MINUTES
BURKE COUNTY BOARD OF COMMISSIONERS
ACTING AS THE BOARD OF HEALTH
SPECIAL MEETING

The Burke County Board of Commissioners, acting as the Board of Health, held a special meeting on July 14, 2025, at 8:00 a.m., in the Commissioners' Meeting Room, Burke County Services Building, 110 N. Green Street, Entrance E, in Morganton, North Carolina. Pursuant to Resolution No. 2024-17, adopted and effective on August 20, 2024, the Burke County Board of Commissioners conferred upon itself all the power, duties, and responsibilities of the Board of Health and the Social Services Board. The purpose of the special meeting was to receive training and a written handbook, in addition to review and to consider taking action on the following items: rules of procedure, various plans, reports and policies, local health director's job description, and acknowledgement of completion of annual performance evaluation, appointments or reappointments to the Child Protection Child Fatality Prevention Team, resolution concerning adjudication, and HRC renovation project update. Chairman Brittain executed the public notice, which was published on July 1, 2025. The meeting was streamed live on the County's YouTube channel, BurkeCountyNC, and it was broadcast on the local cable systems. The agenda, in its entirety, was posted to the County's website, www.burkenc.org, several days prior to the meeting. Those present were:

COMMISSIONERS:
Jeffrey C. Brittain, Chairman
Phil Smith, Vice Chairman
Brian Barrier
Randy Burns
Mike Stroud (Late. Arrived at 8:55 a.m.)

STAFF:
Brian Epley, County Manager
Margaret Pierce, Finance Director/Deputy County Manager
Dylan Laws, Wilson, Lackey, Rohr & Hall P.C. (County Attorney Designee)
Kay Honeycutt Draughn, Clerk to the Board
Danny Scalise, Local Health Director

CALL TO ORDER
Chairman Brittain called the meeting to order at 8:03 a.m.

INVOCATION
Jeff Lovitt, Retired Pastor, delivered the invocation.

Pledge of Allegiance
Dylan Laws, Wilson, Lackey, Rohr & Hall, P.C., led the Pledge of Allegiance to the American flag.

APPROVAL OF THE AGENDA
Motion: To approve the agenda as presented.

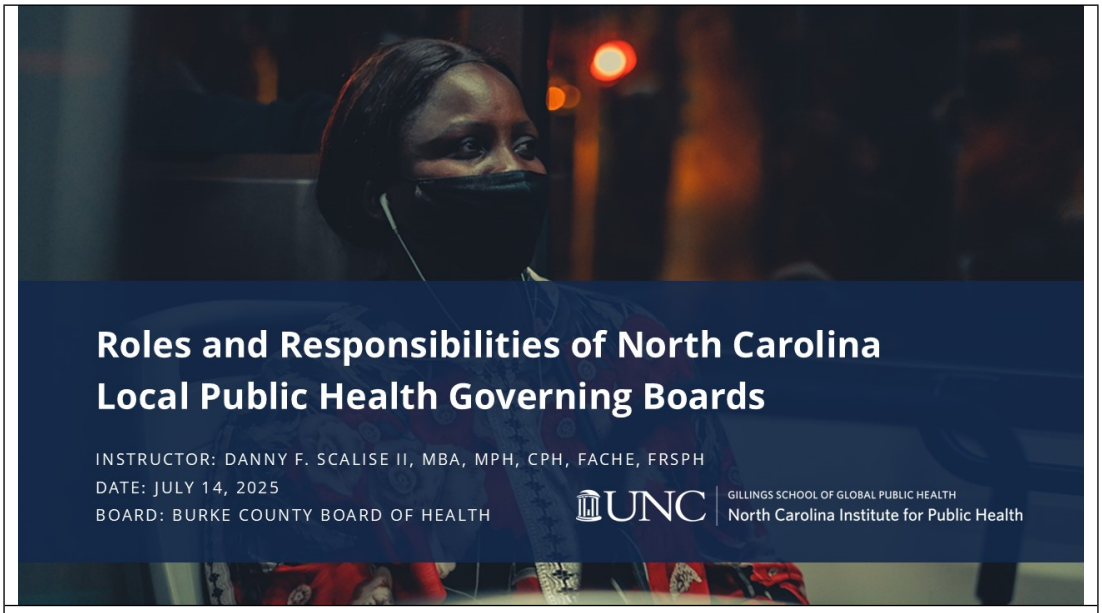
RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Brian Barrier, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

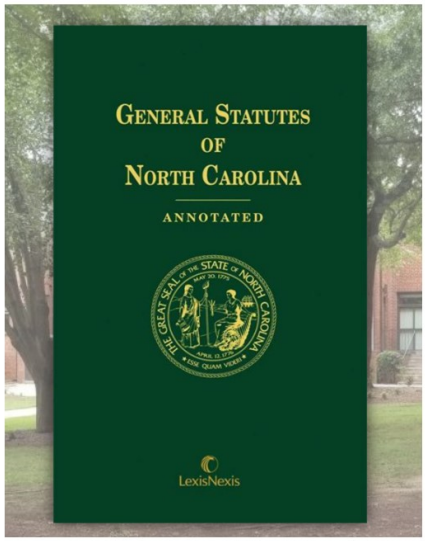
APPROVAL OF MEETING MINUTES - NONE

PRESENTATIONS

HD - REQUIRED TRAINING FOR BOARD OF HEALTH MEMBERS

Danny Scalise, Local Health Director, presented the required training for the Board of Health as follows:





§ 130A-35. County board of health; appointment; terms.

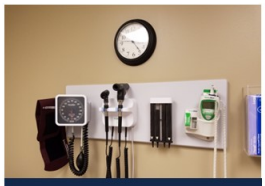
(a) A county board of health shall be the policy-making, rule-making and adjudicatory body for a county health department.

(b) The members of a county board of health shall be appointed by the county board of commissioners. The board shall be composed of 11 members. The composition of the board shall reasonably reflect the population makeup of the county and shall include: one physician licensed to practice medicine in this State, one licensed dentist, one licensed optometrist, one licensed veterinarian, one registered nurse, one licensed pharmacist, one county commissioner, one professional engineer, and three representatives of the general public. Except as otherwise provided in this section, all members shall be residents of the county. If there is not a licensed physician, a licensed dentist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer available for appointment, an additional representative of the general public shall be appointed. If however, one of the designated professions has only one person residing in the county, the county commissioners shall have the option of appointing that person or a member of the general public. In the event a licensed optometrist who is a resident of the county is not available for appointment, then the county commissioners shall have the option of appointing either a licensed optometrist who is a resident of another county or a member of the general public.

