <i>2020-2022 Communicable disease program remains staffed</i>		
Activities <i>NOTE: Activities impacted due to pandemic; limited due to staffing resuming in 2022</i>	Lead Person	Partners N=new; E=existing	Timeframe
Keep Communicable Disease Tracking System current	Communicable Disease Nurse and TB Coordinator Director of Nursing	E- DHHS	On-going
Keep information available for community	Health Educator CD Nurse	E- Pender County Schools E-Emergency Services E-Website E-Local media	On-going
Adhere to formal surveillance program	CD Nurse Director of Nursing	E- DHHS E-Regional Consultants E-New Hanover Regional	On-going
Implement Online Reporting System	CD Nurse Director of Nursing	E- DHHS, E-NC EDSS	On-going
Education of medical providers through ongoing communication	TB Coordinator and CD Nurse Director of Nursing Health Educators	E- Local Health Care Providers E-Pender Memorial	On-going
Maintain an active Epidemiology Team	Director of Nursing CD Nurse	E-New Hanover Regional E-Pender Co. Schools E- DHHS State Consultants	On-going

Goal 4-Health	Provide a coordinated response to a Public Health event or communicable disease outbreak			
Objective #2	Maintain a current All Hazard Plan and a coordinated response to a bioterrorism event or communicable disease outbreak and to be positioned for the competent management of hazardous materials, a bioterrorism event or a communicable disease outbreak			
Baseline Data	Since 9/11, Public Health involvement in bioterrorism events and communicable disease outbreaks has become more formalized through funding and training of public health staff. Various plans have been developed to coordinate how we address such issues as well as training and hiring staff. Mandated trainings such as NIMS has become a requirement of public health staff along with annual exercises to ensure public staff knowledge and experience in dealing with communicable disease outbreaks and bioterrorism. Further, committees have been developed within the health department that also includes community partners to ensure a coordinated response to such events.			
Activities NOTE: Activities halted due to pandemic; limited due to staffing but resuming many activities in 2022 (Actively recruiting)		Lead Person	Partners N=new; E=existing	Timeframe
Work closely with Preparedness Coordinator		Health Director/ Preparedness Coordinator/Nursing Director	E- Emergency Management Services (EMS) E- Hospital	On-going
Coordination with other agencies		Health Director/Preparedness Coordinator	E- Law Enforcement E-School System E-Private Industries	On-going
Education of staff and community plans		Health Director/Preparedness Coordinator/Nursing Director	E- Emergency Management N- Law Enforcement, School System	On-going
Maintain current contact List for the health department to be used in emergency responses		Health Director/Preparedness Coordinator/Nursing Director	E- Local Medical Providers E- Law Enforcement	On-going
Participate in Bioterrorism exercises that includes Strategic National Stockpile (SNS)		Health Dept staff Epidemiology Response Team	E- NC Public Health Preparedness; Emergency Management, Law Enforcement, School System; State Lab	On-going

Measurement and Strategic Plan Timeframes

Measurement is a critical aspect for proposed objectives and strategies in any plan. Details are typically incorporated that specify what will be accomplished within a given timeframe. Many of the strategies in this plan will be on-going processes. Review of the plan on a regular basis will allow the department to refine objectives, strategies and timeframes.

The 2020-2024 Strategic Plan is based on the 2018 Community Health Assessment priorities and the 2022 Community Health Assessment after completion. This plan has been developed to address the most pressing needs to benefit the community at large and hold the consolidated agency accountable.



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Page 97 of 147

Roles and Responsibilities of Boards of Health Related to North Carolina Local Health Department Accreditation (NCLHDA)

Version Update: 4.22.21



GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health

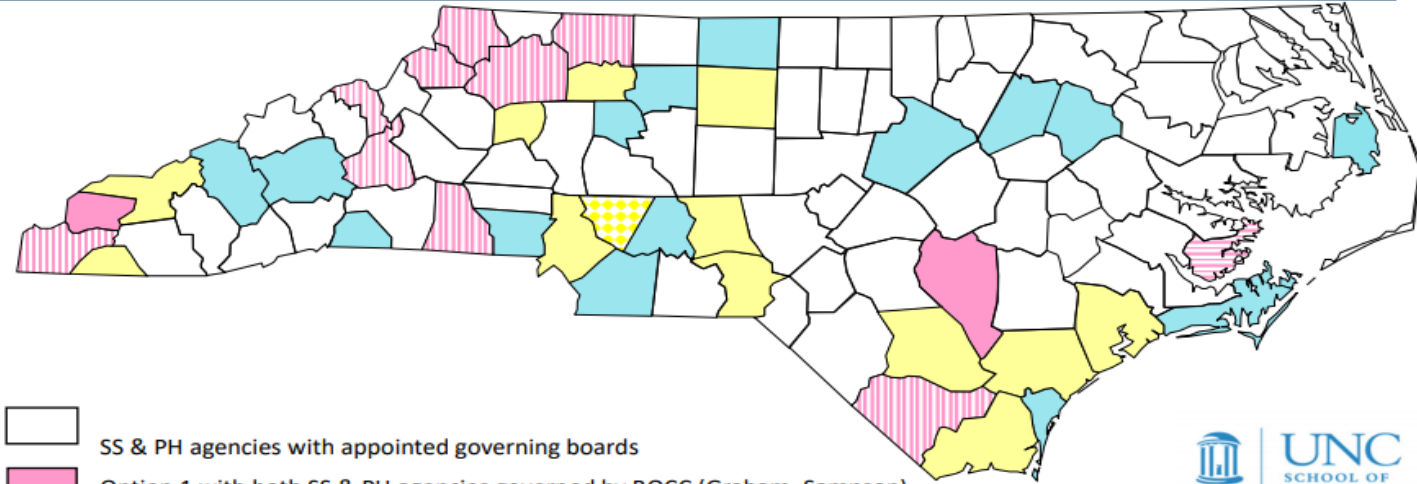
Presentation Overview

1. Review of purpose of accreditation
2. Identification of activities related to Board of Health involvement
 1. Finance
 2. Community Health
 3. Health Director/Staff
 4. Rules and Ordinances
 5. Board Function
3. Questions and Comments



PH and SS Organization and Governance

Resolutions as of September 2020

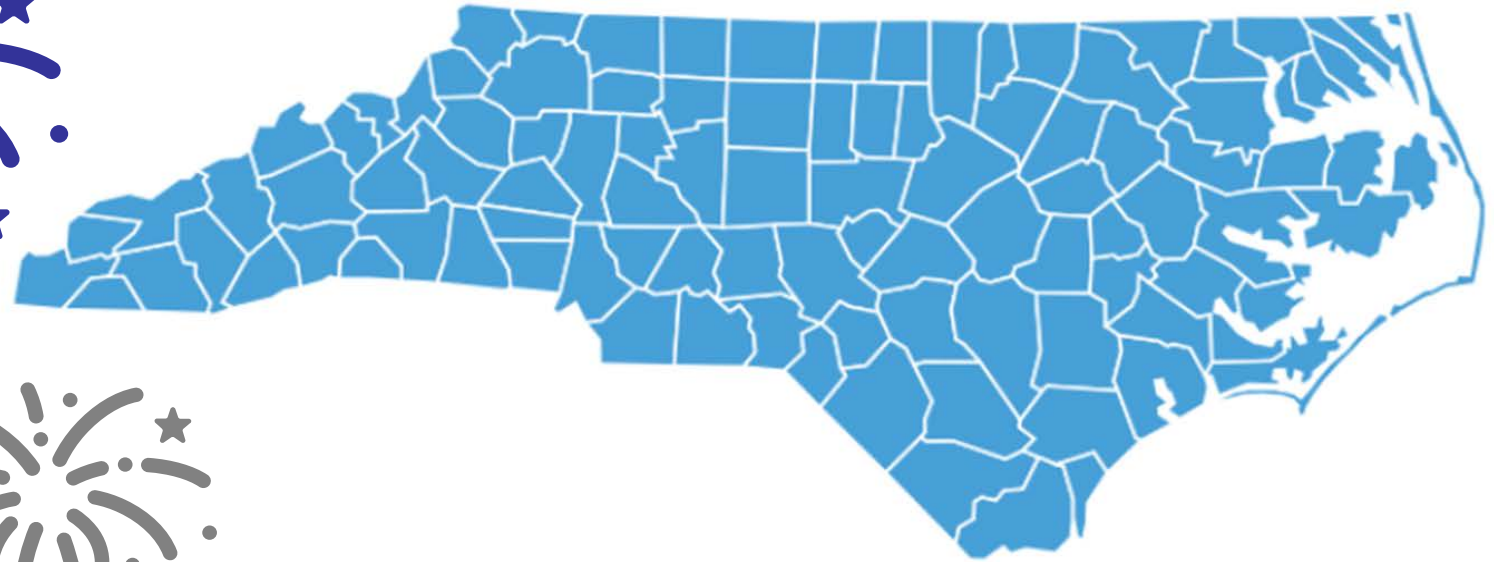


-  SS & PH agencies with appointed governing boards
-  Option 1 with both SS & PH agencies governed by BOCC (Graham, Sampson)
-  Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Cherokee, Ashe, McDowell, Cleveland, Mitchell, Watauga, Wilkes, Surry, Columbus)
-  Option 1 with PH agency governed by BOCC, SS agency with appointed governing board (Pamlico)
-  Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Polk, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare, New Hanover)
-  Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Alexander, Yadkin, Mecklenburg [no advisory comm.], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)
-  Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

All LHDs in North Carolina have completed the accreditation process at least two times.



