

**BOARD OF HEALTH  
STOKES COUNTY GOVERNMENT  
DANBURY, NORTH CAROLINA  
MONDAY OCTOBER 15, 2018**

The Board of Health of the County of Stokes, State of North Carolina, met for a meeting at the Stokes County Health Department Conference Room located in Danbury, North Carolina on Monday, October 15, 2018 at 3:00 pm with the following members present:

Chairman Ronnie Mendenhall  
Vice Chairman Jimmy Walker  
Board Member James D. Booth  
Board Member Ronda Jones  
Board Member Ernest Lankford

**County Personnel in Attendance:**  
County Manager Jake M. Oakley  
Clerk to the Board Shannon Shaver  
Interim Health Director Tammy Martin  
Administrative Assistant Wanda East

Chairman Mendenhall called the meeting to order and welcomed those in attendance.

## INVOCATION

Chairman Mendenhall delivered the invocation.

## PLEDGE OF ALLEGIANCE

Chairman Mendenhall invited those in attendance to join the Board in the Pledge of Allegiance.

## APPROVAL OF AGENDA

Chairman Mendenhall entertained a motion to amend the October 15<sup>th</sup> Agenda.

Board Member Jones moved to approve the October 15<sup>th</sup> Agenda.

Board Member Lankford seconded the motion.

Chairman Mendenhall opened the floor for discussion.

With no further discussion the October 15<sup>th</sup> Agenda was approved unanimously.

## **PUBLIC COMMENTS**

Chairman Mendenhall noted there were no individuals signed up for public comments.

## **OLD BUSINESS / ACTION**

1. Approval of the minutes from the Board of Health meeting on September 17, 2018.

Commissioner Lankford motioned to approve the minutes from the Board of Health meeting on September 17, 2018.

Commissioner Jones seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion the motion carried unanimously.

2. Plans and Policies

Interim Health Director Tammy Martin presented the following plans and policies at the September 17<sup>th</sup> meeting for the Board to review for approval at the next meeting.

Administrative Assistant Wanda East noted that parts of the policies and plans were completed by the previous Health Director and there will be changes made to these the next time they are updated. For example, the salary study request and physician recruiter request will be removed.

### **Strategic Plan**

#### **Stokes County Health Department/Family Health Center Strategic Plan January 2018**

#### **Mission Statement**

To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

## **Vision Statement**

Partnering with other health care providers, community agencies and the citizens of Stokes County to achieve a healthier community.

## **Values**

- Excellence: Commitment to the highest quality health services through education, competence, and doing the right thing at the right time for the client.
- Credibility: Action based on honesty and fairness.
- Integrity: Commitment to the highest ethical and professional standards.
- Dependability: Commitment to meet deadlines and standards.
- Communication: Exchange of information and ideas to create mutual understandings among our partners, staff, and citizens.

## **Public Health Core Functions**

The Stokes Health Department/Family Health Center works to ensure that the core functions of the 10 Essential Public Health Services are carried out to fulfill the mission of public health within Stokes County. The 10 Essential Public Health Services are:

- Monitor health
- Diagnose and investigate
- Information, educate and empowerment
- Mobilize community partnerships
- Develop policies
- Enforcement of public health law
- Link people to provider care
- Assure competent workforce
- Evaluate
- Research

## **I. Community Health Assessment (CHA)/State of the County Health Report (SOTCH)**

The community health assessment is conducted on a four-year cycle and the Stokes County Health Department compiled the results of the comprehensive research in the most recent CHA in 2016. The Stokes County Community Health Assessment Committee, after reviewing the data from the 2016 CHA Community survey, decided to choose the following three health priorities:

- Substance Abuse
- Mental Health
- Chronic Disease

**The latest version of the SOTCH in 2017 identified the following major causes of death in Stokes County. Four out of five issues fall into the category of “Chronic Disease”.**

- Cancer
- Heart Disease
- Cerebrovascular Disease
- Chronic Lower Respiratory Diseases
- All other unintentional injuries

**Through a collaborative effort with many agencies and partners, all of the above issues are still being addressed. Listed below are examples of how the Stokes County Health Department has collaborated with other agencies to make strides in combating priority conditions from the latest versions of the CHA and SOTCH.**

**II. Health Department and Collaborative efforts addressing current health issues:**

**Ongoing Collaboration:**

- **Cardinal Innovations** supports the county’s mental health efforts through various avenues. At the Health Department, a counselor is in attendance on-site in the clinic every other Tuesday to provide mental health evaluations through **Daymark** and also connects people to necessary resources such as housing, job opportunities, and food.
- **Cardinal Innovations Crisis Intervention Team** provides on-site emergency counseling services to people who in emergency mental health situations.
- **Cardinal Innovations**, as a part of the **Stokes County Stakeholders/Stokes Community Partners** have agreed to fully fund a **MedAssist event** in May 2019 after stakeholder input and encouragement. This event will dispense over-the-counter medication for free, hoping to draw large crowds, at which time various agencies including the Health Department will dispense medication lock boxes and information to people about the Opioid Epidemic.
- Other Stokes County groups including **Insight Human Services** and **Youth Haven** participate in providing mental health services to county citizens. Youth Haven, for example, has started to offer counseling for adults as well as youth.
- The county has started to implement the **211 service**, a telephone service that connects citizens to resources including mental health, jobs, transportation, food, housing, etc.
- The Stokes County rate for smoking during pregnancy shows Stokes County rate at 18.4% of women smoking during pregnancy, where NC’s rate is 10.2%. Smoking during pregnancy is a concern for Stokes County since the 2011 and 2015 statistics are well above the state average. Smoking during pregnancy is addressed with each client when their test results return positive for a pregnancy. Even though Stokes County Health Department does not have a prenatal program at this time, individuals who test positive for a pregnancy are given information concerning the dangers of smoking, tobacco use, and secondhand smoke during pregnancies. In addition, as these individuals seek a provider for prenatal services, some individuals would be referred back into the **Stokes County Pregnancy Care Management Programs**. Currently Stokes County Health Department is working with the **Wake Forest Baptist Hospital** to provide a prenatal clinic at the Health Department. The prenatal clinic has been very successful and has increased the number of patients we see for our Child Health Program as well. Our

prenatal clinic is open to see patients every Tuesday, with rotating physicians. This necessary service costs us \$75,000 to provide. We also have an agreement with the **Wake Forest PA Program**; WFBU sends the health department on average one PA student per month to shadow our PA Mara Fortin. Many students state this is their favorite rotation and we have collected several CVs and hope to retain a student after graduation in May.

- Stokes county has a long history of having one of the highest percentage rates for suicides in North Carolina. The 2016 CHA shows the most recent percentage shows Stokes county at 18.4% compared to the 12.7% for NC. Suicide Prevention and Mental Health issues are being addressed through a collaborative effort with the **Stokes Health Alliance Committee, Stokes County Schools**, and Cardinal Innovations.
- Youth Tobacco Use is being addressed through a collaborative effort with the Stokes Health Alliance Committee and **Stokes County Tobacco Coalition**. Stokes Health Alliance has appropriated grant money to the Health Department which will be spent on informational brochures and signage for schools that designates them as “smoke and vape free” areas.
- Stokes suffers greatly from the lack of dentists as well as medical providers. The number of patients per dentist in Stokes County stands 6,685/per dentist compared to 2,292 compared to NC. Now include the number of dentist that do not accept Medicaid for dental care in Stokes County compounds the problem even worse. Youth Dental Care is currently being addressed by the **Stokes County Healthy Carolinians** and the Stokes County Health Alliance. Stokes County Healthy Carolinians provides emergency funds for emergency dental services up to \$300.

## **II. 2017 SOTCH Report**

Based on the 2017 SOTCH Report, the current trends and concerns are listed below and the rates of death compared to North Carolina:

<b>Rank</b>	<b>Cause</b>	<b>Number</b>	<b>%</b>
1	Cancer	115	21.1
2	Diseases of heart	103	18.9
3	Cerebrovascular diseases	47	8.6
4	Chronic lower respiratory diseases	39	7.2
5	All other unintentional injuries	27	5.0
6	Alzheimer’s disease	19	3.5
7	Influenza/pneumonia	18	3.3
8	Intentional self-harm (suicide)	15	2.8

9	Diabetes mellitus	12	2.2
10	Motor vehicle injuries	11	2.0
	All other causes (Residual)	138	25.4
	<b>Total Deaths – All Causes</b>	544	100.0

### **III. Top 3 Strategic Priorities for 2018**

The priorities listed in this Strategic Plan were compiled from a Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis of all departments done by the Health Director.

Although many health issues exist within Stokes County, there are many agencies and collaborative efforts (as noted above) working on these issues that were identified in the 2016 CHA and 2017 SOTCH Report.

### **2018 Strategic Goals**

#### **Problem 1**

**Staffing turnover and unfilled provider position:** Historically it is hard to recruit new nurses and other professional positions with the health department. Pay always has been and continues to be a big problem in recruiting nurses for all areas of the health department. There has been a vacancy for a mid-level provider for 3+ years now. Salaries across the board are just not competitive with neighboring counties, and especially not competitive with the private industry.

Tenured employees are at risk of seeking higher paying employment. To retain tenured employees and not be a “training ground”, Stokes County must offer competitive salaries. This is the #1 Health Department issue again, as it was in 2017. For reference, 2017 objectives are in [Blue](#), and 2018 objectives are in [Red](#).

Goals to be completed by	Activity	Responsibility /Collaborative partners	Actions/Outcomes
<a href="#">Dec 2018</a>	<a href="#">Strongly advocate for salary study. Do own independent salary study and present to BOH</a>	<a href="#">Health Director</a>	<a href="#">Salary study done on county employees, resulting in increased pay and retention</a>

Completed 2017	Support salary study that has funding allocated from the BOCC	Human Services Advisory Committee	Support letter to the BOCC from HSAC
	<p>Conduct SWOT to see what departmental deficiencies exist in addition to pay</p> <p>Enlist help of physician recruiter and recruiting agency to assist in soliciting for open midlevel position</p>	<p>Health Director, Management team</p> <p>Swordfish Recruiting agency, Physician recruiter Jennifer Hunter</p>	<p>Ability to gauge likelihood of management team to seek higher paying employment, and use this as a tool to advocate for more competitive salaries</p> <p>Reached out to NP and PA programs across NC, participated in PA recruiting event at Wake Forest</p>

## Problem 2

**Lack of Comprehensive HIPAA Policy: HIPAA Policy is currently two pages long and does not address arrangements with other entities, within the county or otherwise. According to the UNC School of Government, not having a comprehensive policy in place could be a liability if a breach were to occur.**

Goals to be completed by	Activity	Responsibility /Collaborative partners	Actions/Outcomes
Sept. 2018	Create HIPAA Policy that addresses health department as a whole and also create BAA (business associate agreements) with other	Health Director HIPAA Officer	Greater staff awareness of HIPAA regulations and protocol for agencies we interact with.