Learning Objectives

Objective 1	Objective 2	Objective 3	Objective 4
Identify the role a board of health plays in carrying out public health core functions and essential services	Discuss the legal responsibilities and authorities of local public health in North Carolina	Describe public health governing structures in North Carolina	Describe the guidelines and expectations for being an effective board member

Agenda:



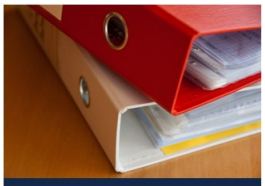
Section 1

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

Local Boards of Health

- Board of health
  - County
  - District
- Consolidated human services board
- Public health authority board
- Board of county commissioners
  - if it has passed a resolution assuming the powers & duties of a board of health or consolidated human services board

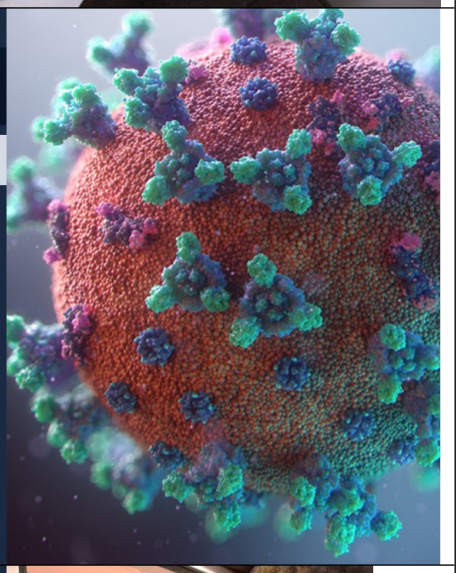




Public Health Milestones, Current Challenges and Core Functions

Public Health:

- Prevents infectious diseases
- Promotes and protects clean water, air and food
- Works to prevent injuries
- Promotes and encourages healthy behaviors
- Responds to disasters
- Assures the quality and accessibility of health services



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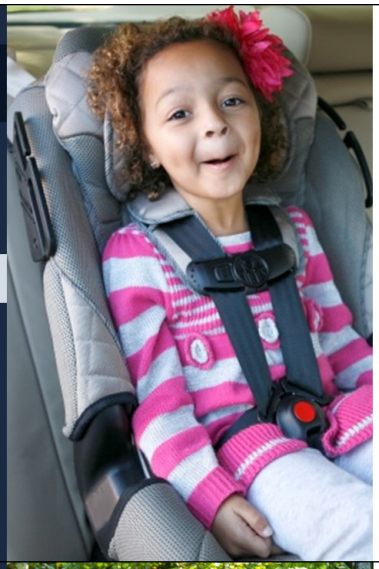
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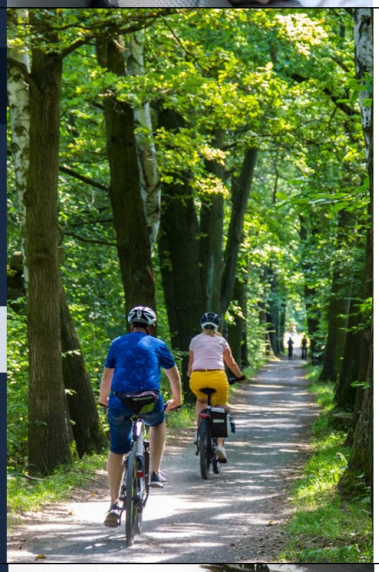
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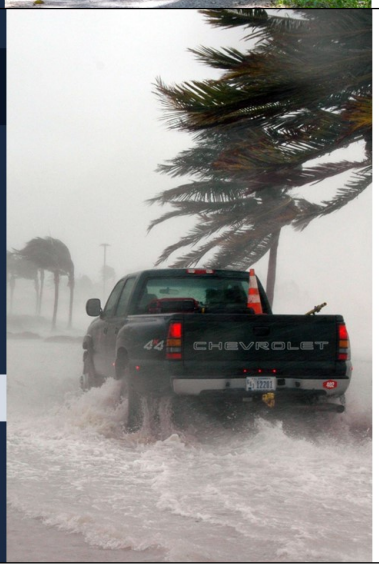
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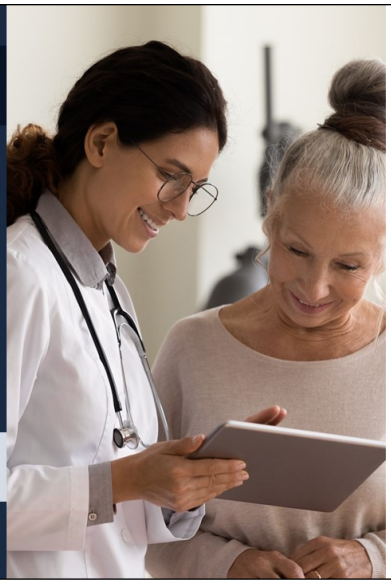
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What is Public Health?

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.







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

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

10 Greatest Public Health Achievements of the 20th Century



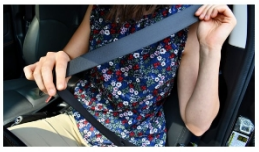
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- Safer and healthier foods
- Fluoridation of drinking water
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- Family planning

Additional Public Health Achievements



Cancer prevention



Childhood lead poisoning prevention



Public health preparedness and response

Summary

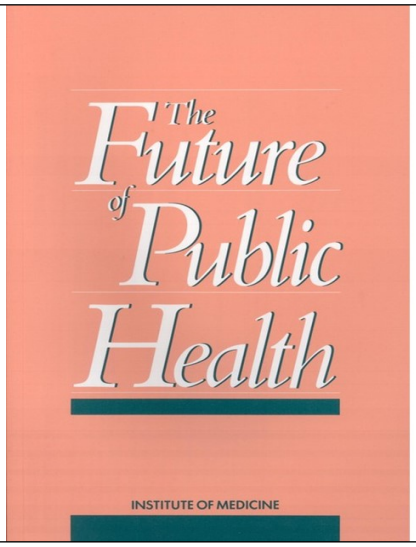
- Public health main goals are to prevent disease and promote health
- Great public health achievements including large scale vaccination, healthier mothers and babies and motor vehicle safety
- Continued improvements in these areas throughout the beginning of the 21st century
- Major challenges remain



Big Picture of Public Health

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





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

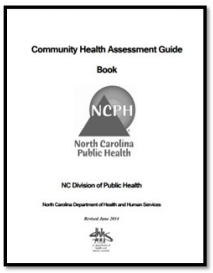
Core Functions of Public Health

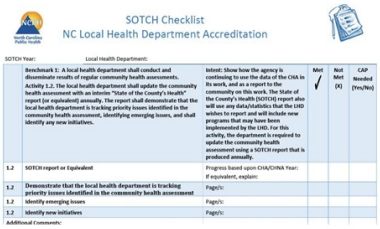


Community Health Assessment (CHA)

- 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


COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT




SOTCH Checklist
NC Local Health Department Accreditation

SOTCH Year: Local Health Department:

	Benchmark 1: A local health department shall conduct and disseminate results of regular community health assessments. **Activity 1.2. The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.**	**Intent: Show how the agency is continuing to use the data of the CHA in its work, and as a report to the community on this work. The State of the County's Health (SOTCH) report also will use any data/statistics that the LHD wishes to report and will include new programs that may have been implemented by the LHD. For this activity, the department is required to update the community health assessment using a SOTCH report that is produced annually.**	**Met ✓**	**Not Met (X)**	**CAP Needed (Yes/No)**
1.2	**SOTCH report or Equivalent**	Progress based upon CHA/CHNA Year: If equivalent, explain:			
1.2	**Demonstrate that the local health department is tracking priority issues identified in the community health assessment**	Page/s:			
1.2	**Identify emerging issues**	Page/s:			
1.2	**Identify new initiatives**	Page/s:			

