

**Wilkes County Board of Health Meeting Minutes
December 12, 2022**

The Wilkes County Board of Health held a regular business meeting Monday, December 12th, 2022, at 5:30 p.m. at the Wilkes County Health Department in the Ann Absher Conference Room. Board of Health members in attendance were:

Ms. Marcia Reynolds
Ms. Teana Compeau
Mr. Keith Elmore
Dr. Laura Hubbard
Dr. Keaton Mash
Mr. Chris Anderson
Dr. Sarah Miller-Wyatt
Ms. Adina Watkins
Dr. Gary Nash

Ms. Rachel Willard, Ms. Lindsey Roberts, Ms. Angie Rhodes and Ms. Jenna Daye were also in attendance. Prior to the December meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board member for review and sent via email.

Meeting Called to Order: Ms. Marcia Reynolds called the meeting to order at 5:30 p.m.

Adoption of Agenda: Ms. Teana Compeau made the motion to adopt the agenda for the Board of Health meeting for December 12, 2022: the motion was seconded by Dr. Keaton Mash, and unanimously approved.

Approval of Minutes for the October 10, 2022, Meeting: Dr. Keaton Mash made the motion to approve the Minutes from the October 10, 2022, Meeting; the motion was seconded by Ms. Adina Watkins; and unanimously approved.

New Business:

- **Dental Clinic Annual Report**

Ms. Arden Jolly the new Director of the Wilkes Public Dental Clinic gave the Dental Clinic Annual Report. Report below.

We have had a lot of change at Wilkes Public Health Dental Clinic this year. I spent July – September training with Deana Billings and officially became Director of the clinic on October 1, 2022. At the time I became director we had no full-time dentists, 1 part-time dentist, and 3 public health hygienists. We were able to continue with preventative care for our patients with our public health hygienists, without dentists working at the clinic.

Staffing:

The staffing presently includes 1 part-time dentist, 3 full-time contract dentists, and 4 full-time hygienists (one who is the mobile manager). 7 full-time dental assistants, 2 part-time dental assistants (one who also works in the front office as needed), 1 full-time interpreter (who also works in the front office), 3 full-time front office administrators, an office-manager, and myself.

One of our contract dentists has agreed to stay on full-time for at least one year. I am currently actively interviewing for full-time dentists. Ideally, I would like to have 4 full-time, 3 at the fixed clinic and 1 on the mobile clinic.

Summary of Patient Numbers:

For fiscal year 2021-2022, WPHDC treated 5,106 patients. 4,302 at the fixed clinic and 804 at the mobile clinic. 51% are ages 0-17 and 49% 18+. If we maintain the number of providers that we currently have, we will be able to increase these patient numbers this fiscal year. From July 1, 2022 until November 23, 2022, we have seen 2,928 patients (77% had Medicaid and/or NCHC).

Patients July 2021 – June 2022]

- Medicaid/Health Choice: 73%
- Private Insurance: 13%
- Sliding Fee/Nominal Fee: 13%
- Private Pay: 1%

Financial Status:

Our relationship with the Health Department is very important to all of us at WPHDC. 73% of our patients last fiscal year were NC Medicaid and/or NC Health Choice. We are appreciative of the Health Department and the Cost Settlement, which has allowed us to maintain our clinic.

We just started a letter fundraiser and a Health Foundation grant. These monies are being used to recruit dentists.

We are working on grants that can assist the clinic in 2023 to upgrade our outdated x-ray system.

General Information:

We do hold an emergency extraction clinic on Thursday mornings. We average 6 patients. Patients who do not have insurance, can be seen for an exam, x-ray, and extraction for one cash price.

We continue to work with Wilkes Recovery Revolution to provide dental treatment for their clients. I recently met with Lazarus Project to do the same with their clients.

Our mobile clinic serves all 23 Wilkes County Schools, nursing facilities, day care centers, youth alternative camps, and rural health centers. Having 3-4 providers each day at the clinic has allowed us to have a dentist out on the mobile clinic almost every day.

I am excited for the future of the clinic and thankful for the support of Rachel and the Health Department.

After Ms. Arden presented the report to the board, she explained that the dental clinic had dropped its nominal fee from \$90 to \$10 dollars. Dr. Mash asked if this was comparable to other FQHC dental clinics such as AppHealthCare or High Country. Ms. Jolly stated she was not sure what their nominal fee was currently. Ms. Jolly went on to say that this was based off the national average and encouraged due to the National Health Service Corp Loan Repayment Policy. Ms. Jolly was very thankful for all the support of Ms. Willard and the Health Department.