	<p>county and external agencies. Present at a staff meeting.</p> <p>Create breach procedures</p>		<p>Breach procedures currently are not in place, leaving us liable in the event of a breach.</p>
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### Problem 3

**Medicaid transformation is impending: July 2019, Medicaid will shift into managed care, meaning instead of billing one entity, there will be several (5+). In addition, there will be several sets of deliverables, one for each MCO (managed care organization). This will quite possibly increase the administrative and billing work load on an already small billing staff. One out of two billing staff is relatively new and one is able to retire effective summer 2019. In addition to Medicaid transformation, the county recently started Debt Setoff, increasing the workload of billing staff. Other staff may be impacted, like those funded through CCNC “the Network”.**

Goals to be completed by	Activity	Responsibility /Collaborative partners	Actions/Outcomes
August 2018	Enlist help of CCNC Practice Transformation to	<b>Health Director</b> <b>Admin Officer</b>	



	audit and give recommendations to staff on clinic flow	<b>Nursing Supervisor</b> <b>Clinic Staff</b> <b>CCNC Staff</b>	
October 2018	Familiarize new billing staff member with current billing best practices by sending to adjacent counties for training.  Sign contracts with providers through CAQH	<b>Admin Officer</b> <b>Billing Staff</b>	Ensure billing department has strong foundation on which to build  When Medicaid transforms, health department will already be grandfathered in to strong contracts
October 2018	Assess the need to hire a new, trained billing staff member	Admin Officer Health Director	Prepare billing department for additional responsibilities and administrative burden

**Goals and Objectives Derived from Health Status Data:**

**Health Status Data: Problem #1**

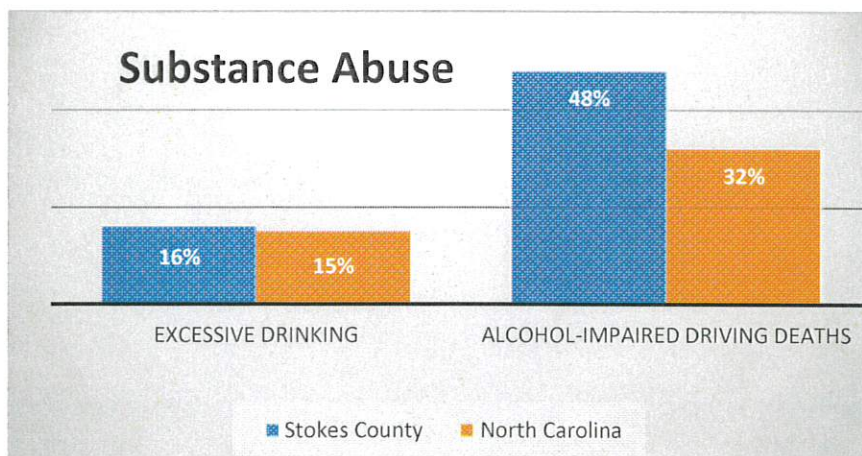
**Substance Abuse issues including Opioids and Alcohol:** Opioid use and accidental overdose by substance abuse has caused a strain on the Stokes County community. According to NC Data Card compiled by NC Child, Stokes County averages 18.6 out of 1,000 children in foster care. Much of this statistic is due to the strain of substance abuse.

<b>County</b>	<b>Children in Foster care per 1,000</b>
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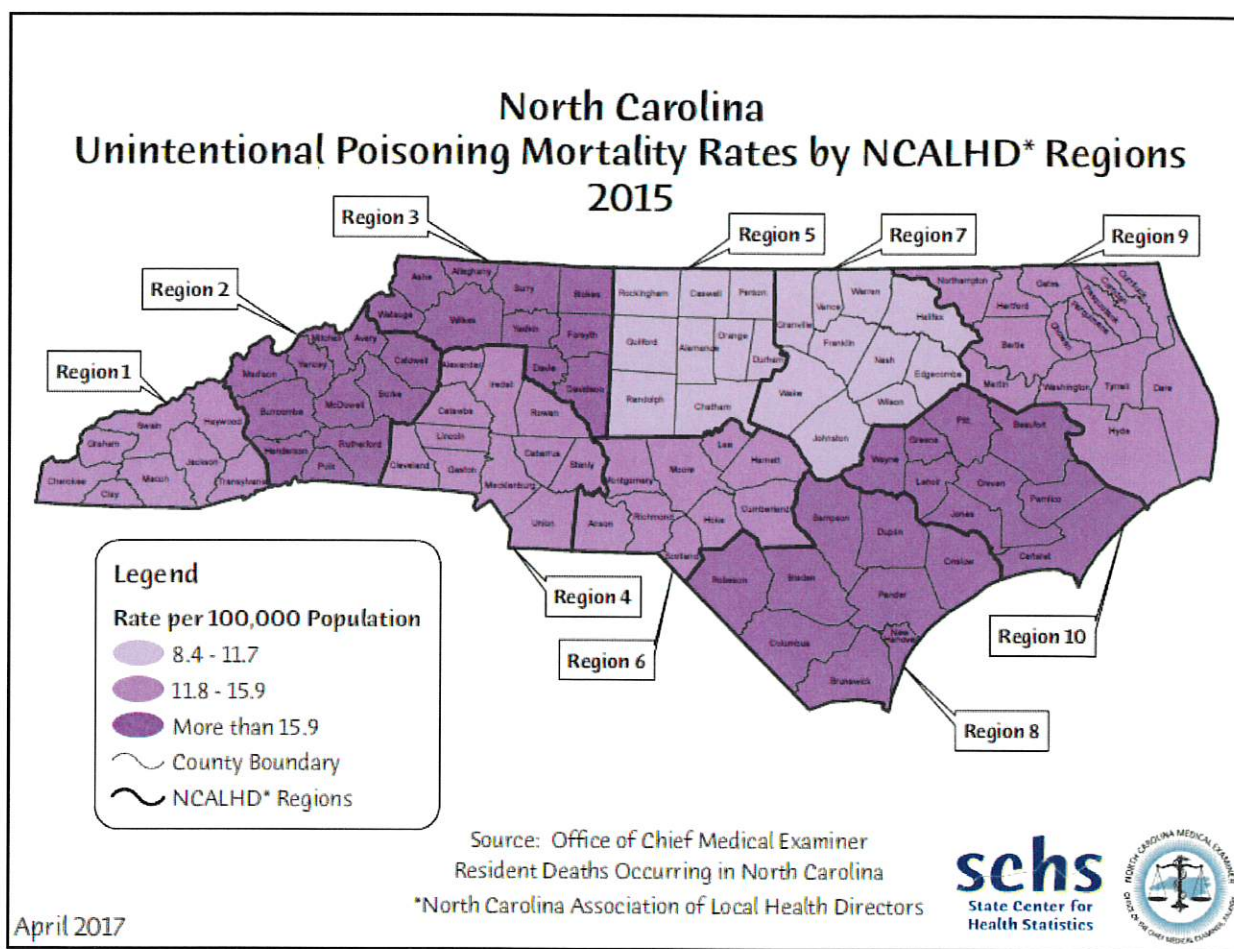
Stokes	18.6
Forsyth	3
Surry	8.1
Davie	8.8
Rockingham	13.7
Guilford	6.1
North Carolina	7.1

**\*Chart: Children in Foster care per 1,000 in North Carolina Counties and as a Whole**

The 2017 SOTCH evidence from the State Center for Health Statistics shows a large discrepancy between alcohol impaired driving deaths in Stokes County (48%) vs North Carolina as a whole (32%). The Health Department used Maintenance of Effort money to purchase the following items to raise awareness for alcohol impaired driving deaths:



- Alcohol Banners displaying different beverages and their respective alcoholic content, to be displayed on a rotating basis at health fairs
- Alcohol simulation kit including alcohol goggles to be used at schools



**Above: DHHS Releases Interactive Map on Social Determinants of Health in April 2018. Pictured is Map of Unintentional Deaths from most recent data (2015) from SCHS.**

[www.schs.state.nc.us/data/hsa](http://www.schs.state.nc.us/data/hsa)

Goal: Decrease morbidity and mortality of substance abuse.

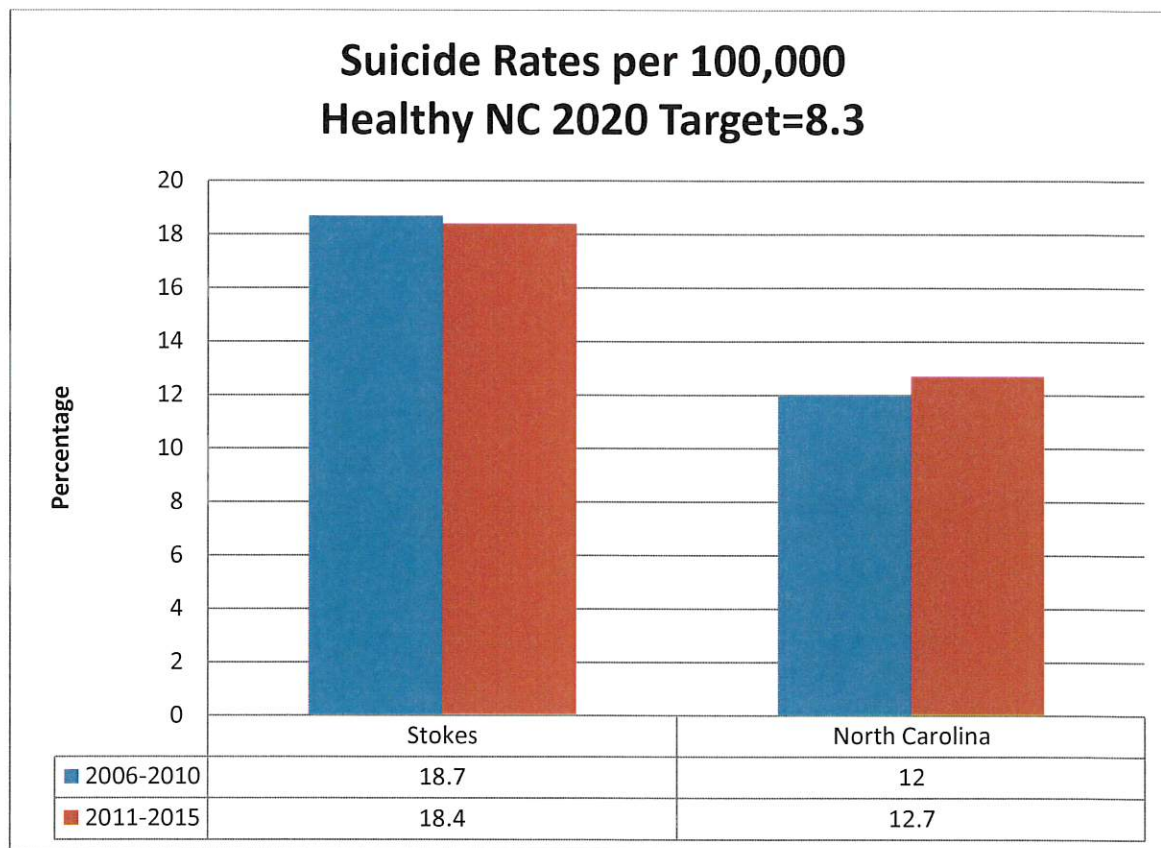
Tactics: Naloxone purchased and carried by emergency responders, County participating in “lock your meds” campaign including distributing medication lock boxes at community events (including MedAssist Event) and at the Health Department. Educational material distributed by the Health Department including the purchase of an alcohol simulation to be used in the schools. -Health Dept. staff are trained in safe prescribing and use the CSRS – Controlled Substance Registration System.

-The Stokes County commissioners have also entered into a lawsuit (along with many other NC counties) against several drug manufacturers, alleging the companies engaged in “false, deceptive, and unfair marketing and/or unlawful diversion of prescription opioids.” Among the drug companies in the suit include Cardinal Health, McKesson, Johnson & Johnson, and Janssen Pharmaceuticals (stokesnews.com).

Health Status Data: Problem #2

Mental Health and Suicide Awareness: The following chart displays the age adjusted suicide death rate per 100,000 people for Stokes County and North Carolina. Stokes County has a higher rate of 18.4 deaths related to suicide compared to 12.7 for NC as a whole.



