# SCHD Advisory Committee Minutes November 19, 2018

Members Present: Jeffrey Bell, Paul Bradshaw, Dr. Elizabeth Bryan, Robert Butler, Linda Heath, Jacqueline Howard, Chair; Allie Ray McCullen, Commissioner Harry Parker, Linda Peterson.

Health Department Staff present: Wanda Robinson, Sally DeMay, Tamra Jones, Perry Solice, Kelly Parrish.

Administration Present: Susan Holder and Joel Starling.

#### I. Call to Order:

Jacqueline Howard called meeting to order. Agenda additions: Additions under VIII-Child Health Funds; Mosquito Control Funds and United Way Application. Deletion of X Mosquito Abatement.

#### II. Invocation:

Commissioner Harry Parker gave the Invocation.

#### III. Approval of Minutes:

Motion made by Linda Health to approve the October 15, 2018 minutes as written and seconded by Robert Butler. All in favor. Motion carried.

#### IV. Health Department Strategic Plan 2018-2022:

Wanda Robinson did a brief overview of the Strategic Plan. Page 9-Action Plan reviewed the Community Health Assessment top health concerns; page 10 the 3 objectives selected from the Community Health Assessment: 1. Substance Abuse; 2. STDs/Sexual Activity/Pregnancy Prevention and Chronic Disease. The Health Department has an annual meeting of the management, supervisors and program managers that walks through each program looking at the goals; objectives, what has been done during the past year and sets goals for the next year. Goals that were set from that meeting listed on page 13 were reviewed. Strategies are listed on the following pages. The Health Department has some gains and some losses with the objectives and goals. This plan will be submitted to the County Commissioners for review and approval. This will be the working plan for the next four years. Motion made by Paul Bradshaw to approve the Strategic Plan 2018 -2022 and seconded by Dr. Jeffrey Bell. All in favor. Motion carried.

#### V. Health Department Advisory Committee Operating Procedures:

Joel Starling spoke that at last meeting committee had adopted Advisory Committee Operating Procedures and need to make one small change. This is used in the Accreditation process, not required for this board, but we think it is good practices to have operating procedures. Unusual to have a voting member of the Advisory Board that is also a voting member of the board that the Advisory Board is advising. This was discussed a little at the last meeting. After the meeting and consultation with the School of Government. It was decided with this case, due to some statutory language it was appropriated to go back and remove the Ex Officio label and keep the membership at its current number and to take the

Ex Officio out from in front of Commissioner Harry Parker's title. He will be a voting member of this board as stated in the revised Advisory Committee Operating Procedures that members had received.

Joel also commented on discussion from last meeting of the potential of opening to any kind of membership and not the defined type of professionals or constituent members of the community. We need to keep this committee as it is, the operating procedures do not mention this, but it needs to continue to have the different types of health care professionals and other community members that are required for health boards or boards of health will still apply to the Advisory Board.

Section II B and C: Orientation and On-Going Training was added to this Operating Procedures. Orientation requirements for new members and on-going training each year for members. There will be a training on January 7, 2019 for the Board of Health. Commissioner Parker has already completed this training when this was considered the Board of Health. He may choose wither to attend or not. Wanda Robinson did ask for Jacqueline Howard and Robert Butler to attend the training in January. The speaker is coming from Raleigh and has served as a Health Director for 40 years and as County Commissioner.

Motion made by Commissioner Harry Parker to approve revisions of removing the Ex Officio label before the Commissioners Name and making them a voting member. The addition of the Training requirements to Section II B and C to the SCHD Advisory Committee Operating Procedures and seconded by Paul Bradshaw. All in favor. Motion carried.

#### VI. Meeting Schedule 2019:

Wanda Robinson presented the meeting schedule for 2019 pointing out the January meeting will be on the  $4^{th}$  Monday due to holiday on  $3^{rd}$  Monday. March Education training meeting. November meeting due to not meeting in December and the Dangerous Dog Appeals as needed.

Motion made by Dr. Jeffrey Bell to approve the 2019 Meeting Schedule as presented and seconded by Linda Heath. All in favor. Motion carried.

#### VII. Financial Report:

Tamra Jones reported on the Financial Handout for October (attached). Activity Summary reviewed with STD, Adult Health, Immunization, Food and Lodging Inspections, Sewage permits, and sewage site visits up. WIC participation number is down; however, we will get an update mid-November and will be updated for November. Question was asked by Linda Health if the Health Department was giving the Shringix Vaccine? Kelly Parrish spoke that vaccine is on a national backorder and she is on an email list that will notify her as soon as the vaccine is available, we will order. We have an open PO in place and ready to order as soon as available. Wanda Robinson noted that health department has received a lot of interest in this vaccine.

Medicaid Revenue: Health Department did better in October than in September with programs either increased or stayed constant with revenue. September was the month with the Hurricane that got us off track. Hope to be back on track soon with Medicaid revenues. Reviewed the graph (attached) of Medicaid Revenues.

Local Revenue chart and graph (attached) which consist of Insurance revenues and fees collected for services provided. The Local Revenue has rebounded since September, except with Child Health due to many of our children slide to zero pay or parents do not bring in proof of income, which leaves the account at 100%. Parents get billed and do not pay, which leads to account going into collections and not receiving monies for the service. Some of the children seen are uninsured.

EH Revenue are back up from September. EH revenue is included on the first page of the financial report and graphed separately (attached). Questions was asked if was known the amount lost due to the Mortem on permit fees. Wanda Robinson spoke, does not think the health department has lost a lot due to Mortem. Well testing is a free service anyway.

#### VIII. TB Control Funds:

Wanda Robinson spoke regarding the funds received that were cut in year 2015. Funds are based on the number of cases per year, funding is increased and decreased based on this number. We had 2 TB cases in 2016 and 2 cases in 2017. Kelly Parrish reported that currently have 15 patients on the LBTI (Preventive Medicine). A lot of our time is spent in following on positive TB Skin Test. This requires getting patient in for chest x-ray and offer client medicine and follow-up visits to complete medicine regimes; following up with contacts to TB cases with one case having 20 contacts, which means 20 TB skin test. Linda Heath asked question, if it would be more economical to do the Gold Blood TB test. Wanda Robinson responded, that is something we are looking at doing-new recommendations are coming down but have not been implemented yet. Any services related to TB are required to offered at no cost to the client.

Motion made by Robert Butler to accept the TB Control Funds in the amount of \$3,321.00 and seconded by Paul Bradshaw. All in favor. Motion carried.

#### **Child Health Funds:**

Wanda Robinson reported another program that was cut in 2015. Plan to put the money received into travel for the new Child Health/Immunization nurse to receive training.

Motion made by Dr. Jeffrey Bell to accept the Child Health Funds in the amount of \$1963.00 and seconded by Robert Butler. All in favor. Motion carried.

#### **Mosquito Control Funds:**

Wanda Robinson reported opportunity to receive another \$48,521.00 in funds. Would like to take this money to set up a program in preventive and surveillance in Sampson County to assist in being prepared and responded the next time an event occurs. Plan to bring a proposed policy and plan back to January meeting. Questions was asked by Robert Butler

as why Sampson County did not have a program in place. Response was funding was the issue. Wanda Robinson spoke that the State has never funded a Vector Program in Sampson County. State chose to fund the larger counties such as Wake, Johnston, New Hanover and Cumberland to name a few. Funding that was given for Hurricane Florence was based on population per square mile, with Sampson County receiving about \$97,000. Susan Holder spoke that in past Hurricanes the State controlled and funded 100% of any Mosquito programs until this year; funds were released to counties and counties had to control the handling of the Mosquito Programs.

Motion made by Linda Heath to accept the Mosquito Control Funds in the amount of \$48,521.00 and seconded by Robert Butler. All in favor. Motion carried.

#### **United Way Application:**

Wanda Robinson reported plans to submit the application to United Way for mammograms for indigent clients, when the state funding has been depleted.

Motion made by Paul Bradshaw to approve the submittal the for United Way application and seconded by Linda Heath. All in favor. Motion carried.