Basic Components of the Process

- Self-Assessment by the Agency
 - 147 Activities & 41 Benchmarks
- Site Visit
 - Peer volunteers
 - Administration, Environmental Health, Nursing, Board of Health (BOH)
 - Review documentation, tour facilities and conduct interviews
 - Site Visit Report — recommendation
- Board Adjudication



Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**

- **Assessment:** Department must meet 26 of 29 activities
- **Policy Development:** Department must meet 23 of 26 activities
- **Assurance:** Department must meet 34 of 38 activities

- **Facilities and Administrative Services**

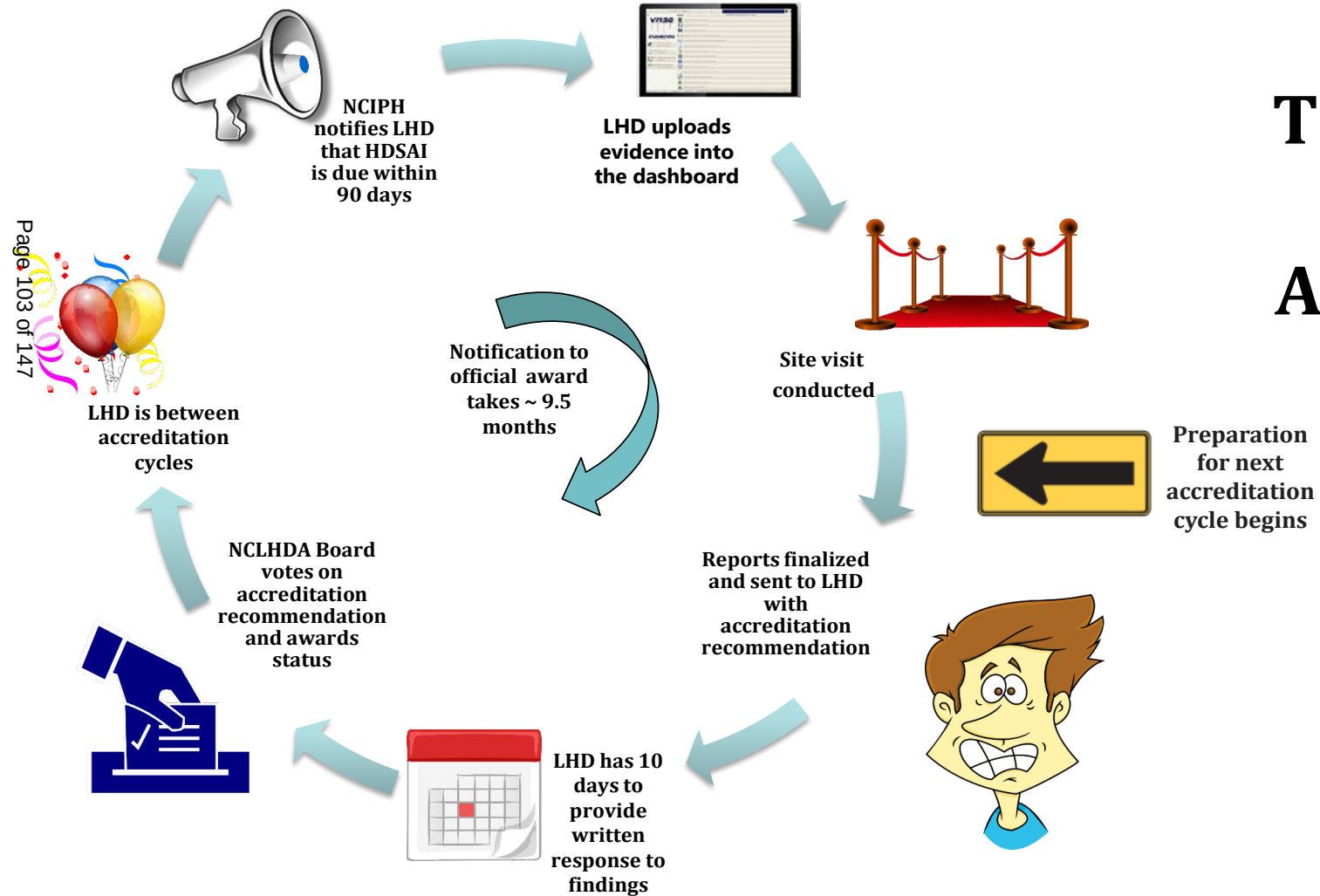
- Department must meet 24 of 27 activities

- **Governance**

- Department must meet 24 of 27 activities



The Life Cycle of Accreditation



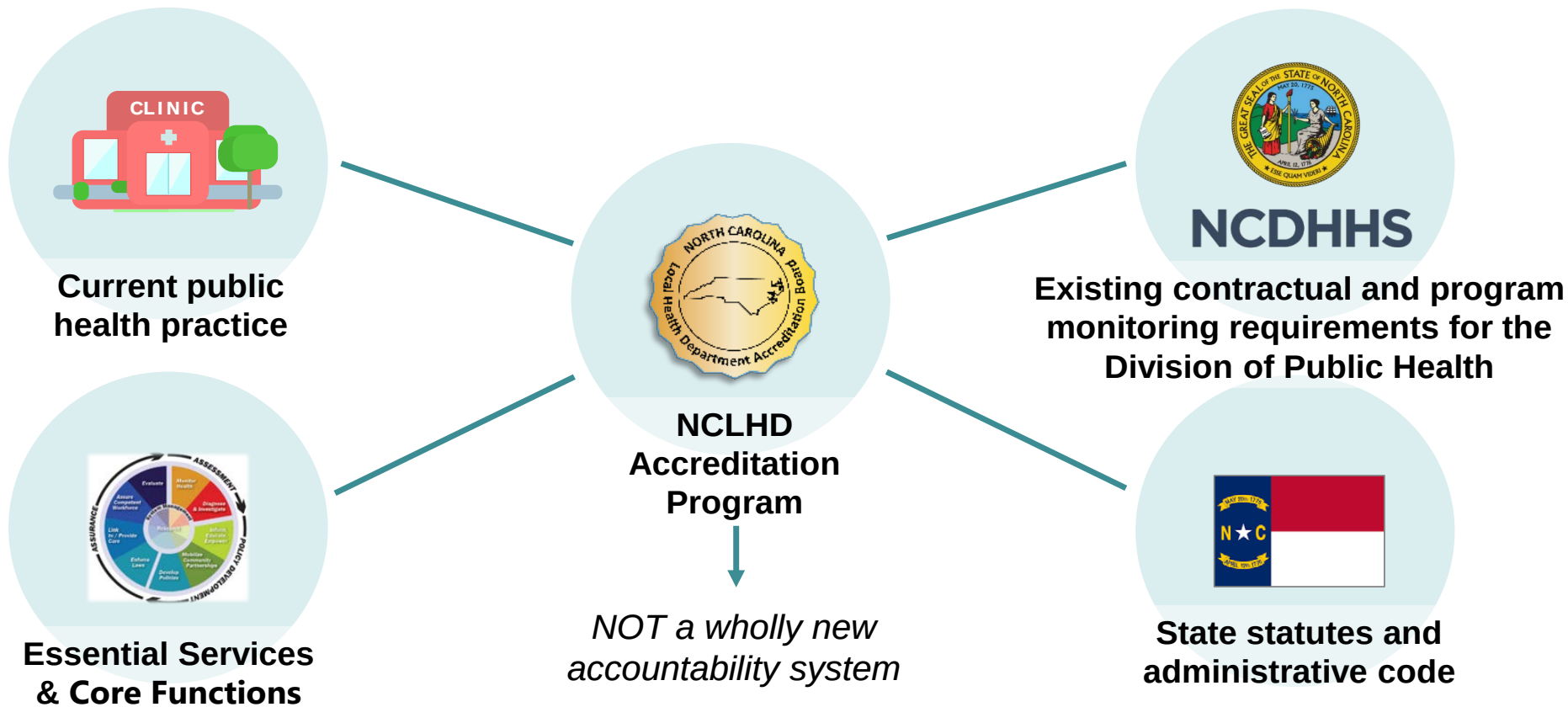
Purpose of NCLHDA Program

The focus of NCLHDA is on the capacity of the local health department (LHD) to perform at a prescribed, basic level of quality