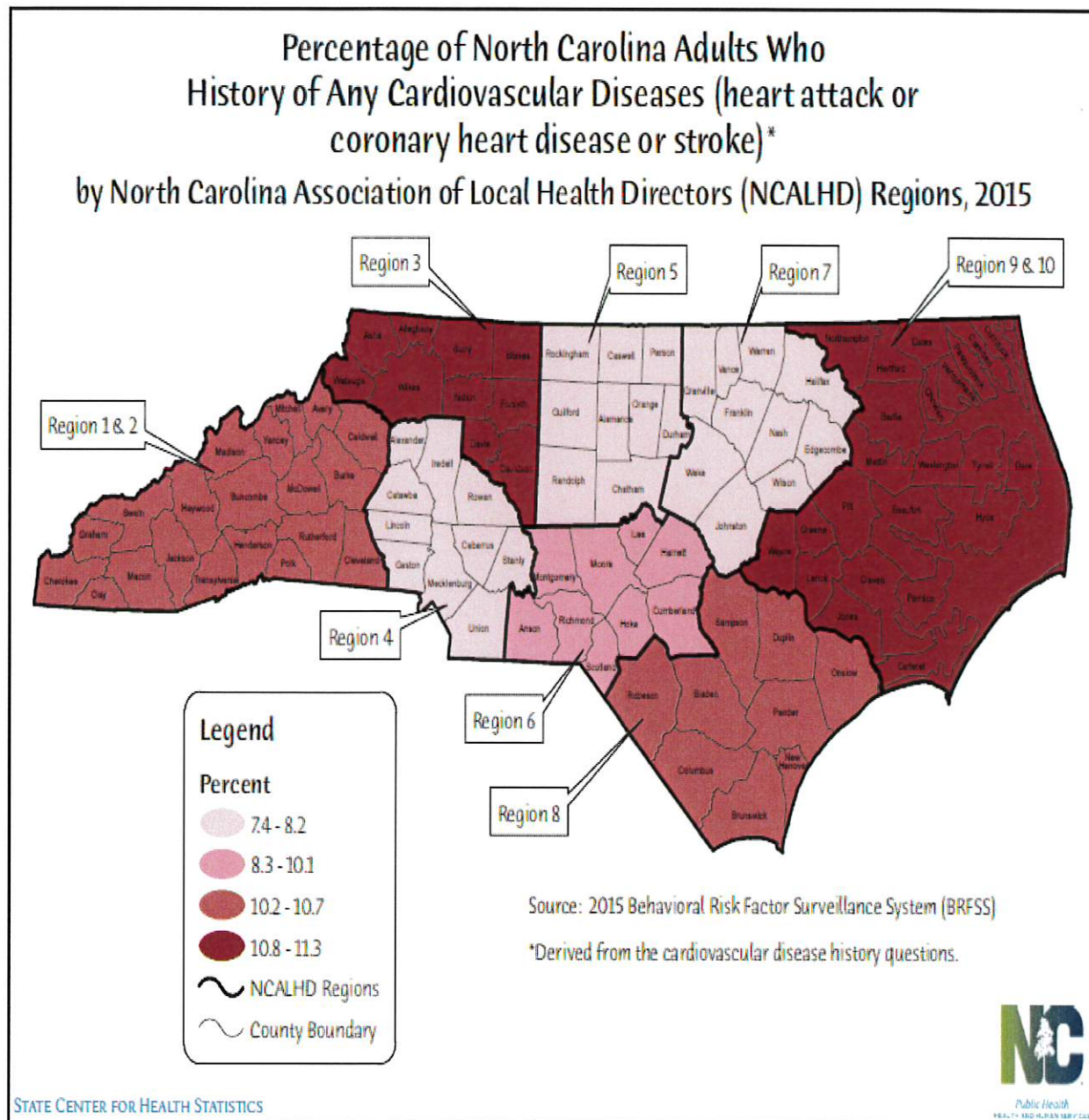


Goal: Decrease suicide rate and raise awareness. Work to minimize the stigma that is associated with mental illness.

Tactics: The Department of Social Services in Stokes County houses a position that serves as a link to refer people to treatment and other resources (Wanda Pearman). Health Department will refer to her. Daymark does evaluations at the HD every other Tuesday, and several community groups have outpatient therapy or will connect to resources including the 211 information line. -Community member Mary Lee started the Sid Lee Memorial Mental Health Association after her adult son committed suicide in December 2017. This grass-roots nonprofit group has members from many disciplines dedicated to suicide awareness and mental health issues.

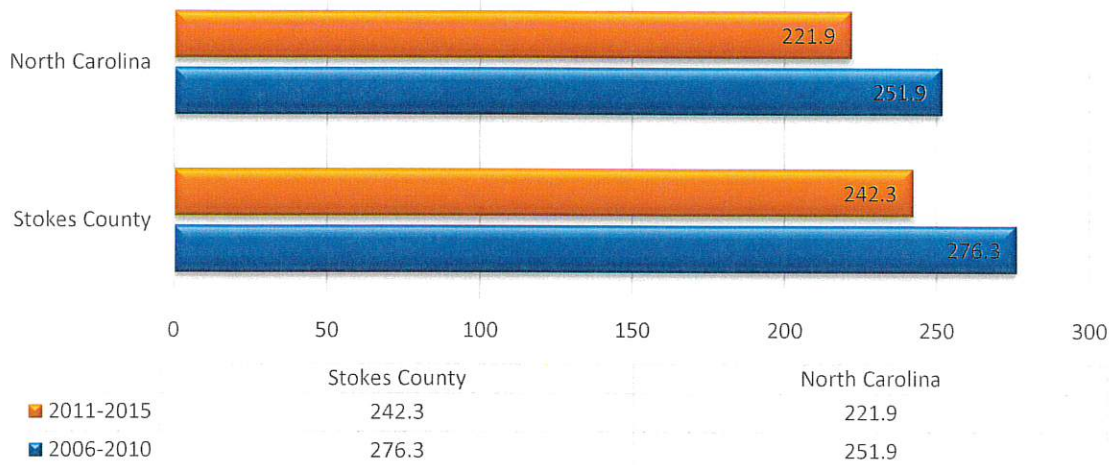
#### Health Status Data: Problem #3

Chronic Disease Morbidity and Mortality: Stokes County has Lung Cancer death rates that surpass the North Carolina average, as well as Cardiovascular Disease rates. These charts are just a couple of examples of chronic disease health outcomes that are influenced by diet and lifestyle.

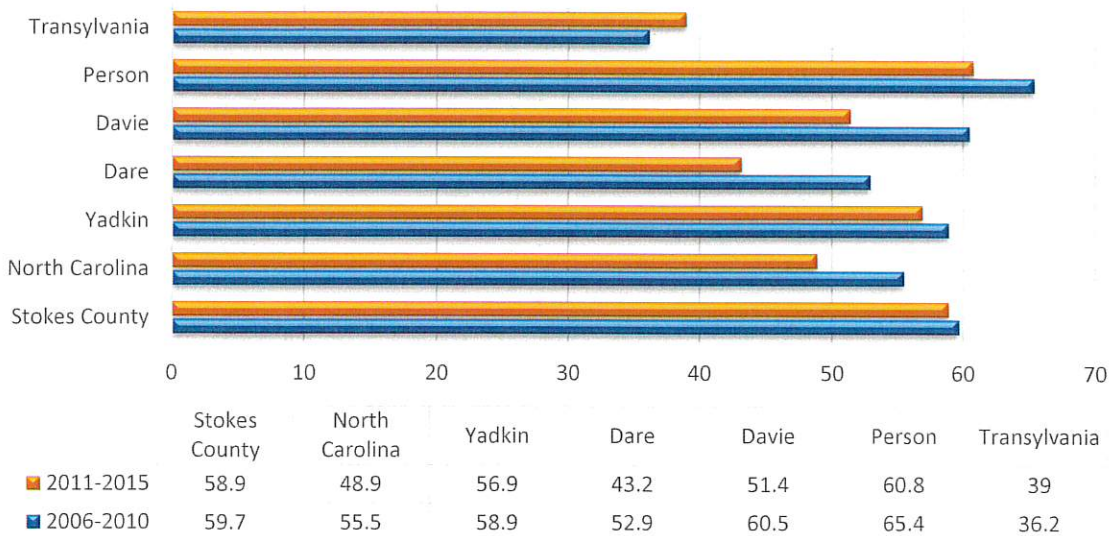


Above: DHHS Releases Interactive Map on Social Determinants of Health April 2018.  
Pictured is Map of Cardiovascular Disease from most recent data (2015) from SCHS.  
[www.schs.state.nc.us/data/hsa](http://www.schs.state.nc.us/data/hsa)

## Cardiovascular Disease Death Rates



## Lung Cancer Death Rates



Goals: To encourage healthy living, active lifestyles, and nutritious diets to help citizens decrease their risk of preventable chronic disease. Create opportunities for education about smoking cessation in every demographic.



Tactics: The NCALHD Region 3 received funding for Youth Tobacco Cessation this FY 2018. This money was to be used for education to discourage youth tobacco use. It was spent on signage to be posted at each of Stokes County's Schools informing people that the school is a Tobacco and Vape free area.

-The Health Department also intends to support any project that will create access to healthy living for citizens, including a new recreation center.

-This year, the WIC Program "rolled out" a statewide e-WIC program which we predict will increase the participation in the WIC program, which promotes healthy eating in pregnant women and young children. The e-WIC program replaces paper vouchers with a debit-style card that connects to a phone App, enabling more tech-savvy users to keep up with their benefits.

-BrennerFit Program will be a telemedicine program held at the Health Department focusing on childhood obesity.

**The Stokes County Health Department Management Team will review the strategic plan yearly. All updates, modification and changes will be approved by the Stokes County Board of County Commissioners and Human Services Advisory Committee.**


Commissioner Booth motioned to approve the Strategic Plan presented at the September 17, 2018 Board of Health meeting.

Commissioner Jones seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion the motion carried unanimously.

### **Stokes County Health Department Policy and Procedure**

Manual: <b>Administrative</b>	
Title: <b>Strategic Planning</b>	
Chapter:	Revised date: 9/2015, 9/2018
Distributed to: All Staff	
Effective Date: 4/2012	
Review Date: 4/13, 5/14, 4/15, 9/15, 11/16, 8/17, 7/18, 9/18	Health Director: 

**Purpose:** To bring focus and direction to the work of the agency; to define the components of the strategic plan; to identify and address specific needs of the community and of the agency

**Policy:** Strategic Planning is essential for an organization to function effectively and efficiently. The strategic plan will have elements that address both the needs of the community, identified in the Community Health Assessment and State of the County's Health report, as well as the needs

for the operation of the agency obtained from staff and supervisors through the annual program review process. The Strategic Plan will define goals, set timelines, identify strategies, and assign responsibilities. The Plan will be practical and achievable.

**Procedure:**

The specific components required for inclusion are listed below and all will be present in the strategic plan:

- includes a review and analysis of factors influencing the health department's ability to improve the community's health
- uses local health status data and information to set goals and objectives,
- uses community input where applicable,
- states desired outcomes for each element,
- sets priorities, and
- Uses community collaborations to implement activities.

The management team with the direction of the Health Director will meet at least annually to review the current strategic plan. Quality improvement measures will be implemented to identify priorities for the current year and to develop a plan of action for implementation of the current year's goals and objectives.

As the strategic plan is being reviewed and revised the agency will include, community input from citizens, stakeholders, and BOCC (Board of County Commissioners).

**Definitions:**

Strategic Plan: A broadly defined plan aimed at creating a desired Future

SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Goals: An observable and measurable end result

Objective: An end that can be reasonably achieved and within an expected time frame

Desired Outcome: The intended impact of meeting the goals and objectives included in the strategic plan.

Community Input: Verbal and written comments, responses and opinions gathered from community members through a variety of methods, including surveys done as a part of the CHA process, community surveys regarding the agency's services and public comment as part of BOCC meetings and public forum.



BOCC: Board of County Commissioners

1. As data is being collected the CHA team will share of the CHA and SOTCH report results that are being obtained with the BOCC to include them in the development of goals, objectives, for community health improvement. The BOCC encourages and provides community input through an opportunity for their public comments which may be addressed at a BOCC meeting by individual correspondence, survey, or questionnaire.

Priorities of the agency: Goals identified by the strategic planning team to have an established right to a certain higher degree of importance or precedence over other goals

Community Collaborations: Partnerships between the agency or agency members representing the agency and community members or agency designed to effectively meet shared goals, or to further shared missions in regard to the health of the community.

**Applicable Law, Rules and References:** See Accreditation Requirements

**Responsible Person(s):** Healthy Carolinians staff, Management Team members, Health Director

Commissioner Jones motioned to approve the Strategic Plan Policy and Procedure presented at the September 17, 2018 Board of Health meeting.

Commissioner Booth seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion the motion carried unanimously.

