BURKE COUNTY

BURKE COUNTY
BOARD OF COMMISSIONERS
SITTING AS THE BOARD OF HEALTH
REGULAR MEETING
COMMISSIONERS' MEETING ROOM
110 N GREEN STREET, MORGANTON
DOOR E

YOUTUBE: BURKECOUNTYNC
MONDAY, JULY 27, 2026
3:00 P.M.

1. CALL TO ORDER

2. INVOCATION

Commissioner Brian Barrier

3. PLEDGE OF ALLEGIANCE

Destin Hall or Dylan Laws Wilson, Lackey, Rohr & Hall, P.C.

4. APPROVAL OF AGENDA

5. APPROVAL OF MEETING MINUTES

None

6. PRESENTATIONS

1. HD - Required Annual Training for Board of Health Members - Presented by Ann Absher, UNC-Gillings School of Global Public Health

2. HD - Health Department Director Updates - Presented by Dr. Ashley Jarrett, Interim Health Director

7. SCHEDULED PUBLIC HEARINGS

None

8. INFORMAL PUBLIC COMMENTS

Each speaker is limited to three (3) minutes. To participate, please pre-register by emailing the Clerk prior to the meeting or sign-in with the Clerk at the meeting.

9. CONSENT AGENDA

Items on the consent agenda are noncontroversial and routine. Prior to the adoption of the meeting agenda, any request by a board member to remove an item from the consent agenda requires a majority vote of the board. All remaining consent agenda items shall be considered and adopted by a single motion.

10. ITEMS FOR DECISION

1. HD - Change BOH Board meeting from Annual to Semi-Annual - Presented by Dr. Ashley Jarrett, Interim Health Director

2. HD - Approval of Health Department Policies - Presented by Dr. Ashley Jarrett, Interim Health Director

11. REPORTS AND COMMENTS

N/A

12. VACANCY ANNOUNCEMENTS

1. Clerk - Board Vacancy - Presented by Morgan Buchanan, Clerk to the Board

13. CLOSED SESSION

14. ADJOURN

In accordance with ADA regulations, persons in need of an accommodation to participate in the meeting should notify the County Manager's office at 828-764-9350 at least forty-eight (48) hours prior to the meeting.

Burke County, North Carolina

Agenda Abstract
Meeting Date: July 27, 2026

PRESENTATIONS

Subject Title: HD - Required Annual Training for Board of Health Members

Presented by: Ann Absher, UNC-Gillings School of Global Public Health

Summary of Information: To support compliance with North Carolina local health department accreditation requirements established pursuant to **G.S. 130A-34.1** and the North Carolina Administrative Code (**10A NCAC 48C and 48D**), and to promote effective public health governance, Board of Health member training will be conducted during this meeting. Members will receive an overview of the Board's statutory responsibilities, ethical obligations, governance role, and the core functions of local public health agencies. An updated Board of Health handbook will be distributed to members upon completion of the latest edition.
This session fulfills annual training requirements and supports informed decision-making by ensuring members understand their duties and the broader public health framework in which they serve.
N.A.

Strategic Plan Focus Area Alignment:
No. 1- Community Advancement
To invest in cultural capital and advancement strategies that promote participative governance that elevates a community to live, work and play-while also positioning Burke County as a community of choice.

No. 3- Public Safety & Well Being
To ensure the safety of our residents through efficient and effective public safety agencies.

Budgetary Effect:

County Manager's Recommendation: Approval is recommended.

Legal Review: N.A.

Suggested Motion: To acknowledge receipt of training and the written handbook in accordance with North Carolina Administrative Code 10A NCAC 48C and 48D

§ 130A-34.1. Accreditation of local health departments; board established.

(a) The Local Health Department Accreditation Board is established within the North Carolina Institute for Public Health. The Board shall be composed of 17 members appointed by the Secretary of the Department of Health and Human Services as follows:

(1) Four shall be county commissioners recommended by the North Carolina Association of County Commissioners, and four shall be members of a local board of health as recommended by the Association of North Carolina Boards of Health.
(2) Three local health directors.
(3) Three staff members from the Division of Public Health, Department of Health and Human Services.
(4) Repealed by Session Laws 2011-145, s. 13.3(zz), effective July 1, 2011.
(5) Three at large.

(b) Members shall serve four-year terms except that initial terms shall be staggered such that three members are appointed for one year, four members are appointed for two years, four members are appointed for three years, and six members are appointed for four years. An appointment to fill a vacancy on the Board created by the resignation, dismissal, ineligibility, death, or disability of any member shall be made for the balance of the unexpired term. The Secretary may remove any member for misfeasance, malfeasance, or nonfeasance. The chair shall be designated by the Secretary and shall designate the times and places at which the Board shall meet. The Board shall meet as often as necessary to carry out its duty to develop and review periodically accreditation standards, to engage in activities necessary to assign accreditation status to local health departments, and to engage in other activities necessary to implement this section.

(c) Members of the Board who are not officers or employees of the State shall receive reimbursement for travel and subsistence expenses at the rates specified in G.S. 138-5. Members of the Board who are officers or employees of the State shall receive reimbursement for travel and subsistence at the rate set out in G.S. 138-6.

(d) The Board shall assign an accreditation status to each local health department that applies for initial accreditation, reaccreditation, or relief from conditional accreditation. The Board shall assign the appropriate accreditation status, as follows:

(1) Accredited, which means that the local health department has satisfied the accreditation standards adopted by the Board and applicable rules adopted by the Commission.
(2) Conditionally accredited, which means that the local health department has failed to meet one or more accreditation standards and has therefore been granted short-term accreditation subject to conditions specified by the Board.
(3) Unaccredited, which means that the local health department has continued to fail to meet one or more accreditation standards after a period of conditional accreditation.

(e) The Commission shall, after reviewing standards developed by and consulting with the Board, adopt rules establishing accreditation standards for local health departments. The accreditation standards shall include at least all of the following:

(1) An accreditation process that consists of the following components:
    a. A self-assessment conducted by the local health department seeking accreditation.
    b. A site visit by a team of experts to clarify, verify, and amplify the information in the self-assessment.

c. Final action by the Board on the local health department's accreditation status.

(2) The local health department's capacity to provide the essential public health services, as follows:

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

(3) The local health department's facilities and administration.

(4) The local health department's staff competencies and training procedures or programs.

(5) The local health department's governance and fiscal management; and

(6) Informal procedures for reviewing Board decisions.

(f) All local health departments shall obtain and maintain accreditation in accordance with this section. The Board shall implement accreditation over a period of eight years, beginning January 1, 2006. The Board shall establish a schedule specifying when each local health department shall apply for initial accreditation and ensuring that all local health departments have applied for initial accreditation by December 1, 2014.

(g) The Board shall assign the following accreditation status, as applicable:

(1) "Accredited" to a local health department that satisfies the accreditation standards. The initial period of accreditation shall expire four calendar years after initial accreditation is granted.

(2) "Conditionally accredited" to a local health department that, in its initial accreditation application, fails to satisfy the accreditation standards. The period of conditional accreditation shall expire two calendar years after conditional accreditation is granted. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited. At any time during the two-year period, the local health department may request that its status be reviewed and changed from "conditionally accredited" to "accredited." If the Board finds that the conditions have been met, the Board shall change the local health department's status to "accredited" with the accreditation period to expire four calendar years after the conditional accreditation was initially granted. If the Board finds that the conditions have not been satisfied, the local health department shall continue under its grant of conditional accreditation. During the conditional accreditation period, the local health department may apply again for accreditation in accordance with rules adopted by the Commission.

(h) Each accredited local health department shall apply for reaccreditation in accordance with rules adopted by the Commission.

(i) When the Board assigns the status "unaccredited" to a local health department, the Board shall send written notification of that status to the local health department and to the Secretary.

(j) The Commission shall adopt rules to implement this section. (2005-369, s. 1(b); 2011-145, s. 13.3(zz).)

SUBCHAPTER 48C - LOCAL HEALTH DEPARTMENT ACCREDITATION - ADMINISTRATION

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48C .0101 PURPOSE

The rules of this Subchapter establish the process for local health departments to become accredited pursuant to G.S. 130A-34.1.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48C .0102 DEFINITIONS

The following definitions shall apply throughout this Chapter:

(1) "Accreditation" means an evaluation of an LHD's infrastructure, competence, and capacity to provide public health services through the satisfaction of the standards set out in 10A NCAC 48D Section .0200.

(2) "Accreditation status" means the status assigned to an LHD by the Board in accordance with G.S. 130A-34.1 and the rules of this Subchapter. The types of accreditation status are accredited, conditionally accredited, or unaccredited.

(3) "Activity" means a task demonstrating achievement of a portion of a standard.

(4) "Board" means "Accreditation Board" as defined in G.S. 130A-2(1).

(5) "Board of Health" or "BOH" means a "local board of health" as defined in G.S. 130A-2(4), a board of county commissioners that has assumed control of a local board of health in accordance with G.S. 153A-77(a), a consolidated human services board with the authority to carry out the functions of a local board of health in accordance with G.S. 153A-77(b)(2), or hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.

(6) "Community" means a subdivision of the population that shares one or more characteristics.

(7) "Community Health Assessment" means a process to identify through the collection and analysis of data and to document in a written report the public health needs within an LHD's jurisdiction.

(8) "Community Health Improvement Plan" means a written document setting out the steps to address the public health needs identified in the Community Health Assessment.

(9) "Community Partner" means individuals, groups, or organizations that are not affiliated with federal, state, local, or tribal government, but work with the LHD to identify and address public health needs.

(10) "Dashboard" means the web-based portal developed and maintained by the Institute to receive self-assessments submitted by LHDs. The Dashboard is located at https://nclhdaccreditation.unc.edu/nclhda-dashboard/.

