

**Beaufort County Health Department
Board of Health**

May 17, 2022 Meeting

☒ Regular Meeting ☐ Special Meeting

1) Call to Order:

The Beaufort County Board of Health (BOH) meeting was called to order at 6:01pm by Chair, Chris Padgett.

Members Present:

- Chris Padgett, OD, and Chair
- Robert Belcher, Member-at-large
- David Howdy, DDS
- Shelia Slade, RN
- Hood Richardson, County Commissioner
- Mark Roy, Engineer
- Angela Biggs, PharmD

Members Absent:

- Jessica Triche, MD, Physician
- Marty Poffenberger, DVM
- Stewart Ham, Member-at-large
- Joe Hooker, Member-at-large

Quorum present

Staff present:

- James Madson, Health Director
- JaNell Octigan, Human Services Planner IV/Preparedness Coordinator

2) Public Comment:

No public comments

3) Old Business:

Approval of March 15, 2022 meeting minutes:

Chris Padgett asked for a motion to approve the minutes from the March 15, 2022 meeting. Motion made by David Howdy to approve the minutes as written. Shelia Slade provided a second to the motion which passed with all in favor.

4) Training/Board Education:

2021 Community Health Assessment (CHA):

JaNell Octigan presented the 2021 CHA report. Demographic and socioeconomic data was reviewed. David Howdy asked what a person's income must be to be considered under the poverty rate. JaNell and Mr. Madson explained that it was based on numerous factors, including income and household size and not just how much someone made.

JaNell reported on Beaufort County's Education data and informed the Board that Beaufort County's high school dropout rate has decreased from previous years, which is good. She also reported that Beaufort County's percentage (87.7%) of those who have obtained a high school degree, was close in comparison to the State's percentage (87.8%). However, the state has a greater percentage (31.3%) of those who obtained a bachelor's degree or higher than Beaufort County (20.6%). JaNell reflected on the importance of education data, as obtainment of education degrees affects one's ability to get a job, which leads to better income opportunities, which then impacts one's health outcomes.

JaNell reported that Beaufort County's incarceration rate (659.8) was down but double the State's rate (304.2). Beaufort's property crime rate (2052.8) has decreased since 2016 and is less than the NC crime rate (2412.6). JaNell reported on both investigated and substantiated rates of child abuse, both of which are greater than the State's. JaNell informed the board that investigated rate included all reports of child abuse, whereas substantiated reflected confirmed cases. JaNell then reviewed the top 5 leading causes of death, the top 10 communicable disease, and the HNC 2030 rankings for health outcomes and health factors for Beaufort County.

In asking for feedback, the board thought that the infographic was a great, easy to read, and more eye appealing, and helped point out the most pertinent information. Hood Richardson asked that more substance abuse data be added to the infographic, which JaNell agreed and informed board she would make those additions and send to the Board via email once completed.

Board members were given copies of the CHA and informed of where they can access the report. The Board had no further discussion.

Roles and Responsibilities of Boards of Health Related to NC Local Health Department Accreditation (Slides 5-19):

Mr. Madson presented the training to the Board. Board members received a refresher on the NC Local Health Department Accreditation program and an overview of the Board of Health specific roles and responsibilities. The health department is preparing for reaccreditation. The board had no additional comments or discussion.

5) New Business:

Budget Amendments:

Mr. Madson requested Board approval for the following budget amendment:

- \$721 Environmental Health Food and Lodging Performance Funds

A motion was made by Hood Richardson to accept the budget amendment as presented and a second to the motion was provided by David Howdy. The motion passed with all in favor, and none opposed.

Debt Write-off:

Mr. Madson explained to the Board of Health we have fourteen accounts totaling \$2,944.84 that need to be written off. These are patient accounts that are over 1 year old, no services within the past year, no payments within the past year, and are not eligible for debt setoff. An alert will be kept in the system to reinstate the balance if the patient comes back for services.

Motion made by Mark Roy to accept the total of debt write-offs as presented. Shelia Slade provided a second to the motion which passed with all in favor.