Additional Comments:

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



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



Tips for Developing Effective Policies

- Written clearly and explicitly
- Free of jargon (say what you mean)
- Current
- Include the date and renewal
- Available to all
- Brief and specific

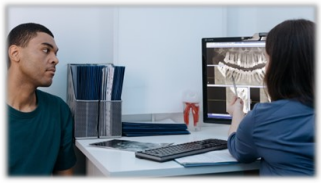
Assurance





A Board of Health:

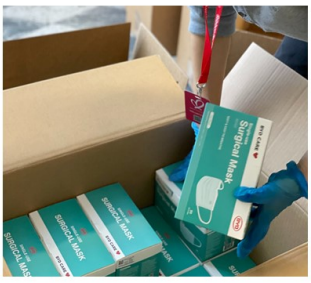
- Assures public health services are provided
  - Even services provided by other organizations
- Assures public health policies and programs are in place and working



Assurance in Action

- Work with the health director to anticipate trends likely to affect the department or the community
- Assure that public health agencies have the resources and infrastructure to provide services





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



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)**

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



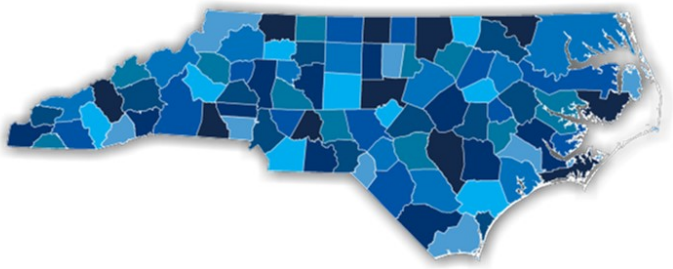
Local Roles and Responsibilities



Local Health Departments



Sources of Authority Governing LHDs



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



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)

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

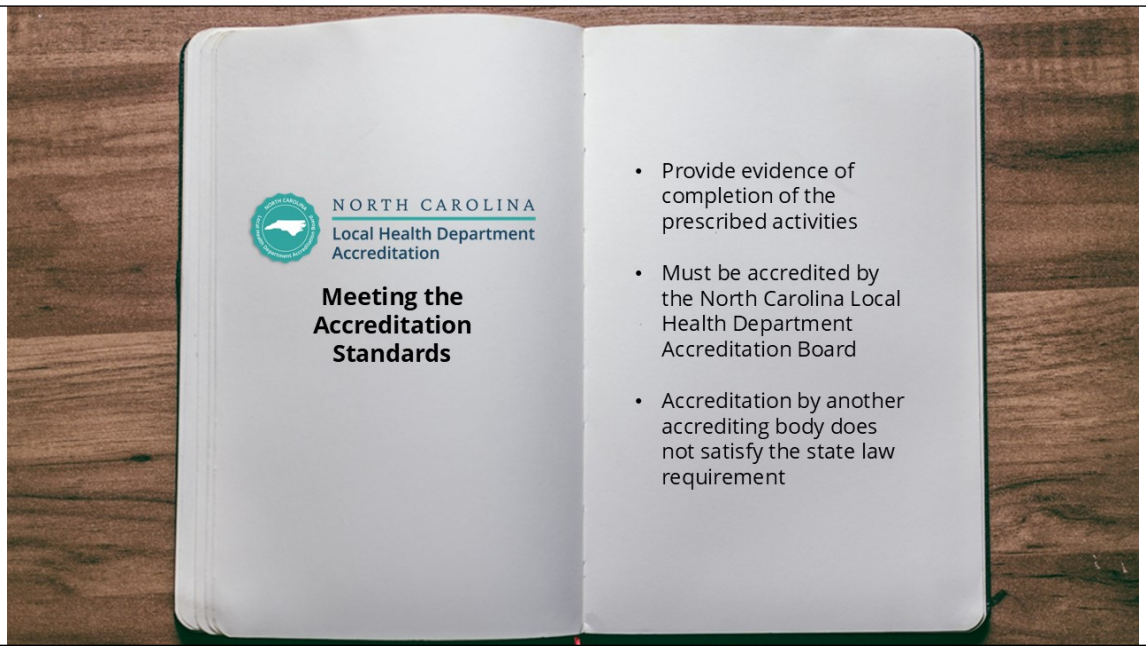
Mandated Services Regulations

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

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



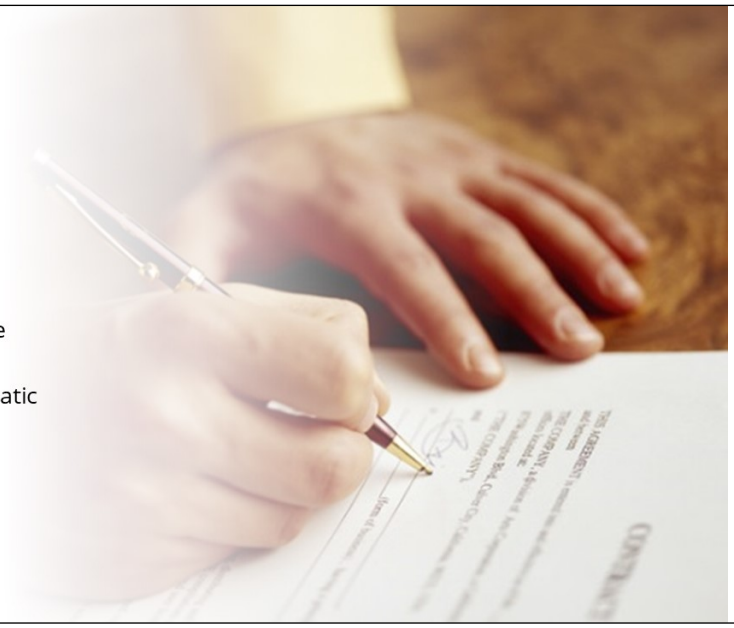


G.S. § 130A-34.4(a)

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

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



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)



Local Health Directors



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

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) o 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

Health Director

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

G.S. § 130A-41



Administrator – Examples



- CHS directors appoint CHS staff with county manager approval
- May not be construed to abrogate the authority of the county commissioners
- Public health authority: Board contracting authority