Connecting the Dots

Page 105 of 147



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

**Accreditation
provides a
framework for a
health
department to:**

- **identify
performance
improvement
opportunities**
- **improve
management**
- **develop leadership**
- **improve
relationships with
the community**



**“The process is one
that will challenge the
health department to
think about what
business it does and
how it does that
business.”**

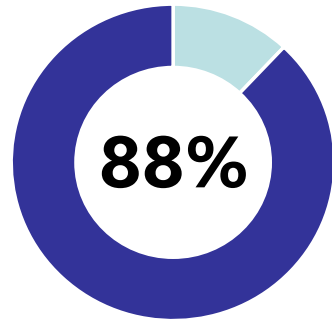
Public Health Accreditation Board, 2013



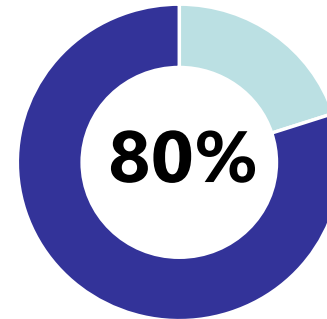
Results of 2020 Survey: Quality Improvement



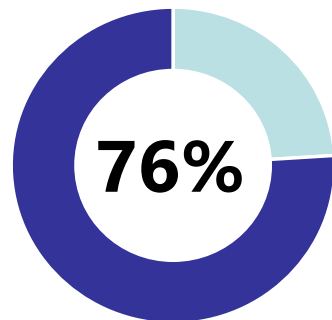
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



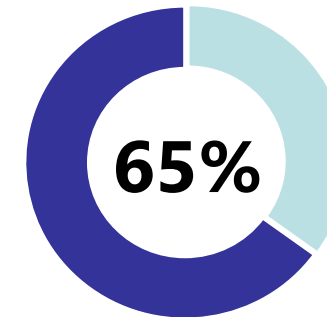
**Improves Specific
Processes and Policies
within Agencies**



**Stimulates QI and Performance
Improvement Opportunities
within Our Agency**



**Helps Our Agency
Become More Effective**

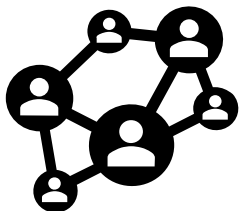


**Helps Our Agency
Become More Efficient**

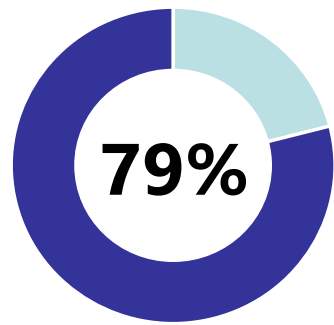


North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

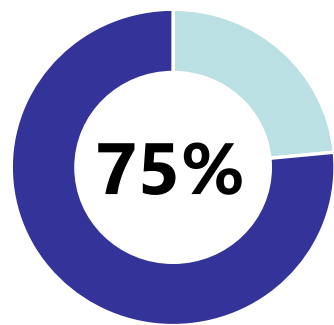
Results of 2020 Survey: Relationship Building



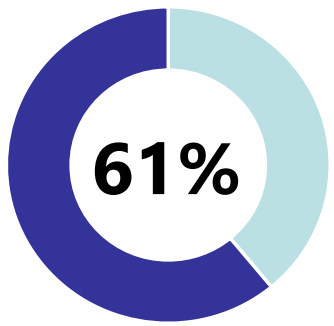
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



**Gives Our Agency
Credibility with Our
Partners**



**Gives Our Agency
Credibility with Our
Community**



**Improves Relationships
with Our Community**

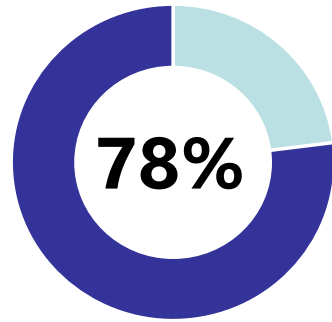
Page 108 of 147



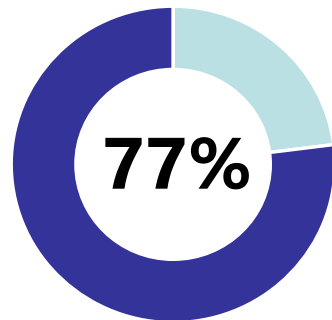
Results of 2020 Survey: Strategy Development



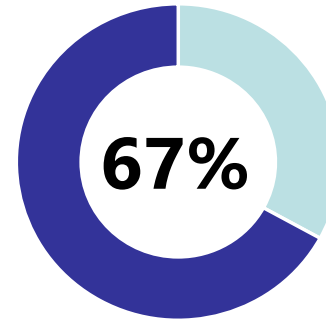
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



**Challenges Our Agency
to Think About How It
Conducts Business**



**Helps Our Agency Focus
on Key Priorities**



**Gives Our Agency
Objective Information to
Request Funding and/or
Other Resources**



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

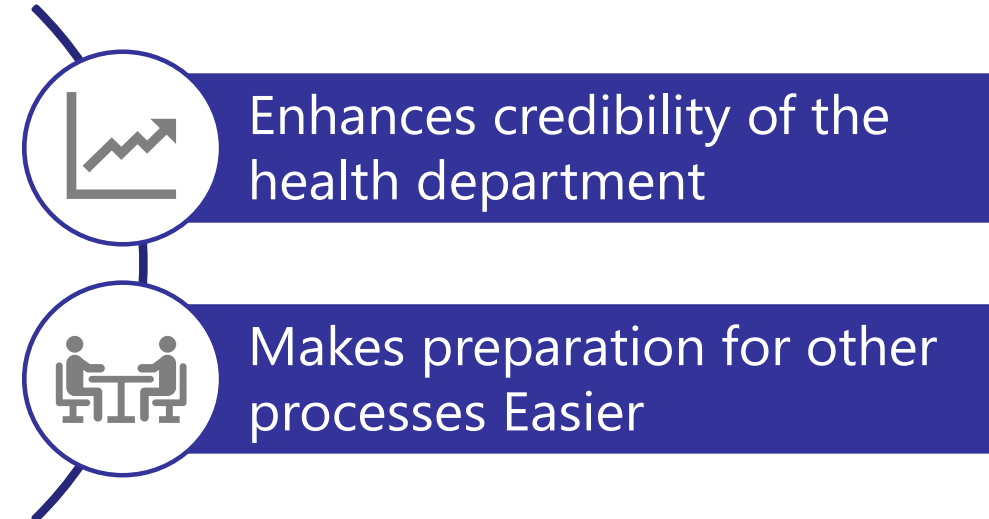
Results of 2020 Survey:

Other Identified Sources of Value

Internal



External



Being accredited helps position health departments and give them credibility as a respected player in the future of integrated healthcare and population health initiatives.

Page 111 of 147



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

The Law

- **Senate Bill 804**

- Established NCLHDA Board within N.C. Institute for Public Health (17 members appointed by N.C. Department of Health and Human Services Secretary)
- Directs Commission to adopt rules establishing standards for LHDs
- Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation

- **10A NCAC 48B**

- Defines scoring requirements by core function
- Describes Benchmarks and Activities

§ 130A-34.4. Strengthening local public health infrastructure.