#### IX. Board of Health Reappointments:

Wanda Robinson: all the members with term expiring have been contacted and have graciously agreed to be reappointed. The members are: Dr. Jeffrey Bell 1<sup>st</sup> term, Dr. Elizabeth Bryan 2<sup>nd</sup> term, Charlotte Harrell 1<sup>st</sup> term, Linda Heath 1<sup>st</sup> term and Commissioner Harry Parker. These will be submitted to County Commissioners to be voted on during the December meeting.

#### X. Health Directors Report:

#### a. Personnel Changes/vacancies:

Wanda Robinson reported Nurse Practitioner has been hired. She is a 2-year graduate that has been working at a pediatric practice. Excited to have her come on board with us and bringing experience in advanced pediatric care. Have also hired for the Child Health/Immunization Coordinator Nurse. She is coming from the hospital. Both the Nurse Practitioner and the Child Health Nurse will start on December 3<sup>rd</sup>. Also have hired a Nutritionist and she started on November 5<sup>th</sup> and a new graduate. This position has taken over a year to fill and a very hard position to fill due to very strict guidelines from the State.

2 position remain open: The Clinic Nurse Supervisor, hope to fill this position next month and another Nurse Practitioner position. Communicable Disease Coordinator Nurse position will be opened at the end of this month. Wanda spoke of though of having certain positions sign a contract for a specified amount of time. Joel Starling spoke would need to review with the State Human Resources guidelines to make sure this would be possible. Discussion on non-compete contracts to be reviewed as well.

Susan Holder asked Wanda Robinson to speak to the committee regarding the task the County Manager has assigned Department Heads. Wanda stated, after the recent

disaster. Most county employees worked a variety of jobs and duties all over the county, which has typically not been done in the past. County Manager requested feedback from all the county employees, department heads, municipalities, and schools. This information was compiled and reviewed with Department Heads. County Manager has tasked the Department Heads to plan and update County Disaster Plan for all functions.

Perry Solice spoke of advancement in training of 2 EH staff: Monde Parker, Food and Lodging and Preparedness Co-Coordinator; has passed the RS exam and completed his intern and is now at full RS status. Mark Osborne On-Site staff, Regional Specialist came and passed him on the Well Certifications. 2 staff members now Well Certified.

#### XI. <u>Public Comment:</u>

No public comment.

XII. Adjournment:

Motion made by Allie Ray McCullen to adjourn meeting and seconded by Robert Butler. All in favor. Motion carried.

ate

Secretary

Data

# SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson Health Director



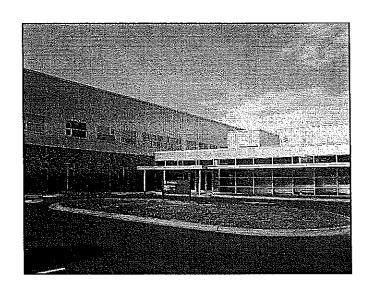
360 County Complex Road Suite 200 Clinton NC 28328

# Sampson County Health Department Advisory Committee Meeting Agenda

# November 19, 2018 7:00 pm

I.	Call to Order - Jacqueline Howard, Chair
•	(Agenda changes)

- II. Invocation
- III. \*Approval of minutes
  a. October 15, 2018 minutes
- IV. \*Health Department Strategic Plan 2018-2022
- V. \*Health Department Advisory Committee Operating Procedures
- VI. \*Meeting Schedule 2019
- VII. Financial Report
- VIII. \*TB Control Funds-\$3,321.00 \*Child Health Funds-\$1963.00
  - \*Mosquito Control Funds-\$48,521.00
  - \*United Way Application-Need approval to submit application-\$5,000.00
- IX. Board of Health Reappointments
- X. Mosquito Abatement
- XI. Health Directors Report a. Personnel Changes/vacancies
- XII. Public Comment
- XIII. Adjournment
- \*Requires Board Approval



# **Table of Contents**

I.	Purpose3
	Mission, Vision & Values4
11.	wission, vision & values
III.	General Information6
IV.	Review & Analysis of Factors That Impact the Delivery of Service
V.	Summary of the Sampson County Community Health Assessment
VI.	Strategic Goals11
VII.	Next Steps32

#### I. Purpose:

It is the objective of this document to set forth priorities for the focus of the Sampson County Health Department for the next four years July 1, 2018 to June 30, 2022.

The areas selected are based upon:

- 2017 Community Health Assessment
- 2018 SOTCH Report
- Data relative to health status indicators of the population of Sampson County
- Public input and community surveys
- Judgment of key personnel as to resources required to achieve tasks included.
- Experience and expertise of the Sampson County Board of Health and the Health Advisory Board in identifying resources and needs.

#### Policy:

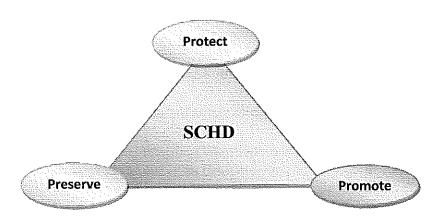
The priority areas of influence identified in this document are intended to outline areas of emphasis based upon community needs, but are not designed to exclude or discourage other programmatic goals and interests. Management team members and other staff are urged to continue to seek creative opportunities to address public health problems/issues related to their routine duties and responsibilities within the restraints of available resources and contractual program requirements. This plan is intended to serve as a general guide for the relatively short term of four years. The changeable nature of Public Health does not lend itself to planning for the longer term in any realistic manner. This document may be amended at any time that new or emerging issues demand the attention of this health department.

#### Method:

Based upon a review of the findings of the Community Health Assessment, discussions with the Board of Health, and meetings with the staff, a list of potential priority items were assembled. These were separated by a work group into different areas. The areas of priority identified in this document are not in priority order. Since each item applies to different program areas, it was felt that these could be accomplished concurrently. The planning group will meet at least annually to report on progress and /or revise the document as required.

#### II. Mission, Vision and Values

# MISSION, VISION AND VALUES



#### Mission:

The mission of Sampson County Health Department is to preserve, protect and promote the health, environment and well-being of the citizens of Sampson County.

#### Vision:

The vision of Sampson County Health Department is to provide services, prevent adverse outcomes and promote efforts to improve the quality of life for the residents of Sampson County.

#### Values and Objectives:

**Caring** - We will be compassionate when dealing with others and to show concern for the interest and needs of others.

**Commitment -** We will be dedicated, loyal and empathetic in what we do for the customer and the public.

**Communication** - We will provide direct, sincere communications to customers, the public and co-workers.

**Community Service -** We will provide services to the community through education, outreach and other venues to help ensure the health, safety and welfare of the community.

Excellence in Customer Service - We will meet or exceed customer expectations.

**Privacy** - We will respect the confidentiality and privacy of others and be committed to confidential care for customers and the public.

**Professionalism -** We will treat customers and co-workers with DIGNITY, RESPECT, INTEGRITY and COMPASSION at all times.

**Productiveness** - We will work to the best of our ability to provide efficient, effective, quality care for our customers and the public.

Responsibility - We are accountable to customers and the public for what we do.

**Teamwork** - We will work together to provide the best possible care for customers and the public. There is no "I" in team.

#### III. General Information:

This plan reflects the areas of focus of the Sampson County Health Department during the next four year period of 2018-2022.

The Sampson County Health Department is committed to carrying out the following action plan to improve the health of Sampson County residents.

The Management Team of the Sampson County Health Department envisions an agency that strives to meet the following guiding principles:

- Health Department maintains Local Health Department Accreditation
   Standards, as defined in policies; protocols are maintained by all programs.
- Service deliverables and expansions are driven by community need.
- Improved efficiency is attained in all divisions.
- Health Department recruits, develops and retains a well-qualified, diverse workforce.
- Public image of the Health Department is positive.
- Quality of services is assured through implementation of the Quality Improvement/Quality Assurance plan.
- Residents experience improved health outcomes and quality of life.
- Health Department is accountable to the public in fiscal responsibility and service delivery.
- Efforts are conducted through improved internal collaboration and communication.
- Health Department is considered to be an employer of choice.
- Expanded service availability for county residents.
- Physical facilities are available or in the planning stage to address growing community needs and support newest technologies.
- Funding is available to support and improve our programs.
- Best practices, as recognized by the public health community, are utilized in service provision.
- Department is capable of providing a comprehensive response to Public Health Emergencies.

# IV. Review and analysis of factors that impact the delivery of service:

# 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 identified the following SWOT that can impact delivery of health services to Sampson County communities.