(11) "Evidence-informed practice" means a way of doing something that is based on research findings, public health data, professional public health expertise, or customer feedback.

(12) "Institute" means the North Carolina Institute for Public Health.

(13) "Jurisdiction" means the county or counties that an LHD serves.

(14) "Local health department" or "LHD" means a local health department as defined in G.S. 130A-2(5), a consolidated human services agency that includes the local health department pursuant to G.S. 153A-77(b)(3), or an agency acting under the direction of a hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.

(15) "Local health director" means a local health director as defined in G.S. 130A-2(6) or appointed pursuant to G.S. 153A-77(e).

(16) "Population" means the people residing within an LHD's jurisdiction.

(17) "Self-assessment" means a written review that reflects the degree of an LHD's satisfaction of each standard and activity set out in 10A NCAC 48D Section .0200 that is completed and submitted by the LHD in accordance with 10A NCAC 48D .0201. The self-assessment shall include documentation supporting the completion of each activity.

(18) "Structural or Social Determinants of Health" or "SDOH" means the non-medical factors that impact health, well-being, and quality of life including social, economic, and political factors that generate and maintain individual health outcomes.

(19) "Standard" means a criterion to be assessed in determining an LHD's accreditation. A standard is comprised of activities.
(20) "Source of data" means quantitative or qualitative data collected by an LHD or another entity.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

SECTION .0200 - ACCREDITATION PROCESS

10A NCAC 48C .0201 SELF-ASSESSMENT

(a) Each LHD applying for accreditation in accordance with Rule .0205 of this Section shall complete a self-assessment in the Dashboard.
(b) The self-assessment shall include the following components:
(1) contact information for the LHD;
(2) the LHD's organizational chart;
(3) a narrative describing the LHD's population;
(4) a budget for the LHD for the current state fiscal year;
(5) the roster for the LHD's governing board;
(6) a personnel list for the LHD;
(7) the level of completion of each activity in 10A NCAC 48D Section .0200, scored in accordance with 10A NCAC 48D .0101(a); and
(8) documentation supporting the level of completion for each activity in Subparagraph (7) of this Paragraph.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48C .0202 SITE VISIT

(a) The Institute shall select a site visit team composed of not fewer than three individuals. Each site visit team member shall have experience in an LHD. Together the individuals on a site visit team shall have experience in all of the following areas: health administration, environmental health, public health nursing, health education, and governance of an LHD. An individual shall not be part of a site visit team for an LHD where the individual is currently employed.
(b) The site visit team shall conduct the site visit of the LHD by:
(1) reviewing the LHD's self-assessment; and
(2) speaking with LHD staff and members of the LHD's BOH.
(c) The site visit team shall assess whether the LHD has completed each activity in 10A NCAC 48D Section .0200 and prepare a written report to be shared with the Board summarizing the site visit and recommending an accreditation status based on rule 10A NCAC 48D .0101. The site visit team shall provide a copy of the report to the Institute and to the LHD within 10 business days of the conclusion of the site visit.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48C .0203 BOARD ACTION

(a) The site visit team shall present the report required by Rule .0202(c) of this Subchapter to the Board at the Board's next regularly scheduled meeting. The LHD shall have an opportunity to respond to the presentation.
(b) For each LHD site visit team report that is presented, the Board shall:
(1) assign the LHD an accreditation status in accordance with 10A NCAC 48D .0101; or
(2) defer assignment of an accreditation status in order to request additional information from the LHD.
(c) The Board may defer the assignment of accreditation status under Paragraph (b)(2) of this Rule by no more than six months.
(d) The Board's assignment of an accreditation status is effective the first day of the month following the date of Board action.

(e) An accreditation status of accredited shall expire four years from the last day of the month in which the Board assigned the accreditation status. Notwithstanding the foregoing, if an LHD's last accreditation status was accredited and the Board defers assigning a new accreditation status under Paragraph (b)(2) of this Rule, the LHD's accreditation status shall remain accredited until the Board assigns a new accreditation status.
(f) If a state of emergency declaration has been issued under G.S. 166A-19.3(19), a disaster declaration has been issued under G.S. 166A-19.3(3), or a disaster declaration has been made by the President of the United States under 44 C.F.R. Part 206, Subpart B naming all or part of an LHD's jurisdiction and the jurisdiction has an accreditation of status of "accredited," the Board may extend the LHD's accreditation status by up to 90 days following the end of the declaration.
(g) An accreditation status of conditionally accredited shall expire as set out in G.S. 130A-34.1(g)(2).
(h) The Board shall provide written notice to the LHD of any action taken under this Rule within 5 business days of the action.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48C .0204 INFORMAL REVIEW PROCEDURES
(a) If the Board assigns an LHD the status of conditionally accredited or unaccredited, the LHD may submit a written request to the Board within 10 business days of receipt of written notice under Paragraph (g) of Rule .0203 of this Section for reconsideration of the Board's decision. The written request shall describe the LHD's reasoning for how it met the requirements for accreditation as set out in 10A NCAC 48D .0101. The request shall be submitted to NCLHDaccreditation@unc.edu.
(b) The Board shall review the LHD's request at the Board's next regularly scheduled meeting. The Board shall either affirm the LHD's assigned accreditation status or assign a new accreditation status based on the information provided. The Board shall provide written notice to the LHD of the Board's decision within 10 business days of the Board meeting where the request is reviewed.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48C .0205 APPLYING FOR ACCREDITATION
(a) Each LHD shall apply for accreditation by completing a self-assessment in the Dashboard in accordance with Rule .0201 of this Section.
(b) If an LHD has an accreditation status of accredited or conditionally accredited, the LHD shall complete the self-assessment no later than five months before the expiration date of its accreditation status.
(c) If a county health department joins a district health department pursuant to G.S. 130A-36, the accreditation status of the district health department shall apply. If the district health department does not have an accreditation status, the district health department shall complete the self-assessment no later than five months after forming and shall assume the accreditation status that applies to fifty percent or more of the counties in the district or a status of conditionally accredited. The accreditation status assumed under this Paragraph shall apply until the earlier of the Board taking action in accordance with Rule .0203 of this Section or twelve months have elapsed since formation of the district. If twelve months have elapsed since formation of the district without Board action, the district health department shall be unaccredited.
(d) If a county health department withdraws from a district health department pursuant to G.S. 130A-38, the county health department shall complete the self-assessment no later than five months after withdrawing from the district health department. The county health department shall retain the accreditation status of the district health department until the earlier of the Board taking action in accordance with Rule .0203 of this Section or twelve months elapsing since withdrawal from the district. If twelve months have elapsed since withdrawal from the district without Board action, the county health department shall be unaccredited.
(e) If an LHD timely completes the self-assessment as set out in Paragraphs (b)-(d) of this Rule, the Board shall initiate a site visit in accordance with Rule .0202 of this Section and take action in accordance with Rule .0203 of this Section before the LHD's accreditation status expires. In all other circumstances, the Board shall initiate a site visit in accordance with Rule .0202 of this Section within eight months of completion of the self-assessment and shall take action in accordance with Rule .0203 of this Section at its next regularly scheduled meeting following the site visit.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

SUBCHAPTER 48D - LOCAL HEALTH DEPARTMENT ACCREDITATION - STANDARDS

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48D .0101 ACCREDITATION REQUIREMENTS

(a) The completion of each activity in Section .0200 of this subchapter shall be scored based on the self-assessment and site visit as follows:

(1) two points shall be awarded when all of an activity is completed;
(2) one point shall be awarded when part of an activity is completed; and
(3) zero points shall be awarded when no part of an activity is completed.

(b) The Board shall assign an LHD an accreditation status of accredited if the LHD earns at least four points in each standard set out in rules .0201 through .0211 of this Subchapter and at least 81 points overall.

(c) If an LHD does not meet the criteria set out in Paragraph (b) of this Rule, the Board shall assign an accreditation status of conditionally accredited or unaccredited in accordance with G.S. 130A-34.1.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

SECTION .0200 – STANDARDS AND ACTIVITIES

10A NCAC 48D .0201 STANDARD A: ASSESSMENT AND SURVEILLANCE

To satisfy the assessment and surveillance accreditation standard, a local health department shall complete the following activities:

(1) conduct a community health assessment;
(2) collect and use a minimum of two sources of data to document the health of the population and identify communities with barriers accessing health care;
(3) collect and use a minimum of two sources of data to guide LHD programs and services;
(4) provide, contract for the provision of, or assure the availability of laboratory services for disease detection in the jurisdiction; and
(5) monitor emerging health issues and threats and report communicable diseases in accordance with 10A NCAC 41A .0103.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0202 STANDARD B: COMMUNITY PARTNERSHIP DEVELOPMENT

To satisfy the community partnership and development standard, a local health department shall complete the following activities:

(1) consult with representatives of communities with barriers accessing health care in developing and implementing LHD programs and services;
(2) develop and maintain relationships with community partners and government entities to improve LHD programs and services; and
(3) consult community partners in the development of the community health improvement plan.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0203 STANDARD C: COMMUNICATIONS

To satisfy the communications standard, a local health department shall complete the following activities:

(1) develop a plan for communicating public health information to the population and demonstrate using the plan;
(2) tailor communications to reach communities and distribute the communications to those communities;
(3) share data about the health of the population with the public and community partners;
(4) develop partnerships with the media and promote public health messages through those partnerships; and

(5) develop and implement a plan to educate the population on public health topics.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0204 STANDARD D: EMERGENCY PREPAREDNESS AND RESPONSE

To satisfy the emergency preparedness and response standard, a local health department shall complete the following activities:

(1) maintain emergency preparedness and response plans and train LHD staff on those plans;
(2) provide LHD personnel and communications systems to implement preparedness and response plans, in the event of a state of emergency declaration under G.S. 166A-19.3(19), a disaster declaration under G.S. 166A-19.3(3), or a disaster declaration under 44 C.F.R. Part 206, Subpart B in coordination with government entities and community partners;
(3) maintain LHD continuity of operations in the event of a declared emergency or disaster, as set out in Paragraph (2) of this Rule;
(4) exercise the powers and duties of the local health director pursuant to G.S. 130A-41; and
(5) maintain a written plan that describes how to reach the LHD by phone, email, or other form of communication 24 hours per day, seven days per week.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0205 STANDARD E: STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

To satisfy the structural and social determinants of health standard, a local health department shall complete the following activities:

(1) develop a plan that addresses structural or social determinants of health in the population;
(2) provide training to the LHD's workforce on structural or social determinants of health; and
(3) implement the plan to address structural or social determinants of health in the LHD's programs and services.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0206 STANDARD F: ORGANIZATIONAL WORKFORCE DEVELOPMENT

To satisfy the organizational workforce development standard, a local health department shall complete the following activities:

(1) comply with applicable state and local human resource laws and policies related to local health department employee grievances, performance reviews, and job qualifications, including to have, or be recruiting, a local health director who meets the qualifications of G.S. 130A-40;
(2) develop and implement a workforce development plan to recruit and retain employes who meet LHD job qualifications;
(3) review the workforce development plan to identify and implement improvements to the plan; and
(4) provide professional development to members of the LHD's workforce, including opportunities for on-the-job training and continuing education.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0207 STANDARD G: ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND LEGAL SERVICES

To satisfy the organizational leadership, governance, and legal services standard, a local health department shall complete the following activities:

(1) share public health updates with elected officials and community partners;
(2) develop and maintain a strategic plan that sets out the LHD's priorities for the LHD's services, programs, and initiatives;
(3) educate members of the LHD's Board of Health on their roles, responsibilities, and legal authority;

(4) access and use legal services; and
(5) develop and implement a plan to include community partners on public health boards, councils, or groups.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0208 STANDARD H: ORGANIZATIONAL FACILITIES
To satisfy the organizational facilities standard, a local health department shall complete the following activities:
(1) maintain facilities used for LHD programs and services;
(2) develop and maintain written protocols for the security of LHD facilities;
(3) develop and maintain clinical and environmental health equipment in accordance with manufacturers' requirements; and
(4) implement tobacco-free policies in LHD facilities.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0209 STANDARD I: ORGANIZATIONAL FINANCE AND INFORMATION TECHNOLOGY
To satisfy the organizational finance and information technology standard, a local health department shall complete the following activities:
(1) develop and maintain a budgeting, auditing, billing, and financial policy;
(2) evaluate the LHD's finances and identify opportunities to secure additional funding to support LHD programs and services; and
(3) maintain policies and procedures that comply with the privacy and security standards required by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and its implementing regulations, as applicable.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

10A NCAC 48D .0210 STANDARD J: ACCOUNTABILITY AND PERFORMANCE MANAGEMENT
To satisfy the accountability and performance management standard, a local health department shall complete the following activities:
(1) develop and maintain written policies and procedures for the administration of the LHD;
(2) comply with state and local laws and rules relating to programs and services offered by the LHD;
(3) maintain a procedure for monitoring and improving the performance of LHD programs and services;
(4) identify and use evidence-informed practices to improve LHD programs and services; and
(5) use quality improvement practices to improve LHD services and programs.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

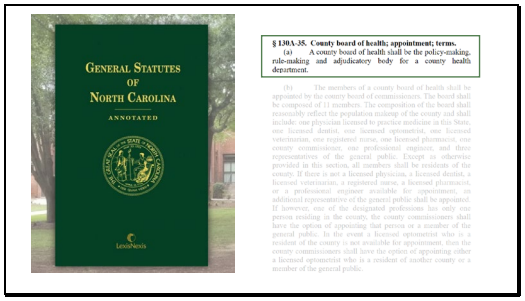
10A NCAC 48D .0211 STANDARD K: POLICY DEVELOPMENT AND SUPPORT
To satisfy the policy development and support standard, a local health department shall complete the following activities:
(1) enforce public health laws and rules in accordance with G.S. Chapter 130A-4;
(2) make recommendations to the LHD's Board of Health on local rules or policies to improve the health of the population; and
(3) make recommendations to legislators or regulators regarding state laws or rules impacting public health.

History Note: *Authority G.S. 130A-34.1;*
Eff. June 1, 2026.

Slide 1



Slide 2

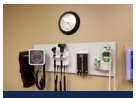


Slide 3



Slide 4

Agenda:



Section 1

Public Health Milestones, Current Challenges, and the Core Functions



Section 2

Legal Responsibilities and Authority



Section 3

Public Health Governing Structures, Board Member Roles and Effective Governance

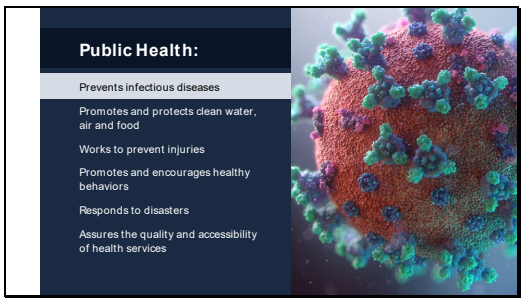
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Slide 9



Slide 10



Slide 11



Slide 12



Slide 13

What is Public Health?

Public health is "organized community efforts aimed at the prevention of disease and promotion of health. It links many disciplines and rests upon the scientific core of epidemiology."

The Future of Public Health, Institute of Medicine, 1988.





Slide 14

What is Public Health?



Goal 1: Prevention of Disease

Addressing the risk factors for disease or injury

Ex.: Encourage sunscreen use and protective clothing to limit UV radiation exposure



Goal 2: Promotion of Health

Enabling people to increase control over, and to improve, their health

- Health education and information
- Redesign of equipment and tools
- Designing buildings and neighborhoods
- Information to policymakers and society

Slide 15

10 Greatest Public Health Achievements of the 20th Century

- Vaccination
- Control of infection
- Safer workplaces
- Motor vehicle safety
- Decline in deaths from heart disease and stroke

10 Greatest Public Health Achievements of the 20th Century

- Safer and healthier foods
- Fluoridation of drinking water
- Healthier mothers and babies
- Recognition of tobacco as a health hazard
- Family planning

Slide 16



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Slide 18



Slide 19



Slide 20



Slide 21



Slide 22



Slide 23



Slide 24



Slide 25

10 Greatest Public Health Achievements of the 20th Century

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- Family planning

Slide 26

Additional Public Health Achievements



Cancer prevention



Childhood lead poisoning prevention

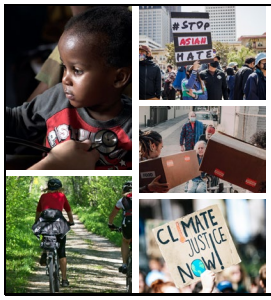


Public health preparedness and response

Slide 27



Slide 28



Current Public Health Challenges

- Integrating physical activity and healthy eating into daily lives
- Cleaning up and protecting the environment
- Reducing the toll of violence in society
- Addressing the impacts of climate change
- Centering health equity in the work of public health and considering issues of social justice
- Identifying sustainable and adequate funding to support public health agencies to build foundational capacities
- Engaging in policy change that supports the health and well-being of all persons

Slide 29

Summary

- Public health main goals are to prevent disease and promote health
- Great public health achievements including mass vaccination, healthier mothers and babies and motor vehicle safety
- Continued improvements in these areas throughout the beginning of the 21st century
- Major challenges remain

Slide 30



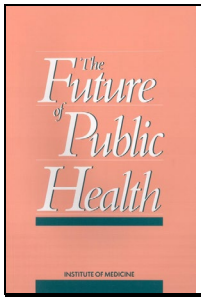
Slide 31

Big Picture of Public Health

How does the work of a governing board with oversight of public health fit into the bigger picture?



Slide 32



1988 Institute of Medicine (IOM) Report

- New governmental functions at federal, state and local levels
- Reestablish boards of health or "public health councils" to:
  - Assess public health needs
  - Develop public health policy
  - Assure that public health services are available
- Boards of health members serve as:
  - Advocates for public health
  - Brokers between policymakers and the provision of public health services

Slide 33

Core Functions of Public Health



Slide 34

Community Health Assessment (CHA)

- Community Health Assessment (CHA) required for health department accreditation
  - Required every 4 years
  - Can synchronize with hospital CHAs (3-year cycle)
  - Also required, annual SOTCH reports





Slide 35

Boards and Assessment

Assessment makes it possible to understand:

- Main health concerns in the community
- Factors that influence health
- Assets and resources in the community
- Where to intervene to create positive change



Slide 36

Boards and Policy Making

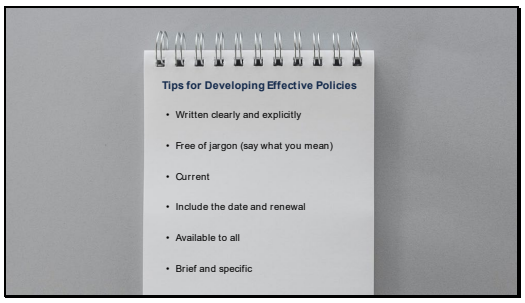
- Make operations and management policy of the LHD
- Policy is limited by state laws or county ordinances and policies
- Give advice and help health director make decisions

Examples:

- Board-approved strategic plan
- Board operating procedures



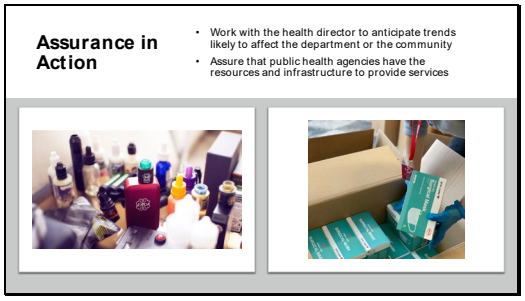
Slide 37



Slide 38



Slide 39



Slide 40

Summary

- Three core functions of public health: assessment, policy development and assurance
- 10 essential services within those core functions
- These services represent crucial aspects of your board's activities and responsibilities

Slide 41



Slide 42

Legal Authority for Public Health

This law declares that the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina, and requires each local health department to ensure that the 10 essential public health services are available and accessible.
N.C. General Statute (G.S.) § 130A-1.1

North Carolina law requires each county to provide public health services by operating a county health department or consolidated human services agency, or by participating in a multi-county district health department. Alternatively, a county may form a single- or multi-county public health authority.
N.C. General Statute (G.S.) § 130A-34; 130A-45

All types of local health departments are governed by local boards of health, which serve as the policy-making, rule-making, and adjudicatory body for the department. In some counties the board of county commissioners serves as the board of health.
N.C. General Statute (G.S.) § 130A-2(4); 130A-35; 130A-37; 130A-43(b); 130A-45.1;153A-77

Each local health department must have a local health director who has education and experience in medicine, public health, or public administration related to health care, and who exercises legal powers and duties set out in multiple state statutes and rules.
N.C. General Statute (G.S.) § 130A-40; 130A-41; see also 153A-77(e)

Slide 43

Sources of Public Health Law in NC

- North Carolina Public Health Statutes (www.ncleg.gov)
- North Carolina Administrative Code (reports.oah.state.nc.us/ncac.asp)
- Federal law
- Other sources:
  - US and North Carolina constitutions
  - Local rules and ordinances
  - Court decisions
  - Contracts



Slide 44

Local Roles and Responsibilities



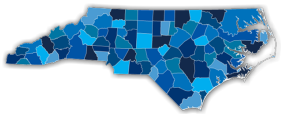
Slide 45

Local Health Departments



Slide 46

Sources of Authority Governing LHDs



- State laws:
  - Essential services
  - Mandated services
  - Accreditation
  - Public health powers, duties, and programmatic requirements
- Consolidated agreement
- Federal law



Slide 47

State Laws: "Essential" Services

- G.S. § 130A-1.1 lists the ten essential services ensured by the local health department
  - NOTE: law is tied to original essential services model



10 Essential Services Model (1994)

Slide 48

State Law: Mandated Services

State regulations require that every local health department either provide or ensure the provision of twelve mandated services

10A N.C.A.C. 46 .0201

Slide 49

Mandated Services Regulations

Provide	Provide or Ensure
• Individual on-site water supply • Sanitary sewage collection, treatment, and disposal • Food, lodging and institutional sanitation • Communicable disease control • Vital records registration	• Child health • Maternal health • Family planning • Dental public health • Home health • Adult health • Public health lab support

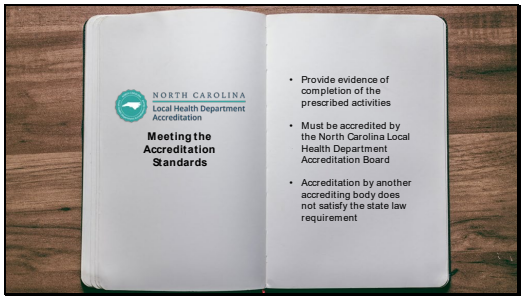
Slide 50

State Law: Accreditation

- Required under G.S. § 130A-34.1: All local health departments must obtain and maintain accreditation
- Focus on performing three core functions and delivering 10 essential services
- Achieved by:
  - Meeting a set of capacity-based standards
  - Providing evidence of completion of prescribed activities



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Slide 52

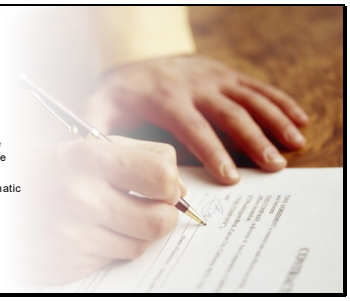
G.S. § 130A-34.4(a)

Obtaining and maintaining accreditation is a condition for receiving state and federal funds

Slide 53

Consolidated Agreement

- All local health departments enter into contracts with the state in order to receive state and federal funds.
  - Impose some programmatic and administrative requirements
  - Include some service mandates



Slide 54

Federal Law

Examples of obligations under federal law include:

- Affordable Care Act (ACA) anti-discrimination rule
- HIPAA Privacy and Security Rules
- Civil Rights Act Title VI requirement for provision of language assistance services at no cost
- Personal Responsibility & Work Opportunity Reconciliation Act Title IV requirements regarding which services must be provided to clients regardless of immigration status
- "Strings" attached to particular programs (e.g. Title X family planning grants)



Slide 55

Local Health Directors



Source: http://www.ncalhd.org/directors/

Slide 56

Appointment of Local Health Director

County or District	Public Health Authority	Consolidated Human Services Agency
• Appointed by BOH • Minimum education and experience • G.S. 130A-41 and other laws	• Appointed by PHA board • Minimum education and experience • G.S. 130A-45.5 and other laws	• CHS director appointed by county manager (CM) ○ If does not meet health director qualifications, the CHS director/CM must appoint someone who does • Acquires powers and duties of a local health director but may delegate • G.S. 153A-77 plus 130A-41 and other laws

Slide 57

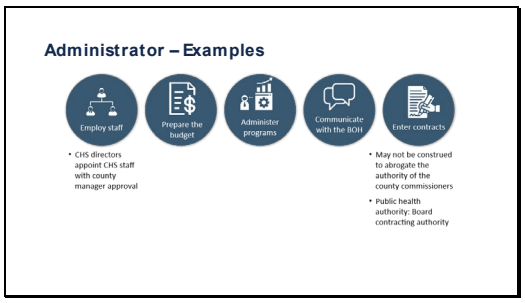
Health Director

- The health director wears many hats…
  - Administrator
  - Enforcer
  - Educator
  - Community liaison

G.S. á 130A-41



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Slide 59



Slide 60



Slide 61

Local Governing Board



Photo: Mecklenburg County Board of Commissioners

Slide 62

Big Picture

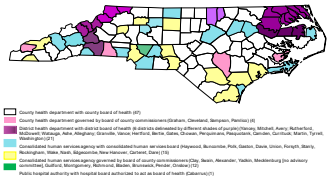
"A local board of health shall have the responsibility to protect and promote the public health."

G.S. § 130A-39



Slide 63

Types of Local Public Health Agencies & Boards
June 2021



Slide 64

Local Boards of Health

Some key provisions:

- Must be residents of the county
- Appointed/removed by commissioners
- Composition dictated by statute
- Health director serves as secretary



Slide 65

Roles of Boards of Health

- **Rulemaking**
- Adjudication
- Administration



Slide 66

Rulemaking

"A [BOH] shall have the responsibility to protect and promote the public health. The board shall have the authority to adopt rules necessary for that purpose."
G.S. á 130A-39



Slide 67

What is a BOH rule?

- Prohibit citizens from doing something
- Require citizens to do something
- Enforceable in court. A person could be:
  - Charged with a criminal misdemeanor
  - Subject to an injunction ordered by a judge
  - Fined by the health director



Slide 68

Rulemaking – Examples

- Some jurisdictions have local rules governing
  - Private drinking water wells
  - On-site wastewater
  - Mosquito control
  - Wearing masks in public places during a communicable disease emergency



Slide 69

Interaction with Other State Rules

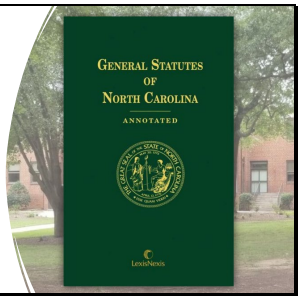
BOH rule may be more stringent than the Environmental Management Commission or Commission for Public Health rule where "a more stringent rule is required to protect the public health"

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

Slide 70

Rulemaking – General Limitations

- Must be related to health
- Must be reasonable
- Must not discriminate



Slide 71

Additional limitations for local BOH rules that address certain topics

Food & lodging sanitation	Private drinking water wells	On-site wastewater	Smoking
• Local rules generally not allowed	• Local rules must adopt and supplement state rules	• Local rules must adopt and supplement state rules • State must approve local rules	• Local rules may regulate smoking in specified places • Board of county commissioners must approve local rules

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Roles of Boards of Health

- Rulemaking
- **Adjudication**
- Administration



Slide 73

Adjudication

When does a local board of health act like a court?

When a person is aggrieved by the interpretation, or enforcement, of a local board of health rule or imposition of fines or appeals



Slide 74

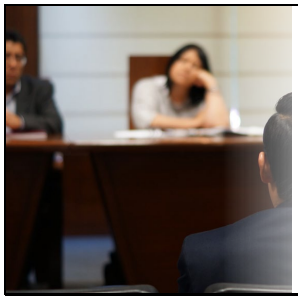
Adjudication (cont.)

The Board may be asked to hold a hearing about the enforcement of local board of health rule or imposition of fines.