New Fees:

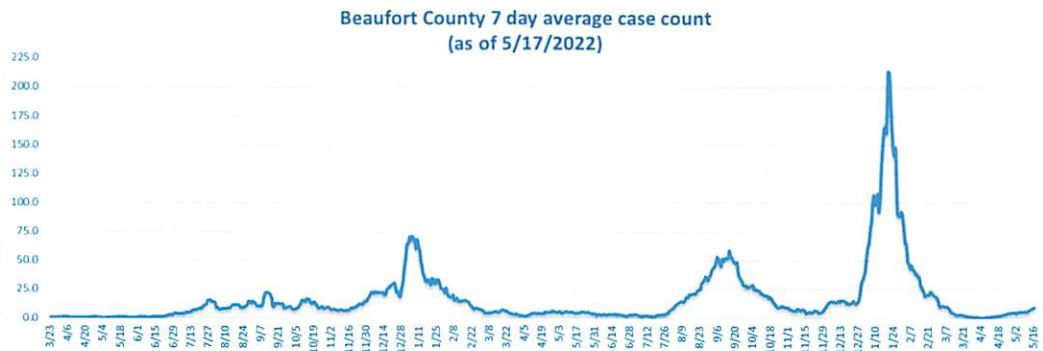
Mr. Madson requested Board approval on new fees:

CPT Code	Description	Current Fee	Proposed Fee
90677	Pprevnar 20	\$0	\$263.00
99417	Prolonged Office Visit	\$0	\$32.00
86708	Hep A Ab, Total	\$0	\$10
86709	Hep A Ab, IgM	\$0	\$10
82575	Creatinine Clearance	\$0	\$10

A motion was made by Robert Belcher to accept the fee revisions as presented and a second to the motion was provided by David Howdy. The motion passed with all in favor, and none opposed.

6) Communicable Disease and Trends (Slides #24-28):

Mr. Madson provided updated statistical information for COVID-19. Information reviewed and discussed included:



- COVID-19 in Water Samples
- Beaufort County COVID-19 Associated Deaths (slide 27)
- Vaccination Statistics

Friday, May 13, 2022		Total
Beaufort County Population (NCSCHS)		47,079
Residents that are partially vaccinated against COVID-19		27,294 58.0%
Completed COVID-19 vaccine series (all vaccines)		25,725 54.6%
Received extra dose or has been given a booster		13,909
Population over 65 years of age (NCSCHS)		11,281
Over 65 that have received first dose of COVID-19 vaccine		10,894 96.6%
Over 65 that have completed series		10,460 92.7%
Adult Population (18 and older)		37,758
Partially vaccinated		25,873 68.5%
Fully vaccinated		24,461 64.8%
12-17 year olds vaccinated		3,295
Partially vaccinated		1,035 31.4%
Fully vaccinated		926 28.1%
5-11 year olds vaccinated		3,604
Partially vaccinated		386 10.7%
Fully vaccinated		338 9.4%

Chris Padgett asked which variant was being most seen at this time, in which Mr. Madson reported the BA-2 variant.

David Howdy asked how many cases we were seeing per day. Mr. Madson responded about 9 per day.

Financial Reports:

Two financial reports for FY 2021-2022 (as of 4/30/22) were reviewed and discussed with the Board:

1. Revenue:
 - o State 66.3%, Medicaid 66.7%, Fees/Insurance/Other 104%
2. Budget \$5,801,389. Expenditures 70% to budget (\$4,053,483.91)

7) Health Director's update:

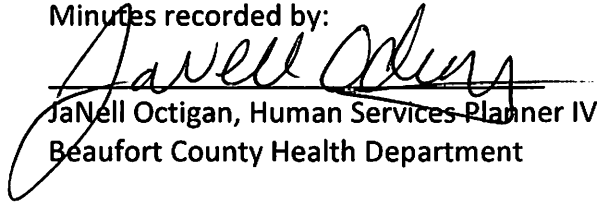
Mr. Madson reviewed the opioid settlement details and how the payment over time would take place. The 18-year payment total to Beaufort County is \$3,077,680.

Mr. Madson reminded the board that Beaufort County has a Behavioral Health Taskforce that has been meeting over the past 5 years. This taskforce includes a well-rounded representation of the community behavioral health organizations and community members, which are currently working on refining their strategic plan to then present to the County Commissioners regarding use of the opioid funding.