Strengths	Weaknesses
<ul> <li>Local Government Support and funding</li> <li>Strong community partnerships</li> <li>Competent, well-trained, dedicated staff</li> <li>On-going professional development for employees</li> <li>Access to quality technological resources</li> <li>Bilingual staff</li> <li>Grant funding-allows innovation</li> <li>Highly qualified, knowledgeable billing support staff</li> <li>Inviting public health facilities</li> <li>Enhanced health education and outreach programs</li> <li>Comprehensive clinical services</li> <li>Electronic health record system</li> <li>New partnerships and regional collaborations</li> <li>Strong collaboration with emergency management to respond to public health preparedness concerns</li> <li>Quality improvement initiatives</li> <li>Responsible and proactive to emerging issues and trends</li> </ul>	<ul> <li>Future Medicaid Reform uncertainties</li> <li>Potential for cuts in Federal/State Public Health Programs</li> <li>Ability to compensate professional staff at levels that attract highly qualified workers</li> <li>Ability to recruit in some professional fields such as nursing and nutrition</li> <li>Availability of mental health resources and providers in the county</li> <li>Limited primary care and chronic disease management services</li> <li>Economically diverse population</li> <li>Challenges related to a rapidly changing population</li> <li>Internal and external communication</li> <li>Limited transportation</li> <li>Reliable county vehicles</li> <li>High no show rates</li> <li>High RN/Nutritionist/NP turnover</li> </ul>

Opportunities	Threats
<ul> <li>Emerging technologies to promote more efficient service delivery</li> <li>Established relationship with media outlets</li> <li>Leadership roles of staff in various professional organizations, regional, state and nationally</li> <li>Safety Net provider for uninsured and underinsured</li> <li>Up-to-date electronic equipment and other tools for staff to perform more efficiently</li> </ul>	<ul> <li>Lack of public transportation</li> <li>Limited funding in chronic disease, health promotion and disease prevention services</li> <li>Potential cuts to federal, state and local programs</li> <li>Limited primary care providers in the county for the under and uninsured population</li> <li>Limited services for men.</li> </ul>

# V. Summary of the Sampson County Community Health Assessment:

Sampson County performed the 2017 Community Health Assessment with the assistance of the Partners for Healthy Carolinians Task Force and other community partners. The following is a summary of the assessment findings.

#### Overview of the Process of Data Collection:

The collection of data for the Community Health Assessment involved multiple collection processes that included:

- A. Surveys: The Community Health Assessment (CHA) Team distributed paper surveys to various sites throughout the county and electronic surveys via Survey Monkey links on Healthy Carolinians and Sampson Regional Medical Center websites. A total of 960 surveys were collected.
- B. Secondary data: was also collected from a variety of sources, including the North Carolina Center of Health Statistics, LINC and other sources.

#### **Data Results:**

After compiling the data from the assessment process, the findings were categorized into the following areas: community health concerns, barriers to health care and community needs.

# A. Top Ten Community Health Concerns:

- 1. Substance Abuse
- 2. Low Income/Poverty
- 3. Physical Activity/Nutrition
- 4. STDs/Pregnancy Prevention
- 5. Tobacco/Second Hand Smoke
- 6. Chronic Disease
- 7. Mental Health/Support/Counseling
- 8. Teen Health/Activities
- 9. Alcohol Abuse
- 10. Weight Management

#### B. Barriers to Care:

- 1. No Health Insurance
- 2. Other
- 3. Insurance didn't cover what I/we needed
- 4. Couldn't get an appointment
- 5. Deductible/co-pay was too high
- 6. Doctor wouldn't take insurance or Medicaid
- 7. Wait was too long
- 8. Pharmacy wouldn't take insurance or Medicaid
- 9. Dentist wouldn't take insurance or Medicaid
- 10. No way to get there

#### C. Community Health Care Needs:

- 1. Higher Paying Employment
- 2. Positive Teen Activities
- 3. Availability of Employment
- 4. Better/More Recreational Facilities
- 5. More Affordable Health Services
- 6. Road Maintenance
- 7. Better/More Healthy Food Choices
- 8. Counseling/Mental Health/Support Groups
- 9. Child Care Options
- 10. Other

#### **Healthy Carolinians Objectives:**

After careful review and discussion of all the information obtained from the community assessment, the CHA Team chose to address three health related issues that were cited in the data: Substance Abuse; STDs/Sexual Activity/Pregnancy Prevention; and Chronic Disease.

- 1. Substance Abuse: Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. In 2016, there were 136 medication or drug overdoses in Sampson County.
- 2. STDs/Sexual Activity/Pregnancy Prevention: STDs can be present in, and spread by, people who do not have any symptoms of the condition and have not yet been diagnosed with an STD. Therefore, public awareness and education about these infections and the methods of preventing them is important. Sampson County's STD rates fluctuated from 2013-2015. There are several safe and highly effective methods of contraception to prevent

unintended pregnancy. It is important to prevent teen pregnancy because it brings extensive social and economic costs through immediate and long-term impacts on teen parents and their children. Sampson County's 2011-2015 teen pregnancy rate for females ages 15-19 was 56.7 while North Carolina's rate was 36.2.

3. Chronic Disease: According to the Centers for Disease Control and Prevention (CDC), chronic diseases such as heart disease, stroke, cancer, diabetes, obesity, and arthritis are among the most common, costly, and preventable of all health problems in the U.S. These diseases also cause major limitations in daily living for people. The leading causes of death in Sampson County from 2011-2015 were: cancer, heart disease, cerebrovascular disease, diabetes, and chronic lower respiratory diseases.

#### **Action Plans:**

Community Action Plans have been developed to address each of the issues chosen by the Community Health Assessment (CHA) Team. Interventions will include, but not be limited to: educational sessions; assistance with achieving active lifestyles; community events; media campaigns; and website information.

# Dissemination of the Community Health Assessment Document:

The Sampson County Partners for Healthy Carolinians Task Force will disseminate the document to task force members, community partners, government agencies, stakeholders and the general public with the hope that the information contained in the document will enable various agencies and stakeholders to use the information to assist with meeting the needs of the public and improving and promoting the health and well-being of the citizens of Sampson County.

Dissemination of the Community Health Assessment document will include, but not be limited to:

- 1. Sampson County Partners for Healthy Carolinians Task Force members.
- 2. Sampson County Health Department
- 3. Sampson County Board of Health
- 4. Sampson County Board of Commissioners.
- 5. Sampson County government offices
- 6. Sampson County Public Libraries
- 7. Sampson Regional Medical Center
- 8. News articles in the Sampson Independent highlighting the major findings of the assessment.
- 9. Sampson County website
- 10. Healthy Carolinians website

#### **Summary:**

Health issues continue to be a concern for the residents of Sampson County. Access to care is often difficult for residents due to: lack of health insurance or inadequate insurance; lack of available physicians and specialists who are accepting new patients and are available to schedule more immediate appointments; and lack of transportation. According to the US Census Bureau, 23.6% of Sampson County residents are uninsured. For those with health insurance, their insurance may not cover all of their medical needs. Residents may have difficulty receiving needed health care due to the lack of available physicians/specialists and the lack of immediate appointments. Lack of transportation is also a barrier to access to care due to Sampson County's sparsely populated rural communities and no public transportation system.

# VI. Strategic Goals:

	To improve the health status and prevent premature death for all residents
Goal 1:*	of Sampson County.
	Provide a coordinated Public Health response to manmade or natural
Goal 2:	disaster or communicable disease outbreak.
Goal 3:	Maintain a competent public health workforce.
	To improve public services and programs and increase collaboration among
Goal 4:	fiscal agencies/health care providers leading to improved patient care.
	Increase public awareness of public health programs and services in
Goal 5:	Sampson County.
	To safeguard life, promote human health and protect the environment with
Goal 6:	the use of technology, rules and public education.