(a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:

- (1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1





North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Roles and Responsibilities of Boards of Health Related to NC Local Health Department Accreditation (NCLHDA) Guide

Note that this guide is applicable to all Board of Health (BOH) governance structures- unless otherwise stated (such as specific mention/inclusion of the Advisory Committee on Health (ACH) being able to meet that activity), the activity is required of whatever Board (traditional BOH (single county, district or authority), Consolidated Human Services (CHS) Board, or Board of County Commissioners (BOCC)) assumes the powers/duties of the traditional Board of Health. See the *HDSA I* and *HDSA I Interpretation* for more detailed information.

	Existence of Policy, Procedure, or Materials	Hear or Review	Discussion	Approval	Other Action or Involvement
Finance		33.6: Minutes reflecting of two financial reports demonstrating assessment of financial accountability	33.5 <i>Discussion on cost of services in setting fees for each county for district health departments</i>	37.2: Policies in compliance with LHD's policy on policies (related to administration)	*39.1: BOH/ACH correspondence with BOCC AND other units of government/private foundations in support of LHD efforts to secure financial resources
		39.3: Minutes reflecting <u>review</u> and approval of department fees		37.6: BOH minutes or CHS Director correspondence showing <u>discussion & approval</u> of a budget process to address workforce issues	
				33.2: Official approval of budget from appropriate authority	
				39.3: Minutes reflecting review and <u>approval</u> of department fees	



Important Notes

Italics: requirement may apply depending on governance structure, whether other documentation options are chosen/not chosen and whether there is a Health Director vacancy.

*Health Director may serve, or be directed by the Board to serve, as the designee for the BOH for correspondence. However, it is expected that there be some type of link to and from the BOH showing their involvement and engagement.



Board Role

1. Ensure you have required policies, procedures or materials.
2. Hear or review LHD reports.
3. Discuss service costs, need for new/amended rules or ordinances.
4. Approve fees and budgets.
5. Take other actions or be involved with efforts to assure the health department has what it needs to do its job.



Finance

The Board must:

- Review financial reports.
- Discuss service costs as well as approve fees and final budget.
- Advocate with a wide array of funders in support of LHD efforts to secure financial resources to provide essential services.



Community Health

The Board must:

- Ensure input on community health improvement efforts.
- Hear reports on community health.
- Support partnership and coordination of resources.
- Educate and advocate with community leaders about community health issues and support for these issues.



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Health Director/Staff

The Board must:

- If the Health Director position becomes vacant, make and implement plans to recruit and secure a credentialed and qualified new Health Director.
- Review and approve the Health Director's job description and performance evaluation.



Board Function

- Board members must receive initial (within the first year of appointment) and ongoing training on BOH roles and responsibilities.
- Board must have Operating Procedures, an annually updated handbook and a training policy/procedure.



Rules & Ordinances

The Board must:

- Have access to legal counsel and statutes.
- Have policies for rulemaking and appeals and demonstrate it is following said policies.
- Along with the LHD, evaluate the need for additional or amended rules/ordinances.
- Support prohibition of tobacco within 50 feet of all LHD facilities.



What can you do to be a “good” BOH member?

1. Attend meetings regularly so quorums are reached and, thus, required items can be approved on schedule.
2. Document your activities regarding community health and contribute to discussion during Board meetings.
 - a. Carefully review meeting minutes to make sure your comments were captured.
3. Complete required trainings promptly.





Questions & Comments

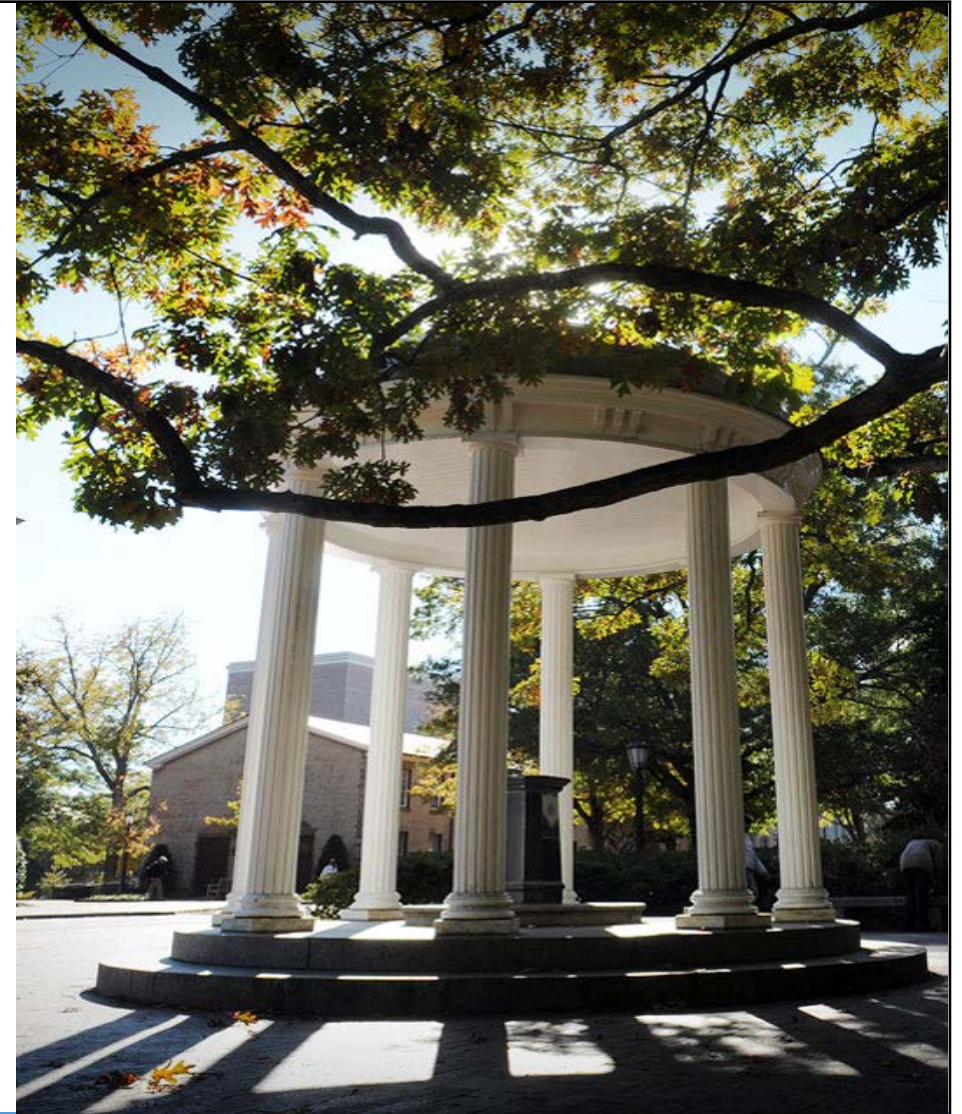


North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

**For additional information about the NCLHDA
Program visit: [NCLHDaccreditation.unc.edu](https://nclhdaccreditation.unc.edu)**

**For questions please email:
NCLHDaccreditation@unc.edu**

The North Carolina Local Health Department Accreditation
Program is part of the North Carolina Institute for Public
Health at the Gillings School of Global Public Health at the
University of North Carolina at Chapel Hill.



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Association of North Carolina Boards of Health



Public Health "Every Where, Every Day, Every Body"

The Three Core Functions of Public Health: The Job of the Local Board of Health

In 1988, the Institute of Medicine issued *The Future of Public Health* report which stated that America's public health system was in disarray. The Institute's panel recommended new governmental functions at federal, state and local levels to strengthen our nation's public health system. Localities, they said, should reestablish boards of health or "public health councils" to assess public health needs, develop public health policy, and assure that public health services are available. It is these three core functions – assess, address, and assure – that constitute the job of the local board of health.

Assess:

To scan, weigh and balance community needs, resources, statistics and politics.

Address:

To determine a course of action; to set targets, to allocate resources, to make policy and assign responsibility.

Assure:

To make certain that progress is made

Adapted from Assess, Address, Assure: Manual for North Carolina's Local Health Boards. Copyright 1993 – Association of North Carolina Boards of Health.