8) Adjournment of meeting:

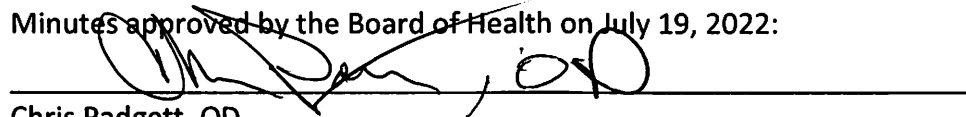
The meeting adjourned at 6:55 pm with Angela Biggs motioning for the meeting to be adjourned and Robert Belcher providing the second to the motion. The motion passed with all in favor. The next meeting is scheduled for July 19, 2022, at 6:00pm.

Minutes recorded by:

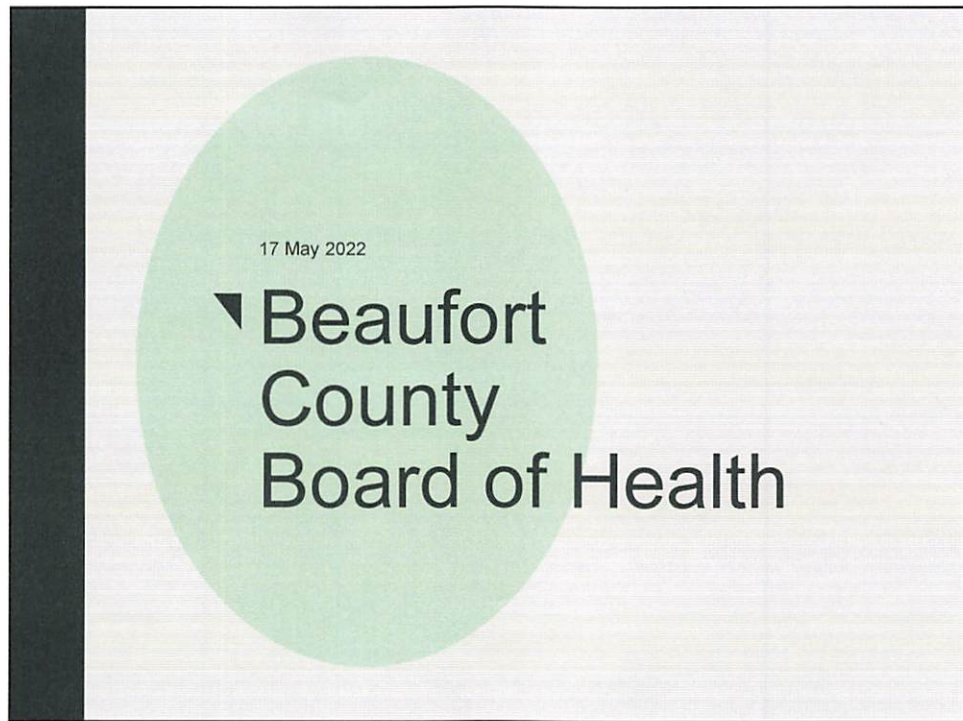


JaNell Octigan, Human Services Planner IV
Beaufort County Health Department

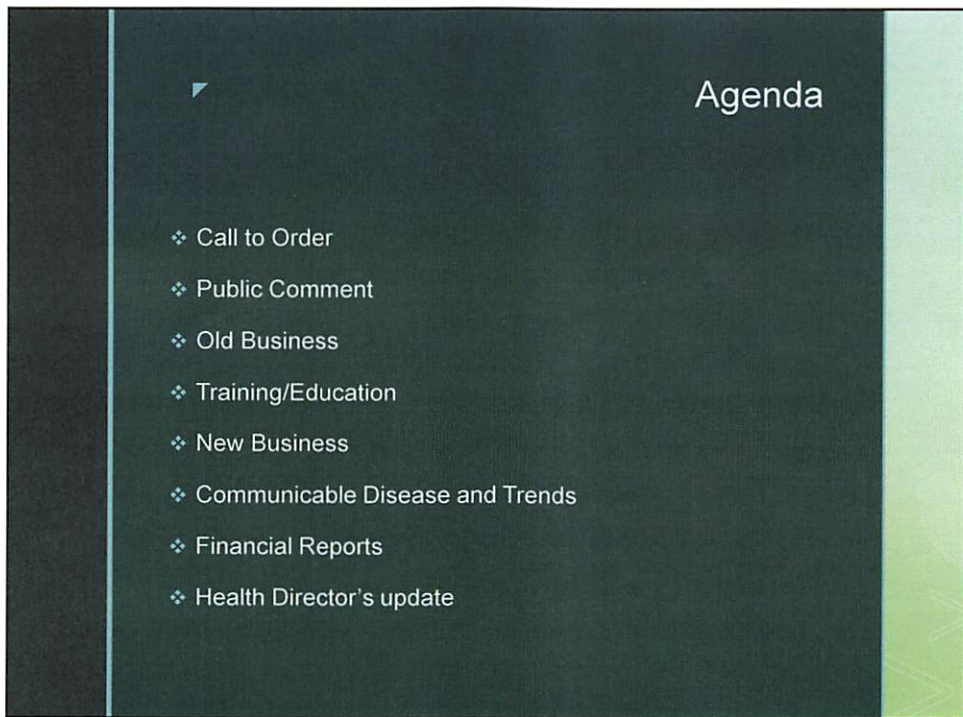
Minutes approved by the Board of Health on July 19, 2022:



Chris Padgett, OD
Board of Health Chair



1



2

Old Business

- ❖ Approval of meeting minutes from March 15, 2022

3

Training and Education

- 2021 Community Health Assessment
- Roles and Responsibilities of BOH Related to Accreditation

4



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

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

5

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



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LOCAL HEALTH DEPARTMENT ACCREDITATION

6

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



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

7

**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



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8

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



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9

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-284. 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 10A NCAC 48B.



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10



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* and *HDSA 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 Discussion on cost of services in setting fees for each county for district health departments	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 review and approval of department fees		37.6: BOH minutes or CHS Director correspondence showing discussion & approval of a budget process to address workforce issues	