<sup>\*</sup>Address Community Health Assessment Priorities

~			prevent premature death	of all residents of
Goal 1:		Sampson County.  By Leastle and Joseph rate by 10% for Sampson County.		
Objective # 1	Reduce the premature death rate by 10% for Sampson County			y 
D 11 D 4	Sampson County Diabetes death rate: 51.5 per 100,000 from 2012-2016 Source: North Carolina States Center for Health Statistics			m 2012-2010
Baseline Data	<u> </u>			
CHA Priority	Addressed	Chronic Disease/L	Partners	
Activitie	2 <b>C</b>	Lead Person	N=new/E=existing	Timeframe
Collaborate wit		Diabetes Program	E-Sampson County	Ongoing
known agencies		Coordinator	Partners for Healthy	
organizations in			Carolinians	
county working		Health Promotion		
diabetes preven		Coordinator	E-Local providers	
treatment.				
			E-Sampson Regional	
			Medical Center	
Sponsor health	fair	Health Educator.	E-Sampson County	November- annually
during Diabetes			Partners for Healthy	
Awareness Mo		Diabetes Program	Carolinians	
1 ( ) ( ) ( ) ( ) ( ) ( )		Coordinator		
Increase the nu	mber of	Diabetes Program	E-Sampson County	July 2019
diabetics serve		Coordinator	Partners for Healthy	
clinical service	_		Carolinians	
annually	•			
•			E-Local Providers	
(Current num	ber=			
8 monthly.)				
Market Diabet	es	Health Educator/		Ongoing
services and av		Diabetes Program		
a. Submit dia		Coordinator		
a. awareness				
prevention				
local paper				
quarterly	·- <del>-</del>			
b. Send mont	hly			
diabetes su				
group notic				
paper/heal				
providers				
c. Provide dia	abetes			
informatio	n packets			

to providers at least every six months. d. Publicize community diabetes events in paper, radio, local cable channel and website.			T-ma 2010
Implement a Diabetes	Diabetes Program		June 2019
Support group.	Coordinator		1
(current number-0)			
Increase access to flu	Immunization	N-Faith based	Ongoing
vaccine for residents of	Coordinator	organizations,	
Sampson County.		schools, local	
		providers	

	1		prevent premature death	of all residents of		
Goal 1:	1 *	Sampson County.				
Objective # 2	Reduce t	Reduce the Infant mortality death rate by 1% for Sampson County				
*******	Sampson	County Infant Mortality	Rate: 7.2 per 1,000 in 20	016		
Baseline Data	Source:	North Carolina State Ce	nter for Health Statistics			
CHA Priority	Addressed	Teen Pregnancy P	revention			
Activiti	es	Lead Person	Partners N=new/E=existing	Timeframe		
Collaborate wit	th all	Maternal Health	E-Local providers	Ongoing		
known agencie	s and	Coordinator				
organizations in	n the		E-Sampson Regional			
county providing	ng	Maternity Care	Medical Center			
prenatal care se	ervices in	Coordination staff.				
Sampson Coun	ıty.					
		Child Service				
		Coordination staff				
Update local pr		Maternal Health	E-Local Providers	June 2019		
about the Pregr		Coordinator				
Medical Home	Program					
policy		Pregnancy Care				
		Management				
		Coordination Staff				
Provide smoking		Health Educator		Ongoing		
education for p						
patients to include Quit						
One, Quit Two	o process					
Implement chi		Maternal Health		June 2019		
education class	ses	OB/GYN staff/				
		Health Educator				

Goal 1: (continued)	To improve the health status and prevent premature death for all the residents of Sampson County.			
Objective # 3	Decrease the adolescent pregnancy rate among females ages 10-17 by 5%.  Decrease the percentage of repeat pregnancies to teens aged 17 and under by 10%.  Reduce the percentage of positive results amongst individuals aged 15-24 years tested for Chlamydia, Gonorrhea and Syphilis.			
Baseline Data	Sampson 2016 with For 2017, country fo County ha	County Pregnancy rate in 19.3% of the total being North Carolina ranks 5tor Chlamydia cases and 8 as a rate of 44.6 for Gon	for 15-19 year old group	orrhea cases, 6th in the shilis cases. Sampson hea and 37.8 for
	2012 to 2	3 in 2017.		
CHA Priority Activities		Lead Person(s)	vity/Pregnancy Preventio Partners N=new/E=existing	n Timeframe
Family Plannin Health educator management sta provide contract counseling and health department services to teem one or more pro-	r, case aff will ceptive link to ent s with	Family Planning Coordinator,  Health Educator  Case Management Staff	E- Health Educator, Case Management Staff E. Academic Abundance	Ongoing
Develop a plan to re- establish family planning education classes in the school systems		Health Educator Family Planning Coordinator	E- Academic Abundance	Ongoing
Expand family planning services to include long term contraceptive devices.		Family Planning Coordinator/Health Educator		Ongoing
Continue to pre emergency con services.		Family Planning Coordinator		Ongoing
Offer "Reducin Risk" to 9 <sup>th</sup> gra		Health Educator	N-Sampson County City and County	Ongoing

students in participating high schools to decrease to reduce the percentage of untended pregnancy, STDs and HIV		Schools, Academic Abundance E- Sampson County Partners for HC.	
Offer NC Healthy Living Standard Course of Study in the School systems.	Health Educator	N-Health Education staff, School System	Ongoing
(Current number of events-0)			
Outreach activities to include Teen Health Fair held annually to focus on middle and high school students	Health Educator	E-Sampson Partners for Healthy Carolinians	Annually
Offer/provide STD testing services to all clients as requested or required	Clinic staff, STD ERRN, NPs		Ongoing
Provide individual and community education regarding STDs and potential complications	Clinic Staff, Health Educator		Ongoing
Provide STD/Teen Pregnancy Outreach in the community to the public with an emphasis on teens	Health Educator	E-Academic Abundance	Ongoing

	To improve the health status and prevent premature death for the residents of					
Goal 1:	Sampson County.					
	Reduce the death rate resulting from the leading causes of cancer death, heart and					
Objective #4	circulatory	circulatory death by 5%.				
	, 1	Sampson County Rates:2012-2016				
		Heart Disease rate- 180.2 per 100,000				
		Stroke Disease rate - 53.9 per 100,000				
	Cancer Dis	sease rate -192.0 per 10	0,000			
Baseline Data	Source: St	ate Center for Health sta	atistics			
		G ( D ( , 0017 A 1-	14 Oberitari 270/ Dharriant	Innotivity: 20%		
			lt Obesity:37%, Physical	macuvity.3270		
CITA D. 1		ounty Health Rankings a Chronic Disease/C				
CHA Priority	Audresseu	Chrome Disease/C	Partners			
Activiti	ies	Lead Person	N=new/E=existing	Timeframe		
Provide Breas	t and	BCCCP Program	E-Local Health Care	Ongoing		
Cervical Contr	ol	Coordinator	providers, Sampson			
Program (BCC	(CP)/		Regional Medical			
Wisewoman s	ervices		Center.			
for a minimal	of 50					
women meetin	_					
BCCCP eligibi	ility		<u>.</u>			
criteria.						
Increase public		BCCCP Program	E-Breast and	Ongoing		
awareness of b		Coordinator/Health	Cervical Cancer			
cancer and cer		Educator	Control Advisory			
cancer risk and			Committee,			
resources available			Health Department Staff.			
through the Sampson County Health			Stall.			
Department.						
Implement Health		BCCCP Program		Ongoing		
Coaching Curriculum		Coordinator/Health				
for BCCCP/WW		Educator				
Program.	11					
(Includes 3 cla	asses)			- August - A		
(Includes 5 of						

Promote Eat Smart, Move More, Maintain don't gain! Holiday Challenge each Year.	Health Educator		Ongoing
Sponsor Breast and Cervical Cancer Annual Rally and Health Fair for the purpose of promoting awareness in the minority population	Health Educator	E-Breast and Cervical Cancer Advisory Board	Annually-October
Provide education on the Chronic Diseases and preventative measures to decrease risk factors though articles, flyers, health fairs and pamphlets	Health Educator	E-Sampson County Partners for Healthy Carolinians	Ongoing
Implement Primary Care Clinic to provide Health Services for the un and underinsured population	Director of Nursing/Adult Health Clinic Manager		Ongoing
Provide Chronic Disease education to the public through newspaper articles, flyers, health fairs, and pamphlets.	Health Educator	E-Sampson Partners for Healthy Carolinians	On-Going
Implement the "Journey to Health" Program	Health Educator	E-Sampson County Partners for Healthy Carolinians/Sampson Regional Medical Center	Ongoing