Enforcer – Examples



Educator/Liaison – Examples



Local Governing Board



Photo: Mecklenburg County Board of Commissioners

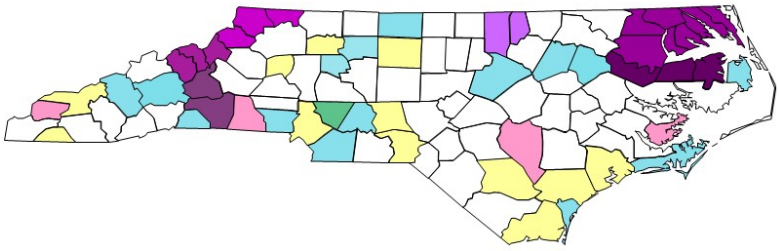
Big Picture

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

G.S. § 130A-39



Types of Local Public Health Agencies & Boards
June 2021



- County health department with county board of health (47)
- County health department governed by board of county commissioners (Graham, Cleveland, Sampson, Pamlico) (4)
- District health department with district board of health (6 districts delineated by different shades of purple) (Yancey, Mitchell, Avery; Rutherford, McDowell; Watauga, Ashe, Alleghany; Granville, Vance; Hertford, Bertie, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck; Martin, Tyrrell, Washington) (21)
- Consolidated human services agency with consolidated human services board (Haywood, Buncombe, Polk, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, New Hanover, Carteret, Dare) (15)
- Consolidated human services agency governed by board of county commissioners (Clay, Swain, Alexander, Yadkin, Mecklenburg [no advisory committee], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) (12)
- Public hospital authority with hospital board authorized to act as board of health (Cabarrus) (1)

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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

Roles of Boards of Health



- **Rulemaking**
- Adjudication
- Administration

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. § 130A-39

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



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









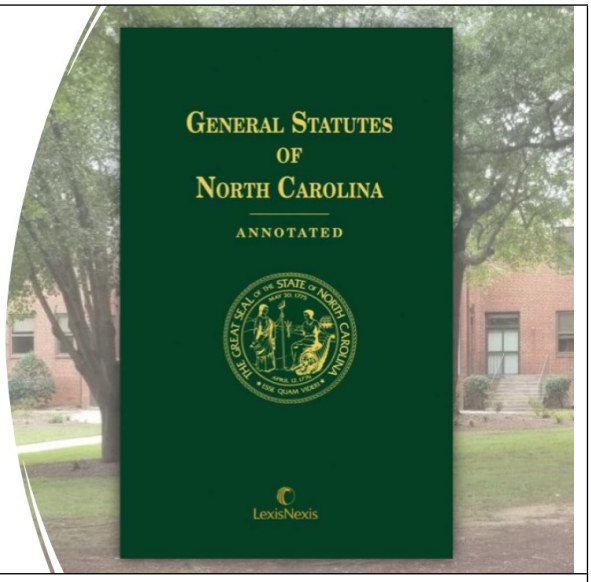
Interaction with Other State Rules

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)

Rulemaking – General Limitations

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



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

Roles of Boards of Health

- Rulemaking
- ➢ **Adjudication**
- Administration



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

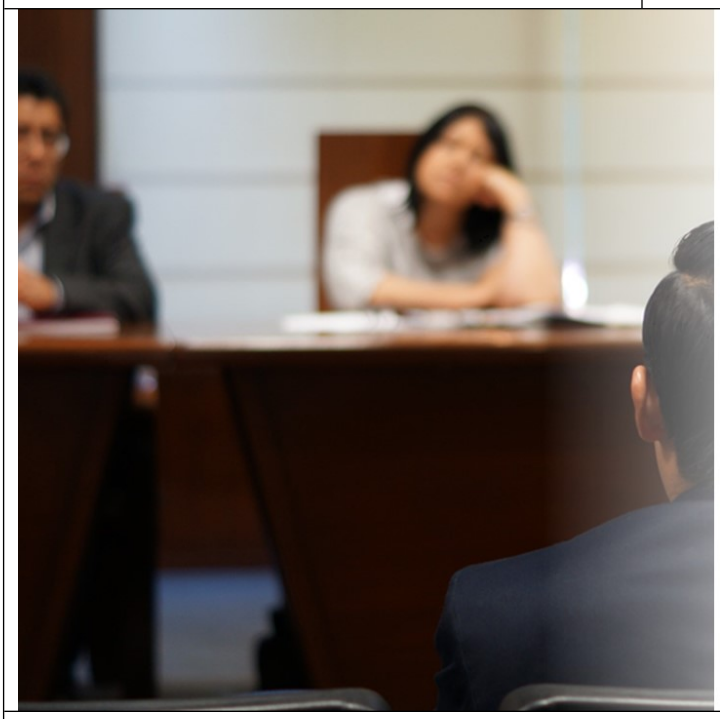


Adjudication (cont.)

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)





Adjudication Role

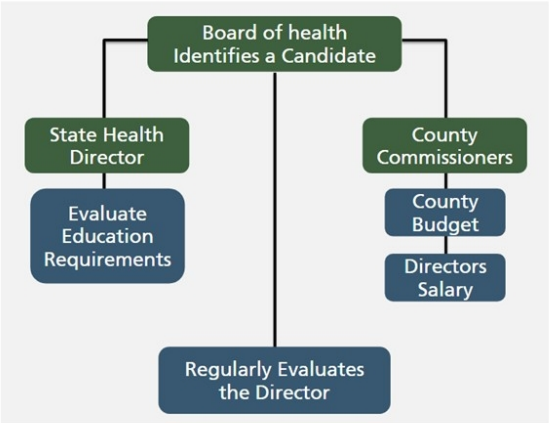
- Acts as a "quasi-judicial" body or court
- Evaluates if legal authority exists for the decision
- Evaluates if the decision is supported by the evidence
- When holding a hearing the board must:
  - Consult with its local counsel regarding due process and procedures
  - Follow strict timelines
  - Keep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

Roles of Boards of Health

- Rulemaking
- Adjudication
- ➢ **Administration**



Administration





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)

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

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

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

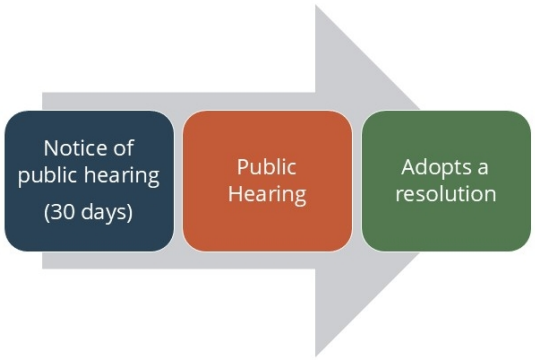


Organizing Options

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

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

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



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



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

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: Pixnio.com

Advisory committee membership **must** include:

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

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

Board of Commissioners	Advisory Committee on Health

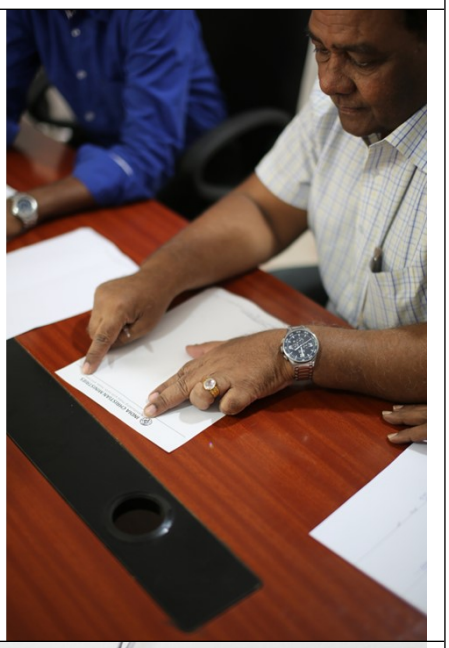
• Acquires all the legal powers and duties automatically by law
• Adopts local public health rules
• Adjudicates disputes about local rules
• Acquires additional statutory duties
	• Advise on public health matters
	• Carry out activities that may be delegated to advisory committees:
	  • Non-Delegable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

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 health goals • Support public health funding and programs, and community health improvement • Advocate for public health • Promote community-based partnerships

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.



