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

The Burke County Board of Commissioners, acting as the Board of Health, held a regular meeting on Monday, July 27, 2026, at 3:00 p.m. in the Commissioners' Meeting Room, Burke County Services Building, 110 N. Green Street, Entrance E, in Morganton, North Carolina. 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. 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. Those present were:

COMMISSIONERS:	Jeffrey C. Brittain, Chairman Randy Burns Brian Barrier Mike Stroud
COMMISSIONERS ABSENT:	Phil Smith, Vice Chairman (health-related matter)
STAFF:	Brian Epley, County Manager Dylan Laws, Wilson, Lackey, Rohr & Hall P.C. (County Attorney Designee) Morgan Buchanan, Clerk to the Board of Commissioners
STAFF ABSENT:	Margaret Pierce, Finance Director/Deputy County Manager (excused)

CALL TO ORDER
Chairman Brittain called the meeting to order at 3:02 p.m.

INVOCATION
Commissioner Barrier 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 AGENDA

Motion: To approve the agenda as presented.

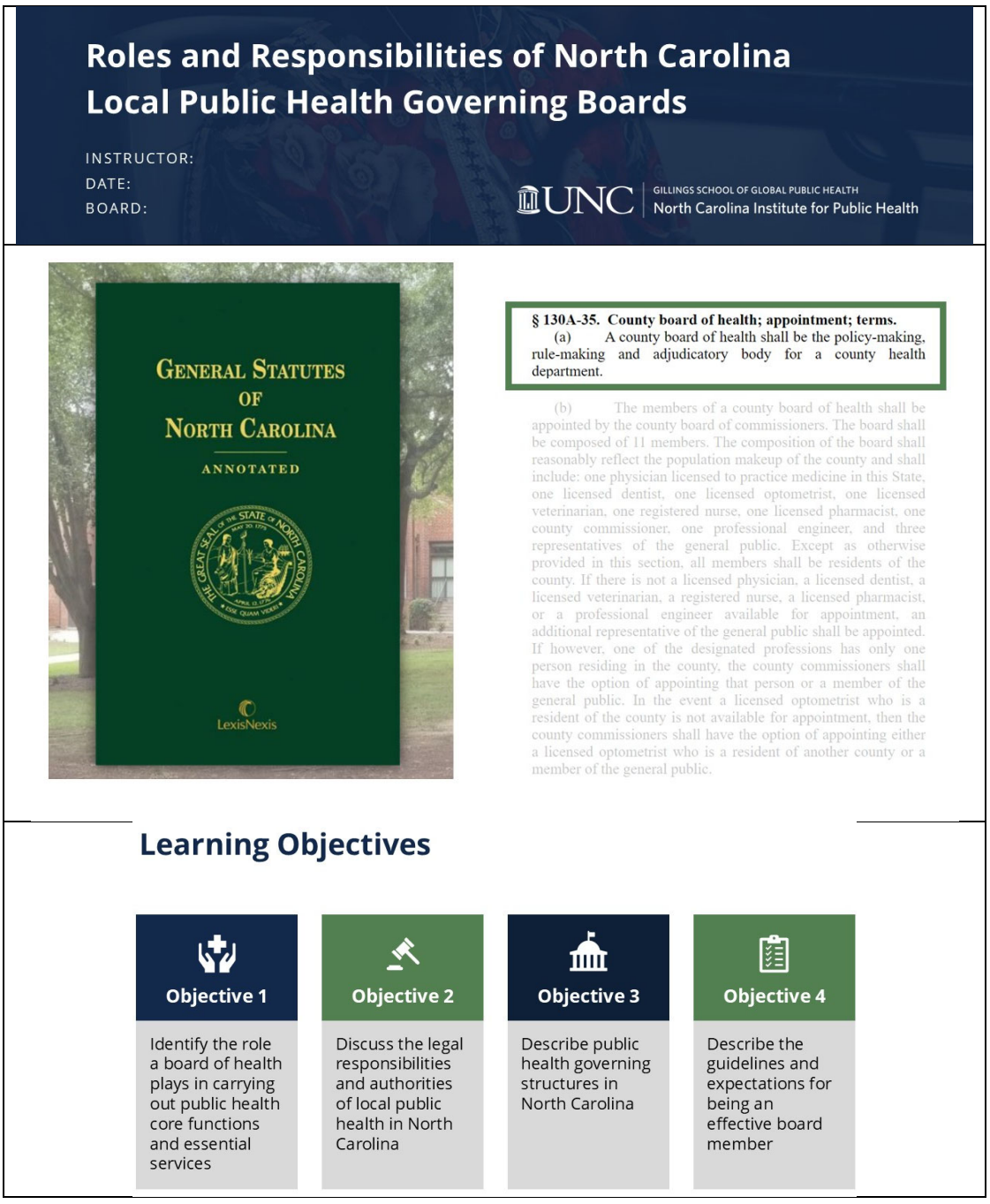
RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Mike Stroud, Commissioner
AYES:	Jeffrey C. Brittain, Brian Barrier, Randy Burns, and Mike Stroud
ABSENT:	Phil Smith