	Improve the health status and prevent premature death for all residents of				
Goal 1:	Sampson County.  Increase the number of children served through the public health department by				
	Increase the	number of children services	to the children of Samps	on County in the	
01: 4: 4.5	5%. Provide	comprehensive scrvices	ions and well child clinic	al services.	
Objective # 5	Torm of outre	vided during 2017 fiscal	vear_247	al por (1005)	
Baseline Data	<u> </u>	vided during 2017 fiscal	year-2-11.		
CHA Priority	Addressed		Partners		
Activi	ities	Lead Person	N=new/E=existing	Timeframe	
Increase the nu		Child Health	E-DSS, Head Start,	June 2019	
Child Health re		Coordinator	Local providers.		
clinical service	i				
Meet state requ		Care Coordinator for	E-Local providers,	Ongoing	
referrals to the		Children Program	Local hospital,	·	
Coordination for		Coordinator	Department of Social		
Program and ensure all			Services		
children that qualify are					
offered the program.					
Continue to pr	rovide	Immunization	E-Partnership for	Ongoing	
immunization	consultation	Coordinator.	children, Headstart		
services to 100	% of the				
childcare provi	iders in				
Sampson Cour					
numbers =38)	).				
Increase the n	umber of	Immunization	E-Local Providers	June 2019	
children immu	mized with	Coordinator			
the 4Tdap; 3 Polio; 2 MMR, 3 HIB, 3 Hep B series by 24					
months of age					
Increase the n	number of	Immunization	E-Local Providers	June 2019	
private medical providers in		Coordinator			
our county do					
into the Immu					
Registry to 10					
1					

2018-2022

Goal 1:	Improve th Sampson C		ent premature death for all	residents of
Objective # 6	5		mortality rate due to substa	
Baseline Data	a Sampson (	County Medication /drug	g overdose: 2016- 136	NC Detect
CHA Priorit	y Addressed	Substance Abuse		
Activ	vities	Lead Person	Partners N=new/E=existing	Timeframe
Investigate as implement ev substance abu prevention pr	ridence based use	Health Educator	E-Substance Abuse Coalition, Healthy Carolinians N- Eastpointe, Inc	Ongoing
Community I the use or mis prescription a medications	suse of	Health Educator	E-Substance abuse Coalition, Healthy Carolinians N-Eastpointe, Inc	Ongoing
Continue to provide Nalo the communi	xone kits to	Health Educator, Health Department staff	E-Substance Abuse Coalition, Healthy Carolinians N-Eastpointe,Inc	Ongoing
Offer two Ta		Health Educator	E-Substance Abuse Coalition, Healthy Carolinians	June 2019
Promote Qui offer the 5As method to de percentage o middle and h students who smokers to in cigarettes/jun	s counseling ecrease the f adults, nigh school o are current nclude e-	Health Educator	E-Substance Abuse Coalition, Healthy Carolinians	June 2019

		rdinated Public Health res	sponse to a manmade or r	atural disaster or		
Goal 2:	communicable disease outbreak					
Objective # 1	Implement a communicable disease surveillance system that will allow f reporting of diseases as required by NC Communicable Disease Laws (10 NCAC 41A.0101.					
Baseline Data	Approximate the local physics Sampson Coulon health departments diseases that r	Approximately 60% of the communicable diseases are reported to on the local physicians. There are a total of 42 physician practices locat Sampson County. Of these 42 offices, only 60% consistently report the health department as required by NC Communicable Disease Laws. diseases that require reporting in 24hrs are not reported in a timely many constants.				
CHA Priority	Addressed	State Mandated Goal	Partners			
Activ	rities	Lead Person	N=new/E=existing	Timeframe		
Provide educate providers and less health staff twice diseases and coare reportable at NC Communication.	ocal public ce a year on onditions that according to	Communicable Disease Program Coordinator	E- Local health providers in Sampson County	Ongoing		
Implement the Carolina Electr Surveillance SynCEDSS- to m reports receive providers.	ronic Disease ystem- nonitor CD	Communicable Disease/TB Program Coordinator, Immunization Coordinator, STD Coordinator	E- Local health providers in Sampson County.	Ongoing		
Continue responsible testing for 100 provide with a appropriate sul	% of staff and n N95 mask or	Communicable Disease Coordinator	E-Local Health Department Staff	Annually		
Continue to ma active Epi Tea needed or quar discuss and replans regarding communicable outbreaks, traito outbreaks ar issues.	m to meet as rterly to view agency g e diseases, n for response	Epi Team Chair	E- Local Health Department Epi Team	Ongoing		

Goal 2: (continued)	communic	ride a coordinated Public Health response to a bioterrorism event or municable disease outbreak.				
Objective # 2	Improve of including language mass destr	oioterrorist threats, emer	management of man-made, na ging communicable diseases, a	tural disasters, nd weapons of		
<b>Baseline Data</b>	Not Appli	cable				
CHA Priority A		State Mandated Goa				
Activitie	es	Lead Person	Partners N=new/E=existing	Timeframe		
Maintain two Preparedness Coordinators		Health Director		Ongoing		
Maintain up-to-o shelter protocol of staff training instances of disa	inclusive for use in	Nursing Director	E-American Red Cross, Director of Social Services, Emergency Management Director	Ongoing		
Conduct or partifull-scale Strate; National Stockp exercise.	gic	Nursing Director/Preparedness Coordinator	E-EM, SRMC, LEPC	Annually		
Conduct a minimum of 2 preparedness exercises to address the annual state required component of preparedness and submit an after action plan report within 90 days of exercise.		Nursing Director/Preparedness Coordinator	E-EM, SRMC, LEPC,	Annually		
Continue devel Public Health H Response Plan of Strategic Nation Stockpile and P Influenza Plans	lazards to include nal andemic	Nursing Director/Preparedness Coordinator	E-Local EMS, LEPC, Sampson Regional Medical Center, PHPR-ERO	Ongoing		

Attend monthly preparedness Coordinators Meeting and collaborate with other counties in the region during plan development to maximize resources in the event of disaster.	Nursing Director, Preparedness Coordinator/Others as assigned by the Health Director.	E-PHPR-ERO	Ongoing
Ensure Preparedness Coordinators have received HSEEP Training per State requirements.	Health Director	E-PHPR-ERO	As Needed

Goal 3:	Maintair	ı a co	ompetent public health	workforce	
	Workford	ce w	ill be equipped to prov	ide the best quality serv	rices possible through
	the use o	f bes	t practices for recruitm	nent, continuing educati	on/training and
				addition of staff necessa	ry to increase capacity
Objective # 1	to respon	ıd to	public need.		
Baseline Data			for FY 2017- 30%		1 CTT
CHA Priority A	Addressed		Having a competent	workforce is essential f	or meeting the CHA
			targets for improved	health care and increase	ed access to care.
Activitie			Lead Person	Partners N=new/E=existing	Timeframe
Train staff as ap		l	rector of Nursing		On-going
to become/rema		/M:	anagement Team		
current with trea					
communicable of					
prevention care	and				
treatment.					On soins
Sampson Count	-	Ma	nagement Team		On-going
Department (SC	-	1			
managers contin	nue to				
apply current	-11~				
departmental tra	aining				
requirements All SCHD staf	£:11	NA	anagement Team		On-going
attend a minimu		171	anagement ream		On going
hrs of continuin			i		
education relate					
position in addi					
required departs					
position training					
	The average annual		anagement Team		ongoing
1	vacancy rate will not				
exceed 30% an					
Recruit and reta		Ma	anagement Team		Ongoing
professional sta	professional staff-NP,		-		
Nurses, Nutrition	-			•	
Maintain numb		M	anagement Team		ongoing
bilingual staff.			ų.		
(Current num	ber=6.)				
	,				

Licensed, registered or	Management Team		Ongoing
certified staff will be			
monitored to insure they			
are receiving the	1	ı	
minimum number of			
contact hours.			