(G.S. 130A-24)



Slide 75



Adjudication Role

- Acts as a "quasi-judicial" body or court
- Evaluates if legal authority exists for the decision
- Evaluates if the decision is supported by the evidence
- When holding a hearing the board must:
  - Consult with its local counsel regarding due process and procedures
  - Follow strict timelines
  - Keep a verbatim transcript
  - Issue a written decision
  - Follow the procedures described in state statute
- Board's decision may be appealed to district court

Slide 76

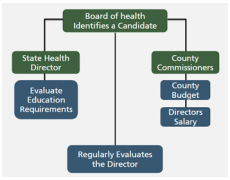
Roles of Boards of Health

- Rulemaking
- Adjudication
- ➢ **Administration**



Slide 77

Administration





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Director of a Consolidated Human Service Agency

- Hired and fired by county manager, with advice and consent of consolidated human services board
- County manager responsible for evaluating performance
- If director doesn't satisfy education and experience requirements, consolidated director must appoint a person who does
  - That appointee may be hired or fired by Consolidated Human Services director with consent of county manager
- BOCC decides whether employees of consolidated agency (including director) will be:
  - Subject to State Human Resources Act
  - OR subject solely to county personnel policies

Slide 79

Administration — Fees

A local board of health may impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State …

G.S. 130A-39 (g)

Slide 80

Administration — Budget

- BOH reviews and approves the local health department's budget
- Consolidated human services board does not transmit or present the budget to the BOCC

Slide 81

Administration — Financial

Board of County Commissioners	
County Health Departments & Consolidated Human Services Agencies	District Health Departments & Public Health Authorities
Must approve the departmental budget	Not required to approve the departmental budget
	Must approve request for appropriation from the county budget

Slide 82

Summary

- Legal responsibilities and authority of public health in North Carolina and the sources of public health laws
- Roles and responsibilities of local health departments, health directors and boards of health

Slide 83



Slide 84

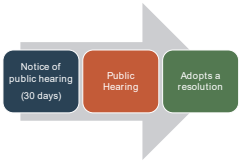
Organizing Options

Board of Commissioners (BOC) may:

1	2	3
Assume powers and duties of a Board of Health	Create a consolidated human services agency and appoint a consolidated human services board	Do both by creating a consolidated human services agency and assuming the powers and duties of the consolidated human services board

Slide 85

Assuming Powers and Duties of Boards



A Board of Commissioners may:

- Assume the powers and duties of a county board of health, or a county consolidated human services board

OR

- Assume the powers and duties of other county boards

Slide 86

BOCC Authority Over Local Boards

Authority of Board of County Commissioners extends to:

- County board of health
- County board of social services
- Consolidated human services board
- Other board or commission appointed by BOC that acts pursuant to BOC authority



Slide 87

Who Is NOT Included?

- MH/DD/SAS board
- Public health authority
- Public hospital authority providing public health services
- Public hospitals
- Multi-county boards:
  - District Boards of Health



Slide 88

BOCC as BOH: Powers and Duties

Role: Protect and promote the public health

Powers and duties include:

- Appoint local health director
- Make policy for local public health agency
- Adopt local public health rules
- Adjudicate disputes regarding local rules or locally imposed public health administrative penalties or fines
- Impose local public health fees; and
- Satisfy state accreditation requirements for BOHs



Slide 89

Advisory Committee on Health

When a board of county commissioners (BOCC) assumes the powers and duties of a board of health, or of a consolidated human services board that includes public health, the BOCC must appoint an advisory committee on health.



Image source: Pexels.com

Advisory committee membership **must** include:

- County commissioner
- Physician
- Dentist
- Optometrist
- Veterinarian
- Registered nurse
- Pharmacist
- Professional engineer
- Three members of general public

Slide 90

Division of BOH Powers and Duties: BOCC vs. Advisory Committee

Board of Commissioners	Advisory Committee on Health

• Acquires all the legal powers and duties automatically by law
• Adopts local public health rules
• Adjudicates disputes about local rules
• Acquires additional statutory duties
	• Advise on public health matters
	• Carry out activities that may be delegated to advisory committees:
	  • Non-Delegable
	  • Delegable

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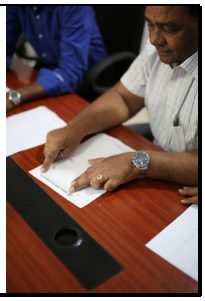
Delegable vs. Non-Delegable

Board of Commissioners	Advisory Committee on Health
Non-delegable: • Be trained • Assure development, implementation and evaluation of local services and programs • Establish public health goals and objectives • Assure resources to implement essential public health services	**Delegable:** • Review assessment data and citizen input; plan and monitor progress toward leath goals • Support public health funding and programs, and community health improvement • Advocate for public health • Promote community-based partnerships

Slide 92

Important Note

- A board of county commissioners that has assumed board of health powers and duties retains the legal authority to adopt local public health rules.
- That authority may **not** be delegated to the Advisory Committee.
- The board of commissioners may ask the advisory committee to advise on rules and assist in developing and promoting rules.



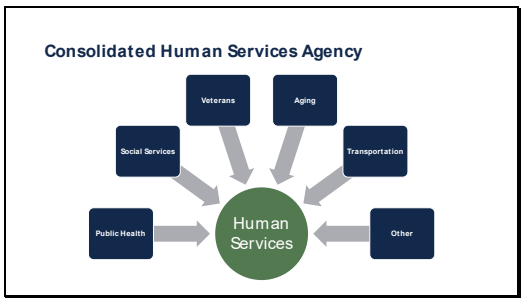
Slide 93



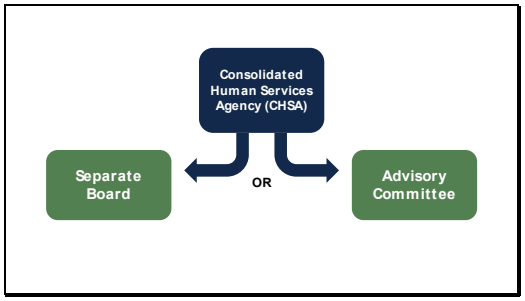
BOCC as BOH: Health Director

- Same minimum education and qualification requirements
- Must have a background in medicine, public health, or public administration related to health services

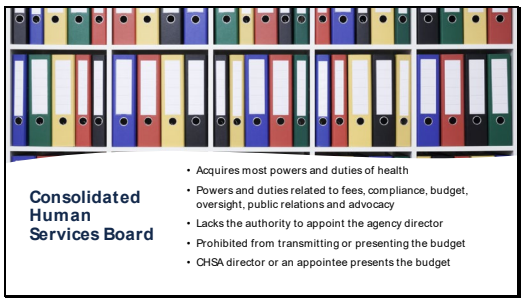
Slide 94



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Slide 96



Slide 97



CHS Board: Public Health Powers and Duties

- Make policy for local public health agency
- Ensure compliance with mandates
- Adopt local public health rules
- Adjudicate disputes
- Impose local public health fees
- Satisfy state accreditation requirements for boards of health

Slide 98

CHS Board: Social Services Powers and Duties

Advise	Consult	Monitor and Evaluate	Review	Inspect
Public officials	With director in preparing agency budget	Social service programs	Suspected cases of fraud for some public assistance programs	Confidential social services and public assistance records • Consult with local social services attorneys

Slide 99

Who is on a CHS Board?

Requirements:

- 4 consumers of human services
- 8 professionals: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse.
- 2 physicians licensed to practice medicine in NC (one must be a psychiatrist)
- Up to 10 representatives of the general public representing various occupations

- 2 consecutive 4-year terms



Slide 100

Compare and Contrast

CHS Board	County Board of Health
• Up to 25 members • All appointed by BOCC • Composition requirements for some positions • Two consecutive 4-year terms	• 11 members • All appointed by BOCC • Composition requirements for most positions • Three consecutive 3-year terms

Slide 101

BOCC as CHS Board

- Same roles and responsibilities of a BOCC acting as a CHS as appointed CHS Board
- Required to have an advisory committee
  - Same membership as a county board of health
  - Additional members to represent social services or other agencies or departments included in the county's CHSA

Slide 102

CHSA: Director

Education and Experience

- No minimum education and experience requirements
- Must be able to run a local agency that carries out numerous state and federal programs
- Most have background in county administration, social services, or public health

Appointments

- Appointed and supervised by county manager with "advice and consent of the human services board"
- Must appoint a person who has qualifications required by law to be local health director

Slide 103

CHSA: Director (cont.)

Powers and Duties

- Automatically acquires the legal powers and duties of a local health director
- May delegate health director powers and duties to appointee

Authority

- Document CHS director's delegation of local health director authority
- In public health emergency, important actions may be delayed if it is unclear who is exercising the authority or authority has not been delegated

Slide 104



Slide 105

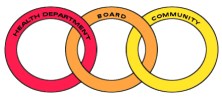
Guidelines for Board Members

- Educate yourself about:
  - Your community and its public health status
  - History, goals, achievements and current situation of BOH and health department
- Attend Meetings:
  - Attend board meetings
  - Review all meeting materials
  - Carry out assigned work between meetings
  - Participate in open, constructive dialogue

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Guidelines for Board Members

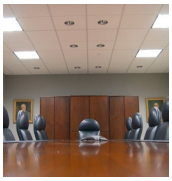
- Represent public health
  - Represent public health to the community
  - Speak for the board when delegated
- Work to link the community to the health department
- Act as an advocate for public health by maintaining active involvement



Slide 107

Chair Roles and Responsibilities

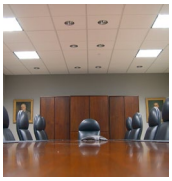
- Leader of the board
- Runs board meetings
- Speaks for and represents the board
- Promotes teamwork
- Addresses performance issues
- Recommends removal to county commissioners



Slide 108

Chair Roles and Responsibilities (con't)

- Initiates strategic planning
- Initiates annual evaluation of the health director
- Works with the health director to set the meeting agenda
- Counsels and consults with the health director



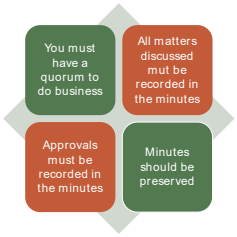
Slide 109

Board Member Removal

- Commission of a felony or other crime involving moral turpitude
- Violation of a state law governing conflict of interest
- Violation of a written policy adopted by the county board of commissioners
- Habitual failure to attend meetings
- Conduct that tends to bring the office into disrepute; or
- Failure to maintain the required qualifications for appointment

Slide 110

Guidelines for Board Meetings and Activities



Slide 111

Guidelines for Board Meetings and Activities (cont.)