APPROVAL OF MEETING MINUTES – NONE

PRESENTATIONS

HD - REQUIRED ANNUAL TRAINING FOR BOARD OF HEALTH MEMBERS

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, Dr. Ashley Jarrett, Interim Health Director, presented an overview of the Board's statutory responsibilities, ethical obligations, governance role, and the core functions of local public health agencies. Further, an updated Board of Health handbook was distributed to the Board. Highlights of the presentation were as follows:



Local Boards of Health

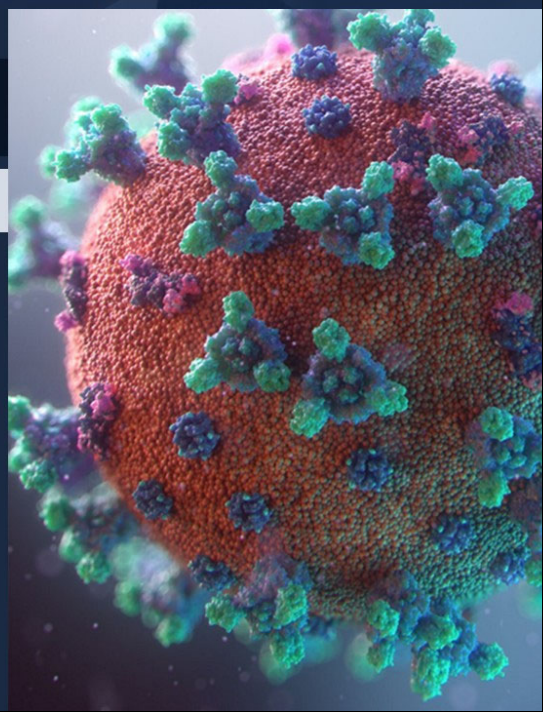
- Board of health
  - County
  - District
- Consolidated human services board
- Public health authority board
- Board of county commissioners
  - if it has passed a resolution assuming the powers & duties of a board of health or consolidated human services board



Public Health Milestones, Current Challenges and Core Functions

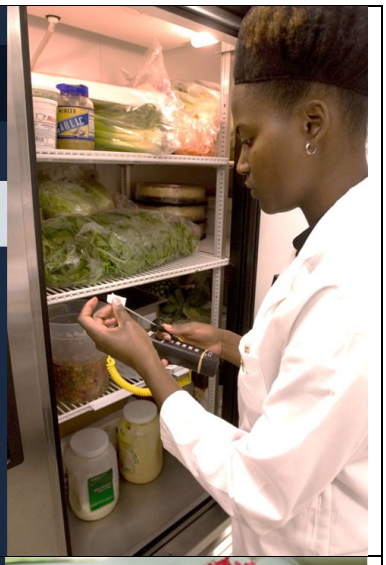
Public Health:

- 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



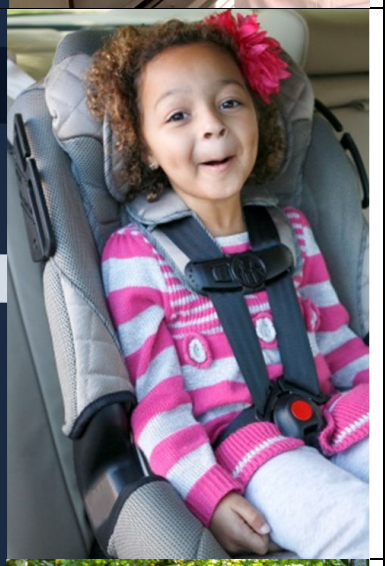
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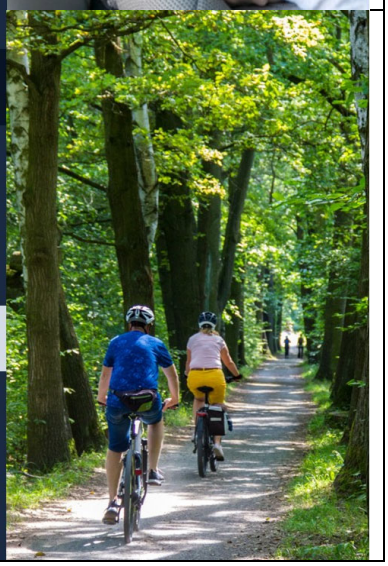
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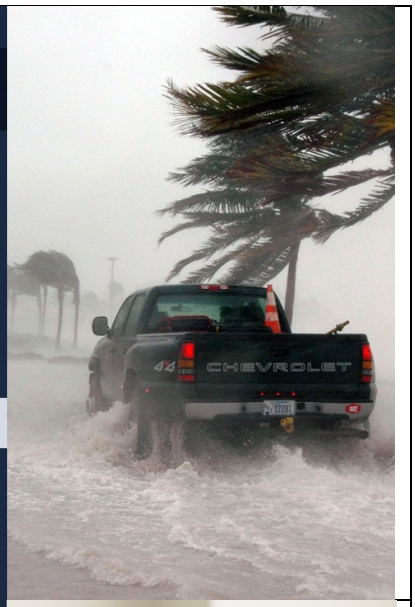
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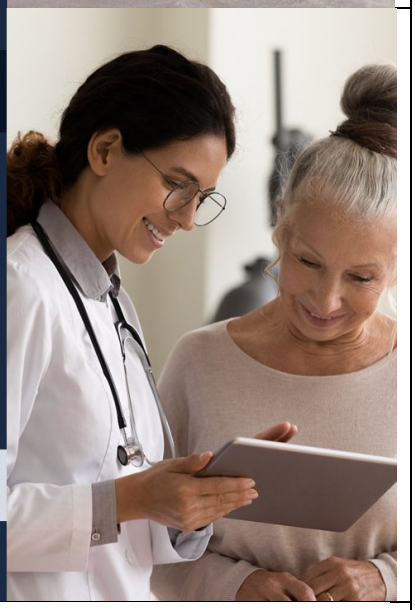
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What is Public Health?