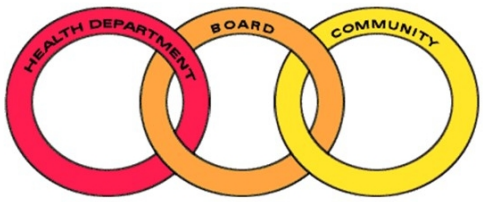


BOCC as BOH: Health Director

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

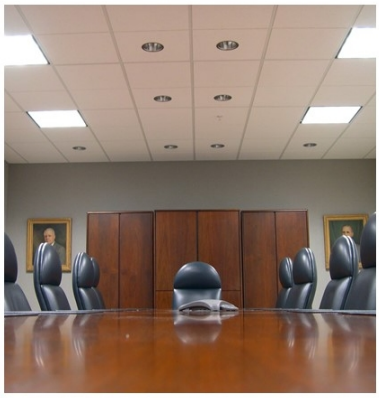
Guidelines for Board Members

- 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



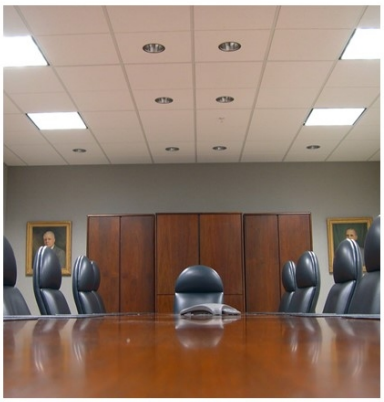
Chair Roles and Responsibilities

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



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



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

Guidelines for Board Meetings and Activities



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

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



The Board's Number One Goal:

Support the health department in achieving its goals.



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



Governing Challenges

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



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

Governing Well (Cont.)

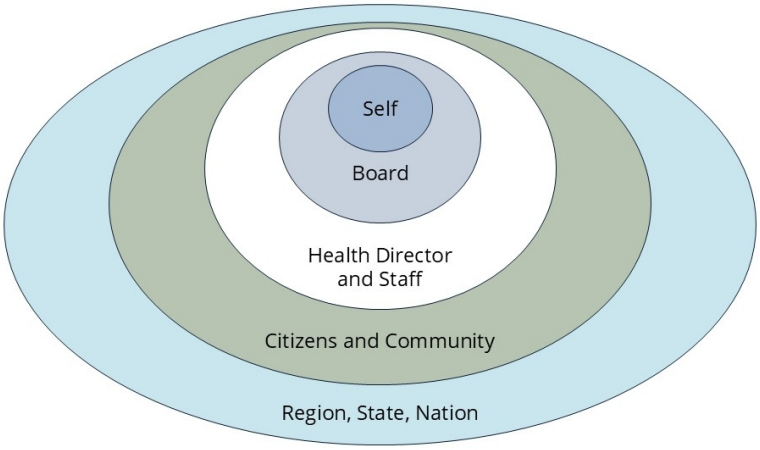
- Set clear rules and procedures for meetings
- Understand intergovernmental systems and build productive partnerships
- Provide oversight
- Establish and follow protocols
- Seek out and respond to feedback
- Model personal learning and development as leaders

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



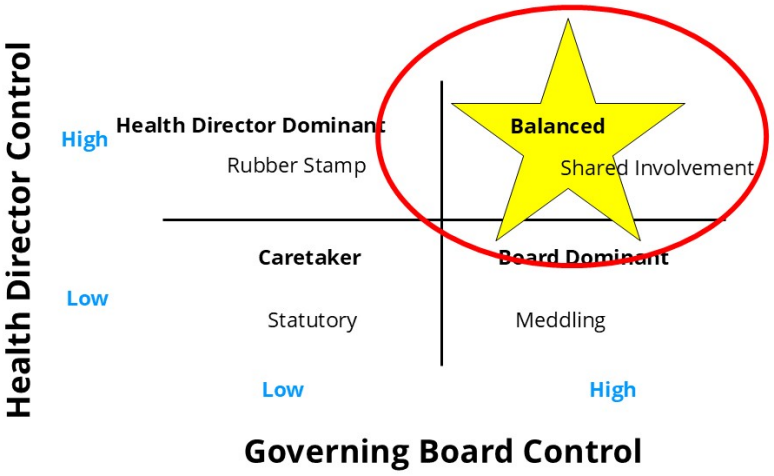
Levels of Board Accountability



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.

Board-Health Director Relations



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.

Chairman Brittain opened the floor for questions or comments; there being none, Chairman Brittain opened the floor for a motion.

Additional information from the agenda packet:

To comply with North Carolina public health accreditation standards and strengthen effective governance, as well as requirements of the NC Administrative Code, 10A NCAC 48B.1303(b), required training for Board of Health members will be conducted during this meeting and a written handbook will be provided once the latest edition is available. The training will provide an overview of statutory responsibilities, ethical obligations, the role of the Board in public health oversight, and the core functions of local public health agencies. 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.

Motion: To acknowledge receipt of training and the written handbook in accordance with 10A NCAC 48B. 1303.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Phil Smith, Vice Chairman
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

SCHEDULED PUBLIC HEARINGS - NONE

INFORMAL PUBLIC COMMENTS

Chairman Brittain opened the floor for informal public comments; There being no one present to address the Board, Chairman Brittain closed this portion of the meeting.

CONSENT AGENDA - NONE

ITEMS FOR DECISION

BOH - APPROVAL OF THE 2025 RULES OF PROCEDURE

Chairman Brittain noted that the 2025 Rules of Procedure were identical to the Board of Commissioners' Rules of Procedure, except that anything that was not applicable to the Board of Health was removed accordingly. He then opened the floor for questions or comments; there

being none, he opened the floor for a motion.

Additional information from the agenda packet:

> The Board of Health's Rules of Procedure have been reviewed and updated to ensure consistency with applicable North Carolina General Statutes, local governance practices, and public health accreditation standards. These Rules of Procedure establish the framework for how the Board of Health conducts its business, including member roles and responsibilities, meeting frequency and format, quorum requirements, voting procedures, and public participation guidelines. Adoption of these rules promotes transparency, accountability, and orderly conduct of Board of Health meetings. The updated Rules of Procedure reflect current legal requirements and operational needs and are presented for formal approval.

Motion: To approve the 2025 rules of procedure for the Burke County Board of Health as presented, subject to review and/or revision by the County Attorney.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Randy Burns, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns
ABSENT:	Mike Stroud

BOH - ADOPTION OF RESOLUTION ESTABLISHING COMMITMENT TO AN EQUITABLE ADJUDICATION PROCESS

Chairman Brittain highlighted that this topic was discussed during the required training conducted by Local Health Director Danny Scalise. He then opened the floor for questions or comments; there being none, he opened the floor for a motion.