### Stokes County Health Department Workforce Development Plan

Manual: <b>Administrative Policy Manual</b>	
Title: Workforce Development Plan	
Chapter:	Revised date: May 1 2018
Distributed to: <b>BOH</b>	
Effective Date: February 2012	
Review Date: 2/13, 2/14, 2/15, 2/16, 2/17, 2/18	Health Director: Emily D Naylor MSEH REHS

## INTRODUCTION

Stokes County was founded in 1789 and is a member of the regional Northwest Piedmont Council of Governments. County government is made up of 5 Elected County Commissioners with an appointed County Manager and appointed Tax Administrator. Other elected officials are the Sheriff,

Clerk of Court, and Register of Deeds. School Board Members are elected to a 5-member board that appoint a Superintendent and present the budget to County Commissioners for approval.

The Health Department is a department within the County Government System. There are nine major divisions (Executive, Clinical Services, Environmental Health, Health Administration, Home Health, CC4C/PCM, WIC and Health Education & Emergency Preparedness) within the department and those together employ personnel totaling 33 FTEs who deliver multiple public health programs and services to the citizens of Stokes County. There are two facilities from where team members work to serve the public: Danbury and King.

According to the U. S. Census Bureau the county has a total area of 456 square miles (1,181 km<sup>2</sup>), of which, 452 square miles (1,170 km<sup>2</sup>) of it is land and 4 square miles (10 km<sup>2</sup>) of it (0.89%) is water. The county lies within the Piedmont region of western North Carolina, and most of the terrain consists of gently rolling countryside. However, the Sauratown Mountains run across the center of the county. The Sauras are named after the Saura Native American tribe which lived in the county before European settlement. A chain of jagged ridges, the Sauratown Mountains are an isolated remnant of the Blue Ridge Mountains far to the west. Although the Sauratown Mountains occupy only 5% of Stokes County, they dominate the scenery from almost any direction, abruptly rising from 800 to 1,700 feet (520 m) above the surrounding terrain. Moore's Knob, the highest point in the chain, rises to 2,579 feet (786 m). Most of the county is less than 1,000 feet (300 m) above sea level. The Dan River runs from the Northwest Corner to the Southeastern section of Stokes County (Covering over 56 Miles of River Recreation). Stokes County home to Hanging Rock State Park and also has the mass majority of Belews Lake (located in the southeast corner).

### **Mission, Vision & Goals**

#### **Mission:**

To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

#### **Vision:**

- Partnering with the public to achieve a healthier community.

#### **Core Values:**

- **Excellence:** Commitment to the highest quality public health services.
- **Credibility:** Action based on honesty.
- **Integrity:** Commitment to the highest ethical and professional standards.
- **Dependability:** Commitment to meet deadlines and standards.
- **Communication:** Exchange of information and ideas to create mutual understanding.

### **Stokes County Demographics**

Population Trend	2010	2017	Percent change
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			<b>2010- 2017</b>
<b>Population</b>	<b>47,407</b>	<b>46,097</b>	<b>-3.6%</b>

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
<b>Female</b>	<b>23,417</b>	<b>50.8</b>
<b>Male</b>	<b>22,679</b>	<b>49.2</b>
<b>Race</b>	<b>Number</b>	<b>Percent</b>
<b>White alone</b>		<b>93.7</b>
<b>Black or African American alone</b>		<b>4.2</b>
<b>Hispanic of any race</b>		<b>2.9</b>
<b>Two or more races</b>		<b>1.2</b>

### **Purpose Statement**

The purpose of the Stokes County Health Department's workforce development planning process is to maximize employee performance, create leadership capabilities, create new expertise, train for specific skills, minimize lost work time, reduce recruiting costs and retain valuable employees. The workforce development plan (WFDP) identifies workforce competency needs, recruitment needs, training and retraining needs. It also aids with placing the right workforce member in a position that best matches their current and potential strengths.

### **Policy**

1. The SCHD requires access to new employee orientations and ongoing trainings to meet necessary competencies.
2. Supervisors assure employees are clear about job expectations.
3. Supervisors evaluate competencies during the probationary period and thereafter.
4. The SCHD addresses employees that are not able to demonstrate competency on initial or on subsequent attempts.
5. The SCHD plans a systematic approach to workforce development which links a variety of training opportunities with the workforce.
6. The SCHD plans for current and future workforce development needs.



## Definitions

1. **Competencies:** are a set of behaviors that involve skills, knowledge, abilities, and personal attributes that taken together are critical to successful work accomplishments.
2. **Gap Analysis:** is a process of identifying the differences between the workforce of today and the workforce that will be needed in the future.
3. **Individual Competencies:** are those that each employee brings to his or her position.
4. **Team Competencies:** are those that a team, as a whole, brings to an agency.
5. **Training:** is an organized activity aimed at providing information and/or instructions to improve the workforce member's performance or to help the employee to attain a required level of knowledge or skill.
6. **Turnover:** in a human resources context refers to the characteristic of a given company or industry, relative to the rate at which an employer gains and loses staff.
7. **Workforce:** means employees, volunteers, trainees and other persons under the direct control of a covered entity, whether or not they are paid by the covered entity.
8. **Workforce planning:** in simplest terms, getting the right number of people with the right skills, experiences, and competencies in the right jobs at the right time. The shorthand definition covers a comprehensive process that provides managers with the framework for making staffing decisions based on an organization's mission, strategic plan, budgetary resources and a set of desired workforce competencies.

## Workforce Assessment & Policy and Procedures

Assessing the SCHD workforce is accomplished in several ways including reviewing workforce demographics, identifying current and future training, retraining needs, and forecasting future recruitment threats and needs. The strategic planning process also has identified workforce needs to accomplish agency goals.

## Workforce Demographics

SCHD annually monitors workforce demographics to provide data for budget planning, strategic planning to address recruitment, retention, and adjust workforce mix based on changing strategies and encourage a workforce that is reflective of the community. For recruitment purposes, the SCHD does not discriminate in any area but hires the best candidate to successfully accomplish job duties to serve the community. For a complete breakdown of the SCHD staff please see Attachment (A) SCHD Organizational Chart.

**Recruitment:** The Health Director, environmental health, health educators, and nursing, are a few areas that have been hard to attract competent candidates for vacant positions. Labor shortage for

public health related disciplines, insufficient skill levels of eligible candidates, reduced funding at the state and county level along with non-competitive salaries are barriers to successful and timely recruiting.

**Productivity & Efficiency:** A high turnover rate equates to more resource needs to recruit and train new employees. The SCHD realizes that many new employees do not become fully qualified and may not reach their productivity until they have been trained and gain experiences, a process that usually takes several months. The time, effort and money invested in those employees leave when there is a premature resignation or when an employee has to be terminated.

### **Verify Qualifications & Competencies**

The SCHD assesses the capacity of the workforce to meet the demands of ensuring the public's health is safe from emerging diseases and other health threats.

#### **Validate Qualifications:**

Where appropriate, the SCHD requires original transcripts, certificates, diplomas, or licensures prior to SCHD placement and the SCHD verifies the ongoing status. There is an ongoing assessment of qualifications and proper documentation is maintained in the administrative personnel records.

#### **Verify Competency (knowledge and skills):**

General competency strengths and weaknesses are assessed using job specific assessment tools to assist with directing training needs for newly recruited employees. Existing employees, where appropriate, may utilize the additional assessments and take advantage of further training opportunities. Individual and coaching reports help the division director identify employee training needs. Employee specific trainings are offered to increase competencies and performances.

#### **Supervisors Evaluate Competencies:**

During the probationary period and thereafter supervisors may evaluate individual employee competencies. The SCHD conducts probationary and annual performance evaluations to assess and address competency issues and training needs. The employee being evaluated, his/her supervisor, the division director, and the health director are involved in the annual performance evaluation. Additionally, the action plan for performance factors below standard is documented during the employee evaluation process and is acknowledged in the employee's performance review. The SCHD follows procedures under the Office of State Personnel and Stokes County Personnel to address issues where employees are not able to demonstrate competencies.

During new employee orientation individuals are required to learn about different core competencies for public health and emergency preparedness needs, as required by the Department of Public Health and determined by the core competency emergency preparedness survey conducted by the DPH. Furthermore, the training for Incident Command System is required at various levels for SCHD staff, as directed by NC Office of Emergency Preparedness. The certificates that verify trainings are kept in the administrative personnel record.

### **Future Recruitment Threats and Needs**



**Situation Statement 1:**

Today's baby boomer generation (born 1946 – 1964) are looking toward retirement. An increasing number of employees at or approaching retirement age can result in a less experienced workforce. The SCHD workforce continuously needs to be prepared to meet the demands of ensuring the public's health is safe from emerging diseases and to provide best-practices throughout the agency to offer quality services.

**Plan:** Continual workforce development with the cross training of staff, leadership development for the management team through continuing education and outside training.

**Situation Statement 2:**

The aging population in the US, regionally and in Stokes County will create an increased demand for nurses to support healthcare services; therefore, the SCHD will be in competition with other healthcare agencies for nurses.

**Plan:** Flexible work hours, competitive salaries, benefits, partnerships with universities or colleges to increase interest in the public health nursing profession. Address low salaries in the 2018 Strategic Plans and successive plans (if needed).

**Situation Statement 3:**

Recruitment and retention of qualified staff have been and continues to be a problem in Stokes County especially with the midlevel provider, health director, registered nurses, and health educators. With Stokes County being a small rural health department; these individuals in supervisory roles are often asked to perform duties not normally done by their peers in other larger health departments. Combined with lower than average salaries, there is a higher risk for turnover within the health department.

**Plan:** Continued recruitment of staff with similar work experience who demonstrate potential for training and growth. Provide specialized on the job training in order to give new employees and current staff the tools needed to perform in these increasingly specialized jobs. Offer competitive salaries as budget allows. Advocate for competitive salaries and merit based pay increases.

## Training

### New Employee Orientation

The Stokes County Human Services Department along with the SCHD provides orientation for new employees. The orientation schedule is posted by the Human Services Department. Below is a list of topics covered during the new employee orientations.

Employment Eligibility I-9 Form/Selective Services Registration	Holidays	Workers Compensation Procedures (Reporting & Medical Treatment) Return to Work Program
Probationary Period	Wellness Program	Vehicle Policy



Salary Range/Job Classification/Salary Increase/Job Postings	Retirement	Outside Employment Policy
Performance Review Process	Deferred Compensation: 401(K), 457	Credit Union, Savings Bonds
Pay Day (Tax Forms, Direct Deposit/Time Sheets)	Cafeteria Plan – Flexible Benefits Medical/Childcare. Cancer, Disability, Life, Accident & Dismemberment	Rules of Conduct: Sexual Harassment Drug/Alcohol Policy Political Activity/Conflict of Interest
FLSA – Overtime	Social Security FICA	Disciplinary Actions: Performance/Conduct Issues
HIPAA: County's Health Plan & HR's Notice of Privacy Practice	Hospitalization Insurance – Overview, Waiting Periods, COBRA	Grievance Procedure Resignations
Leave Accumulation – Vacation & Sick. Other: Military, Jury, Educational & FMLA	Travel, Training & Development	Reduction in Force
Safety Program Awareness & Principles of Safety <ul style="list-style-type: none"> <li>• Preventing Back Injuries</li> <li>• Electrical Safety Work Practices</li> <li>• Brief Summary of Slips, Trips &amp; Falls</li> </ul>		
An information packet is given to each new employee. The packet includes Stokes County employee handbook, hospitalization/dental/life benefits booklet, voluntary insurance product information, employee ID Card and electronic key. The Stokes County handbook is provided to each employee and the employee agrees to read the provisions of the handbook and to conform to the policies, procedures, rules and regulations contained in the handbook. The handbook is provided as a reference guide during the period of employment. Updates to the handbook are provided by Human Services Division on an as needed basis.		

### **SCHD Agency New Employee Orientation**

The SCHD provides an orientation to all new employees to ensure public health care practices, administrative and program policies are followed. Division managers are responsible for ensuring orientation of new employees regarding issues relating to their divisions. This divisional orientation is tracked on the SCHD Employee Orientation Checklists are stored in each individual's administrative personnel file. See Attachment B (Stokes County Health Department Orientation Policy)

### **Identified New & Emerging Training Needs**

**Current and New Training Needs:** As new training needs are identified staff training will be arranged as needed and as budget and time allows.