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

Additional Public Health Achievements



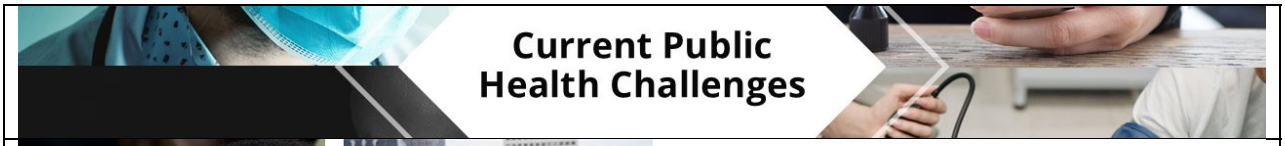
Cancer prevention

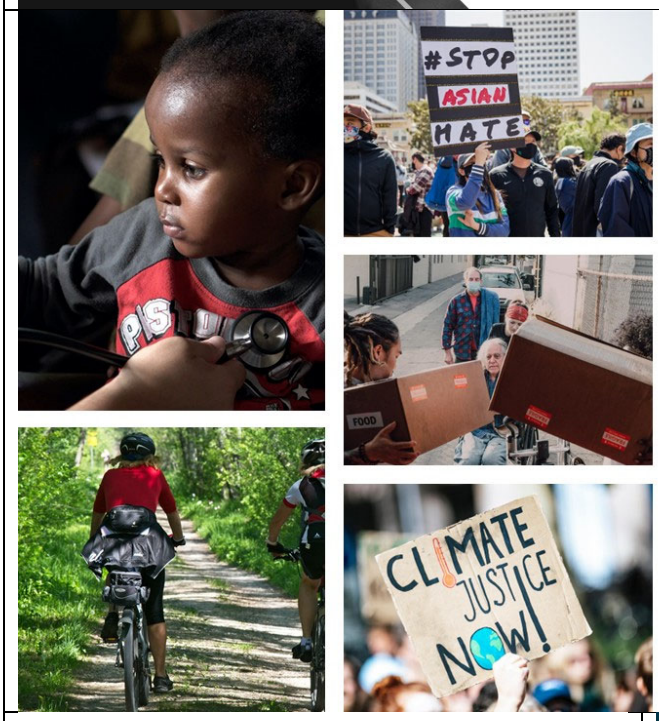


Childhood lead poisoning prevention



Public health preparedness and response





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

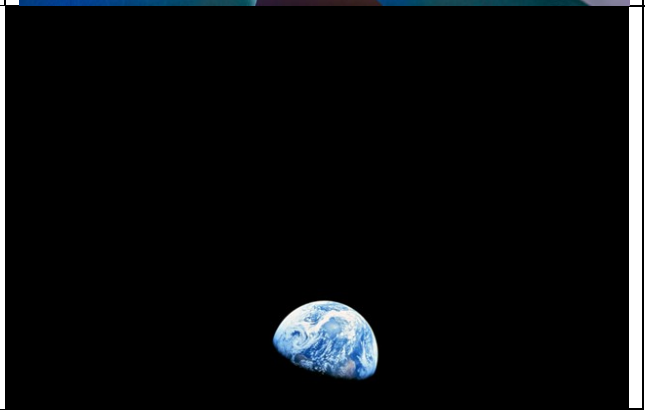
Summary

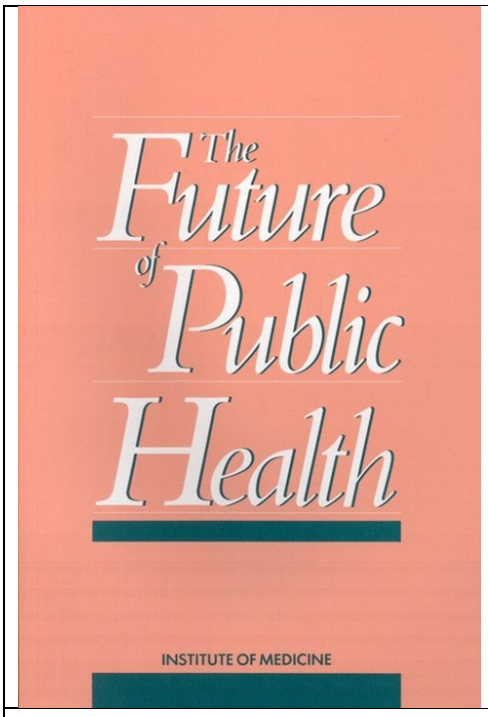
- Public health main goals are to prevent disease and promote health
- Great public health achievements including mass vaccination, healthier mothers and babies and motor vehicle safety
- Continued improvements in these areas throughout the beginning of the 21st century
- Major challenges remain



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

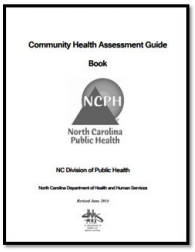


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Community Health Assessment (CHA)

- 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


Community Health Assessment Guide Book

NCPH North Carolina Public Health

NC Division of Public Health

North Carolina Department of Health and Human Services


SOTCH Checklist
NC Local Health Department Accreditation

SOTCH Year: Local Health Department:

			Met √	Not Met (X)	CAP Needed (Yes/No)
	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.			
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





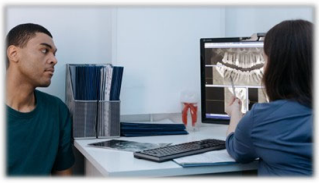
Assurance

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



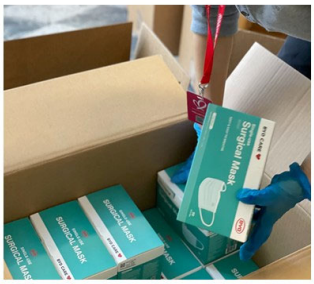




Assurance in Action

- 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**

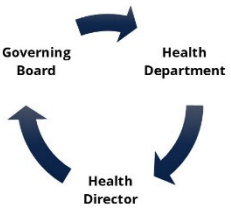
Each local health department must have a local health director who has education and experience in medicine, public health, or public administration related to health care, and who exercises legal powers and duties set out in multiple state statutes and rules.
N**.C. General Statute (G.S.) § 130A-40;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