- NC Open Meetings law: notice of all meetings must be given to the public
- Maintain manual and operating procedures
- Divide committees or subcommittees when appropriate including members from outside the board

Slide 112

Overall Role of Board

- Rule-making, adjudication and policy-making
- Leave day-to-day operation of health department to the health director
- Develop and support policies designed to promote and protect the public's health



Slide 113

The Board's Number One Goal:

Support the health department in achieving its goals.



Slide 114

Summary

- Board members should:
  - Educate themselves
  - Be involved in board meetings
  - Seek to link community to health department
  - Represent public health, speak for board when delegated
- Meetings must follow specific guidelines
- The Chair has a specific role
- Board's overall roles are rule-making, adjudication and policy-making
- Board's #1 goal is to support local health department in achieving its public health goals

Slide 115



Slide 116

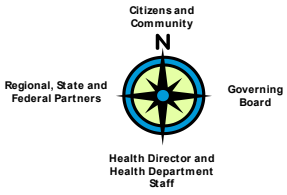
Governing Challenges

1. Vague task definitions
2. No hierarchy
3. Little feedback
4. Open meetings



Slide 117

Partnership Compass



Slide 118

Governing Well

- Clearly define roles and relationships
- Operate in a culture of values and ethics
- Work as a team
- Think and act strategically
- Focus on policy priorities
- Master small-group decision making
- Develop and follow protocols for board behavior and board-staff relations
- Allocate time and energy appropriately

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Governing Well (Cont.)

- Set clear rules and procedures for meetings
- Understand intergovernmental systems and build productive partnerships
- Provide oversight
- Establish and follow protocols
- Seek out and respond to feedback
- Model personal learning and development as leaders

Slide 120

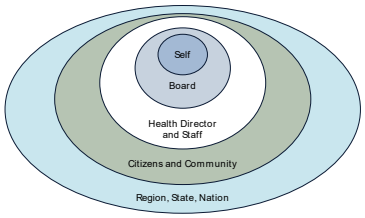
The Governing Board as a Team

- Commit to work together
- Open communication
- Respect one another
- A sense of shared work
- Motivated to get things done
- Willing to listen and understand different points of view
- Disagree without being disagreeable



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Levels of Board Accountability



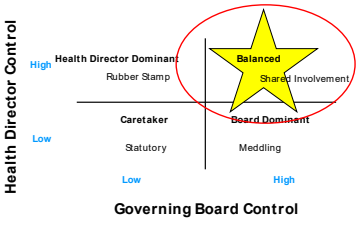
Slide 122

Six Expectations for Effective Board-Health Director Relations

1. The board as a body sets direction.
2. The board respects the role of the health director as chief administrator for the health department and allows them to demonstrate competency in their role.
3. The board and the health director jointly strive for good service to their community.
4. The board is responsible for board members' behaviors.
5. The board freely gives and seeks feedback.
6. The board works with the health director to be a high performing governing body.

Slide 123

Board-Health Director Relations



Slide 124

Summary

- It is an honor to serve on a governing board for public health.
- Serving as a governing board for public health is a weighty responsibility.
- Strive for partnership between the board and the director.
- Providing good service to your community is the ultimate goal.

Burke County, North Carolina

Agenda Abstract
Meeting Date: July 27, 2026

PRESENTATIONS

Subject Title: HD - Health Department Director Updates

Presented by: Dr. Ashley Jarrett, Interim Health Director

Summary of Information: The Health Department Interim Director, Dr. Ashley Jarrett, will provide an annual update for operations and procedures

Strategic Plan Focus Area Alignment:
No. 1- Community Advancement
To invest in cultural capital and advancement strategies that promote participative governance that elevates a community to live, work and play-while also positioning Burke County as a community of choice.

No. 3- Public Safety & Well Being
To ensure the safety of our residents through efficient and effective public safety agencies.

Budgetary Effect: Approval is recommended.

County Manager's Recommendation: Approval is recommended.

Legal Review: N.A.

Suggested Motion: To accpet the report as presented.

BURKE COUNTY PUBLIC HEALTH

FY 2025–2026 EXECUTIVE SUMMARY

Fiscal Year 2025–2026 was a year of sustained service delivery, leadership transition, and forward planning. Burke County Public Health continued protecting residents through clinical care, nutrition services, environmental health, communicable disease control, emergency preparedness, health education, and community partnerships while strengthening the systems needed for accountable, efficient, and responsive public health operations.

1,455	11,096	2,322	659
Immunizations	**Laboratory tests**	**Average monthly WIC participation**	**Food & lodging inspections**

OPERATIONS AND COMMUNITY HEALTH INVESTMENT

- **Essential services:** Programs delivered primary and maternal care, family planning, child health, immunizations, communicable disease services, laboratory testing, WIC, Environmental Health, preparedness, and health education—with emphasis on residents facing barriers to care.
- **Community investment:** WIC participants redeemed more than $1.56 million in food benefits. Additional investments included health fairs, school-based education, Safe Kids programming, ice storm preparation, measles response and education, mobile women's health services, and initiatives addressing food insecurity, maternal and child health, and access to care.
- **Priority alignment:** The completed Community Health Assessment and Community Health Improvement Plan provide a data-informed foundation for aligning services and partnerships with Commissioner and community-identified health priorities.

FINANCIAL STEWARDSHIP AND OPERATIONAL EFFICIENCY

BCPH managed a **$6.05 million gross expenditure budget**, supported by approximately **$2.68 million in anticipated program revenue**, resulting in a net budget of approximately **$3.37 million**. At reporting, 91.7% of projected revenue had been received, 92.6% of the expenditure budget utilized, and 93.3% of the net budget expended. Funding included state and federal appropriations, grants, Medicaid and insurance reimbursement, fees, clinical revenue, and County investment.

- **Efficiency investments:** Departmental audits, Lean training, strengthened onboarding, technology modernization, clinical workflow and revenue-cycle review, shared training, mutual aid, contracted clinical support, and an Environmental Health Kaizen event improved capacity and reduced duplication.

LEADERSHIP, WORKFORCE, AND FUTURE DIRECTION

Ashley Jarrett, DNP, RN, assumed the role of Interim Health Director, providing continuity while Burke County plans for permanent leadership. Amid a 17% turnover rate, five retirements, and four new hires, the department continued investing in retention, succession planning, frontline leadership, Lean training, professional credentials, and continuous quality improvement.

- **Facilities:** Advance the $3.2 million modernization of Public Health and Social Services facilities, including new or renovated clinical and administrative space that improves accessibility, privacy, efficiency, and the resident experience.
- **Strategic realignment:** Re-evaluate and update the FY 2024–2028 Strategic Plan to reflect changes in leadership, organizational capacity, County direction, Commissioner priorities, and community health needs, with revised goals, investments, and performance measures.
- **Sustainable services:** Strengthen workforce stability, clinical workflows, revenue-cycle performance, technology, and data use while evaluating Child Health, school nursing, mobile health, food access, and other service models for impact, funding, and long-term sustainability.

BCPH enters FY 2026–2027 committed to responsible stewardship, efficient operations, a supported workforce, accessible services, and measurable alignment with Burke County priorities.

Burke County, North Carolina

Agenda Abstract
Meeting Date: July 27, 2026

ITEMS FOR DECISION

Subject Title: HD - Change BOH Board meeting from Annual to Semi-Annual

Presented by: Dr. Ashley Jarrett, Interim Health Director

Summary of Information:

The Burke County Board of Health currently meets annually to conduct required Board business. To enhance Board effectiveness and support ongoing governance responsibilities, the Health Director recommends amending the Board's regular meeting schedule to provide for two regular meetings annually.

Under the proposed schedule, one meeting would be held each fall or winter and would focus primarily on Board orientation, governance training, accreditation updates, and strategic discussion. The second meeting would be held in July and would focus on the Board's annual business, reports, and other items requiring Board action.

Meeting semi-annually will provide additional opportunities for Board member education, meaningful discussion, and communication between the Board and Health Department leadership while supporting compliance with North Carolina local health department accreditation requirements and promoting effective public health governance.

Strategic Plan Focus Area Alignment:

No. 1- Community Advancement

To invest in cultural capital and advancement strategies that promote participative governance that elevates a community to live, work and play-while also positioning Burke County as a community of choice.

Budgetary Effect: N.A.

County Manager's Recommendation: Approval is recommended.

Legal Review: N.A.

Suggested Motion: To approve the Board of Health meeting schedule from annual to semi-annual, with dates to be set with the Board's annual schedule.

Burke County, North Carolina

Agenda Abstract
Meeting Date: July 27, 2026

ITEMS FOR DECISION

Subject Title: HD - Approval of Health Department Policies

Presented by: Dr. Ashley Jarrett, Interim Health Director

Summary of Information: The Public Health Department is requesting formal approval of several key policies governing the operations of the Burke County Board of Health and the Health Department. These policies have been reviewed for compliance with state and federal regulations, alignment with local practices, and consistency with public health accreditation standards.

Strategic Plan Focus Area Alignment:
No. 1- Community Advancement
To invest in cultural capital and advancement strategies that promote participative governance that elevates a community to live, work and play-while also positioning Burke County as a community of choice.

No. 3- Public Safety & Well Being
To ensure the safety of our residents through efficient and effective public safety agencies.

Budgetary Effect: N.A.

County Manager's Recommendation: Approval is recommended.

Legal Review: N.A.