All	Administration	Executive	Clinical	EH	Health Education and Emergency Planning
<ul style="list-style-type: none"> <li>▪ Cultural Sensitivity &amp; Cultural Competence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Software Management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project Planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ EMR</li> <li>▪ Patagonia</li> </ul>	<ul style="list-style-type: none"> <li>▪ Federal food Code</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dealing with health disparities in</li> </ul>



<ul style="list-style-type: none"> <li>▪ Non-Discrimination</li> <li>▪ Health Disparities</li> <li>▪ Shelter training for special medical need population</li> <li>▪ MS Office 2010</li> <li>▪ Generation Gaps (intergenerational diversity)</li> <li>▪ Recruitment Techniques</li> <li>▪ Retention Techniques</li> <li>▪ Others as they are identified in the future.</li> <li>▪ Core Competencies</li> <li>▪ IS 100b, 200b (responders)</li> <li>▪ IS 700a, 800b (responders)</li> <li>▪ OSHA/BBP/Infection control</li> </ul>	(MS Office 2010) <ul style="list-style-type: none"> <li>▪ Vital Records (new program)</li> <li>▪ Annual - Debt Set-Off EMR</li> <li>▪ Candidate Qualification training</li> <li>▪ State Personnel</li> <li>▪ Software and Programs to keep IT staff up to date</li> </ul>	<ul style="list-style-type: none"> <li>▪ Leadership Development</li> <li>▪ Emergency Management</li> <li>Radio operations</li> <li>▪ Project Planning tools and techniques</li> <li>▪ Leadership Development</li> <li>▪ Workforce Development</li> <li>▪ ICS 300, 400</li> </ul>	<ul style="list-style-type: none"> <li>▪ Title X</li> </ul>	<ul style="list-style-type: none"> <li>▪ Waste water/well update</li> </ul>	minority and special needs population <ul style="list-style-type: none"> <li>▪ Working with health disparities within the minority and special need population</li> <li>▪ Shelter training for special medical need population</li> </ul>
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## Occupation Specific Training Needs

Training accomplishments are documented on divisional specific tracking forms within each division and kept in the individual's personnel folder.

Occupational Category	Training Emphasis
<b>Administration</b>  <i>Administrative Staff</i>	<b>1. Licensure/Certification Required:</b> N/A <b>2. Other State or Agency Required:</b> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs</li> </ul> <b>3. Qualifications/Trainings Desired:</b> <ul style="list-style-type: none"> <li>▪ Additional knowledge of government policy and procedure, Patagonia, Excel, Word, and other Microsoft Office products.</li> </ul>
<b>Clerical Support</b> <i>Support Staff</i>	<b>1. Licensure/Certification Required:</b> N/A <b>2. Other State or Agency Required:</b> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, program specific training related to specific job duties. * (See <i>Clinical Services Employee Training and Development Policy</i> for specific training requirements).</li> </ul> <b>3. Qualifications/Trainings Desired:</b> <ul style="list-style-type: none"> <li>▪ Customer service, telephone etiquette, dealing with difficult people, medical documentation/ imaging, coding, typing, and data entry skills.</li> <li>▪ Use of the Language Line for translating and interpreting.</li> </ul>
<b>Clinical Care Provision</b>	<b>1. Licensure/Certification Required:</b>



<b>Providers</b> <b>Nurses</b> <b>MOA</b> <b>Physician Extenders</b>	<ul style="list-style-type: none"> <li>▪ <i>Nurses: A current license to practice as a Registered Nurse or LPN in North Carolina by the NC Board of Nursing.</i></li> <li>▪ <i>Physician Extenders: "Approval to practice medical acts" based on education and experience by the N.C. Board of Medical Examiners. Licensure by the North Carolina Board of Nursing to practice as a Nurse Practitioner.</i></li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2011 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs.</li> <li>▪ <i>CPR</i></li> <li>▪ <i>Working knowledge of current Contract Addendum (program specific)</i></li> <li>▪ <i>Other:</i> <ul style="list-style-type: none"> <li>▪ <i>Nurses: *</i></li> <li>▪ <i>MOA: * - Memorandum of Agreement</i></li> <li>▪ <i>Physician Extenders: *</i></li> </ul> </li> </ul> <p><i>* See Clinical Services Employee Training and Development Policy for specific training requirements).</i></p> <p><b>3. Qualifications/Trainings Desired:</b></p> <ul style="list-style-type: none"> <li>▪ Additional emphasis and hours based upon the North Carolina PH Nursing Continuing Education Advisory Committee's individualized RN/LPN Competency Evaluation and public health community focus such as tobacco cessation, breastfeeding, pharmacy, diabetes education, child development, GAINS assessment, and each individual's public health role.</li> </ul>
<b>Executive Health Director</b>  <i>Administrative Officer/ Assistant to the Health Director</i>	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Health Director: The SCHD health director must meet NC General Statutes 130A and be approved by the State Health Director to hold the position as a county Health Director.</i></li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Biological and Chemical Terrorism Readiness; Communication Equipment and Procedures; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs</li> <li>▪ <i>Other:</i> <ul style="list-style-type: none"> <li>▪ <i>Health Director:</i> Continuing education to keep current on Public Health issues as needed. <ul style="list-style-type: none"> <li>-Public health law</li> <li>-Administrative/HR law</li> <li>-Environmental Health Law and regulations</li> <li>-Current clinical issues such as Medicaid and insurance regulations.</li> <li>-Financial and budgeting</li> </ul> </li> <li>▪ EOC operation and WEB EOC operation. See job description for additional trainings desired. Any specific training needed to lead the SCHD's full scope of public health programs and services. As primary PIO need IS 100.b, 200.b, 250, 700.a, 702.a, 800.b and CBRC-basic training.</li> </ul> </li> </ul> <p><b>3. Qualifications/Trainings Desired:</b></p> <p>Additional emphasis based on the North Carolina Public Health Association's recommendations and on strategic planning, community organization and public health advocacy</p> <ul style="list-style-type: none"> <li>▪ <i>Health Director: See job description.</i></li> </ul> <p><i>Administrative Officer/Assistant to Health Director: See job description.</i></p>
<b>Environmental Health</b>	<p><b>1. Licensure/Certification Required:</b></p>

<p><i>Environmental Health Specialists</i></p>	<ul style="list-style-type: none"> <li>▪ Environmental Health Specialists: Completion of the Registered Sanitarian requirements set forth by the Board of Sanitarian Examiners within 1 year of employment. Authorization is required for each program area in which work will be performed. The Division of Environmental Health, Office of Education &amp; Training, has Centralized Intern Training components (including homework), which must be completed prior to a request for Delegation of Authority. Passing of a written exam and a series of successful site visits with the DHHS regional specialist are the final steps before written authorization is granted from the Division of Environmental Health.</li> </ul> <p><b>2. Other State or Agency Required:</b> (DHHR requires)</p> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs.</li> </ul> <p><b>3. Qualifications/Trainings Desired:</b></p> <ul style="list-style-type: none"> <li>▪ Additional emphasis based upon the North Carolina State of Practice Committee (SOP) or NC State Board of Sanitarian Examiners requirements and recommendations</li> </ul>
<p><b>Emergency Preparedness</b></p> <p><i>EPI Team Members</i> <i>Emergency Management</i></p>	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>▪ Emergency preparedness coordinator: <i>N/A, except when required by specific job.</i></li> <li>▪ <i>PIO: N/A, except when required by specific job.</i></li> <li>▪ <i>EPI Team Members: N/A, except when required by specific job.</i></li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>▪ Emergency Management: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Biological and Chemical Terrorism Readiness; Communication Equipment and Procedures; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs</li> <li>▪ <i>Other:</i> <ul style="list-style-type: none"> <li>▪ <i>PIO: N/A</i></li> <li>▪ <i>EPI Team Members:</i> There is no specific training required; however, the EPI team should utilize the NIMS-ICS to manage projects or events and therefore knowledge of this system is required. Additionally, completion of a variety of scheduled exercises is required. Ongoing training through the NC Center for Public Health Preparedness.</li> </ul> </li> </ul> <p><b>NOTE:</b> Individual members of the EPI team may have specific training requirement related to their job duties.</p> <p><b>3. Trainings/Qualifications Desired:</b></p> <ul style="list-style-type: none"> <li>▪ Additional emphasis on the Strategic National Stockpile, Epi-Info, Outbreak Investigations and Epidemiology, EOC operation and WEB EOC operation.</li> </ul>
<p><b>Health Promotion</b></p> <p><i>Health Promotion/Health Education</i></p>	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>▪ <i>CHES optional</i></li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2011 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs</li> <li>▪ <i>Other:</i> <ul style="list-style-type: none"> <li>▪ <i>Health Education Specialist:</i> gathering statistical data and interpret information/data</li> <li>▪ <i>Health Educator:</i> CPR instructor, prenatal education</li> <li>▪ <i>Emergency Preparedness Coordinator:</i> EOC operation and WEB EOC operation</li> </ul> </li> </ul> <p><b>3. Trainings/Qualifications Desired:</b></p>

	<ul style="list-style-type: none"> <li>Additional emphasis placed upon child health, family planning and maternal health issues, car seat safety and chronic disease prevention, WIC, and Breastfeeding.</li> </ul>
Laboratory	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>Medical Lab Assistant: ~</li> <li>Medical Lab Technician: N/A</li> <li>Specific Certification as dedicated by CLIA Certificate and in accordance to State Lab Guidelines.</li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>Emergency Management: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, specific training in proper use of equipment and procedures for processing laboratory specimens.</li> <li>Other: <ul style="list-style-type: none"> <li>If an RN or LPN holds this position or has collateral duties as the Lab Technician, this individual must maintain their current nursing license.</li> </ul> </li> </ul> <p><b>3. Trainings/Qualifications Desired:</b></p> <ul style="list-style-type: none"> <li>Additional emphasis on new lab equipment, testing procedures, and CPR updates.</li> </ul>
Nutrition (WIC)  WIC Nutritionists	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>Registered Dietitian: License to practice as a Registered Dietitian by the Commission on Dietetic Registration of the American Dietetic Association</li> <li>Nutritionist: N/A</li> </ul> <p><b>2. Other State or Agency Required:</b></p> <ul style="list-style-type: none"> <li>Emergency Management: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, see specific training requirements of individual positions.</li> </ul> <p><b>3. Trainings/Qualifications Desired:</b></p> <ul style="list-style-type: none"> <li>Breast feeding training, training related to specific WIC program guidelines and continual nutrition training, where appropriate.</li> </ul>
Social Work  CC4C PCM	<p><b>1. Licensure/Certification Required:</b></p> <ul style="list-style-type: none"> <li>CC4C</li> <li>PCM</li> </ul> <p>Required to have a BSW in clinical social work to work within the NC CCNC Network. However, individuals hired before October 2011 and meet the SOP guidelines for Social Workers may hold this position but cannot transfer into another position unless they are qualified as a BSW.</p> <p><b>2. Other State or Agency Required:</b></p>

	<ul style="list-style-type: none"> <li>▪ <i>Emergency Management</i>: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, Introduction to Public Health in NC</li> <li>▪ <i>Other</i>: <ul style="list-style-type: none"> <li>▪ <i>PCM/CC4C</i> Orientation and basic training within first year.</li> </ul> </li> </ul> <p><b>3. Trainings/Qualifications Desired:</b></p> <ul style="list-style-type: none"> <li>▪ Additional emphasis as prioritized by the PH Social Work Continuing Education and Training, training to perform duties as a SIDS counselor.</li> </ul>
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### List of Training Resource

Many resources are also available, including those offered by in-house professionals, private sector companies, professional associations, schools of public health, universities and community colleges, public health training centers, and centers for public health preparedness. Training sources include:

- Divisional In-Service Training - Sponsored by specific Health Department Divisions (Administrative, Executive, Clinical Services, Environmental Health, Health Education & Emergency Management)
- Local Community Colleges and regional and state universities
- American Red Cross and AHA CPR Training.
- The North Carolina Center for Public Health Preparedness  
<http://www.sph.unc.edu/nccphp/>  
The North Carolina Center for Public Health Preparedness (NCCPHP) offers online training modules, training packages, courses, and certificate programs. Train-the-trainer and face-to-face trainings are also available, and NCCPHP can provide technical assistance and content expertise upon request. Most trainings are free and can be completed in an hour or less.
- The North Carolina Institute for Public Health at  
The University of North Carolina School of Public Health  
<http://www.sph.unc.edu/nciph/>
- Federal Emergency Management Agency  
[http://www.fema.gov/tab\\_education.shtml](http://www.fema.gov/tab_education.shtml)
- United States Department of Health and Human Services  
<http://www.hhs.gov/emergency/index.shtml>
- North Carolina Public Health Law – UNC School of Government  
<http://www.ncphlaw.unc.edu/>

- North Carolina State University Soil Science Department  
<http://www.soil.ncsu.edu/training>
- **FEMA Independent Study Program (ICS and NIMS)**  
<http://training.fema.gov/IS/crslist.asp>
- NC State Personnel Office
- North Carolina State Vital Records Office
- Various Authorized Technology Trainers
- North West AHEC –North West Area Health Education Center  
[www.northwestahec.wfubmc.edu](http://www.northwestahec.wfubmc.edu)

### Placement Planning

The SCHD uses the following list of avenues to provide appropriate individuals who are suitable candidates for public health positions.