Additional information from the agenda packet:

> In accordance with N.C. General Statutes § 130A-24 and 10A NCAC 48B .1302(b), local Boards of Health are required to conduct fair and equitable adjudication processes when hearing appeals of certain public health enforcement actions. As the governing body acting as the Board of Health, the Burke County Board of Commissioners is responsible for ensuring that all quasi-judicial proceedings adhere to principles of due process and impartiality. The proposed resolution affirms the Board's commitment to conducting adjudicatory hearings in a manner that is transparent, consistent with state law, and respectful of the rights of all parties. It also reinforces the Board's obligation to follow written procedures, provide timely notice, allow for presentation of evidence and representation, and issue decisions based on the record presented.

Motion: To adopt Resolution No. 2025-01 as presented.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Phil Smith, Vice Chairman
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

Res. No. 2025-01 reads as follows:

BURKE COUNTY BOARD OF COMMISSIONERS
SITTING AS THE BOARD OF HEALTH
RESOLUTION ESTABLISHING COMMITMENT
TO AN EQUITABLE ADJUDICATION PROCESS

WHEREAS, pursuant to N.C. General Statutes § 130A-24, individuals aggrieved by certain actions of local health departments have the right to appeal and be heard by the local Board of Health; and

WHEREAS, the Burke County Board of Commissioners, by adoption of Resolution No. 2024-17, conferred upon itself all powers, duties, and responsibilities of the local Board of Health, including the responsibility to conduct quasi-judicial hearings in accordance with applicable law; and

WHEREAS, 10A NCAC 48 B .1302(b) of the North Carolina Administrative Code requires local Boards of Health to adopt and follow an adjudication process that is fair, impartial, and consistent with due process and applicable state law; and

WHEREAS, the Burke County Board of Commissioners, sitting as the Board of Health, recognizes its obligation to ensure that all parties involved in a contested public health matter are treated equitably and afforded the right to a meaningful opportunity to be heard.

NOW, THEREFORE, BE IT RESOLVED BY THE BURKE COUNTY BOARD OF COMMISSIONERS, acting as the Board of Health, as follows:

1. Commitment to Impartial Due Process: The Board of Health hereby affirms its commitment to conducting all adjudications in a fair, impartial, and unbiased manner, consistent with the principles of due process and the requirements of N.C. Gen. Stat. § 130A-24 and 10A NCAC 48B .1302(b).

2. Hearing Procedures: The Board shall follow written procedures that ensure timely notice of hearings, the opportunity to present evidence and argument, the right to be represented by counsel, and the issuance of a reasoned decision based solely on the evidence presented.

3. Training and Transparency: Members of the Board shall receive appropriate training on their quasi-judicial role and responsibilities and shall ensure that all adjudication proceedings are conducted openly, transparently, and without bias.

4. Policy Adoption: The Board hereby adopts or reaffirms its adjudication policy outlining the procedures and standards applicable to all appeals heard by the Board of Health.

Adopted this 14th day of July 2025.

/s/: Jeffrey C. Brittain
Jeffrey C. Brittain, Chairman
Burke County Board of Commissioners
Sitting as the Board of Health

Attest:
/s/: Kay Honeycutt Draughn
Kay Honeycutt Draughn, CMC, NCMCC
Clerk to the Board

BOH - APPROVAL OF THE HEALTH DIRECTOR'S JOB DESCRIPTION, ACKNOWLEDGE COMPLETION OF ANNUAL REVIEW, AND APPROVAL OF RECRUITMENT & RETENTION POLICY FOR AGENCY STAFF

Chairman Brittain stated that the director's performance had been completed and then opened the floor for questions or comments; there being none, he opened the floor for a motion.

Additional information from the agenda packet:

> In accordance with North Carolina General Statutes and local personnel policies, the Board of Health is responsible for reviewing and approving the Health Director's job description and annually evaluating his or her performance. The current job description has been reviewed and updated to reflect the scope of responsibilities, statutory duties, and evolving public health priorities. Additionally, the Health Director's annual performance evaluation for the preceding year has been completed by the appropriate reviewing authority and acknowledgement in an open meeting is requested. This action ensures continued compliance with state and local requirements and supports accountability in public health leadership and transparency.

Motions: To approve the job description for the Burke County Health Director and acknowledge completion of the Local Health Director's 2024 annual performance review.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Brian Barrier, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

HD - APPROVAL OF HEALTH DEPARTMENT POLICIES - PART 1

Danny Scalise, Local Health Director, briefly covered the Public Health Department's request for 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. The following policies are presented for approval:

1. Policy on Policy - Provides a standardized process for developing, reviewing, and adopting health department policies.

2. Tobacco Cessation Counseling Policy - The purpose is to reduce the incidence of tobacco use, including electronic nicotine delivery systems, and/or exposure to secondhand smoke by providing tobacco use screening and counseling to all clients seeking services at Burke County Health Department; thereby, promoting better health and decreasing the likelihood of tobacco-related illnesses or conditions. Any use of tobacco and nicotine products on Health Department property is prohibited to promote a healthy environment. A copy of the Burke Co. Code, Chapter 56, Smoking

Regulations, is provided for reference.

3. Staff Orientation, Education and Workforce Development Policy - The purpose of the Staff Orientation, Education and Workforce Development Policy is to assure that staff understand health department operations in accordance with public health practices and law, are properly oriented, educated and trained about the health department and to their respective division(s), and understand that the County of Burke Personnel Policies and Procedures Manual includes regulations and guidelines for county employees working in various agencies in the county.

4. Financial Fee and Eligibility Policy - To determine the financial and residency requirements for patients requesting services from the Burke County Health Department, and to define and implement charges for services rendered.

5. Recruitment and Retention Policy - To provide a framework that will assist the Burke County Health Department in attracting and retaining a workforce that reflects the population served and in promoting a culturally sensitive workplace environment that values and respects all individuals.

Approval of these policies affirms the Board's commitment to transparent governance, effective public health practice, and compliance with regulatory standards.

The aforementioned policies are hereby incorporated into the meeting minutes by reference.

Chairman Brittain opened the floor for questions or comments. There being none, he called for a motion.

Motion: To approve the Board of Health policies as presented: Policy on Policy, Tobacco-Free Campus Policy, Staff Training and Development Plan, Financial Fee and Eligibility Policy, and the Recruitment and Retention Policy.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Randy Burns, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

HD - APPROVAL OF HEALTH DEPARTMENT POLICIES - PART 2

Danny Scalise, Local Health Director, respectfully requested approval of the following operational policies essential to the effective delivery of public health services and compliance with federal, state, and accreditation standards. These policies support clinical operations, fiscal integrity, health education, regulatory functions, and quality improvement initiatives across the department. The policies presented for approval are:

- 340B Purchasing and Inventory Policy
- Birth Control Follow-Up for Prenatal Clients Policy and Procedures
- Cleaning of Clinic Area - Medical Instruments & Equipment Policy
- Environmental Health Water Samples Policy
- Maternity Clinic Policy
- Newborn Metabolic Screening
- Non-Discrimination Policy

- Observing Public Health Laws, Rules and Regulations
- Purchasing - Payable Policy & Procedures Manual
- Purchasing Policy
- Quality Assessment Policy
- Quality Improvement Plan Policy
- Test Systems Backup Plan 2022
- Title VII of the Civil Rights Act of 1964 Policy on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency Policy
- Title X Staff Orientation & Training Policy
- Tuberculosis Policy

Approval of these policies ensures that the Health Department continues to operate with efficiency, transparency, and a commitment to high-quality public health practices.