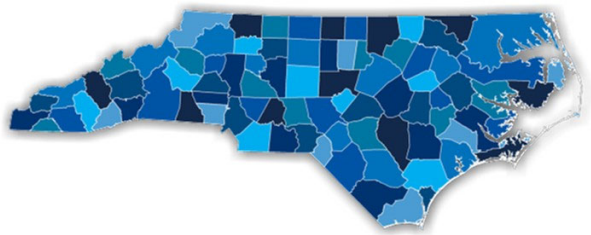


Local Roles and Responsibilities



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

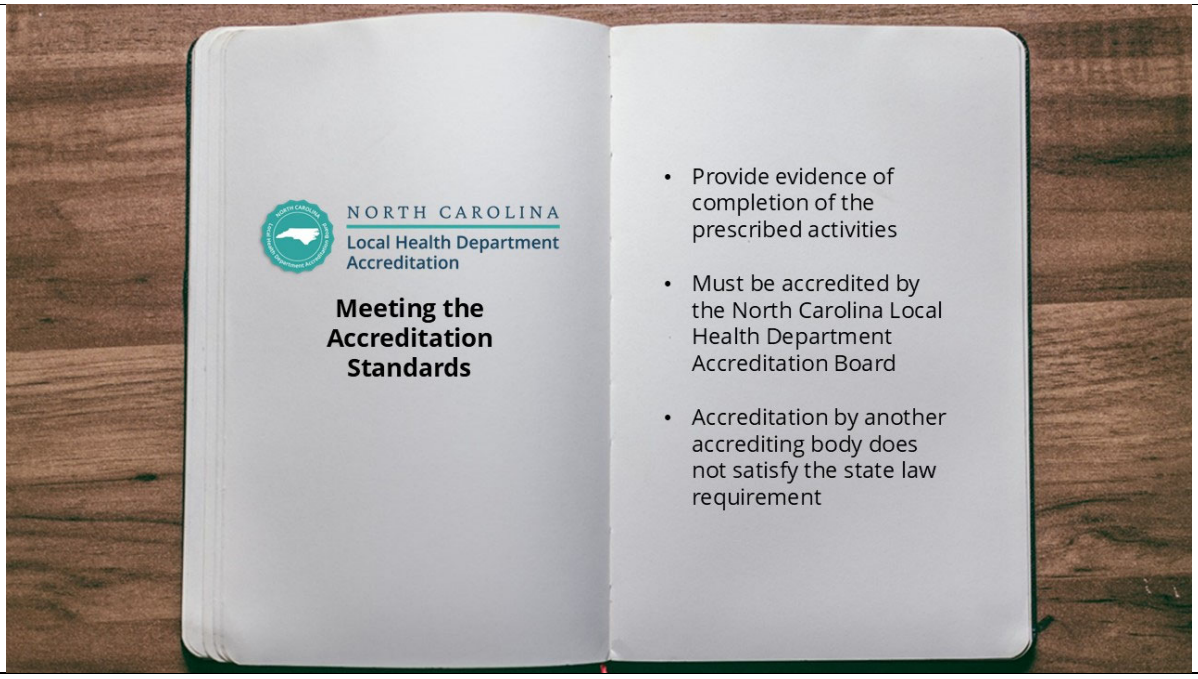
10A N.C.A.C. 46 .0201

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



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



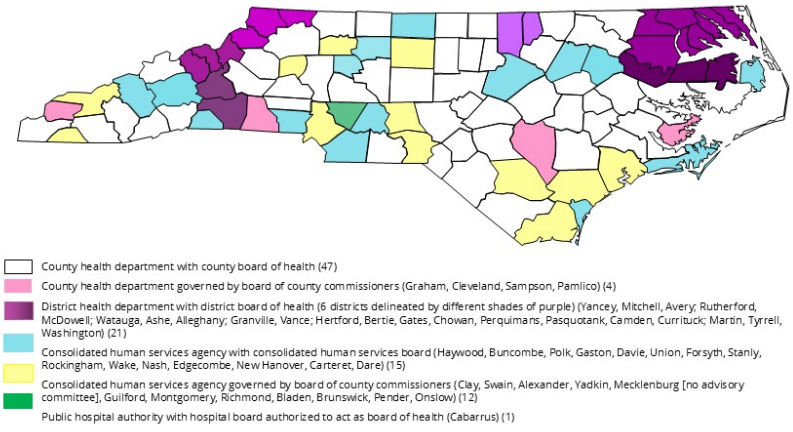
Big Picture

"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



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









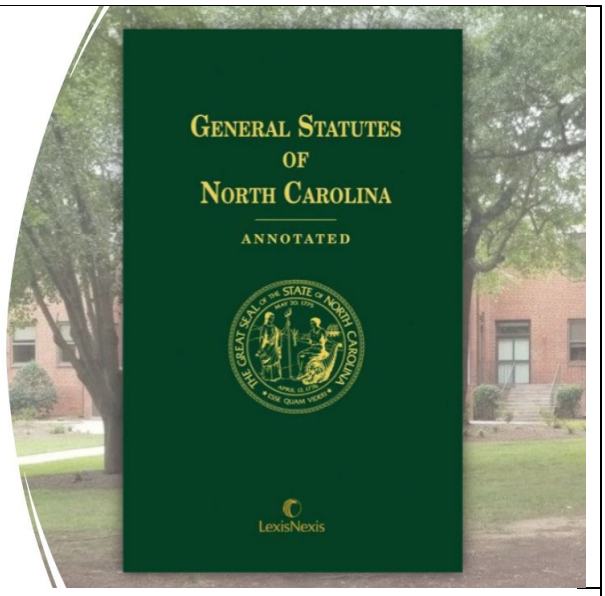
Interaction with Other State Rules

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

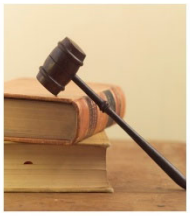
- Rulemaking
- ➢ **Adjudication**
- Administration



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)