- Volunteers
- Temporary Agency Placements
- North Carolina Public Health Alliance
- Accept interns and students from Wake Forest University Baptist Medical Center PA (Physician's Assistant) Program, Winston-Salem State University FNP program, UNC @ Greensboro NP Program and RN to BSN program, UNC Chapel Hill FNP program, East Carolina University FNP program, and Methodist University PA program (Fayetteville, NC).

### Internal & External Research Resources

The following internal and external recourses were used for this policy and workforce development report and work plan.

- Stokes County Human Resources
- SCHD Administration
- SCHD Management Team Members
- Workforce Development Plans from Surry, Gaston, Iredell and Guildford Counties
- Accreditation Benchmark Activity Requirements and Health Department Self-Assessment Instrument

### Resources Needed

- **PERSONNEL:** Entire SCHD Workforce and Stokes County Human Resources
- **EQUIPMENT/SUPPLIES:** Computers, projector, MS Word, Excel and PowerPoint Software, server, paper and writing utensil, and internet access



- **OTHER RESOURCES (FUNDING):** Other needed resources include personnel, training space, funding, orientation check lists, job descriptions, training documentation logs, personnel records, and fax.

### Cost/Benefit Impact

Turnover costs are very high and can significantly affect the financial performance of the SCHD. Direct costs include recruitment, selection, and training of new employees. Indirect costs include increased workloads and overtime expenses for coworkers, as well as reduced productivity associated with low employee morale. Labor market conditions affect general turnover rates and can be very difficult to manage. Also, compensation, high stress, working conditions, repetitiveness, poor supervision, poor fit between the employee and the job, inadequate training, poor communications, and organization practices have an effect on turnover.

### Legal Authority

- Occupational Safety and Health Act (OSHA) of 1972 and updates and outlined in A Guide to Voluntary Training and Training Requirements in OSHA Standards, Division of Occupational Safety and Health, NC Department of Labor, 11/00.
- Title VI Civil Rights Act, 1964, Policy Guidance on the Title VI prohibition against National Origin Discrimination As it Affects Persons with Limited English Proficiency, Section C 3(a), Federal Register, February 1, 2002.
- Health Insurance Portability and Accountability Act (HIPAA) 1966, Standards for Privacy of Individually Identifiable Health information, 45 CFR 164.530 (b)1 and (B)2, August 14, 2002
- American's with Disabilities Act of 1990, Titles I & V
- Clinical Laboratory Improvement Act (CLIA)
- State of NC Public Health Laws and Regulations
- NC State Board of Sanitarian Examiners
- Stokes County Personnel Policies and Procedures
- Stokes County Accounting Policies & Procedures
- NC State Office of Personnel
- NC State Office of Vital Records
- NC Board of Nursing
- NC Board of Medical Examiners

### Related Policies & Procedures, with Similar Content

- Clinical Services Employee Training and Development Policy

### Management of Policy

- The **Management Team** collectively sets priority for workforce development and creates the workplace environment. Individual Division Managers recruit, hire, assure on-going credentialing, manage, and support professional growth.

- The **Health Director** is responsible to the BOH for workforce strategy, priority setting, and a development of a productive and cohesive work environment. The Health Director ensures a comprehensive agency workforce development and strategic plan is assessed annually.
- The **Board of Health (BOH)** is ultimately accountable for assuring the resources are available to ensure a competent workforce; therefore, the quality of public health services.
- The agency **Program Directors/Supervisors** review and revise as needed position descriptions annually as part of the performance agreement. In addition, each staff member is required during their annual review to review their job descriptions and revised as needed and verifies all duties listed. Revisions will be made as needed and the employee will verify that he/she has reviewed by signature and date. The SCHD assures a comprehensive orientation for all staff. Program Directors/Supervisors focus on assessment of development needs, individual training plans, and reporting. Program Directors/Supervisors report to and collaborate with the Division Managers on workforce issues. The Program Directors/Supervisors plan and coordinates the orientation of all new employees in program duties and responsibilities. They provide resources, including formal programs, online options, and hands on practicum.

Commissioner Jones motioned to approve the Stokes County Workforce Development Plan presented at the September 17, 2018 Board of Health meeting.

Commissioner Booth seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion the motion carried unanimously.

#### Cardinal Innovations – Follow Up on Mental Health Services

Chairman Mendenhall turned the floor over to Interim Health Director Tammy Martin.

Interim Health Director Tammy Martin presented the following information to the Board:

- I have reached out to Cardinal concerning what we discussed at the last meeting regarding mental health services.
- We are working on a date that we can meet and discuss this.
- We were not able to work something out before this meeting.

Chairman Mendenhall noted that Ronda Outlaw will be retiring at the end of the year, but that she will be at the next Commissioner's Meeting on November 13<sup>th</sup> if that day could be worked out for a possible meeting while she is here.

## **NEW BUSINESS**

### Adjudication

#### **Stokes County Health Department**

#### **Policy and Procedure**

Manual: <b>Administrative</b>	
Title: <b>BOCC Adjudication Policy</b>	
Chapter:	Revised date: Sept. 2015
Distributed to: BOCC	
Effective Date: January 2012	
Review Date: 1/13, 1/14, 1/15, 11/16, 8/17, 7/18	Health Director:

**Purpose:** BOCC Adjudication of public health legal matter

#### **Policy:**

The Stokes County Health Department Health Director has the power and duty to enforce public health laws and rules prescribed by and under the supervision of the Stokes County Board of County Commissioners and the NC Department (NCGS 130A-41). This enforcement may in some circumstances involve the institution of an administrative penalty in accordance with NCGS 130A-22.

Any appeal of the enforcement by the Health Director shall be in accordance with

NCGS 130A-24. The Stokes County Board of County Commissioners shall serve as the adjudication body for any appeals concerning local public health rules or concerning the



imposition of administrative penalties by the Health Director. The Health Director will notify the Board Chair when a request to appeal a decision has been received.

The Board Chair will establish a date for the hearing and the Health Director and/or designee will notify the Board members, the appealing party and legal counsel of the date, time and location of the hearing.

The Board shall hold a quasi-judicial hearing and shall either confirm, modify or reverse the challenged action. A person who wishes to contest the Board's decision may appeal to the jurisdiction's district court in accordance with NCGS 130A-24(d).

**Definitions: BOCC** – Board of County Commissioners

**NCGS** – North Carolina General Statutes

**Applicable Law, Rules, and References:**

**Reference: NC General Statutes 130A-24, 130A-22, 130A-41**

**Responsible Persons: BOCC**

Chairman Mendenhall opened the floor for discussion/questions/comments.

Vice Chairman Walker commented:

- I would like clarification on the General Statutes that are referred to in the policy.
- Could we receive a copy of those?

Chairman Mendenhall responded:

- If we could get each Commissioner a copy of the General Statute that Commissioner Walker is speaking of that would be good.
- I am sure our Clerk could get that for us.
- This can be approved at the next meeting.

Overall Operations Policy

## **Stokes County Health Department**

## Policy and Procedure

Manual: <b>Administrative</b>	
Title: <b>Overall Operations Policy</b>	
Chapter:	Revised date: Sept. 2015
Distributed to: All Personnel	
Effective Date: 3/20/12	
Review Date: 1/13, 1/14, 1/15, 9/15, 11/16, 8/17, 7/18	Health Director:

**Purpose:** To state general policies that will guide the Board of County Commissioners in its delegation of duties.

**Procedures:** The mission of Stokes County Health Department is to promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

### Policies:

1. Delegation of authority to the Health Director:
  - a. The BOCC will employ a Health Director and delegate to him/her the authority and responsibility for the overall management of the affairs of the SCHD 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 officers of the Board.
  - b. The BOCC will ensure that a job description for the position of the Health Director includes appropriate qualifications of education, experience and skills according to the NC Office of State Human Resources. *See Attachment 1.*
  - c. The Health Director shall guide his/her activities by the content and requirements of the job description with duties and responsibilities outlined therein. *See Attachment 2.*
  - d. The BOCC strives to ensure that the Health Director administers the SCHD within conformance or a reasonable interpretation of North Carolina General Statutes and Related Laws.
  - e. The Health Director keeps the BOCC updated on program events through the data and information obtained through quality improvement activities, program monitoring, internal and external (state and federal) audits and other means as available.
  - f. The County Manager will evaluate the job performance of the Health Director on an annual basis as set forth by Accreditation requirements. The BOCC will establish criteria upon which such an evaluation will be necessary for any annual salary increase recommendation beyond county cost-of-living. The job description should be reviewed and revised at the time of the annual review.
  - g. The BOCC will be responsible for the hiring, discipline, and termination of the Health Director, as guided by the Stokes County Personnel Policy, the County Manager and the policies of the NC Office of State Human Resources.
2. BOCC Training/Orientation:
  - a. Formal training for BOCC members will be provided through the recommendations of the Health Director or BOCC Chair and may be through the UNC School of Public

- Health - Institute of Public Health or through other opportunities available that meet the training needs identified. BOCC members will be provided general board member orientation by the Health Director or designee upon appointment.
- b. BOCC members will receive a SCHD BOCC Manual and orientation material upon BOCC appointment.
  3. Legal Counsel: The BOCC may request legal counsel and authorizes the Health Director to request legal counsel (generally the County Attorney) through County protocol. Legal counsel may be requested for advice regarding the adoption, dissemination, evaluation, improvement and enforcement of laws, rules, regulations and policies related to SCHD public health services. Legal counsel will review Bylaws, changes and proposed rules for compliance with local, state and federal statutes and regulations. Legal counsel may also be requested by the BOCC or the Health Director for personnel or contractual matters. Legal counsel may also be sought through the North Carolina Institute for Government, the Division of Public Health or the Attorney General, especially relating to public health rules and policy.
  4. Local Rules:
    - a. The BOCC strives to assure the promotion and protection of health and the prevention of disease of the SCHD and Stokes County citizens through its adoption, dissemination, evaluation, improvement and enforcement of laws and regulations that govern the services provided.
    - b. Based on information presented, the BOCC will evaluate the necessity of additional rules, regulations or ordinances. The BOCC, SCHD Management Team, and legal counsel will collaborate to establish the best alternatives, and consider cost-effectiveness when making necessary additions to the rules, regulations, or ordinances.
    - c. The BOCC may adopt a more stringent rule in an area regulated by the NCCHS or the EMC where, in the opinion of the BOCC, a more stringent rule is required to protect the public health; otherwise, the rules of the CHS or the rules of the EMC shall prevail over local BOCC rules. As provided in N.C.G.S. 130A-39, the BOCC may not adopt a rule concerning the grading, operation, and permitting of food and lodging facilities as listed in Part 6 of Article 8 of Chapter 130A and as defined in N.C.G.S. 130A-335(c).
    - d. The BOCC shall follow the procedures for adopting rules outlined in N.C.G.S. 130A-39.
    - e. Rules adopted by the BOCC shall apply to all municipalities within the BOCC's jurisdiction. When adopting, amending, or repealing any BOCC rule, the following process shall occur:
      - i. Not less than 10 days before the adoption, amendment or repeal of any BOCC rule, the proposed rule shall be made available at the Stokes County Clerk to the Board and a notice shall be published in a newspaper having general circulation within the area of the BOCC's jurisdiction.
      - ii. The notice shall contain a statement of the substance of the proposed rule or a description of the subjects and issues involved, the proposed effective date of the rule, and a statement that copies of the proposed rule are available at the SCHD.
      - iii. Board rules shall become effective upon adoption unless a later effective date is specified in the rule.
      - iv. Copies of all BOCC rules shall be filed with the secretary of the BOCC.