The Eleven Essential Public Health Services

The Eleven Essential Public Health Services provide the fundamental framework for the National Public Health Performance Standards Program instruments. They describe a list of activities associated with the core functions and responsibilities of local public health agencies: assessment, policy development, and assurance.

Assess

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Address (Policy Development)

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

Assure

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
11. Emergency preparedness.

References:

1. Website of Department of Health and Human Services – Centers for Disease Control and Prevention - www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm
2. National Association of Local Boards of Health: Being an Effective Local Board of Health Member

History of Public Health in North Carolina

The North Carolina Office of Archives and History, Government Records Branch traces the history of the Department of Health and Human Services beginning with a reference to "an act of the 1755 Assembly ordering quarantine on vessels" and concluding with the 1990s. The history notes that in 1877, the General Assembly created the first State Board of Health composed of the entire Medical Society of North Carolina. The county boards of health were composed of the affiliated county medical societies and were under the direction of the State Board of Health. The intent was to create a uniform system of health and sanitation throughout the state. But "the General Assembly appropriated only one hundred dollars to establish this health system; and the existence of the State Board of Health was nominal."

For the complete history, please visit this link: <http://www.ah.dcr.state.nc.us/records/schedules/dhhs.htm>

Here are some excerpts from this history:

- "In 1899 the General Assembly passed additional legislation to protect public water supplies from contamination, and the State Board of Health was charged with instructing local health boards and water company inspectors on the procedures for sampling and inspection."
- "... in 1911 the General Assembly recognized the State Board of Health as the state's medical adviser The state board was also required to issue bulletins statewide in the event of a dangerous outbreak of disease."
- "In 1917 the General Assembly also charged the state board with responsibility for the sanitary conditions and the hygienic care of prisoners in state prisons, local jails, county prison camps, and all other places of confinement.... "
- "In 1931 the dental care program was established as a separate Division of Oral Hygiene and expanded its efforts to educate the public preventive dental care. In the early 1930s the Division of Preventive Medicine took responsibility for school health services, health education and information, and maternal and child health services. Later in the decade, they initiated a nutrition program offering consultation services to local health departments, schools, and other institutions requesting services."
- "... in 1945, the General Assembly instructed the state board to initiate a program related to the prevention and cure of cancer, with emphasis on the early detection and treatment of cancers. Under terms of the law, the board was to provide a system of financial aid for low-income cancer patients; establish minimum standards for cancer clinics or departments in general hospitals; collect information on cancer and sponsor an educational program for citizens; and compile and preserve statistical, clinical, and other records relating to cancer prevention and cure. ...
- "In 1949 the last remaining county established a full-time health department."
- "In 1963 the General Assembly created a new Department of Mental Health, transferring to that department the services previously performed by the Division of Local Health and its Mental Health Section. Other laws during the same period significantly increased the state board's responsibilities. In 1961 the legislature provided for the licensing of nursing homes by the State Board of Health rather than by the Medical Care Commission and the State Board of Public Welfare. The 1963 General Assembly gave the state board responsibility for a program of air pollution control, although they failed to fund it. In 1965 Governor Dan K. Moore designated the State Board of Health as the official state agency to administer Title XVIII of U.S. Public Law 89-97, commonly referred to as Medicare. The Office of Chief Medical Examiner and a Division of Medical Examiner were created in 1967"
- "Under the 1973 act, the Commission for Health Services was granted the power and duty to adopt rules and regulations for the conduct of the state's public health programs, to protect and promote public health, and to control diseases and other health impairments. ... Furthermore, the law stipulated that local health departments, when directed by the DHR, would enforce rules established by the Commission for Health Services and that DHR would supervise the local health departments."

- "New programs in place by the early 1990s included the Office of Chief Nurse, charged with coordinating public health nursing services with local health departments and statewide programs; the Office of Health Education, charged with providing various services and developing teaching strategies for environmental, community, and personal health programs; and the Office of Legislative Affairs to represent the department in the General Assembly and to monitor proposed legislation and the work of the legislative study and research committees."

Selected North Carolina Public Health Statutes

[Click here to download the selected public health statutes.](#)

Foundational Public Health Services

Page 127 of 147

Foundational
Areas



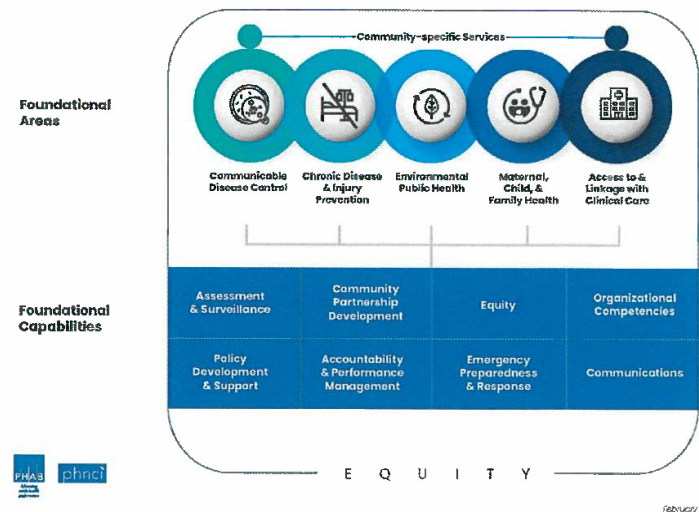
Foundational Public Health Services

Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

The infrastructure needed to fulfill these responsibilities works to provide fair and just opportunities for all to be healthy and includes eight capabilities: 1) Assessment & Surveillance, 2) Community Partnership Development, 3) Equity, 4) Organizational Competencies, 5) Policy Development & Support, 6) Accountability & Performance Management, 7) Emergency Preparedness & Response, and 8) Communications. Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.
- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.
- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Policy Development & Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness & Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. **Social determinants of health and actions to address health inequities should be integrated throughout all activities.**

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, & Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

Association of North Carolina Boards of Health



Continuing Education

The NC Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health provides both orientation training and ongoing training for local public health governing boards in North Carolina.

Roles and Responsibilities of Local Public Health Governing Boards

This training is provided through funding support from the Local Technical Assistance & Training Branch within the NC Division of Public Health. This two-hour classroom-based session is led by an experienced, retired health director or by a former board of health member and meets NC Local Health Department Accreditation requirement 36.2 which stipulates all new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to a board.

[Learn more.](#)

On-going Training for Local Public Health Governing Boards

NCIPH offers a number of training opportunities for local public health governing boards looking to meet ongoing board training requirements for accreditation (i.e., Activity 36.3) or local board policies for regular/annual training.

Through a collaboration with the NC AHEC Program, NCIPH can provide expert speakers on topics such as accreditation, community health assessment, community health improvement and evidence-based public health. In addition, NCIPH provides online trainings which may be used as self-paced learning for individual board members or used for group training:

NC Board of Health Rulemaking Authority

This online training is designed to explain rulemaking authority as it applies to a local board of health including the board's general authority to make rules, limitations on this authority, and procedural requirements that NC law imposes on the rulemaking process. The training may be accessed as needed for "just-in-time" training when boards are actively engaged in rulemaking or used towards meeting requirements for ongoing training for board of health members.

[Learn more.](#)

Introduction to Public Health in NC

This free online series of six short modules serves as a basic introduction to the practice of public health in North Carolina.

[Learn more.](#)

Boards of Health Resources

NCIPH has compiled a page of resources for local public health governing boards including links to state and national agencies who provide training materials and resources.