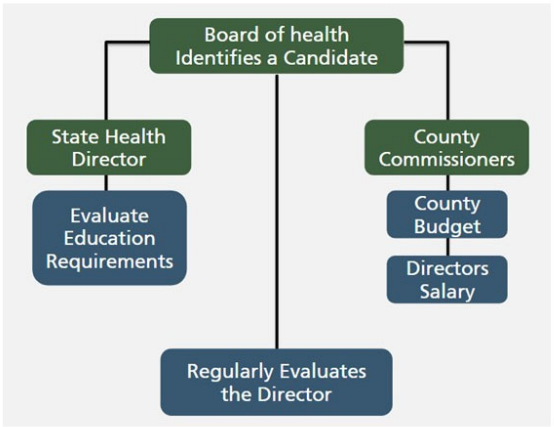




Adjudication Role

- 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

Administration





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

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

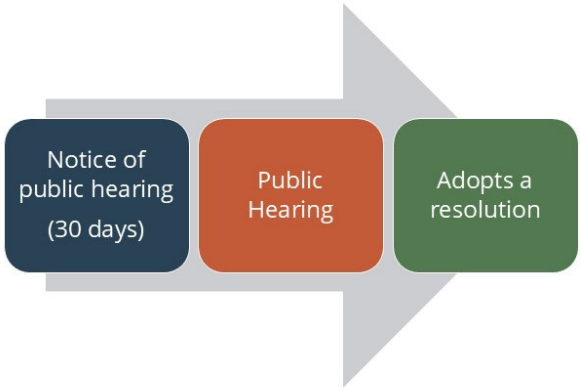


Organizing Options

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

Important Note

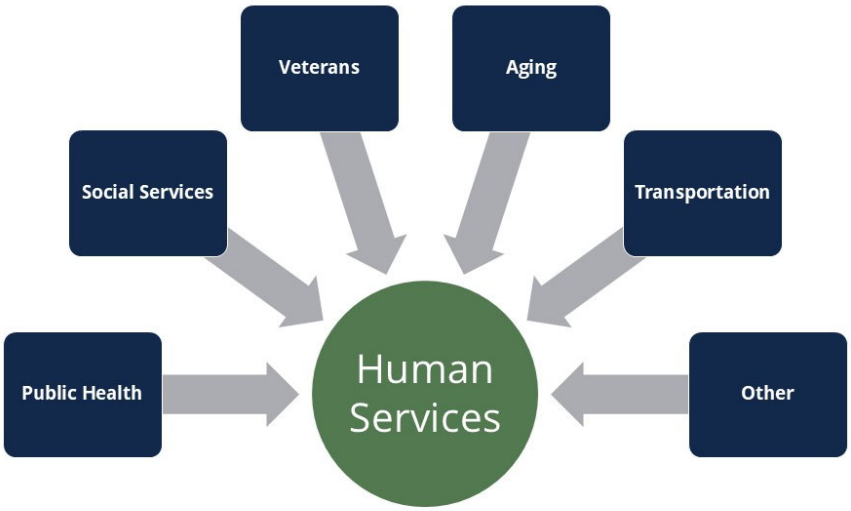
- A board of county commissioners that has assumed board of health powers and duties retains the legal authority to adopt local public health rules.
- That authority may **not** be delegated to the Advisory Committee.
- The board of commissioners may ask the advisory committee to advise on rules and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

Consolidated Human Services Agency





Consolidated Human Services Board

- Acquires most powers and duties of health
- Powers and duties related to fees, compliance, budget, oversight, public relations and advocacy
- Lacks the authority to appoint the agency director
- Prohibited from transmitting or presenting the budget
- CHSA director or an appointee presents the budget



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

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

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



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

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

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

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

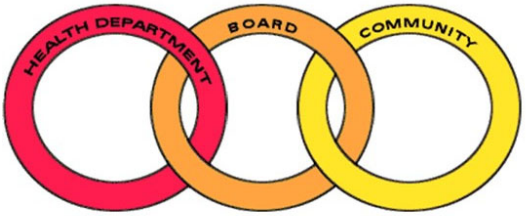
Board Member Guidelines, Roles and Responsibilities

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

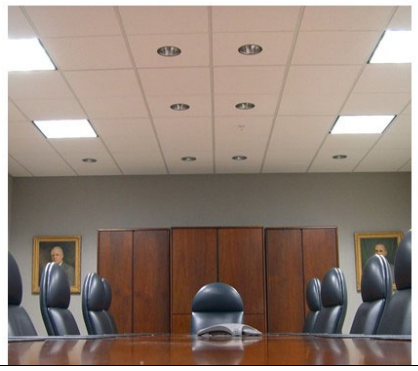
Guidelines for Board Members

- 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



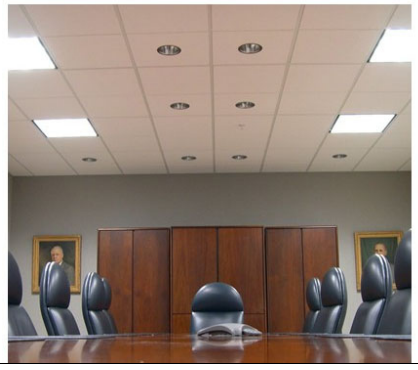
Chair Roles and Responsibilities

- 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)