- v. The BOCC may, in its rules, adopt by reference any code, standard, rule, or regulation which has been adopted by any agency of the state, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.
- 5. Appeals Process: The BOCC provides an appeals process for Stokes County citizens who wish to voice concerns regarding SCHD interpretation or enforcement of local rules and regulations. The process will consist of the following:
  - a. The appeals procedure shall be conducted as provided in N.C.G.S. 130A-24, as described below. The appeals procedure will reflect the most current version of the relevant statute.
  - b. The aggrieved person shall give written notice of appeal to the SCHD within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
  - c. Within 5 working days upon filing of the notice, the Stokes County Health Director shall transmit the notice of appeal to the BOCC along with the papers and materials upon which the challenged action was taken.
  - d. Within 15 days of the receipt of the notice of appeal, the BOCC shall hold a hearing.
  - e. The aggrieved person shall be given not less than 10 days' notice of the date, time and place of the hearing.
  - f. On appeal, the BOCC shall have authority to affirm, modify or reverse the challenged action. The BOCC's decision shall be provided in writing based on the evidence presented at the hearing. The written decision shall contain a concise statement of the reasons for the decision.
  - g. A person who wishes to contest a decision of the BOCC under subsection (b) of N.C.G.S. 130A-24 shall have a right of appeal to the Stokes County District Court within 30 days after the date of the decision by the BOCC. The scope of review in district court shall be the same as in N.C.G.S. 150B-51.
- 6. Non-discrimination Guidance:
  - a. The BOCC strives to assure the SCHD is compliant as an equal opportunity employer. The SCHD will afford equal opportunity to all qualified employees and applicants for employment regardless of race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation.
  - b. The BOCC strives to assure that the SCHD accepts all clients who qualify for the services provided without regard to race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation or any other legally protected basis, and treats all clients accepted for services without discriminating on the basis of these categories in providing its services.
- 7. BOCC Policy Development/Review/Approval:
  - a. The BOCC will establish methods and guidelines to be followed in the formulation and implementation of policies. These policies will be implemented to ensure compliance of services. The BOCC will enact policies to support the development, implementation and evaluation of SCHD programs and services.
  - b. The BOCC enacts policies that promote public health collaborative activities, diagnosing, investigating and/or responding to public health threats and emergencies through community collaboration.

- c. The BOCC requests the Health Director present all matters requiring policy guidance by the BOCC in written form. The primary responsibility for initiating policy actions rests with the BOCC members and the Health Director and the BOCC.
- d. The following guidelines will be followed by the BOCC in carrying out its responsibility for policy and planning.
  - i. All potential issues, problems, concerns likely to require policy determination will be referred to the Health Director.
  - ii. The Health Director will make an initial determination of whether an applicable policy exists, whether current policy is ambiguous or whether current policy is incomplete or absent.
  - iii. The Health Director will follow the SCHD Policy on Policies.
- e. Except in case of an emergency, the BOCC will follow these steps in approving BOCC policies and other SCHD policies requiring BOCC approval:
  - i. Draft policy presented in type-written format in advance to BOCC members for review, discussion and recommendations at BOCC meeting.
  - ii. Draft policy is presented as a discussion item under Discussion. And then moved to action item on the next agenda unless it is time sensitive.
  - iii. During the accreditation or monitoring process when the volume of policies to be reviewed significantly increases, the BOCC Chair may appoint a special committee to meet with the Health Director and/or the Nursing Supervisor to review the policies. Required policies will be presented as a recommendation from committee for approval. These committee members act as liaison between SCHD and the BOCC.
- f. The Health Director is responsible for implementing the policies approved by the BOCC.
- g. The BOCC shall review the BOCC policies, personnel policies and fiscal policies annually, and update each policy as needed.
- 8. Strategic Planning: The BOCC is encouraged to have input during the SCHD annual review of the Strategic Plan. The annual review ensures collaboration and input from various community organizations, stakeholders and the community-at-large in identifying the community's needs and establishing priorities. This effort evaluates the SCHD services; the BOCC's involvement in adhering to current rules and regulations; developing and establishing rules, regulations, or ordinances to protect the citizens of Stokes County; and presenting them to elected officials in order to implement and enforce these activities.
- 9. Staff Training: The BOCC strives to ensure that the SCHD follows policies, procedures, guidelines, standing orders and statutes in providing all services. This process can only be accomplished with Licensed, credentialed and trained staff. Training will be provided upon initial hire and on-going training and continuing education opportunities throughout employment.
- 10. Quality Improvement: The SCHD follows the "Plan-Do-Study-Act" Model for improving organizational performance.
- 11. BOCC Responsibilities to the Community:
  - a. The BOCC reviews reports that identify the Community's health and needs. The State of the County Health Report or the Community Health Assessment will be reviewed

- to observe identified needs and to monitor the progress of direct services being provided by the SCHD in achieving positive outcomes.
- b. The BOCC advocates for laws and regulations that better enhance and protect the health and safety of the citizens of Stokes County. The BOCC may lobby for laws and regulations that require changes.
  - c. The BOCC is actively involved in looking at the pros and cons of public health issues and potential changes, and balancing the most efficient and effective outcome.
  - d. The BOCC will also assist in ensuring that the community is given the opportunity to become aware of services, changes in services or regulations, and are given the opportunity to participate in and voice their concerns, whether positive or negative. The BOCC will strive to ensure that the SCHD addresses these issues prior to making a final decision and also interacts with the community to enhance partnerships and improve agency services.
  - e. SCHD staff may serve on community boards, committees, etc. as appropriate and with the approval of the Health Director. This is to be used as a means of developing collaboration between the SCHD and the community.
  - f. BOCC members will report to the BOCC any personal or business conflict of interest that might impact his/her decisions on public health issues.
12. Public Health Funding:
- a. The BOCC will support the SCHD's efforts in applying for and receiving/securing grants, diversifying funding sources and approves an annual budget that facilitates implementation and maintenance of the SCHD's services. Not all services have fees associated; however, services that are chargeable are assigned a fee for service.
  - b. Review of SCHD cost of services provided, Medicaid rates and local market rates will be among criteria that may be reviewed by the BOCC in setting fees.
  - c. The BOCC will be an advocate for public health funding requirements with state and federal legislators.
13. Human Services Advisory Committee: According to the General Statutes (153A-77) the BOCC will appoint a Human Services Advisory Committee meeting all requirements of the N.C.G.S. 153A-77

**Definitions:** BOCC: Board of County Commissioners  
 SCHD: Stokes County Health Department  
 NCCHS: NC Commission for Health Services  
 EMC: Environmental Management Commission

## **ATTACHMENT 1**

## LOCAL HEALTH DIRECTOR

This is directive/managerial work in serving as the chief executive officer of a county health department, district health department or public health authority executing the powers and duties as defined in GS 130A-41 and GS 130A-45.5. Employees direct other managers/supervisors, professional, technical and support staff in the delivery of agency services to protect and promote public health. Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating quality of service delivery systems. Employees supervise budget activities and may maintain direct involvement in conflict/complaint resolution, staffing and personnel issues and serve as the principle spokesperson for the agency relative to public health issues. Work also involves representing the agency with government officials, medical/dental societies, health care providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance and expansion and the delivery of comprehensive services.

Employees are appointed by and report to a local board of health or public health authority board.

Employees in a public health authority serve at the pleasure of the public health authority board to whom they report.

### RECRUITMENT STANDARDS:

**Knowledges, Skills, and Abilities-** General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and, develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

**Minimum Education and Experience Requirements-** A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years' experience in health programs or health services; or a master's degree in a field related to public health and at least three years of experience health programs or health services; or a bachelor's degree in public health administration or public administration and at least three years' experience in health programs or health services.

**Note:** Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130A-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

**Special Note:** This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this but may not be applicable to all positions.

ATTACHMENT 2

STATE OF NORTH CAROLINA

OFFICE OF STATE PERSONNEL

POSITION DESCRIPTION FORM (PD-102R)

APPROVED CLASSIFICATION:

EFFECTIVE DATE: Updated 4/3/2018

ANALYST:

(This Space for Personnel Department Use Only)

1. Present Classification Title of Position: Health Director	7 Present 15 Digit Position Number: 543-16-220	Proposed 15 Digit Position Number: N/A
2. Usual Working Title of Position: Health Director	8. Department, University, Commission, or Agency Stokes County Health Department	
3. Requested Classification of Position:	9. Institution & Division: N/A	
4. Name of Immediate Supervisor:	10. Section and Unit: Health	
5. Supervisor's Position, Title & Position Number:	11. Street Address, City and County: 1009 North Main Street Danbury Stokes County	
6. Name of Employee:	12. Location of Workplace, Building and Room Number: Danbury	

I. A. Primary Purpose of Organizational Unit:



Stokes County Health Department strives to protect and preserve the health of our community. Our goal is to ensure that every person benefits from high quality public health service through promotion of health, prevention of disease, and care of the sick. We recognize that the health needs of the community are ever-changing, that early intervention is most effective, that the environment affects health, that health information is essential for making choices for healthy living, that SFHC must work to create a healthy community, and that individual health affects the community health and the community health affects individual health. We believe that providing services without discrimination of race, ethnicity, marital status, religion, gender, economic status, health status, lifestyle preferences or age, that individuals are valued and deserve courtesy and respect, that individuals have a responsibility for their own health, and that quality services are essential. The Health Center operates under the direction of the Health Director at the discretion of the Board of Health. There are basically seven divisions within the Health Department: Clinical and Outreach Nursing and Social Work Services, Education and Community Health Promotion, Management Support, Public Health Laboratory, WIC, Environmental Health, Emergency Planning and Administration.

**B. Primary Purpose of Position:**

This position serves as the chief executive officer of the Stokes County Health Department. The Local Health Director is responsible for the overall operation of the Agency. Along with the Board of Health, this position is responsible for promoting and protecting the public's health in Stokes County and for carrying out all applicable federal, state and county, and local Board of Health rules and regulations.

Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating the quality of service delivery systems. Program implementation includes delegating duties relative to Accreditation, the quality assurance program that allows the Health Department to recoup Medicaid funding.

The employee supervises budget activities and maintains direct involvement in conflict/complaint resolution, staffing and personnel issues and serves as the principle spokesperson for the agency relative to public health issues.

Work also involves representing the agency with government officials, medical/dental societies, health care

providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance, expansion, and the delivery of comprehensive services.

**C. Work Schedule**

The normal work schedule for this position is Monday through Friday from 8:00 a.m. to 5:00 p.m. and 8:00 a.m. to 5:30 p.m. with every other Friday off. Due to the nature of this position, after hours work is sometimes necessary, especially in the areas of emergency response and attendance at public meetings.

**D. Change in Responsibilities or Organizational Relationship:**

There are constant changes in rules, regulations, laws, and minimal staffing and resources, increasing demands through expanded requirements and major additions to programs, higher expectations to do more with less by the public and elected officials. Program emphasis and new directions are subject to political, funding, and technology changes.

**II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES: Method Used:**

**Order of importance    Sequential order**

Management – 50%

The Health Director serves as chief executive officer of the health center with overall responsibilities for agency planning, organizing, implementing, directing, and evaluating department services and programs.