[Learn more.](#)

Selected North Carolina Public Health Statutes

[NC General Statutes](#)

[Chapter 130A. Public Health](#)

Chapter 130A. - Public Health Law of North Carolina- Part 1, General Provisions

- [130A-1 Mission and essential services](#)
- [130A-2 Definitions](#)
- [130A-3 Appointment of State Health Director](#)
- [130A-4 Administration](#)
- [130A-4.1 State funds for maternal and child health care/nonsupplanting](#)
- [130A-4.2 State funds for health promotion/nonsupplanting](#)
- [130A-5 Duties of the Secretary](#)
- [130A-5.1 State health standards](#)
- [130A-6 Delegation of authority](#)
- [130A-7 Grants-in-aid](#)
- [130A-8 Counties to recover indirect costs on certain federal public health or mental health grants](#)
- [130A-9 Standards](#)
- [130A-10 Advisory Committees](#)
- [130A-11 Residencies in Public Health](#)
- [130A-12 Confidentiality of records](#)
- [130A-13 Application for eligibility for department medical payment program constitutes assignment to the state of right to third party benefits](#)
- [130A-14 Department may assist private nonprofit foundations](#)

Chapter 130A. - Public Health Law of North Carolina- Part 2, Remedies

- [130A-17 Right of entry](#)
- [130A-18 Injunction](#)
- [130A-19 Abatement of public health nuisance](#)
- [130A-20 Abatement of an imminent hazard](#)
- [130A-21 Embargo](#)
- [130A-22 Administrative penalties](#)
- [130A-23 Suspension and revocation of permits and program participation](#)
- [130A-24 Appeals procedure](#)
- [130A-25 Misdemeanor](#)
- [130A-26 Repealed by laws 1995, c.311 eff. Oct. 1,1995](#)
- [130A-26.1 Criminal violation of Article 9](#)
- [130A-26.2 Penalty for false reporting under Article 9 17 130A-26A Violation of Article 4](#)
- [130A-27 Recovery of money](#)
- [130A-28 Forfeiture of gain](#)
- [130A-29 Commission for Health Services- Creation, powers and duties](#)

Chapter 130A- Public Health Law of North Carolina- Article 2. Local Administration, Part 1. Local Health Departments

- [130A-34 Provision of local public health services](#)
- [130A-34.1. Accreditation of local health departments; board established.](#)
- [130A-35 County board of health; appointment; terms](#)
- [130A-36 Creation of district health department](#)
- [130A-37 District board of health](#)
- [130A-38 Dissolution of a district health department](#)
- [130A-39 Powers and duties of a local board of health](#)
- [130A-40 Appointment of local health director](#)
- [130A-41 Powers and duties of local health director](#)
- [130A-42 Personnel records of district health departments](#)

Chapter 130A- Public Health Law of North Carolina- Article 2, Part 1A Consolidated Human Services Agency

- [130A-43 Consolidated human services agency; board; director](#)

[Chapter 153A](#) - Counties- Article 5, Administration, Part 1 Organization and Reorganization of County Government

- [153A- 77 Authority of boards of commissioners in certain counties over commissions, boards, agencies, etc](#)

Chapter 130A- Public Health- Article 2, Part 1B Public Health Authorities Authorized

- [130A-45 Title and Purpose](#)
- [130A-45.01 Definitions](#)
- [130A-45.02 Creation of a public health authority](#)
- [130A-45.1 Membership of the public health authority board](#)
- [130A-45.2 Dissolution of a public health authority](#)
- [130A-45.3 Powers and duties of authority board](#)
- [130A-45.4 Appointment of a public health authority director](#)
- [130A-45.5 Powers and duties of a public health authority director](#)
- [130A-45.6 Boundaries of the authority](#)
- [130A-45.7 Medical review committee](#)
- [130A-45.8 Confidentiality of patient information](#)
- [130A-45.9 Confidentiality of personnel information](#)
- [130A-45.10 Confidentiality of credentialing information](#)
- [130A-45.11 Confidentiality of competitive health care information](#)
- [130A-45.12 Personnel](#)

[House Bill 1508, Concerning Terrorist Attacks](#)

[Ratified Bill, General Assembly of North Carolina, Session 2001](#)



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

North Carolina Local Health Department Accreditation

Reaccreditation Site Visit Report

AGENCY NAME: Pender County Health Department

COUNTY (or COUNTIES): Pender

HEALTH DIRECTOR: Carolyn Moser, MPA

BOARD OF HEALTH CHAIR: George Brown, BOCC Chair

DATE HDSA SUBMITTED: May 31, 2016

DATES of SITE VISIT: August 2nd and 3rd, 2016

Site Visit Team Composition

- William Smith, Public Health Administration (Lead Site Visitor)
- Deborah Herring, Public Health Nursing
- Nilla "Dicke" Sloop, Environmental Health
- Carol Wray, Board of Health

Region Served by the Health Department

Pender County is located in the Coastal Plains of the southeastern portion of North Carolina. The county claims 871 square miles of land and 62 square miles of water. It is the 5th largest county for land mass in the state, with Burgaw as its county seat. Pender County is home to an estimated 55,334 residents, an increase of 6% since the 2010 census. Estimates from the NC Office of State Budget and Management expect there will be a 14% rate of growth by the year 2020. Pender County is well positioned for growth and development with strategic priorities related to economic development, expansion of public infrastructure, growth management, quality of life and education.

The county is a large coastal county in the Cape Fear Region. It is bounded by seven counties and the Atlantic Ocean. Approximately 15 miles of the county fronts the ocean. The coastal corridor is traversed by the Atlantic Intracoastal Waterway. However, much of Pender County is woodland and farmland. The county is a regional leader in agriculture, livestock, textiles and manufacturing.

The Holly Shelter Game Land is made up of 75,000 acres managed by the NC Wildlife Resources Commission. It contains some of the most biologically significant land along the US Atlantic Coast and ranks 4th in the state for the total number of rare plants and animal species. It is an important site for butterfly migration and contains such carnivorous plants as the Venus Flytrap. Black bear, deer, and alligator are prevalent within this protected game land. As growth and development increase, natural resource management will be a critical factor to consider.

The population in Pender County is predominantly white (76.3%); Black or African American (17.8%); Hispanic (6.3%); and small percentages of Native American, Asian or Pacific Islander. Twenty-five percent of the population is under the age of 19 years and 16% of the population are 65 years of age and older. By the year 2030, Pender will

be like many North Carolina counties that will have more people over the age of 60 years than those less than 17 years of age.

The three leading causes of death in the county, 2010-2014, are cancer, diseases of the heart, and chronic lower respiratory disease. Diabetes is the seventh leading cause of death. While diabetes was identified as one of the main health care priorities from the 2014 Community Health Assessment, a focus on chronic disease management is interwoven in the priority. The county has one not-for-profit hospital, Pender Memorial, which is affiliated with New Hanover Regional Medical Center in Wilmington. The health department maintains a strong working relationship with the local hospital. There is one rural health system with three health centers in the county and there is one health center that provides care to Pender, Duplin, Bladen and Sampson counties. Access to care is another health concern listed in the community assessment.

Health disparities are also a concern within the county. African Americans suffer from higher rates of cerebrovascular disease and diabetes than Caucasians. Department staff is working hard to increase opportunities to build new relationships to address community health priorities. This has resulted in greater collaborative opportunities with community, regional, and state partners.

Number of Local Health Department Employees

The Pender County Health Department has a current staff of 64 employees.

Local Health Department Budget Information

	FY 13	FY 14	FY15	FY16
Total Expenditures	\$4,701,936.29	\$5,041,242.61	\$5,160,904.50	\$5,612,693.00
Total Revenue	\$2,520,782.84	\$2,998,065.57	\$3,565,037.35	\$3,317,830.00
Local Appropriation	\$2,003,096.28	\$2,178,154.66	\$2,287,705.00	\$2,294,863.00
Local Appropriation %	42.6%	43.2%	44.3%	40.9%

Local Health Department Services/Programs

Major programs of the department include Adult Services, Child Health, Nutritional (WIC and breast feeding), Women's Health, Environmental, Communicable Disease Prevention and Control, Immunizations, Dental (all ages), Animal Shelter and Case Management programs. The department is very involved throughout the county collaborating with other entities in a variety of ways. Specifically, they maintain a close relationship with the hospital and school system.

Findings

Accreditation Recommendation

The NCLHDA Site Visit Team was able to designate 146 activities out of 147 as 'Met' by the Pender County Health Department. Scoring for Accreditation requires that each activity be scored individually and that the Health Department must satisfy at least a minimum for each core function and essential service.

Accreditation scoring Requirements:

Assessment:	The Department met 29 of 29 activities (minimum required 26)
Policy Development:	The Department met 26 of 26 activities (minimum required 23)
Assurance:	The Department met 38 of 38 activities (minimum required 34)
Facilities and Administrative Services:	The Department met 26 of 27 activities (minimum required 24)
Board of Health/Governance:	The Department met 27 of 27 activities (minimum required 24)

The NCLHDA Site Visit Team recommends the Pender County Health Department for Re-Accreditation.

Not Met Activities:

Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.