The aforementioned policies are hereby incorporated into the meeting minutes by reference.

Chairman Brittain opened the floor for questions or comments; there being none, he opened the floor for a motion.

Motion: To approve the aforementioned operational and clinical policies as presented by the Local Health Director.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Phil Smith, Vice Chairman
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

HD - APPROVAL OF VARIOUS HD ADMINISTRATIVE POLICIES

Danny Scalise, Local Health Director, requested approval of the following administration policies for the health department:

- Acceptance of Personal & Business Checks
- CLIA Reference Numbers
- Client Records Management Policy
- Community Education & Outreach Policy
- Community Engagement in Public Health Policy
- Conflict of Interest Policy
- Customer Complaint Policy
- Consumer Complaint Policy
- Consumer Complaint Procedures
- Cultural Diversity and Sensitivity Policy
- Customer Satisfaction Policy
- Customer Satisfaction Procedures
- Delegation of Duties to the Health Director Policy
- Dress and Appearance Code
- Electronic Records and Imaging Policy
- Health Department Code of Conduct
- Information Security Training Policy
- Language Access Policy
- Maintaining Privacy in Direct Service Areas Policy

- Media and Communications Policy
- Research Policy
- Standard Purchasing Requirements

The aforementioned policies are hereby incorporated into the meeting minutes by reference.

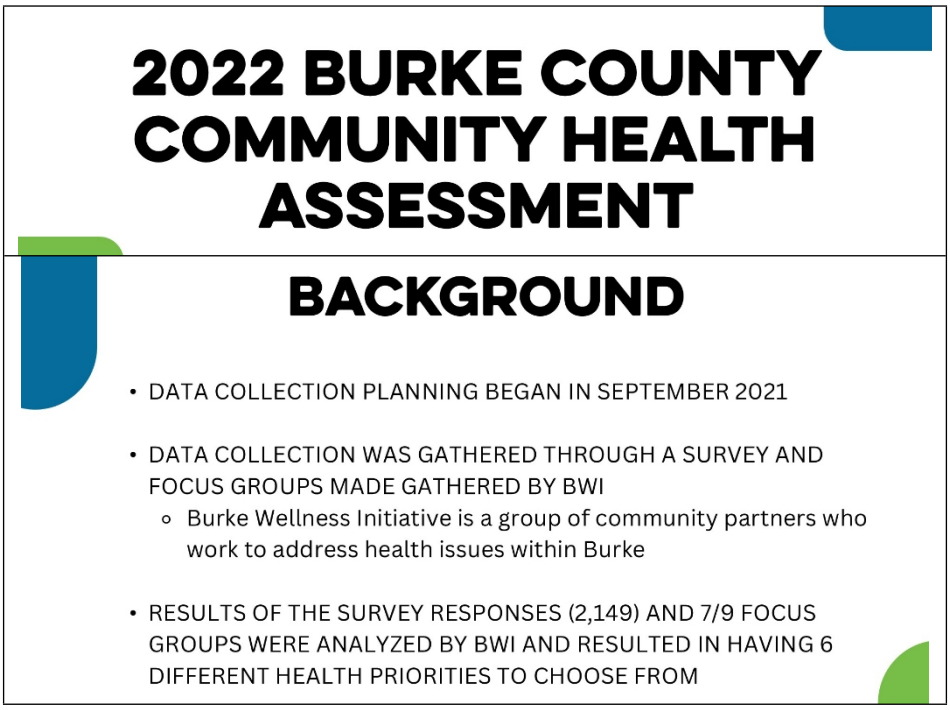
Chairman Brittain opened the floor for questions or comments; there being none, he called for a motion.

Motion: To approve the aforementioned administrative policies for the Health Department as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Randy Burns, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

HD - COMMUNITY HEALTH ASSESSMENT (CHA) AND COMMUNITY HEALTH IMPROVEMENT PLANS (CHIPS) – UPDATE

Miranda Smith, Public Health Educator / PIO, explained that the Community Health Assessment and Improvement Plan are conducted in partnership with UNC Health Blue Ridge. The CHA, completed every three (3) years, uses both primary data (surveys and focus groups) and secondary data (state and CDC sources) to identify community health priorities through the county's initiative coalition. Based on these priorities, the CHIP outlines strategies and programs to address them. The SOTCH Report, submitted annually, tracks progress on these priorities and reports any new or emerging health developments affecting the county. Ms. Smith then presented an overview of the CHA and CHIP as follows:



BACKGROUND

- THE COMMUNITY HEALTH IMPROVEMENT PLAN WAS SUBMITTED IN SEPTEMBER 2023
  - The Community Health Improvement Plan (CHIP) outlines how identified health priorities will be addressed. It includes both existing programs and new initiatives that will be developed to support these priorities.
- State of County Health Reports were submitted in March of 2024 & 2025
  - The State of the County Health (SOTCH) report is an annual document that tracks data related to the programs outlined in the Community Health Improvement Plan (CHIP). It evaluates whether these programs are effectively addressing the identified health priorities or if adjustments are needed. The SOTCH also highlights any major health-impacting events that occur each year between Community Health Assessments (CHA).

TOP 3 PRIORITIES

MENTAL HEALTH

888 out of 2,149 individuals who took the survey reported that mental health, anxiety, and depression were the most concerning that impacted the individual

CHIP Program:
-Community Paramedicine Program

SUBSTANCE USE DISORDER

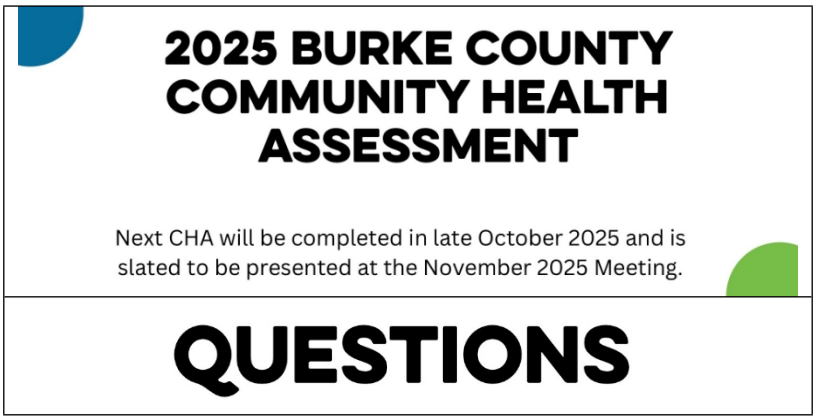
From 2012 to 2019 Burke County was one of two counties in NC that had the highest rate of drug overdose

CHIP Programs:
-Eat, Sleep, & Console Program
-Burke Recovery Court Program

OBESITY WITH RISK FACTORS

In 2022 36% of adults in Burke were labeled obese. The high obesity percentage was partly due to the lack of access to fresh fruits and vegetables. Burke ranked 33rd out of 200 counties with a Food hardship index of 0.27. The closer to 1.o the harder is it to access food.