				33.7: Official approval of budget from appropriate authority	
				39.3: Minutes reflecting review and approval of department fees	



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11

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.



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LOCAL HEALTH DEPARTMENT ACCREDITATION

12

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.



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13

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.



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LOCAL HEALTH DEPARTMENT ACCREDITATION

14

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.



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LOCAL HEALTH DEPARTMENT ACCREDITATION

15

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.



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16

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.



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LOCAL HEALTH DEPARTMENT ACCREDITATION

17

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.



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18



Questions & Comments



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LOCAL HEALTH DEPARTMENT ACCREDITATION

19

New Business

- ❖ Debt write-offs
- ❖ Fee revisions
- ❖ Budget Amendments

20

Debt Write-off

Approval for \$2,944.84 for 14 account balance write-offs.

- Accounts and services are over 1 year old*
- No payments in over 1 year*
- No SSN on file or not eligible for debt setoff*
- An alert will be added to the account to reinstate the balance should the client return for new services*

21

Fee Revisions

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22

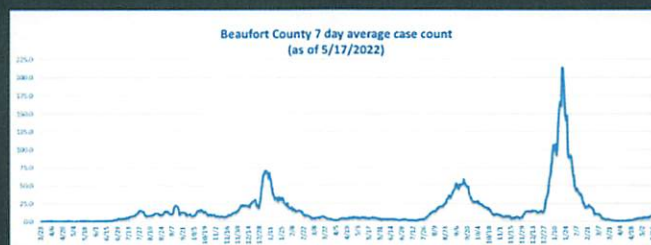
Budget Amendments to FY 2022

Budget amendments submitted for the May BOCC meeting:

- \$721
 - *Environmental Health Food & Lodging Performance Funds*

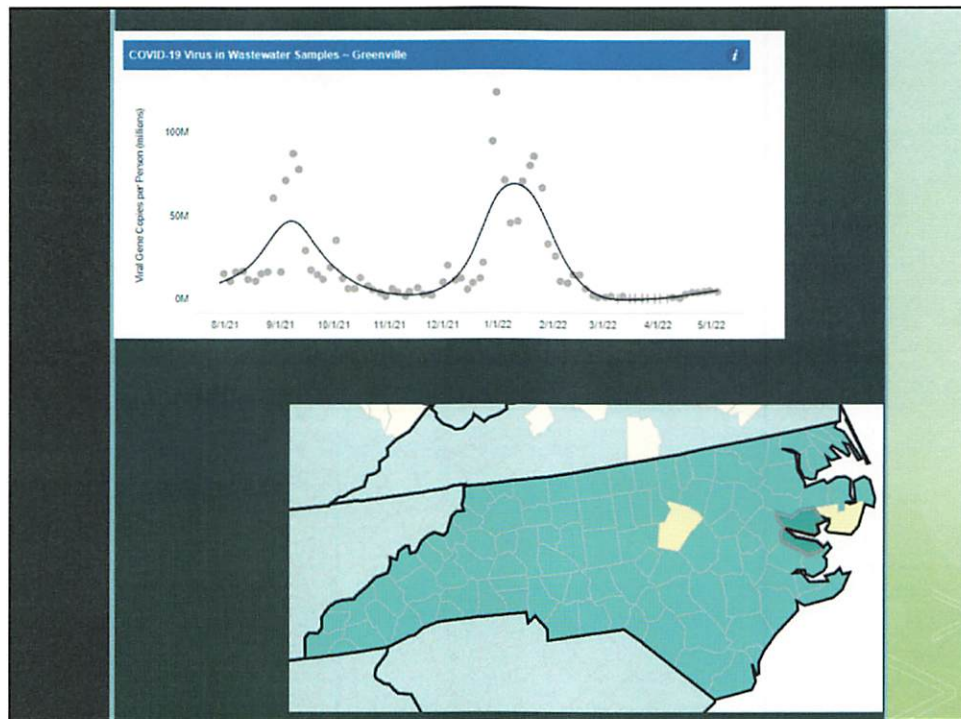
23

COVID-19 Trends

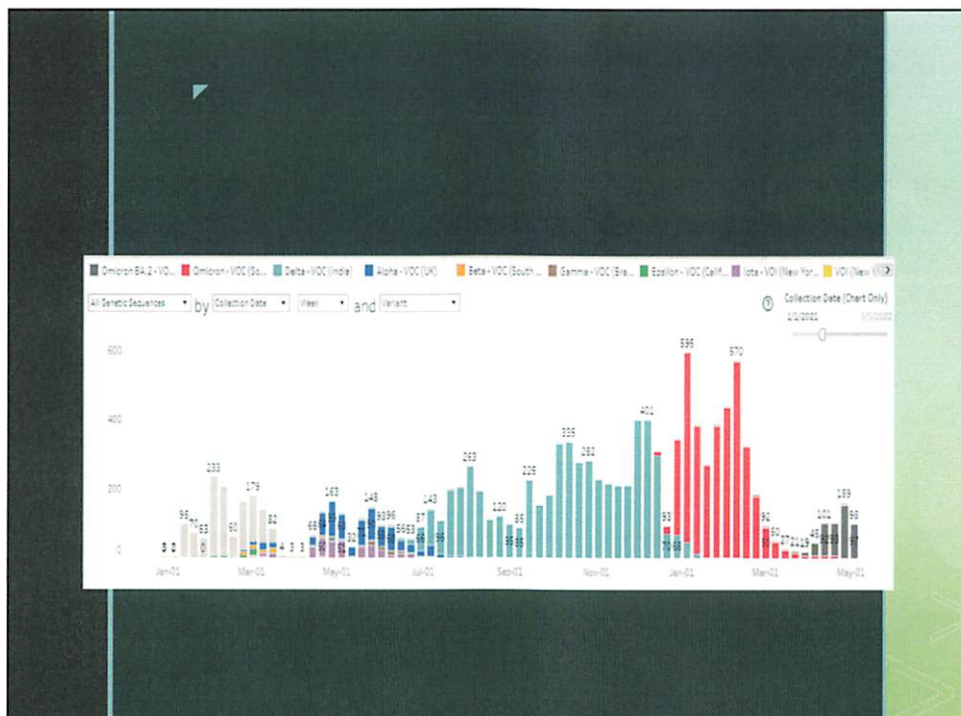


Tuesday, May 17, 2022			
Total cases (tested positive)	12,973		
Total hospitalizations that have occurred	458	3.5%	
Total Deaths*	158	1.2%	
Average age of deaths (years)	74.8		
Known active cases currently in the county	104		
Currently hospitalized	2	1.9%	
Currently on a ventilator	-		
Seven (7) day average case rate	9.1		