Suggested Motion: To approve the Board of Health policies as presented.

PolicyStat Id	Title	Approval Flow	Area	Owner	Last Approved	Origination	Effective Date	Last Revised	Default Expiration Period	Next Review	Has Attachments	Restricted	Summary of Changes
17083796	340B Purchasing and Inventory Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	4/1/2013	Upon approval	6/2/2026	730 days	12/6/2024	No	Public	Updated BCPH
18987930	Abbreviations List	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	12/11/2023	Upon approval	6/2/2026	1095 days	12/11/2026	No	Public	Removed "NSB (Nutrition Services Branch)" and replaced it with "CNSS (Community Nutrition Services Section)"
19274252	Administration of FDA-Approved Medications for "Off-Label" Use	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	Minor grammatical corrections
16848261	Basic Nutrition Assessment	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	5/1/2010	Upon approval	6/2/2026	730 days	11/30/2024	No	Public	Added Responsible Person
21006891	Basic Nutrition Assessment Policy	Administration	WIC	Burnette, Amy: Admin Assistant III	N/A	5/1/2010	Upon approval	9/11/2023	1065 days	8/11/2026	No	Public	No Comment Provided
17083785	Birth Control Follow up for Prenatal Clients Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	3/1/2005	Upon approval	6/2/2026	730 days	12/6/2024	No	Public	Updated BCPH naming convention
17011320	Birth Control Follow up for Prenatal Clients Procedures	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	3/1/2005	Upon approval	6/2/2026	730 days	11/30/2024	No	Public	Updated BCPH naming convention
17473474	Burke County Public Health Tuberculosis Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	2/20/2024	Upon approval	6/2/2026	1095 days	2/19/2027	No	Public	Updated BCPH naming convention
21006921	Burke Policy EH Water Samples	Administration	Environmental Health	Burnette, Amy: Admin Assistant III	N/A	6/2/2016	Upon approval	7/9/2026	1095 days	9/7/2026	No	Public	Changed Health Department to Public Health
19083133	Chemical Hygiene Plan	Lab	Lab	Smith, Robert: Director of Nursing	N/A	6/13/2011	Upon approval	6/2/2026	1095 days	10/3/2025	No	Public	Updated approval process, removed "ventilation system in lab" and "fire extinguisher in the lab" from policy. Will be addressed in upcoming remodel.
20152952	Child Abuse and Neglect Policy and Reporting of Juvenile Crime Victims to Law Enforcement	Administration	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	365 days	N/A	Yes	Public	No Comment Provided
15633104	Child Health History and Physical Assessment Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	9/7/2011	Upon approval	6/2/2026	1095 days	2/9/2023	No	Public	Updated policy
20084689	Child Health Risk Assessment Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
18313614	Child Health Vision System Exam and Screening Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	1/23/2024	Upon approval	6/2/2026	365 days	6/4/2028	No	Public	Updated format
15633103	Cleaning of Clinic Area, Medical Instruments and Equipment	Clinical	Lab	Berry, Karen: Medical Lab Technologist III	N/A	5/1/2008	Upon approval	6/2/2026	1095 days	11/20/2022	No	Public	Updated BCPH naming convention
17881167	CLIA Certificate #34D0865328 (Limited Public Health Testing)	Clinical	Lab	Smith, Robert: Director of Nursing	N/A	1/28/2022	Upon approval	6/2/2026	1095 days	1/27/2025	No	Public	Added Dr. Hamm
19123775	CLIA Reference Numbers	Lab	Administration	Burnette, Amy: Admin Assistant III	N/A	5/19/2021	Upon approval	6/2/2026	1095 days	10/4/2025	Yes	Public	Changed Health Department to Public Health, updated contact expiration dates and certificate of accreditation.
19231127	Clinic Lead Nurses and Supervisors	Lab	Lab	Smith, Robert: Director of Nursing	N/A	4/18/2019	Upon approval	6/2/2026	1095 days	11/7/2025	No	Public	Changed Health Department to Public Health.
19089119	Collection, Receiving, Transporting, and Handling of Laboratory Specimens Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/17/2014	Upon approval	6/2/2026	1095 days	10/9/2025	No	Public	Changed BCHD top BCPH.
21006892	Community Engagement in Public Health Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	7/9/2026	730 days	7/29/2026	No	Public	Changed Health Department to Public Health
19047547	Competency Assessment	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Updated BCPH name
20156614	Confidentiality of Minors Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
19370570	Conflict of Interest Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	12/1/2017	Upon approval	6/2/2026	1095 days	11/30/2025	Yes	Public	Changed Health Department to Public Health
19364471	Consumer Complaint Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	12/1/2017	Upon approval	6/2/2026	1095 days	11/30/2025	Yes	Public	Changed Health Department to Public Health.
19047649	Continuing Education	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Changed Health Department to Public Health.
19067627	Corrected Report Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/5/2025	No	Public	Changed Burke County Health Department to Burke County Public Health.
19080665	Critical (Alert) Values Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	730 days	10/10/2025	No	Public	Changed NP to APP
21006893	Cultural Diversity and Sensitivity Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	7/9/2026	730 days	7/29/2026	No	Public	Changed Health Department to Public Health
19111655	Customer Satisfaction Procedures	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	12/1/2015	Upon approval	6/2/2026	1065 days	10/31/2025	No	Public	Removed the sentence stating we have a suggestion comment box available in the lobby and replaced it with letter B.
21006897	Delegation of Duties to the Health Director Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	6/1/2022	730 days	7/29/2026	No	Public	No Comment Provided
18356639	Documentation Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	11/1/2012	Upon approval	6/2/2026	1095 days	11/18/2027	No	Public	Updated policy
19080801	Electronic Lab Test Results Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/27/2014	Upon approval	6/2/2026	1095 days	10/6/2025	No	Public	Updated approval workflow, changed BCHD to BCPH.
18749941	Electronic Records and Imaging Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	8/3/2022	Upon approval	6/2/2026	1095 days	8/2/2025	No	Public	Changed to BCPH and removed CureMD, replacing with EMR.
15633588	Emergency Contraception	Clinical	Family Planning Clinic Standing Orders	Smith, Robert: Director of Nursing	N/A	7/1/2023	Upon approval	6/30/2026	365 days	6/30/2024	No	Public	grammar correction
16970956	Environmental Health Child Care Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16970933	Environmental Health Childhood Lead Poisoning Prevention Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16970950	Environmental Health Childhood Lead Poisoning Prevention Procedures	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16970888	Environmental Health Complaint Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	6/2/2026	1095 days	10/4/2024	No	Public	Change Burke county health department to Burke County Public Health
16971017	Environmental Health Food Lodging Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16971000	Environmental Health IP Denial Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	6/2/2026	1095 days	10/4/2024	No	Public	Review date adjusted to 3 years and expansion on policy IF a Burke County EHS cannot issue a suitable permit.
16971011	Environmental Health Notice of Violation Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16970963	Environmental Health Onsite Wastewater Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	7/21/2026	1095 days	10/4/2024	No	Public	Rule are now 15A NCAC 18E
16971007	Environmental Health Site Evaluation and Protocol Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16970942	Environmental Health Swimming Pool Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
16971021	Environmental Health Water Samples Policy	Environmental Health	Environmental Health	Jarrett, Ashley: Assistant Health Director	N/A	6/26/2016	Upon approval	10/5/2022	1095 days	10/4/2024	No	Public	No Comment Provided
19067378	General Provisions and Administration Overview of Policy Manual	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	730 days	10/4/2025	No	Public	Added BCPH to laboratory
18755290	Health Department Code of Conduct	Administration	Administration	Huffman, Lisa: Administrative Officer II	N/A	8/3/2022	Upon approval	6/2/2026	1095 days	8/2/2025	Yes	Public	No changes
17076748	Hepatitis B Screening for Infants Born to Hepatitis B Virus (HBsAg) Positive Mother	Clinical	Child Health Standing Orders	Smith, Robert: Director of Nursing	N/A	N/A	Upon approval	N/A	365 days	N/A	No	Public	Name change.
19741213	Immunization Management and Delivery Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
17881155	Infection Control Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	8/4/2010	Upon approval	6/2/2026	730 days	4/4/2025	Yes	Public	Scheduled review, changed BCHD to BCPH.
19749795	Infectious Disease Protocol, Guidelines, and Surveillance Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	5/1/2009	Upon approval	1/23/2026	730 days	1/23/2028	No	Public	No Comment Provided
20153247	Key Service Definitions	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	2/1/2011	Upon approval	2/1/2011	730 days	4/2/2026	No	Public	No Comment Provided
19081060	Lab Requisition Flow	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/8/2025	No	Public	Changed BCHD to BCPH.
19083229	Maintenance Schedule	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/5/2025	No	Public	Changed Burke County Health Department to Burke County Public Health.
17673301	Maternity Clinic Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	8/6/2024	Upon approval	6/2/2026	1095 days	8/6/2027	No	Public	Updated BCHD to BCPH (Burke County Public Health)
21006895	Media and Communications Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	7/9/2026	730 days	7/29/2026	No	Public	Changed Burke County Health Department to Burke County Public Health
19741218	Monitoring and Follow up of Immunization Services Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
19067760	New Laboratory Personnel Orientation	Lab	Lab	Smith, Robert: Director of Nursing	N/A	10/6/2022	Upon approval	6/2/2026	1095 days	10/5/2025	No	Public	Updated BCPH
19047669	New Test Kits / Methods	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Changed Health Department to Public Health
20928066	Non Discrimination Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	6/30/2026	730 days	4/30/2026	No	Public	Added nondiscrimination law pdf and outlined nondiscrimination according to law language.
19835899	Non Stress Test (NST) Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	6/7/2023	Upon approval	3/5/2024	730 days	3/5/2026	Yes	Public	No Comment Provided