This position is responsible for overseeing and management of the department, approving all staff assignments, hiring staff, firing staff, approving promotions and increases, developing and/or approving all program plans and policies, negotiating and implementing contractual agreements, budget development and presentation to the Board of Health/ BOCC and the public, approval of expenditures, development of fee schedules, and mediation of problems and conflicts.

Planning – 20%

Responsibility for a local public health department under conditions of constant change in rules, regulations, and laws, and minimal staffing and resources, with ever increasing demands through expanded requirements and major program additions, coupled with higher expectations on the part of the public and elected officials to do more with less, requires a great deal of planning and study of health department operations. Program emphasis and new directions are subject to political change, funding changes, technology changes, and changing need. The Health Director has or ensures that agency staff has expertise and training to collect, manage, integrate, and display health-related data. Responsible for planning and initiating changes within the agency such as the development of the agency's adult health program, expansion of family care coordination services, reorganization of staff responsibilities and duties, medical records, expansion of health promotion services, development of a Community Care Network, health check coordinator program, expansion of language interpretation services, expansion of the Stokes County Healthy Carolinians Program, establishment of a HIPAA compliance program, development of the Department's Public Health Preparedness Plan, and compliance with Accreditation benchmarks.

#### Leading/Delegating – 10%

Effective management requires constant involvement in daily program activities. Contact with program supervisors and coordinators is maintained in order to provide support for the staff and guidance when an issue arises during the course of guideline implementation. Programmatic issues are generally delegated to staff. Attention is given to ensure program policies and procedures are carried out. The Health Director is briefed routinely on program performance, levels of activity, and operational impediments. The Nursing Supervisor, Environmental Health Supervisor, CC4C/PCM Supervisor, Emergency Preparedness Coordinator as needed, Administrative Officer, WIC Director, and Home Health Nursing Supervisor report directly to the Health Director.

#### Enforcement and Program Administration – 10%

As a local health director, the N.C. General Statutes charge the director with the following duties: to administer programs as directed by the local board of health, to enforce the rules of the Board of Health, to investigate the causes of infectious, communicable, and other diseases, to exercise quarantine authority and isolation authority pursuant to G.S. 130A-145, to disseminate public health information and to promote the benefits of good health, to advise local officials concerning public health matters, to enforce State immunization requirements and laws, to examine and investigate cases of venereal disease pursuant to the State General Statutes, to examine and investigate cases of tuberculosis pursuant to the State General Statutes, to examine, investigate, and control rabies pursuant to State General Statutes, and to abate public health nuisances and imminent hazards pursuant to the State General Statutes. This position ensures that the necessary qualified staffs are available to carry out the above duties. Since the legislative responsibility rests with the local health director, this position must oversee the broad functioning of these duties.

Quarantine authority, isolation authority, and the declaration of public health nuisances and imminent hazards are powers and duties given only to the local health director and State health director. The Health Director is directly involved and responsible for these determinations and signing of such orders. In addition, in consultation with medical staff at the local and State level, this position makes the final decisions on community vaccination efforts to control communicable disease outbreaks in the community. Such decisions can result in thousands of exposed residents being vaccinated in the aftermath of a communicable disease case. The county health director serves as the local registrar for the registration of births and deaths in Stokes County. These duties are performed by deputy registrars within the Department.

Public Relations/Governing Board Administration Functions – 10%

This position serves as chief spokesperson for the Department. With the support of the Public Health Epidemiologist, the health director deals with all media inquiries and interviews during times of crisis or public health activation. The Health Director is routinely contacted by the media on public health issues and problems. This position works closely with staff to establish the factual information on each issue/- inquiry and report back to the media. This role takes a great deal of skill in communicating the appropriate message to the media.

The Local Health Director serves on numerous boards and committees as County Health Director. These may include, but not limited to: the Northwest Partnership for Public Health, the Stokes County Partnership for Children, the N.C. Association of Local Health Directors; the Stokes County Child Fatality Prevention Team, Healthy Carolinians of Stokes County, Stokes County Child Protection Team, School Health Advisory Committee and Northwest Community Care Network. A major component of the job is representing the needs and services of the Department throughout the community through the various organizations and community partners.

This position reports to the Stokes County Board of Health/BOCC with guidance from the County Manager.

The Stokes County Health Director position requires a great deal of interaction with medical providers, Dental providers, state officials, community groups, human service agencies, contractor, vendors, Developers, real estate agents, attorneys, auditors, local churches, schools, child care providers, governing board members, and staff. Conflict resolution and mediation is often necessary.

## **II. B. OTHER POSITION CHARACTERISTICS:**

### **1. Accuracy Required in Work:**

N/A

### **2. Consequence of Error:     N/A**

3. Instructions Provided to Employee:

Instructions are provided from the Stokes County BOH/Board of Commissioners by the County Manager through the personnel policy manual and by occasional directives. Health Director receives input and guidance from BOH/BOCC via formal contact at commissioner meetings as well as the Human Services Advisory Committee meeting.

4. Guides, Regulations, Policies and References Used by Employee:

North Carolina State and Local Government rules and regulations, personnel policies, both state and county, Stokes County Board of Health minutes, local county classification and pay grade scales, Department of Environment, Health and Natural Resources regulations, Standards for local health departments in North Carolina, Stokes County Health Department policies, Public Health and related laws in North Carolina, CDC manual, and MWR reports. Periodic communications from the various state health programs are also utilized.

5. Supervision Received by Employee:

Health Director works very independently receiving guidance from the Board of Health.

6. Variety and Purpose of Personal Contacts:

An "Open Door" policy is available to all employees and casual contact with them is daily. Formal contact is maintained with the management team members individually as needed and as a group at regular team meetings. Monthly general staff meetings provide regular staff contact. Also contact with the general public is regular as well as contact with state officials and other health department administrators. County and state officials are regularly contacted.

7. Physical Effort:

Physical effort is minimal.

8. Work Environment and Conditions:

Adequate, but aging facility.

9. Machines, Tools, Instruments, Equipment, and Materials Used:

Telephone, calculator, PDA, copier, computer, general office machines.

10. Visual Attention, Mental Concentration, and Manipulative Skills:

Closely monitor budget functions.

11. Safety for Others:

Safety for staff, clients and the general public is considered in OSHA/Bloodborne Pathogens training, personal protective equipment, facility safety, etc.

12. Dynamics of Work:

Work includes managing multiple and changing priorities.

As a Public Health First Responder, employee may be expected to work extended hours in the event of a major emergency, disaster and/or pandemic, including, but not limited to any natural disaster, bioterrorist event, and/or public health emergency such as H1N1, communicable disease outbreak, etc. or any other situation as deemed appropriate by the Health Director.

**III. A. KNOWLEDGES, SKILLS, & ABILITIES:**

General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

**B. 1. Required Minimum Training:**

A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years experience in health programs or health services; or a master's degree in a field related to public health and at least three years of experience in health programs or health services; or a bachelor's degree in public administration and at least three years experience in health programs or health services.

Note: Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

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**2. Additional Training/Experience:**

N/A

**3. Equivalent Training and Experience:**

As above.

**IV. License or Certification Required by Statute or Regulation:**



Valid Driver's License

ICS Trainings

V. Signatures indicate agreement with all information provided, including designation of essential functions.

**Supervisor's Certification:** I certify that ( a ) I am the immediate Supervisor of this position, that ( b ) I have provided a complete and accurate description of responsibilities and duties and ( c ) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Certification:** I certify that I have reviewed this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section or Division Manager's Certification:** I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Personnel Director's Certification:** I certify that this is an authorized, official position description of the subject position.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no discussion from the Board, the Chairman noted that this would be approved at the next meeting of the Board of Health.

#### Provider Update

Interim Health Director Tammy Martin provided the following information to the Board of Health:

- We have hired a provider that will start the 29<sup>th</sup> of this month.
- She is an FNP.
- She has been working at Baptist Hospital as a nurse and recently graduated from Winston Salem State with her FNP.

Chairman Mendenhall opened the floor for comments/discussion/questions.

Commissioner Booth commented:

- We have been trying to hire this provider for a long time.
- It has probably been 4 to 5 years.
- I am glad to hear this.
- This should double the patients that can be seen here.
- I am excited about this.

#### Board of Health Comments

Commissioner Jones commented:

- These are beneficial meetings.
- I am excited about the new hire.
- Congratulations on that.

Commissioner Booth commented:

- I appreciate these meetings and all the information that is provided.
- Be sure you do get in touch with Cardinal.
- She will be here the 13<sup>th</sup> for the Commissioners Meeting.
- It will be a perfect time for her to come and meet with you all.
- I am excited about the new provider.

Chairman Mendenhall commented:

- Thank you for everything you are doing.
- Great news on the provider.
- So glad you were able to get someone hired.
- Thank you for all the work on the policies and procedures.
- I know the accreditation process can be tough.
- I appreciate the team work that I am seeing here in the Health Department.

Commissioner Lankford commented:

- Appreciate all of your hard work.

Vice Chairman Walker commented:

- The people of King have had a lot taken away.
- The people in King have not forgotten all of the medical facilities that have been taken away from that area.
- Quite frankly they are tired of it, and since I am the only Commissioner from King they talk to me about it.
- We have been talking a little about restoring the King Clinic.
- Services need to be where the people are.
- Is there anything anyone can do to reverse this?
- I believe about 52% of the population of Stokes County is in King.
- Has anyone put any thought into this since we last spoke about it?

Interim Health Director Tammy Martin responded:

- We would need a new building in King.
- We would require as much staff there as we currently have here.

Vice Chairman Walker continued:

- It would depend on what services you plan to offer.
- There are some simple services that would not be quite as labor intensive and would not require as much staff.
- I think just starting something and letting the people know this has been noticed and we are doing something about it.
- This is a situation that really needs to be fixed or a good faith effort made towards it.
- I basically don't care what it takes to fix it.
- I would just like to know what it would take.
- There is a new Board coming on.
- I will be interested to find out how they will see certain situations like this.
- I would like to see what you can come up with on this.
- I don't want just talk on this, I want to see something happen.
- LifeBrite promised to open an Emergency Room and has never followed through.

Commissioner Lankford commented:

- This has been ongoing for 6 to 8 years.
- It has been tried and every time it has failed.
- I don't know how many times we need something to fail.
- The whole Board was in favor when we tried it last time.
- The reason it did not work is because people just did not support it.
- They are not going to support it.
- This is just my opinion.
- Novant has took over everything there.
- That is where everybody goes now.

- A lot of people even in this part of the county go there.
- Novant is going to be the major player in King and that is just how it is going to be.

Commissioner Booth commented:

- I was at a meeting yesterday at the Historical Society.
- I found out where the center of the county is.
- We have been saying it is Meadows and I have always thought it was CC Camp Rd.
- I actually found out it is at the hospital.
- The facility is in the center of the county.
- We have added on the new addition to the building.
- It took 5 years to get this second provider.
- Thank you to Tammy, our Interim Health Director for getting this provider hired.
- I know it has taken work to get that accomplished.

Vice Chairman Walker commented:

- You all are taking a glass half empty approach to this situation.
- You all do not hear the same things I hear because you are in a different world.
- We have put money into the hospital and you are telling me we can't put money into a facility that can provide basic services to an area of the county with 52% of the population.

Chairman Mendenhall commented:

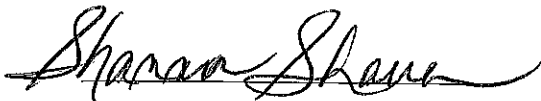
- I will never try and get out of anything.
- I have only been on the Board for a year and a few months and have not been as involved in the situation with the hospital or the medical care in King.
- The next meeting is November 19, 2018 at 3pm.

### **Adjournment**

There being no further business to come before the Board, Chairman Mendenhall entertained a motion to adjourn the meeting.

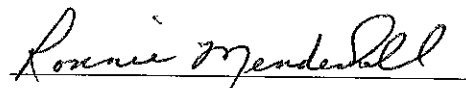
Board Member Lankford moved to adjourn the meeting.

Board Member Jones seconded and the motion carried unanimously.



**Shannon Shaver**

**Clerk to the Board**



**Ronnie Mendenhall**

**Chairman**