24

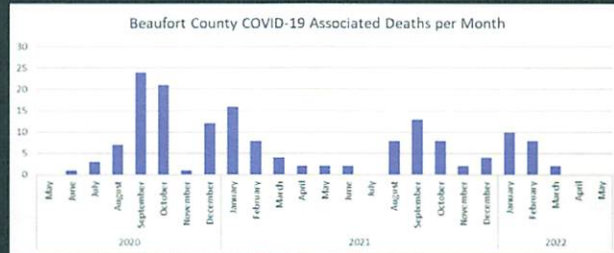


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26

COVID-19 Deaths



- 158 death certificates on record
- State has us at 172 (14 additional)
- Review in process

27

Friday, May 13, 2022

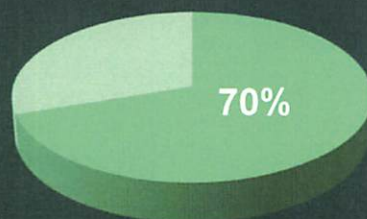
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28

Financial Report as 4/30/2022

Revenue Source	YTD	Budget	% to Budget
State <i>(includes WIC)</i>	\$1,447,739.94	\$2,183,568	66.3%
Medicaid	\$448,049.13	\$671,269	66.7%
Fees/Insurance/ Other	\$942,347.35	\$904,590	104%



■ Expenses
\$4,053,483.91
■ Budget \$5,801,389

Should be at ~83%

29

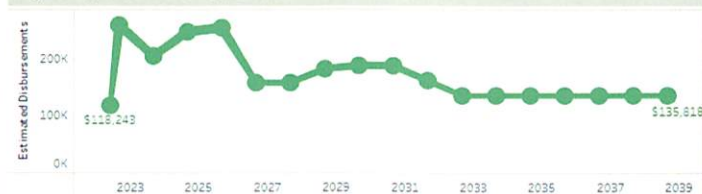
Health Director's Update

❖ Opioid settlement update

18 Year Payment to Beaufort during 2022-2038:

\$3,077,680

Payments Over Time - Beaufort



30

LEADING CAUSES OF DEATH

1. Heart Disease



2. Cancer



3. Cerebrovascular Disease



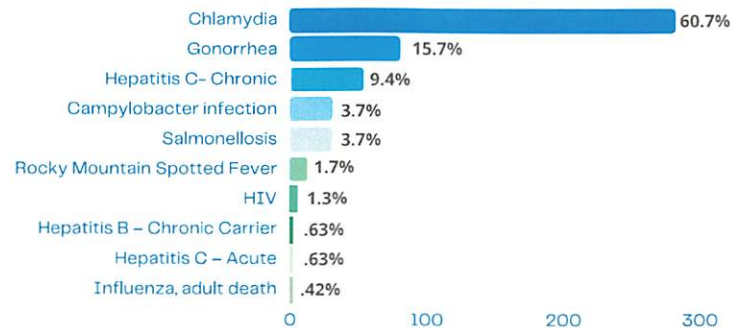
4. Chronic Lower Respiratory Disease



5. Alzheimer's



TOP 10 COMMUNICABLE DISEASES



HNC 2030 RANKINGS

Areas of strength

Areas to explore

	Beaufort	NC
Health Outcomes		
Premature Death	10,200	7,600
Low Birth Weight	10%	9%
Health Factors		
Health Behaviors		
Adult Smoking	22%	18%
Adult Obesity	45%	32%
Alcohol-impaired driving deaths	15%	28%
Sexual Transmitted Diseases	615.9	647.8
Clinical Care		
Uninsured	13%	13%
Mammography Screening	55%	46
Flu vaccinations	55%	52%
Social & Economic Factors		
Unemployment	4.60%	3.90%
Children in Poverty	30%	19%
Children in single parent households	39%	28%
Physical Environment		
Driving alone to work	87%	81%
Drinking water violations	Yes	
Air Pollution - particulate matter	7.3	8.5