Goal 4:	To improve public health services and programs and increase collaboration among fiscal agencies/health care providers leading to improved patient care.					
Objective # 1	Implement information system for automated means of providing improved patient care, capturing patient information, monitoring reporting and billing services.					
Baseline Data	The health of	lepartment currently uses Capture information.	ureMD and multiple state e	lectronic		
CHA Priority		An annual review of election of inventory to make heat appropriate electronic definition.	etronic equipment to include alth care more accessible by evices and systems are avail atient information, monitori	ensuring able to provide		
Activit	ties	Lead Person	Partners N=new/E=existing	Timeframe		
Identify training staff for evaluate update of the E	g needs of tion and	Management Team/Accounting Supervisor	State Agencies, CureMD Team, TAC Team	Ongoing		
Evaluate and do optimal equipm to provide heal department ser	nent needed th	Management Support/Accounting Supervisor/Department Supervisor	Department Supervisors, TAC Team	Ongoing		
Follow-up on a equipment to in purchasing		Management Support	Sampson County IT,TAC Team	annually		
On-going train education base type of system system updates	d on the to include	Department Supervisors	N- Cure MD staff E-State CRUSH Project staff, CRUSH local team	On-going		
Implement insurance billing on the Cure-MD/CRUSH Computer system.		Accounting Supervisor	CureMD staff, State agencies, TAC Team	On-going		
Education on Services Data (CSDW)/Cure Reports	Warehouse	Accounting supervisor	E-State, Cure-MD staff	Ongoing		

nection.	Maintain an inventory data system for evaluating computer software and hardware and evaluate at least annually and as needed.	Administrative Assistant	TAC Team Chair, Sampson County IT, Department Supervisors	Ongoing
----------	---	--------------------------	---	---------

	To improve p	ublic health services	and programs and increase col	laboration	
Goal 4:	among fiscal agencies/health care providers leading to improved care.				
Objective # 2			mong divisions within the healt	h department	
Baseline Data	No baseline d				
CHA Priority	Addressed	Teen Pregnancy P			
Activ	ities	Lead Person	Partners N=new/E=existing	Timeframe	
Formally organ Adolescent Pre Coalition to rev develop action reduce teenage Sampson Coun	vention view data and plans to pregnancy in	SCHD Health Educator, Family Planning Coordinator	E-Sampson County Partners for Healthy Carolinians, Academic Abundance N-School Systems	Ongoing	
Partner with loof for the purpose development of Community He Assessment.	of f the	SCHD Health Educator	N-Local agencies, hospital, private agencies E-Sampson County Partners for Healthy Carolinians	Ongoing	
Continue to pa community statincluding anim enforcement, s providers and of advance positive health outcome	keholders al control, law chools, local other to we public	Management Team	E-Sampson County Partners for Healthy Carolinians	On-going	
Review service different divisi same client in provide coordi better serve the	ons to the order to nated care and	QI/QA Team		On-going	

Goal 4 (continued)	among fiscal ager	To improve public health services and programs and increase collaboration among fiscal agencies/health care providers leading to improved patient care.							
Objective #3	To assure quality service delivery in all health department programs and activities  The Health Department currently has a QI/QA Team in place that will monitor								
Baseline Data	The Health Depa service delivery a	rtment currently has a QI/ and implement changes as	QA Team in place tha needed.	t will monitor					
CHA Priority									
Act	ivities	Lead Person	Partners N=new/E=existing	Timeframe					
	ty Improvement/ nce Team Leader	Health Director		On-going					
Maintain the dequality improve develop interna plans for service	ement plan to	QI/QA Team Leader/QI/QA Team		Ongoing					
quality services all health depar	ce plan to ensure s are provided for tment services input for quality	QI/QA Team Leader/QI/QA Team	·	Ongoing					
in response to	dits and reviews	Program Coordinators/QI/QA Team Leader.	E-State consultants	Ongoing					
Implement QI/ in Environment ensure quality provided and t information fo improvement p	atal Health to services are o provide r quality	EH Supervisor	State Consultants	Ongoing					

	Increase	public awareness of t	oublic health programs and	services in Sampson					
Goal 5:	County.	1	• -						
	Increase	knowledge of the He	alth Department and Enviro	onmental Health					
Objective # 1	Services	Strive to promote a positive image for the Sampson County Health							
Chjecute // X	Departme	ent and Environmenta	al Health Services in the Co	mmunity					
Baseline Data		activities to promote							
CHA Priority	1								
CHARLITOTAL	10000		Partners						
Activitie		Lead Person	N=new/E=existing	Timeframe					
Maintain Publi		Management		On-going					
Relations Plan for the		Team/Health							
Sampson Coun	ty Health	Educator							
Department									
Request feedba	ack on	Management Team		Annually					
departmental fa	acilities								
and services pr	ovided by		ļ.						
health departm	ent /EH								
customers									
Seek consumer feedback		Management Team		Annually					
on all program	s and								
services provid	led by the								
Sampson Coun	ity Health								
Department/EI	Ι								
Develop mech	anism for	QI/QA		Annually					
analyzing and		Team/Management	-						
responding to	consumer	Team							
feedback.				11					
Revise and upo	date the	Management Team		Annually					
Health departn	nent		Technology						
Website									

Goal 6:	To safeguard life, promote human health and protect the environment through the practice of modern environmental science, the use of technology, rules and public education.							
Objective # 1	program, e Insure high education.	public from food borne ducation and by maintain standard of water qualit environment from pollu	ning a well trained staft y in private wells throu	f. ngh water sampling and				
<b>Baseline Data</b>								
CHA Priority	Addressed	State Mandated Serv						
Activitie	76	Lead Person	Partners N=new/E=existing	Timeframe				
Offer ServSaft to at least 30 m and employees establishments a high food ser standard within county	e training nanagers of food to ensure vice	Environmental Health Supervisor/EH Staff		Ongoing				
Staffing and as will be monitor adjusted to ens 100% compliant inspections.	red and ure the	Environmental Health Supervisor/EH Staff		Ongoing				
Continue to educate stakeholders and community about the state requirement for mandated services		Environmental Health Supervisor/EH Staff	-	Ongoing				
Continue to mo community res HB2 smoking regulations	onitor	Environmental Health Supervisor/EH staff		On-going				
Implement ele recycling Plan		Environmental Health Supervisor		Ongoing				
Implement a N Abatement Pr	/losquito	Environmental Health Supervisor		Ongoing				

#### VII. Next steps:

In order to solicit community input to the Strategic Plan, the plan will be made available on the Sampson County Health Department Website and announced in the local newspaper. Public feedback will be requested.

All health department staff will receive a copy of the strategic plan as an e-mail attachment. Hard copies of the Strategic Plan will be available for public review at the health department or environmental health site.

Recognizing that a strategic plan provides a sense of direction, there is also the need to remain flexible to changing needs, resources and requirements. This plan will be reviewed and updated annually by the health department staff and the Board of Health.

Community Engagement with these efforts is needed and strongly encouraged. If you are interested in the health department initiatives, please contact: Wanda Robinson, Health Department Director- wrobinson@sampsonnc.com

This plan will be posted on the Sampson County Health Department website: www.sampsonnc.com.

# SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE OPERATING PROCEDURES

#### I. Name and Principal Office.

The name of the organization is the Sampson County Health Department Advisory Committee (the "Committee"). The principal office of the Committee is located at 360 County Complex Road, Suite 200, Clinton, North Carolina 28328.

#### II. Membership and Training.

#### A. Membership.

The Committee shall consist of eleven (11) members, whose composition will comply with N.C. Gen. Stat. § 130A-35, as required by N.C. Gen. Stat. § 153A-77(a). With the exception of the member who is also a member of the Sampson County Board of Commissioners, members of the Committee shall serve three (3) year terms and may not serve more than three (3) consecutive terms. The county commissioner serving on the Committee shall serve only so long as he or she is also a member of the Sampson County Board of Commissioners.

#### B. Orientation.

The local health director shall assure that new Committee members receive orientation within one (1) year of their appointment to the Committee. This orientation shall consist of training regarding new members' service on the Committee, including their role on the Committee, the authorities and responsibilities of local boards of health and advisory bodies to local boards of health, and public health functions. Re-appointed Committee members shall not be required to complete repeat orientation unless the content of the orientation has changed since their orientation.

#### C. On-Going Training.

The local health director shall assure that Committee members receive on-going training each calendar year regarding their authorities and responsibilities as they relate to relevant and/or emerging public health topics. The local health director, in consultation with the Committee, shall establish a schedule of on-going training sessions.