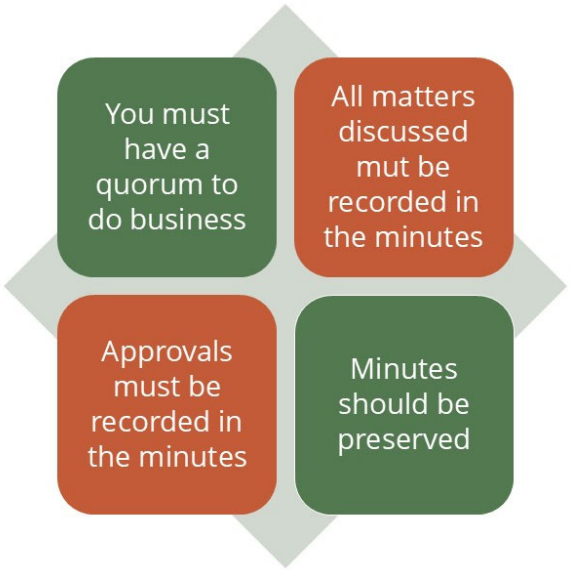
- Initiates strategic planning
- Initiates annual evaluation of the health director
- Works with the health director to set the meeting agenda
- Counsels and consults with the health director



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

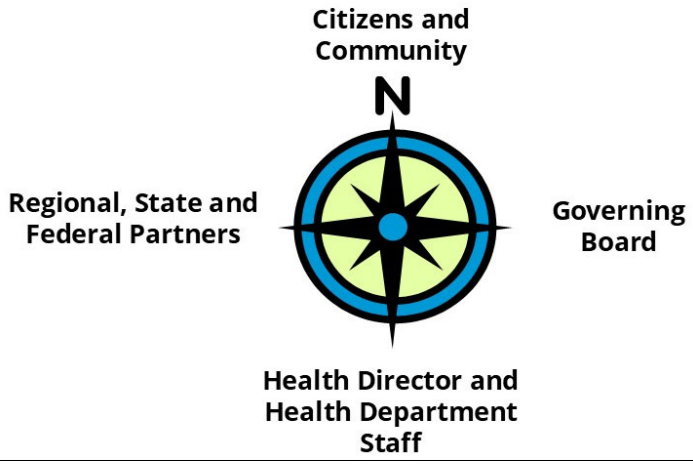
Effective Governance

Governing Challenges

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



Partnership Compass



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.)

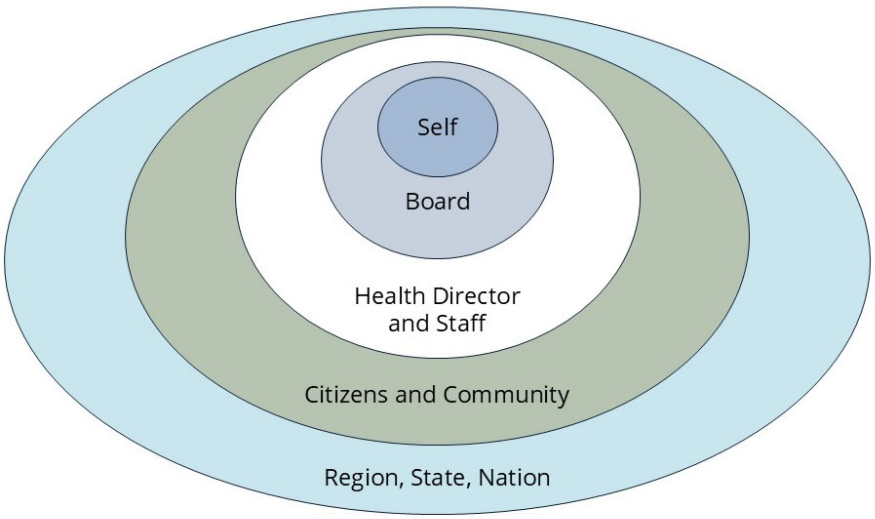
- Set clear rules and procedures for meetings
- Understand intergovernmental systems and build productive partnerships
- Provide oversight
- Establish and follow protocols
- Seek out and respond to feedback
- Model personal learning and development as leaders