Documentation:

- Policies and procedures
- AND
- Service area and equipment cleaning schedules
- AND
- Maintenance records. To be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet), who will randomly select a month for review from the previous 24 months’ records.

Site Visit Team Findings: The Accreditation Site Visit Team found that there was no record or documentation to assure that the emergency kit in the in-house dental clinic was checked routinely for expired medications. Emergency kits located in the main clinic area, Hampstead and mobile dental all had appropriate documentation of review.

Best Practices Identified:

The NCLHDA Site Visit Team identified a number of best practices and/or unique strengths that Pender County Health Department is commended for:

1. The site visit team would like to recognize the Pender County Health Department for identifying and providing for needs in their community. One example is the Pender Alliance for Teen Health (PATH). Pender County Health Department entered into a memorandum of understanding for the provision of health care services to the children of Pender County in the School Based Health Centers (SBHCs) – located at Pender High School (PHS) and West Pender Middle School (WPMS) in Burgaw and Cape Fear Middle School (CFMS) located in Rocky Point. An article showcased a story of a 12 year old that felt sick and was able to seek healthcare in the facility behind the school. Without the SBHC, the grandmother would have had to take off work and drive 30 miles to a primary care doctor. This tells a story of community partnerships assuring access to healthcare based on need due to shortage of primary care doctors in certain geographical area.
2. The site visit team was impressed with the physical improvements throughout all the Health Department facilities, including Dental Clinic/van, Animal Shelter, Hampstead and main facility. The changes have improved patient flow, privacy and utilization of space. There was also evidence of many program and service improvements that included great community support.
3. It was evident to the site visit team from the information provided and the interviews conducted that there has been great improvement in relationships and support over the last four years from County Management and County Commissioners.

Pender County Health Department - HDSAI Summary Checklist

CF&ES		M	NM	CF&ES		M	NM	CF&ES		M	NM	CF & ES		M	NM	BOH		M	NM
Assessment		X		Policy		X		Assurance		X		Assurance		X				X	
1				9				16				27				34			
	1.1	X		9.1	X			16.1	X			27.1	X			34.1	X		
	1.2	X		9.2	X			16.2	X			27.2	X			34.2	X		
	1.3	X		9.3	X			16.3	X			27.3	X			34.3	X		
				9.4	X											34.4	X		
2				9.5	X			17				28							
	2.1	X		9.6	X			17.1	X			28.1	X						
	2.2	X						17.2	X							35			
	2.3	X		10				17.3	X			29				35.1	X		
	2.4	X		10.1	X							29.1	X						
				10.2	X			18				29.2	X			36			
3				10.3	X			18.1	X							36.1	X		
	3.1	X		10.4	X			18.2	X			F & AS		M	NM	36.2	X		
	3.2	X						18.3	X							36.3	X		
				11				18.4	X					X					
4				11.1	X							30				37			
	4.1	X		11.2	X			19				30.1	X			37.1	X		
	4.2	X						19.1	X			30.2	X			37.2	X		
	4.3	X		12				19.2	X			30.3	X			37.3	X		
				12.1	X							30.4	X			37.4	X		
5				12.2	X			20				30.5	X			37.5	X		
	5.1	X		12.3	X			20.1	X			30.6		X		37.6	X		
	5.2	X						20.2	X			30.7	X						
	5.3	X		13								30.8	X			38			
				13.1	X			21				30.9	X			38.1	X		
6								21.1	X			30.10	X			38.2	X		
	6.1	X		14				21.2	X							38.3	X		
	6.2	X		14.1	X			21.3	X			31							
	6.3	X		14.2	X			21.4	X			31.1	X			39			
				14.3	X							31.2	X			39.1	X		
7				14.4	X			22				31.3	X			39.2	X		
	7.1	X						22.1	X			31.4	X			39.3	X		
	7.2	X		15				22.2	X			31.5	X			39.4	X		
	7.3	X		15.1	X			22.3	X			31.6	X			39.5	X		
	7.4	X		15.2	X														
	7.5	X		15.3	X			23				32				40			
	7.6	X		15.4	X			23.1	X			32.1	X			40.1	X		
	7.7	X		15.5	X			23.2	X			32.2	X			40.2	X		
				15.6	X			23.3	X			32.3	X						
8												32.4	X			41			
	8.1	X						24								41.1	X		
	8.2	X						24.1	X			33				41.2	X		
	8.3	X						24.2	X			33.1	X			41.3	X		
	8.4	X						24.3	X			33.2	X						
												33.3	X						
								25				33.4	X						
								25.1	X			33.5	X						
								25.2	X			33.6	X						
												33.7	X						
								26											
								26.1	X										
								26.2	X										
								26.3	X										

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THE RULEMAKING AUTHORITY OF NORTH CAROLINA LOCAL BOARDS OF HEALTH

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State law authorizes local boards of health in North Carolina to adopt rules necessary to protect the public's health. This statutory grant of authority is further defined by two relatively recent court decisions. This bulletin summarizes the statutory rulemaking authority of local boards of health as well as the judicially-imposed limitations placed on that authority.

Statutory Authority

State law requires counties to provide public health services.¹ Each county may provide these services in one of five ways.² The county may operate a county health department, participate in a district health department,³ establish a consolidated

1. N.C. Gen. Stat. 130A-34(a) (hereinafter G.S.).

2. G.S. 130A-34(b) (stating four of the methods for providing public health services); 130A-45 (stating that the purpose of Chapter 130A, Part 1B is to "provide an alternative method for counties to provide public health services" through the creation of a public health authority).

3. A district health department is one that provides public health services to two or more counties. G.S. 130A-36.

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Page 141 of 147

human services agency,⁴ establish a public health authority,⁵ or contract with the state for the provision of public health services.⁶ Each county, agency, district or authority has a board of health that is the “policy-making, rule-making and adjudicatory body” for the department, agency or authority.⁷

These boards of health have “the responsibility to protect and promote the public health” and are specifically authorized by statute to “adopt rules necessary for that purpose.”⁸ There are three statutory limitations on this general rulemaking authority. First, if the Commission for Health Services or the Environmental Management Commission (EMC) adopts a rule, that state rule will prevail over any more lenient rule adopted by a board of health. However, a board of health may adopt a rule that is more stringent than a corresponding state rule when, in the board’s opinion, a more stringent rule is necessary to protect the public health.⁹ Second, a board of health is not authorized to adopt any rules relating to the grading, operating or permitting of food and lodging facilities.¹⁰ Finally, a board of health may adopt rules governing wastewater collection, treatment and disposal systems that are not designed to discharge effluent to the land surface or surface waters. Such rules may be adopted, however, only when the state has reviewed the local rules and determined that the local rules are at least as stringent as the rules adopted by the EMC and are sufficient and necessary to safeguard the public health.¹¹

4. A county with a population over 425,000 may elect to establish a consolidated human services agency and board to oversee public health, social services, mental health and other human services or have the board of county commissioners assume all of the statutory powers and functions of the board of health. G.S. 153A-77; 130A-43.

5. A public health authority is a legal entity that is created for the specific purpose of providing public health services in a defined geographical area. G.S. 130A-45 *et seq.* For a discussion of the powers of public health authorities, see A. Fleming Bell, II and Warren Jake Wicker, eds. *County Government in North Carolina*, 4th ed. 637-639 (Chapel Hill, N.C.: Institute of Government, The University of North Carolina at Chapel Hill, 1998).

6. G.S. 130A-34.

7. G.S. 130A-35(a) (county boards of health); 130A-37(a) (district boards of health); 130A-45.1(a) (public health authority board).

8. G.S. 130A-39(a) (local boards of health); 130A-39(a) (district boards of health); 130A-45.3(a)(1) (public health authority).

9. G.S. 130A-39(b).

10. *Id.*

11. *Id.*; G.S. 130A-335(c).

In addition to the general rulemaking authority “to protect and promote the public health,” boards of health are, in a few instances, specifically authorized or required to enact rules. For example, although state statutes and EMC regulations govern the construction of wells, local boards of health are specifically authorized to adopt by reference the EMC rules and then adopt more stringent rules “when necessary to protect the public health.”¹² Also, local boards of health are required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment and disposal.¹³

Court Decisions

Two court decisions within the last decade have defined and narrowed the legal authority of local boards of health to adopt rules related to public health.