#### III. Officers and Committees.

#### A. Chair and Vice-Chair.

The Committee members shall elect a Chair and a Vice-Chair by majority vote each year at the Committee's January regular meeting.

#### B. Secretary.

The local health director shall serve as Secretary to the Committee but is not a member of the Committee. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee or other designee.

#### C. Standing Sub-Committees.

The Committee shall have such standing sub-committees as it shall from time to time constitute. There is currently one (1) standing sub-committee: the Executive Sub-Committee, which is comprised of the Chair, the Vice-Chair, and two (2) other Committee members selected by majority vote of the Committee. All standing sub-committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

#### D. Temporary Sub-Committees.

The Committee may establish and appoint members for temporary sub-committees as needed to carry out the Committee's work. All temporary sub-committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

#### IV. Meetings.

#### A. Regular Meetings.

The Committee shall hold a regular meeting at least quarterly on the third Monday of the month. The meeting shall be held at a predetermined designated location at 7:00 p.m.

#### B. Special Meetings.

The Chair or a majority of the members of the Committee may at any time call a special meeting of the Committee by signing a notice stating the time and place of the meeting and the subjects to be considered. The person(s) who call the meeting shall cause the notice to be posted on the door of the regular meeting place and delivered to the Chair and all other Committee members or left at the usual dwelling place of each member at least 48 hours before the meeting. In addition, notice shall

be provided to individual persons and news media organizations who have requested such notice. Only those items of business specified in the notice may be transacted at a special meeting, unless all members are present or those who are not present have signed a written waiver.

#### C. Emergency Meetings.

If a special meeting is called to deal with an unexpected circumstance that requires immediate consideration by the Committee, the notice requirements for regular and special meetings do not apply. However, the person or persons who call an emergency meeting shall take reasonable action to inform the other members and the public of the meeting. Local news organizations who have requested notice of special meetings shall be notified of such emergency meeting by the same method used to notify Committee members. Only business connected with the emergency may be discussed at the meeting.

#### D. Agenda.

The Secretary to the Committee shall prepare an agenda for each meeting. Any Committee member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two (2) working days before the meeting. For regular meetings, the Board may add items to the agenda 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.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

#### E. Presiding Officer.

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

#### F. Quorum.

A majority of the actual membership of the Committee, excluding vacant seats, 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.

#### G. Voting.

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. A quorum must be present to vote. Electronic voting is allowed in between board meeting, if deem necessary by the Chair and the Secretary.

#### H. Minutes.

The Secretary shall prepare minutes of each Committee meeting. Copies of the minutes shall be made available to each Committee member before the next regular Committee meeting. At each regular meeting, the Committee 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 obtain copies of Committee meeting minutes at Sampson County Health Department.

#### V. Rule-Making Procedures and Other Procedural Matters.

The Committee is advisory in nature and shall have no rule-making authority. Although the Committee may recommend proposed rules to the Board of Health as part of its advisory function, the Board of Health shall be the sole body with the authority to adopt rules. The Committee shall refer to the current edition of *Robert's Rules of Order Newly Revised* ("RONR") to answer procedural questions not addressed in these Operating Procedures so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

#### VI. 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 to the Operating Procedures are discussed and approved, and any amendments to the Operating Procedures must be approved by a majority of the members present at the meeting.

#### VII. Compliance with North Carolina Law.

In conducting its business, the Committee shall comply with all applicable North Carolina law, including, but not limited to, open meetings laws and public records laws. To assist the Committee in compliance, the Secretary shall maintain a current copy of relevant North Carolina General Statutes and make them available to Committee members upon request.

APPROVED AND ADOPTED,  Committee, this the day of Novem	by the Sampson County Health Department Advisory per, 2018.
	JACQUELINE HOWARD, Chair, Sampson County Health Department Advisory Committee
	WANDA ROBINSON, Secretary, Sampson County Health Department Advisory Committee

## SAMPSON DEPARTMENT

Wanda Robinson Complex Road, Suite 200 Health Director 28328



### **COUNTY HEALTH**

360 County

Clinton NC

# Sampson County Health Department Advisory Committee 2019 Meeting Schedule

January 28, 2019
\* 4<sup>th</sup> Monday due to Holiday

March 18, 2019

April 15, 2019
\* Budget Meeting

June 17, 2019

August 19, 2019

October 21, 2019

November 18, 2019

Meetings will begin at 7:00PM
\*Dangerous Dog Appeals scheduled as needed based on request

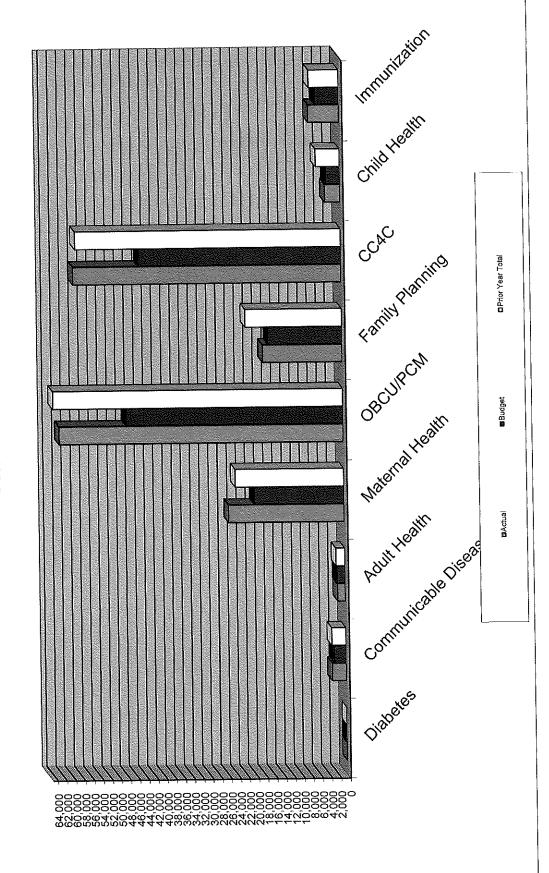
Telephone: 910-592-1131 • www.sampsonnc.com • Fax: 910-299-4977

Activity Summary FY 2018-2019				- 1	1	٥	N	α 11.	a A M	APR	MAY	N	URR YR I	CURR YR PRIOR YR CURR YR TOTAL TOTAL AVERAGE	CURR YR AVERAGE	Гас Ш∫
	NON	JUL	AUG	SEP	20	7	2		1		1					
													47	130	16	0
TB - CDC - DOT's		7	4	∞	4								284	844	95	70
STD Visits		85	74	32	93								7	126	17	_
TB Vieits		7	17	10	13								5	-	_	_
		C	0	0	0								י כ	7	, (	, c
EP VISITS		· c	, ,	· C	Ç.								Ω	77	<b>V</b>	7 (
Health Promotion - Classes		> 0	4 (	7	י כ								9	12	. 4	7
Health Promotion - Health Fairs		<b>o</b> (	7 (	- ,	o (								24	77	w	00
Health Promotion - Activities		တ	∞	. •	ופ								18	48	•	9
BCCCP - Visits	7	4	4	က	S.								- 2	24	•	_
Wisewoman - Visits	2	0	0	0	0								520	1.474	17.	<u></u>
Adult Health - Clinic Visits		142	138		169								941	3,060	31,	4
Immunizations		193	194	165	389								009	2 441	233	<u> </u>
Mafernal Health - Clinic Visits		198	211		174								150	43	7,	S.
Maternal Health - PostNatal Home Visits		9	9	7	7								787	7.430	75	ç
Maternal Health - OBCM/PCM Caseload		113	118		109								1. t.	1,919	171	
Family Planning - Clinic Visits		151	167		93								7 032	21.967	2.34	4
WIC Participation		1,710	1,803	<del>-</del>	1,617								1 78.	2 081	21	
CC4C Caseload		180	158	_	158								2 6		2	
Child Health - Clinic Visits		23	S.		<u>ჯ</u>								2 4			2
Child Health - Newborn Home Visits		9	ဖ		7								5 6	76		9
Diabetes - Visits		თ	4		ന								<u>.</u> "		1	<del>-</del>
Diabetes - Classes		0	က	0	0								10	78		က
Diabetes - Participants		0	10		0								C			0
Diabetes - MNT - Nutrition		0	0		0								0			
Environmental Health:													147		4	49
Food & Lodging - Inspections		24	<del>\$</del>	32									197	505	U	99
Food & Lodging - Visits		38	49		4								19			ဖ
Food & Lodging - Consultations		4	Q										214	722		71
Sewage - Permits		53											281			94
Sewage - Site Visits		63	_										8			31
Sewage - Sites Evaluated		16			4 6								8	252		28
Sewage - Consultative Contacts		29											134			45
Water - Visits		40											100	371	•	33
Water - Samples Collected		37											8			<u>e</u>
Well Permits Issued		12														