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



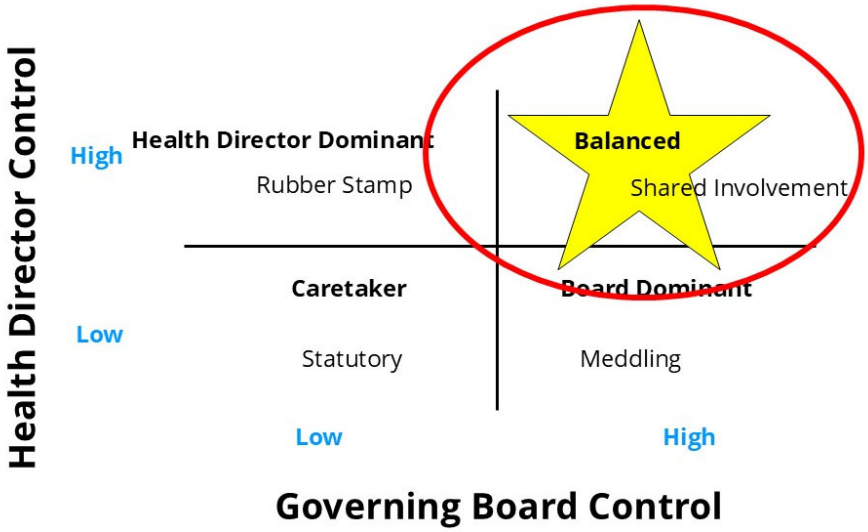
Levels of Board Accountability



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.

Throughout the presentation, Dr. Jarrett responded to several questions from the Board. Regarding their governance responsibilities as the local Board of Health. Questions focused on the statutory basis for public health authorities and responsibilities, the distinction between mandated services and the essential public health services, the County's obligation to ensure access to public health services, the Health Director's legal authorities and enforcement mechanisms, communicable disease investigations and contact tracing, the Board's quasi-judicial role in hearing certain appeals, coordination with neighboring jurisdictions, and the practical application of state law and accreditation standards in Burke County. The County Manager also provided additional context regarding the County's public health service delivery model and the availability of healthcare resources within Burke County.

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

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

HD - HEALTH DEPARTMENT DIRECTOR UPDATES

Dr. Ashley Jarrett, Interim Health Director, presented the Burke County Health Department Annual Report for Fiscal Year 2025-2026. The full report was distributed to the Board, and she reviewed the executive summary, which reads as follows:

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

Dr. 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 (5) retirements, and four (4) 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.

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

Motion: To accept the report as presented.

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

SCHEDULED PUBLIC HEARINGS – NONE

INFORMAL PUBLIC COMMENTS

At 4:06 p.m., Chairman Brittain opened the floor for public comments; there being no one present to address the Board, he closed this portion of the meeting at 4:06 p.m.

RESULT:	**NO ACTION TAKEN.**

CONSENT AGENDA - NONE

ITEMS FOR DECISION

HD - CHANGE BOH BOARD MEETING FROM ANNUAL TO SEMI-ANNUAL
Dr. Ashley Jarrett, interim Health Director, explained the Burke County Board of Health currently meets annually to conduct required Board business. This was a request to meet semi-annually, which would strengthen oversight, communication, and alignment with Board priorities. A second meeting would provide a timely opportunity to review departmental performance, emerging public health needs, financial considerations, and any policy or programmatic changes that require Board awareness or action.

Chairman Brittain opened the floor for questions or comments. A brief discussion ensued regarding scheduling and logistics, as well as preferred topics of discussion. There being no further discussion, Chairman Brittain called for a motion.

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.

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

HD - APPROVAL OF HEALTH DEPARTMENT POLICIES
Dr. Ashley Jarrett, Interim Health Director, requested 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.

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.

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

REPORTS AND COMMENTS – NONE

VACANCY ANNOUNCEMENTS
Morgan Buchanan, Clerk to the Board of Commissioners, announced that 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, for a veterinarian.

Chairman Brittain opened the floor for questions or comments. Commissioner Burns inquired about recruiting a person from outside Burke County, if there was no one here willing and able to fill the vacancy. Dr. Jarrett confirmed that would be permissible and would be the next step if the current recruitment efforts fell through.

RESULT:	**NO ACTION TAKEN.**

CLOSED SESSION

RESULT:	**NOT NEEDED, NOT HELD.**

ADJOURN
Motion: To adjourn the meeting at 4:14 p.m.

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

Approved this 6th day of August 2026.

_____
Jeffrey C. Brittain, Chairman
Burke County Board of Commissioners

Attest:

_____
Morgan Buchanan
Clerk to the Board of Commissioners