- **2023 Board of Health Meeting Dates**

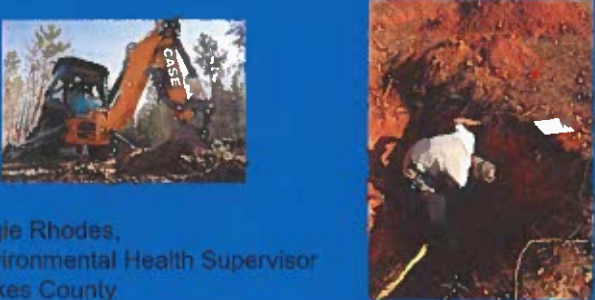
Ms. Willard explained moving into the New Year she wanted to present to the board the 2023 Board of Health Meeting dates to see if anything needs to be changed before she sends out the meeting invites. Ms. Willard said that she did know that Columbus Day was going to be October 9th so we may be moving that date. After discussion, the board decided to keep the October 9th meeting date. Ms. Willard stated she would get meeting invites in the coming weeks.

Old Business:

- **Environmental Health Pit Policy Presentation**

Prior to the presentation, Ms. Angie Rhodes explained that to anyone outside of Environmental Health, when you say “pit” they may think you’re talking about an arm pit but these are two very different things. She went on to say that a pit is where a contractor comes in, usually with a backhoe and digs a hole 5 ft. in depth and 3 ft. wide so that the Environmental Health Specialist can climb down in the hole and evaluate the soil characteristics. Based on the soil, they can determine if the property is approved for a septic system. She went on to say that right now the current process for an Environmental Health Specialist is to go out to the property with the hand auger and get 4 to 6 borings to be able to evaluate the soil. Mr. Rhodes explained that this is not a short process; they are spending 2 to 3 hours at each of these locations. In some instances the location the home owner wants to build their dream home, the soil will just not allow it so then in turn the Environmental Health employee will find another location on the property and bore those same 4 to 6 holes again. This is no easy job; it’s extremely hard on your shoulders and legs. Ms. Rhodes said to also keep in mind, these employees are doing this on a 98-degree day in July with no shade and a 19-degree day in January where the ground is completely frozen. Ms. Rhodes thanked the board for allowing her to come back and hopes this presentation helps answer any questions they might have. Presentation below.

Development of a Backhoe Pit Policy



Angie Rhodes,
Environmental Health Supervisor
Wilkes County

Why Should We Do It?

We need to come up with a recruitment and retention strategy for Environmental Health Specialists and improve work lives



Recruitment & Retention Plan

Recruitment Bonus

\$3,000 and Intern agreement

New OSWP Position

WHS and Technician

Pit Requirement

Proposed Policy

Counties with a Pit Policy

- Alexander County
- Toe River District (Avery, Mitchell, Yancey)
- Davie County
- Iredell County
- Madison County
- Stanly County
- Catawba County
- Caldwell
- Appalachian District (Ashe, Alleghany, Watauga/Verbal)
- Foothills District (McDowell, Rutherford)



Rule .1939 Site Evaluation

- (a) The local health department shall investigate each proposed site. The investigation shall include the evaluation of the following factors:
- (1) topography and landscape position;
 - (2) soil characteristics (soilology);
 - (3) soil wetness;
 - (4) soil depth;
 - (5) reactive materials; and
 - (6) available space.
- b) Soil profiles shall be evaluated at the site by borings or other means of excavation to at least 48 inches or to an UNSUITABLE character etc and a determination shall be made as to the suitability of the soil to treat and absorb septic tank effluent. Applicants may be required to dig pits when necessary for proper evaluation of the soil at the site.
- (c) The soil conditions shall be made in accordance with Table 1939-1 of this Rule. Based on the evaluation, the soil conditions shall be classified as SUITABLE, PROVISIONALLY SUITABLE (P), or UNSUITABLE (U).
- (d) The local health department shall determine the long-term acceptance rate to be used for sites classified SUITABLE OR PROVISIONALLY SUITABLE in accordance with these rules.

Rule .1956 Saprolite Systems

- (f) SAPROLITE SYSTEM. Sites classified UNSUITABLE as to soil depth, with saprolite present, may be reclassified PROVISIONALLY SUITABLE as to soil depth when:
- (i) An investigation of the site using pits in locations specified by the local health department is conducted. The following physical properties and characteristics shall be present in the two feet of saprolite below the proposed trench bottom:
 - (1) the saprolite texture is sand, loamy sand, sandy loam, loam, or silt loam;
 - (2) clay mineralogy is suitable;
 - (3) greater than two-thirds of the material has a moist consistency that is loose, very friable, friable, or firm;
 - (4) the saprolite wet consistency is crumbly or slightly sticky and nonplastic or slightly plastic;
 - (5) the saprolite is in an unconsolidated, naturally occurring state;
 - (6) the saprolite has no open and continuous joints, quartz veins, or fractures that are relic of parent rock to a depth of two feet below the proposed trench bottom.