CHIP Program:
-WIC Fresh Produce Voucher Program
-C2Life -Thrive Food is Medicine Program



Chairman Brittain opened the floor for questions or comments. There being none, he called for a motion.

Motion: To accept the reports as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Randy Burns, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, and Randy Burns
ABSENT:	Mike Stroud

RECESS OF THE MEETING

Chairman Brittain called for a brief recess at 8:48 a.m. During the recess, Commissioner Stroud arrived at 8:55 a.m., and the meeting resumed at 8:58 a.m.

HD - COMMUNICABLE DISEASE UPDATE & POLICY APPROVAL

Danny Scalise, Local Health Director, provided an update on current communicable disease trends affecting Burke County. In accordance with public health best practices and applicable state and federal regulations, the Board was requested to review and approve the Communicable Disease Surveillance, Investigation, and Reporting Policy. This policy outlines the procedures for timely identification, investigation, and reporting of communicable diseases to protect public health and ensure compliance with North Carolina General Statutes and 10A NCAC 41A .0101-.0106. Approval of this policy will formalize the Health Department's commitment to a consistent, evidence-based approach to communicable disease control.

The Communicable Disease Surveillance, Investigation, and Reporting Policy is hereby incorporated into the meeting minutes by reference.

Chairman Brittain opened the floor for questions or comments, then asked a clarifying question; there being nothing further, he opened the floor for a motion.

Motion: To approve the Communicable Disease Surveillance, Investigation and Reporting Policy and Procedures as presented and to acknowledge receipt of the communicable disease update.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Brian Barrier, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

HD - CHILD FATALITY PREVENTION TEAM (CFPT) REPORT

Miranda Smith, Public Health Educator / PIO, presented the annual report for the Child Protection and Child Fatality Prevention Team (CPCFPT), as mandated by N.C.G.S. § 7B-1406. The presentation highlighted the team's multidisciplinary efforts throughout the year to review child deaths, identify system gaps, and recommend strategies for prevention. Key areas covered in the report (hereby incorporated into the meeting minutes by reference) included child death data, case reviews, team accomplishments, and recommendations to improve child safety and well-being in the county.

Chairman Brittain opened the floor for questions or comments and asked if there were any commonalities in the accident trends. Ms. Smith responded that the incidents were all different. With no further discussion, Chairman Brittian opened the floor for a motion.

Motion: To accept the report as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Phil Smith, Vice Chairman
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

CLERK - APPOINTMENT TO CPCFPT - HEALTH CARE PROVIDER

Kay Draughn, Clerk to the Board, reported that the Child Protection Child Fatality Prevention Team (CPCFPT) is a 16-member statutorily required board. The BOC/BOH appoints three (3) members.

Seat No. 10 on the CPCFPT is designated for a local health care provider and must be appointed by the Board of Health in accordance with state guidelines. According to Health Department personnel, Dr. Shawn Hamm currently occupies this seat and has been participating in team activities. However, no formal documentation confirming his appointment by the previous Board of Health has been located. To ensure proper recordkeeping and compliance with appointment procedures, staff recommends that the Board of Health formally appoint Dr. Shawn Hamm to Seat No. 10.

Chairman Brittain called for a motion.

Motion: To appoint Dr. Shawn Hamm to the Child Protection Child Fatality Prevention Team, Seat No. 10 (health care provider) to complete the remainder of a 3-year term ending April 30, 2028.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Randy Burns, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

Note: During the reports and comments portion of the meeting, the Board voted unanimously to approve a residency waiver for Dr. Hamm.

REPORTS AND COMMENTS

HD – ENVIRONMENTAL HEALTH UPDATE

Danny Scalice, Local Health Director, at the request from the Chairman, provided an update on progress on Environmental Health, specifically regarding sanitation and restaurant inspections.

Mr. Scalise reported that after the restoration of three (3) full-time equivalent (FTE) positions—originally removed in 2009—significant improvements have been made. Previously, only 50% of required food and lodging inspections were projected to be completed mid-year, but the department ultimately reached 88% by the end of the fiscal year and is on track to reach 100% well before the close of the current fiscal year.

Additionally, turnaround time for on-site permitting has improved from an eight (8) week delay to approximately four (4) weeks, with most remaining delays attributed to incomplete applications or missing zoning permits.

Chairman Brittain opened the floor for questions or comments. County Manager Epley commended the Health Department and IT Department for their collaboration, noting the implementation of a real-time GIS mapping system and improved inspection dispatch and application prioritization processes. Both departments earned a NACO (National Association of Counties) Innovation Award for technological advancement from the newly created mapping system.

Clerk Draughn issued a reminder that Dr. Hamm needed a residency waiver. Chairman Brittain called for a motion.

Motion: To grant an exception to Section 2-88, membership requirements of the Burke Co. Code of Ordinances for Dr. Hamm's appointment to the CPCFPT.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Phil Smith, Vice Chairman
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

CM - UPDATE ON THE HRC RENOVATION PROJECT

County Manager Epley provided an update on the renovation of the Human Services Center (aka the Health Department and DSS). Following the Board's previous approval, a contract with Holland & Hamrick as the design and architectural firm has been signed. Their proposal includes design development, permit drawings, and construction administration services totaling 7.1% of the anticipated project cost. A construction steering committee will be formed within the next week to guide the project. Key milestones outlined in the contract include completion of permit and bid drawings by summer 2026 and substantial project completion by December 31, 2027.
Mr. Epley noted that staff continue to pursue potential external funding sources and prepare the construction budget concurrently. Regular project updates will be provided to the Board as progress continues.

Chairman Brittain opened the floor for questions or comments; there being none, called for a motion.

Motion: To accept the information as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Brian Barrier, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

BOC - REPORTS, COMMENTS & SUPPLEMENTAL INFORMATION

Chairman Brittain opened the floor for reports and comments from Board members and professional staff. Commissioner Burns commended County staff and emergency responders for

their professionalism, efficiency, and composure in responding to the fire at Grace Heights the previous day. He noted that 92 residents were safely evacuated, with some transported to hospitals for care and approximately 65–70 patients relocated to the Foothills Higher Education Center. This sentiment was echoed by Chairman Brittain.

RESULT:	**NO ACTION TAKEN.**

VACANCY ANNOUNCEMENTS
Chairman Brittain announced that the is a vacancy on the Board of Health Advisory Board for Seat No. 3, Veterinarian.

RESULT:	**NO ACTION TAKEN.**

CLOSED SESSION - NONE

ADJOURN
Motion: To adjourn the meeting at 9:16 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Mike Stroud, Commissioner
AYES:	Jeffrey C. Brittain, Phil Smith, Brian Barrier, Randy Burns and Mike Stroud

Approved this 20th day of October 2025.

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Jeffrey C. Brittain, Chairman
Burke Co. Board of Commissioners

Attest:

_____
Kay Honeycutt Draughn, CMC, NCMCC
Clerk to the Board