City of Roanoke Rapids v. Peedin

In *City of Roanoke Rapids v. Peedin*, the North Carolina court of appeals invalidated Halifax County’s board of health rules relating to smoking in public places, restaurants, and places of employment.¹⁴ The rules generally prohibited smoking in public places but provided for several exceptions. For example, restaurants with a seating capacity of thirty or more patrons were required to designate a nonsmoking area comprising a certain percentage of the dining area while bars and restaurants with a seating capacity of fewer than thirty patrons were permitted to choose whether to offer a nonsmoking area.¹⁵ The court invalidated the rules as exceeding “the general limitations imposed upon rule making powers of boards of health.”¹⁶

For the first time, the court identified a five-part test for determining when a board of health has acted within its rulemaking authority. The court stated that a board of health acts within its authority when it enacts a rule that

- is related to the promotion or protection of health;

12. G.S. 87-96(c). *See also* G.S. 87-83 *et seq.* (Well Construction Act); 15A NCAC 02C .0101 *et seq.* (EMC regulations governing well construction).

13. G.S. 130A-22(h).

14. 124 N.C.App. 578, 478 S.E.2d 528 (1996).

15. *Id.* at 583, 478 S.E.2d at 531.

16. *Id.* at 587, 478 S.E.2d at 533.

- is reasonable in light of the health risk addressed;
- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.¹⁷

The court explained that this five-part test was “based upon previous holdings in related areas, as well as the holdings of courts in other jurisdictions.”¹⁸

The court did not provide any additional guidance regarding the interpretation and application of the first four parts of this test, instead choosing to invalidate the board of health rules based on the fifth part of the test. The court reasoned that in order to achieve the rules’ stated purpose of minimizing the public’s exposure to environmental tobacco smoke, the board was required to establish across the board requirements that “treat similarly situated patrons and employees of all restaurants equally.”¹⁹ The court noted that the distinctions drawn by the board in the rules, such as the distinction between large and small restaurants, “involve the balancing of factors other than health.”²⁰ The court concluded that, absent express statutory authority, a board of health may consider nothing but health when adopting rules; it may not consider issues such as economic hardship or difficulty of

17. *Id.*

18. *Peedin*, 124 N.C. App at 587, 478 S.E.2d at 533. The court cited several cases as support for its five-part test. *State v. Curtis*, 230 N.C. 169, 171, 52 S.E.2d 364, 365 (1949) (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy concerns traditionally reserved for legislative bodies); *Clark’s Charlotte, Inc. v. Hunter*, 261 N.C.222, 229, 134 S.E.2d 364, 369 (1964) (cited as support for the conclusions that rules must be reasonable and must not be discriminatory); *Cookie’s Diner, Inc. v. Columbus Board of Health*, 65 Ohio Misc.2d 65, 74, 640 N.E.2d 1231, 1236 (1994) (cited as support for the conclusions that rules must be reasonable, must not be discriminatory, must not violate of any law or constitutional provision, and must not make distinctions based on policy concerns traditionally reserved for legislative bodies); *Weber v. Butler Cty. Bd. of Health*, 148 Ohio St. 389, 396, 74 N.E.2d 331, 336 (1947) (same); *Boreali v. Axelrod*, 523 N.Y.S.2d 464, 468, 517 N.E.2d 1350, 1353 (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy concerns traditionally reserved for legislative bodies).

19. *Peedin*, 124 N.C. at 588, 478 S.E.2d at 534.

20. *Id.*

enforcement.²¹ The court emphasized that only legislative bodies, such as the General Assembly or a board of county commissioners, are authorized to make such policy-based distinctions.²²

Craig v. County of Chatham

In *Craig v. County of Chatham*, the North Carolina supreme court invalidated board of health rules regulating swine farms.²³ The rules adopted by the board of health required swine farms to comply with certain specifications regarding permitting, setbacks, buffers, and other related issues.

The court of appeals determined that because the state had enacted the “Swine Farms Siting Act”²⁴ and “Animal Waste Management Systems” laws²⁵ which, like the local rules, imposed comprehensive requirements on swine farms relative to permitting, setbacks, buffers, and other related issues, local regulation of swine farms (with the exception of zoning regulation in limited circumstances) was not allowed.²⁶ The court held that the board of health rules were preempted by state law because the state has already provided “a complete and integrated regulatory scheme” of swine farm regulations.²⁷

In affirming the appellate court’s preemption decision, the supreme court examined state statutes and regulations governing the siting of swine farms and animal waste management as well as the expressed purpose, intent, breadth, and scope of the statutes. The court articulated three justifications for concluding that the local rules were preempted. First, from the statement of purpose accompanying the Swine Farm Siting Act, the court concluded that the General Assembly intended to strike a balance between protecting the rights of landowners and supporting the swine farm industry because it is “important to the economic stability of the state.”²⁸ The court stated that regulation by both the state and the county was contrary to this intent because

21. *Id.* at 589, 478 S.E.2d at 534.

22. *Id.* at 588-89, 478 S.E.2d at 534.

23. 356 N.C. 40, 565 S.E.2d 172.

24. G.S. 106-800 - 805.

25. G.S. 143-215.10A - 215.10M.

26. *Craig v. County of Chatham*, 143 N.C.App. 30, 40, 545 S.E.2d 455, 461. There is a specific statutory provision that permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id.* (citing G.S. 153A-340(b)(3)).

27. *Id.* at 40, 545 S.E.2d at 462.

28. *Craig*, 356 N.C. at 47, 565 S.E.2d at 177.

it “would present an excessive burden on swine farmers and the pork production industry as a whole.”²⁹

Second, the court recognized that one purpose of the animal waste management law was to “promote a cooperative and coordinated approach to animal waste management among the agencies of the State...”³⁰ The court explained that dual regulation was contrary to this purpose because if “each county were allowed to enact its own waste management guidelines, there could be no statewide ‘coordinated approach.’”³¹

The third justification for determining that the local rules were preempted was based on the breadth and scope of the state’s regulation. The court concluded that the “statutes are so comprehensive in scope that the General Assembly must have intended that they comprise a ‘complete and integrated regulatory scheme’ on a statewide basis...”³² Based on this review, the court concluded that the board of health rules were invalid because the state had in place a “complete and integrated regulatory scheme” for swine farms and intended to preempt, or override, any local regulation of swine farms.³³

The court did recognize that dual regulation may exist in some situations because, in addition to their general rulemaking authority, local boards of health are authorized to adopt more stringent regulations than those of either the Commission for Health Services or the EMC when more stringent rules are “‘required to protect the public health.’”³⁴ The court reviewed the applicable EMC regulations and concluded that the board of health rules were more stringent in some regards. The court, however, found that the rules were still preempted because the board of health simply included a statement asserting that more stringent rules were necessary to protect the public health and did not include “any rationale or basis for making the restrictions in Chatham County more rigorous than those applicable to and followed by the rest of the state.”³⁵

29. *Id.* at 48, 56 S.E.2d at 178.

30. *Id.*

31. *Id.*

32. *Craig*, 356 N.C. at 50, 565 S.E.2d at 179.

33. *Id.* at 52, 56 S.E.2d at 180-81. The remainder of the supreme court decision recognized one limited statutory exception to this preemption. The state law permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id.* at 54, 56 S.E.2d at 181 (citing G.S. 153A-340(b)(3)).

34. *Id.* at 51, 56 S.E.2d at 179 (citing G.S. 130A-39).

35. *Id.* at 52, 56 S.E.2d at 180.

Summary

The statutory grant of general rulemaking authority to boards of health is rather broad: the boards are authorized to adopt rules necessary to protect and promote the public’s health. They are also specifically authorized to adopt more stringent rules in areas regulated by the Commission for Health Services or the EMC if more stringent rules are necessary to protect the public health. Two recent court decisions, however, have limited local boards’ authority in three basic ways.

First, a board of health is acting within its rulemaking authority only if the rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.

Because of the last requirement described above, a board of health may not adopt rules based on the consideration of factors other than health.

Second, the local board of health rules may be preempted if the state has already provided “a complete and integrated regulatory scheme” of regulation, such as in the field of swine farms.

Third, if the board of health adopts rules that are more stringent than rules adopted by the Commission for Health Services or the EMC, the board must expressly demonstrate that more stringent rules are necessary to protect the public’s health.

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Association of North Carolina Boards of Health



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North Carolina Local Health Department Accreditation
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