20734016	Non Stress Test (NST) Procedure	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	6/7/2022	Upon approval	6/7/2022	730 days	7/22/2026	No	Public	No Comment Provided
19370488	Normal and Panic Lab Values	Clinical	Lab	Smith, Robert: Director of Nursing	N/A	11/10/2022	Upon approval	6/2/2026	1095 days	11/9/2025	No	Public	Updated Glucose 3-hour GTT
19272632	North Carolina Contract County Health Departments	Lab	Lab	Smith, Robert: Director of Nursing	N/A	9/9/1993	Upon approval	8/3/2022	1095 days	11/9/2025	Yes	Public	No Comment Provided
19089237	Observing Public Health Laws, Rules and Regulations	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	10/5/2022	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Changed BCHD to BCPH
19067363	Packaging and Shipping Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/27/2014	Upon approval	6/2/2026	730 days	10/4/2025	No	Public	Training 2 d. spelling of employ made to employee
17076875	Pap Smear Screening	Clinical	Family Planning Clinic Standing Orders	Smith, Robert: Director of Nursing	N/A	7/1/2023	Upon approval	7/7/2026	365 days	7/22/2025	No	Public	Updated dead links to NCDHHS
19067455	Patient Records Management	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Updated BCPH name
19089001	Phlebotomy Competency Plan	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/24/2014	Upon approval	6/2/2026	1095 days	10/10/2025	Yes	Public	Changed Cassie Baker to Lori Woodie
21006896	Policy on Policies Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	7/9/2026	730 days	7/29/2026	No	Public	Changed Health Department to Public Health
20153316	Practice Requirements for STI Clinic	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	6/1/2013	Upon approval	6/2/2026	730 days	4/2/2026	No	Public	Replaced Health Department with Public Health.
15642148	Pregnancy Testing	Clinical	General Clinic Standing Orders	Smith, Robert: Director of Nursing	N/A	7/1/2023	Upon approval	6/2/2026	365 days	6/30/2024	No	Public	Name change.
19067658	Proficiency Testing Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	10/6/2022	1095 days	10/5/2025	No	Public	No Comment Provided
15633106	Purchasing / Payable Policy and Procedures Manual	Administration	Administration	Jarrett, Ashley: Assistant Health Director	N/A	5/3/2019	Upon approval	5/28/2019	1095 days	5/27/2022	Yes	Public	No Comment Provided
19835838	Purchasing Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	9/23/2018	Upon approval	6/2/2026	1095 days	1/31/2026	No	Public	Changed Health Department to Public Health
19067586	Quality Assessment Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Updated BCPH name
19067396	Quality Control Policy	Lab	Lab	Smith, Robert: Director of Nursing	N/A	5/23/2014	Upon approval	6/2/2026	1095 days	10/4/2025	No	Public	Updated BCPH naming convention
16167539	Quality Improvement Policy	Administration	Administration	Jarrett, Ashley: Assistant Health Director	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
19272681	Referrals for Lab Tests (College, New Employees, Titers)	Clinical	General Clinic Standing Orders	Smith, Robert: Director of Nursing	N/A	7/1/2023	Upon approval	6/2/2026	365 days	11/18/2025	No	Public	Updated order
19360091	Reporting of Communicable Diseases and Use of the NC Electronic Disease Surveillance System	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
18373715	Separation of Duties	WIC	WIC	Jarrett, Ashley: Assistant Health Director	N/A	1/6/2017	Upon approval	6/2/2026	730 days	7/22/2026	No	Public	Added Procedure #4 to align with NC WIC Program Manual requirements.
19210182	Shared Clinical Decision -Making for Registered Nurses in Vaccination Decisions	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
20410177	Staff Suicide Training	Administration	Administration	ith, Miranda: Public Health Educator II/PIO	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	Added procedures are subject to change based of training guidance
20927878	Standard Purchasing Requirements	Administration	Administration	Jarrett, Ashley: Assistant Health Director	N/A	4/12/2023	Upon approval	4/12/2023	1095 days	4/11/2026	No	Public	No Comment Provided
19168256	STI Treatment and Control Measures Policy	Clinical	Clinical	Smith, Robert: Director of Nursing	N/A	6/1/2013	Upon approval	6/2/2026	730 days	4/2/2026	No	Public	Added update to procedure C. #7 "distribute condoms to high risk patients"
17749730	Test Menu	Clinical	Lab	Smith, Robert: Director of Nursing	N/A	1/28/2022	Upon approval	6/2/2026	1095 days	1/27/2025	Yes	Public	Updated
17125257	Test Systems Backup Plan 2024	Clinical	Lab	Smith, Robert: Director of Nursing	N/A	1/1/2022	Upon approval	6/2/2026	1095 days	12/31/2024	No	Public	Change Influenza testing from Consult Diagnostics to Cepheid.
21006894	Title VII of the Civil Rights Act of 1964 Policy on the Prohibition Against National Origin Discrimination as it Affects Person with Limited English Proficiency Policy	Administration	Administration	Burnette, Amy: Admin Assistant III	N/A	6/1/2022	Upon approval	7/9/2026	730 days	7/29/2026	No	Public	Changed Health Department to Public Health
18302344	Title X Staff Orientation and Training Policy	Administration	Clinical	Berry, Lora: Public Health Nurse III	N/A	7/22/2024	Upon approval	7/22/2024	365 days	7/22/2025	No	Public	No Comment Provided
19741221	Vaccine Storage and Handling Policy	Clinical	Clinical	Berry, Lora: Public Health Nurse III	N/A	N/A	Upon approval	N/A	1095 days	N/A	No	Public	No Comment Provided
15642151	Wet Prep Self Collection	Clinical	Family Planning Clinic Standing Orders	Smith, Robert: Director of Nursing	N/A	7/1/2023	Upon approval	6/30/2026	365 days	6/30/2024	No	Public	Name change.
18274733	WIC Immunization Screening Policy	WIC	WIC	Shuping, Kristi: WIC Director	N/A	6/1/2022	Upon approval	4/5/2023	730 days	4/4/2025	No	Public	No Comment Provided
18274755	WIC Program Accepting Vendor Applications Policy	WIC	WIC	Shuping, Kristi: WIC Director	N/A	6/1/2022	Upon approval	4/5/2023	730 days	4/4/2025	No	Public	No Comment Provided
18274746	WIC Program Breastfeeding Peer Counselor Program Service Delivery Model Policy	WIC	WIC	Shuping, Kristi: WIC Director	N/A	3/17/2010	Upon approval	6/2/2026	730 days	4/4/2025	No	Public	In Section III.a., added text messaging and email as approved ways contacts may be made.
18274781	WIC Program Consultation and Referral Support for WIC Staff	WIC	WIC	Shuping, Kristi: WIC Director	N/A	7/27/2010	Upon approval	6/2/2026	730 days	4/4/2025	No	Public	Added name of new staff, updated other staff member's name
18274704	WIC Program Texting/Digital Platform Policy	WIC	WIC	Shuping, Kristi: WIC Director	N/A	10/5/2022	Upon approval	10/5/2022	730 days	10/4/2024	No	Public	No Comment Provided

Burke County, North Carolina

Agenda Abstract
Meeting Date: July 27, 2026

VACANCY ANNOUNCEMENTS

Subject Title: Clerk - Board Vacancy

Presented by: Morgan Buchanan, Clerk to the Board

Summary of Information:

The Burke County Public Health Advisory Committee serves in an advisory capacity to the Burke County Public Health Department and the Burke County Board of Health. The committee provides community input, promotes public health initiatives, and supports efforts to improve the health and well-being of Burke County residents.
Committee members represent a broad cross-section of the community and help identify emerging public health needs, priorities, and opportunities for collaboration.

There is currently a vacancy for Seat No. 3- Veterinarian

Strategic Plan Focus Area Alignment:
No. 1- Community Advancement
To invest in cultural capital and advancement strategies that promote participative governance that elevates a community to live, work and play-while also positioning Burke County as a community of choice.

Budgetary Effect: N.A.

County Manager's Recommendation: N.A.

Legal Review: N.A.

Suggested Motion: No formal action required. Encourge a veterinarian to participate.

Public Health Advisory Board - Resolution No. 2024-17
11-Member Board
All Appointed by the County
Terms: 3-Year Terms
3-Term Limit

Seat No.	Position	Name-Address		Term
1	Pharmacist	Jessi Stout	A-UT	12/20/2022
			R	12/16/2024
			TE	12/31/2027
2	Commissioner	Phil Smith	A	
			R	12/16/2024
			R	12/15/2025
			TE	12/15/2026
3	Veterinarian	Vacant		
			TE	12/31/2027
4	Physician	Dr. Anthony Frank	A	12/17/2019
			R	12/20/2022
			R	12/15/2025
			TE	12/31/2028
5	Optometrist Or Private Citizen	Dr. Ken Bonfield	A	12/16/2024
			TE	12/31/2027
6	Dentist	Dr. Nicholas Thomas	A	12/19/2017
			R	1/19/2021
			R	12/19/2023
			TE	12/31/2026
7	Registered Nurse	Joset Taylor	A-UT	12/16/2024
			R	
			TE	12/31/2026

8	Engineer	Dr. Joel Welch	A	11/16/2021
			R	12/20/2022
			R	12/15/2025
			TE	12/31/2028
9	At-Large	Crystal Gupton	A	12/16/2024
			TE	12/31/2027
10	At-Large	Dr. Laura Gratton	A-UT	3/15/2022
			R	12/19/2023
			TE	12/31/2026
11	At-Large	Gwen S. Stephens	A-UT	8/21/2021
			R	12/20/2022
			R	12/15/2025
			TE	12/31/2028

A=Appointment
R=Reappointment
A-UT=Appointed to Complete Unexpired Term
TE=Term Expires
UFN - Until Further Notice