MEDICAID REVENUES NOT INCLUDING COST ANALYSIS 2018-2019

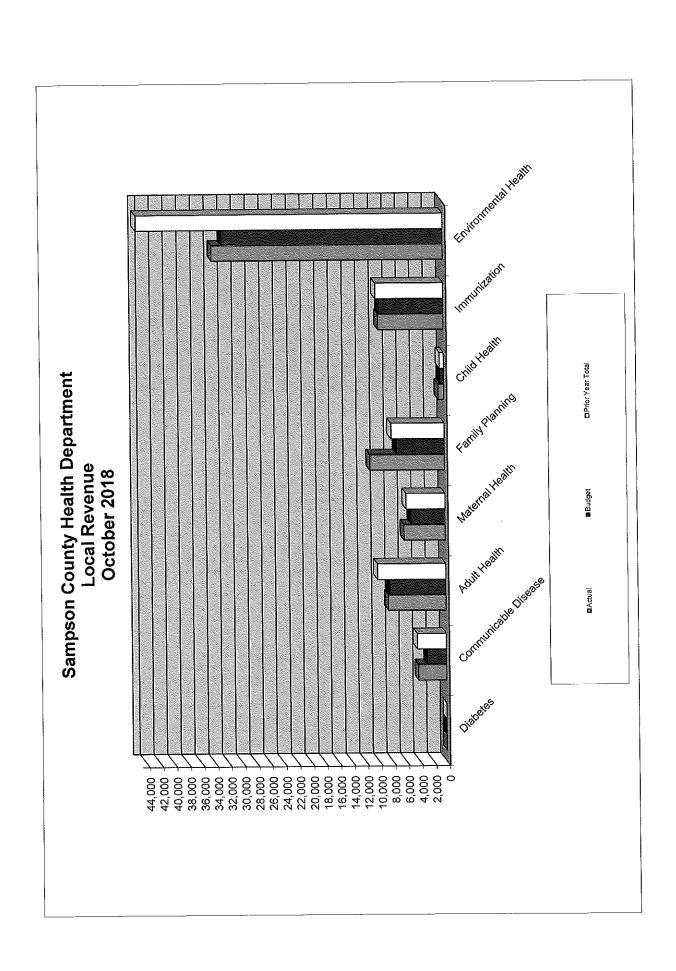
TOTAL	35,408 54,134 37,587 51,538 0 0 0 0	178,667	106,589	46,907	187,626	(8,959)	(115,548)
IMMUNIZATION	644 3,141 1,230 1,763	6,777	12,921	1,780	7,118	(341)	(13,262)
CHILD HEALTH	304 1,781 555 759	3,400	10,331	1,042	4,169	(20)	(11,100)
FAMILY CARE COORD PLANNING FOR CHILDREN	14,756 14,674 14,606	58,683	0	14,778	59,113	(431)	(431)
FAMILY (	1,636 7,452 3,105 5,312	17,505	24,866	5,432	21,729	(4,224)	(29,090)
OBCM	15,897 15,634 15,455 15,148	62,134	0	15,829	63,317	(1,183)	(1,183)
MATERNAL HEALTH	1,598 10,197 1,641 11,969	25,405	47,837	6,584	26,338	(633)	(48,770)
ADULT HEALTH	136 610 472 459	1,677	3,504	596	2,383	(706)	(4,210)
COMM	438 645 481 1,522	3,086	7,130	865	3,459	(373)	(7,503)
COMM DIABETES DISEASE		0	0	0	0	0	0
	JULY AUG SEPT OCT NOV DEC JAN FEB MAR APR	TOTAL	Cost settlemnt amn	BUDGETED MO.	YTD BUDGET	YTD DIFF.	YTD DIFF. including
	JULY AUG SEP OCT JAN JAN FEB MAF MAF	TOT	SoS	BUE	YTC	Ϋ́	Ϋ́

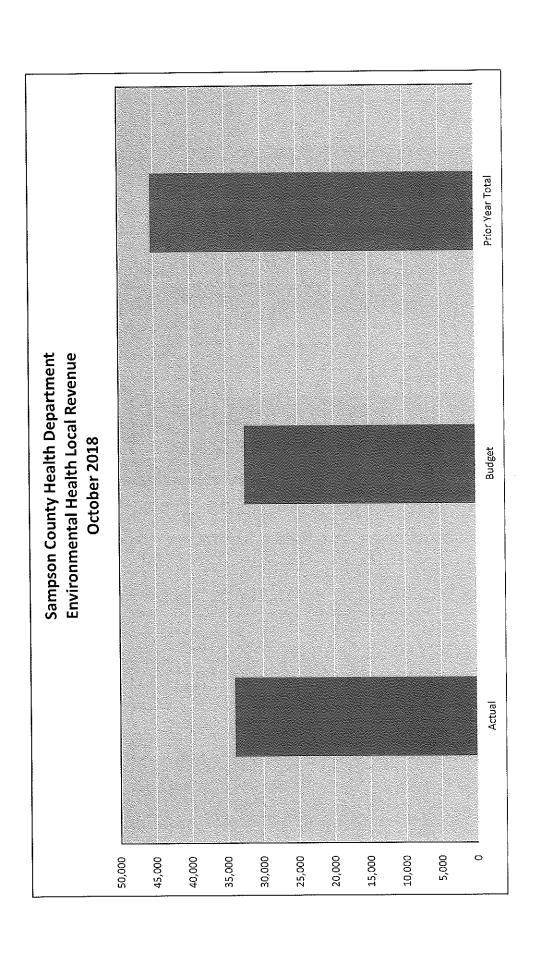
# Sampson County Health Department Medicaid Revenue October 2018



# SAMPSON COUNTY HEALTH DEPARTMENT LOCAL REVENUES 2018-2019

AL TOTAL	5 13,755 0 24,022 0 10,297 0 26,332 0 0 0 0	5 74,406	2 21,970	60 87,882	(13,476)
ENVIRONMENTAL HEALTH	8,115 10,810 2,210 12,790	33,925	10,812	43,250	(9,325)
IMM	1,605 2,076 1,691 4,323	969'6	3,180	12,718	(3,022)
CHILD HEALTH	134 0 0 0	863	186	743	119
FAMILY PLANNING	1, 165 4, 790 1,679 3,446	11,080	2,383	9,532	1,548
MATERNAL HEALTH	879 1,631 1,178 2,426	6,114	1,693	6,773	(629)
ADULT HEALTH	803 2,978 2,469 2,300	8,550	2,770	11,078	(2,528)
COMM	1053 1641 437 1047	4,178	947	3,787	390
DIABETES		0	0	0	0
	JULY AUG SEPT OCT NOV DEC JAN FEB MAR APR	YTD RECEIPTS	BUDGETED MO.	YTD BUDGET	YTD DIFF





### SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson Health Director



360 County Complex Road, Suite 200 Clinton NC 28328

#### **MEMORANDUM**

TO:

Ed Causey, County Manager

FROM:

Wanda Robinson, RN, Health Director (2)

DATE:

November 19, 2018

SUBJECT:

Term Ending - Board of Health Members

This is being submitted to request appointments to the Board of Health.

The following Board of Health members will soon be ending their first or second terms on the board. The members listed below are eligible to serve another three year term.

Dr. Jeffrey Bell - Dentist 1st term ending 12/2018 Dr. Elizabeth Bryan – Physician 2<sup>nd</sup> term ending 12/2018 Charlotte Harrell – Pharmacist 1st term ending 12/2018 Linda Heath - Nurse 1st term ending 12/2018 Harry Parker – Commissioner 1st term ending 12/2018

Please call me if you have any questions concerning this matter.

Telephone: 910-592-1131 • www.sampsonnc.com • Fax: 910-299-4977