Pit Considerations

Current Process

- 4-6 hand auger borings
- 31% of lots require pits due to soil conditions
- Strenuous on back, and knees
- More time in outdoor elements
- Shorter retention times for staff

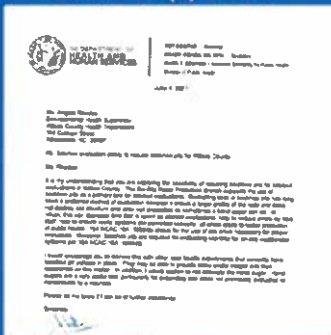


Counties with Policies

- Stated:
- 1 hour productivity gained on each application
- Improve quality of soil assessments
- Longer retention times for staff
- Improve staff morale
- Recruitment of authorized EHS
- Not a requirement for repairs



State Supported



Let's start the process!



Unanimously approved

New Developed Subdivisions

- 7 New Developed Subdivisions in 2022
- Subdivision lots will be evaluated by Wilkes County Environmental Health Specialists when the following conditions are met, along with the filing of an application for a new wastewater system. Site preparation as specified in the application packet including:
 - Site plan must be to scale (1 inch equals no less than 60 feet)
 - All property corners, lines, monuments, etc.) must be set by a licensed surveyor (i.e. no prospective or hypothetical property lines). Any material change to the site (house site moved, driveway moved, etc.) will require a new application to be filed for all affected lots.
 - Proposed **in-lot** septic area must be flagged on color and a minimum of 3 pits made on lot within 14 areas. The pits must be soaked to provide a representative sample of the soil within the area. The pits must be a minimum of 5 feet deep, 3 feet wide, 6 feet long, and a step must be provided to allow the EHS to safely enter and use the pit. It shall be the responsibility of the applicant to keep pits accessible and the pits shall be landscaped.
 - **Drain field** area, house site and path from house site to drain field area must be cleared of undergrowth, fallen trees, etc. There must be a clear line of sight from drain field area to a property corner or monument. If there is no corner or monument within 100 feet of the drain field, a reference corner must be set by a licensed surveyor.
 - Lot numbers must be clearly posted on each lot.
 - Applicant must provide references (road names and mileage) from subdivision entrance to each lot. Each applicant shall obtain the references.



forward, he would wrap that \$400 into his overall price. Mr. Elmore asked if there was a requirement for how deep the pits had to be. Mr. Rhodes said we have them been at least 5ft deep. Mr. Elmore then asked if they had to be 5 ft. deep all the way to the end or could there be a slope. Mr. Rhodes explained that we do ask them to cut a step in the pit so the Environmental Health Employee can get out, but a slope is fine just as long as we can see the side of the pit completely. Commissioner Elmore asked if you had to have someone come out and dig the pit or if you had the equipment could you do it yourself. Ms. Rhodes said you could most defiantly dig it yourself and save yourself the \$400, but you are still held to the 5 ft. deep and 6 ft. long requirements. When the pit is already dug and ready for Environmental Health it saves the employee from having to load everything that is pictured in slide 10 to just having to carry a pick axe therefor saving that strain on your body from using the auger and decreases time for site evaluations. Ms. Rhodes stated that if this policy is passed there would be a learning period where we need to decide what works best for environment health, having the contractor come out earlier in the week and dig the pits or have the contractor meet you day of and dig the pit while the employee is there. Having the contractor dig the pit while the employee is there would be more convenient and avoid less issues but it may be hard trying to line that up with the contractor. Having them dig the pit earlier in the week would work but you have the possibility of rain or snow filling up the pit and then that's just not going to work. It will be a learning curve but we are hopeful this Pit Policy will be approved. Ms. Willard asked the board if they want to move forward with this policy and they agreed they didn't see why they shouldn't. Ms. Willard agreed and said she would have Angie come back in February and bring it before the board for full review and adoption.

Administrative Report:

- **Communicable Disease Update**

Ms. Lindsey Roberts started the update with Monkey Pox, the latest update from the State she had was from November 30th, 2022. She explained that Monkey Pox will now be call MPox, the name was considered racist and stigmatizing and now will be referred to as MPox moving forward. North Carolina as had a total of 679 cases, out of the 679 cases 90% of those are male and 67% are of African American decent. Wilkes County is still at 0, we have not had any cases which is great. There has been 24,560 vaccines administered, we still do have the vaccine at the Health Department and we are administering it to anyone that meets the criteria and wants it. We have given 6 MPox vaccines to date at Wilkes County Health Department and still have plenty to give out, all they have to do is make an appointment.

Ms. Roberts moved on to Covid, Wilkes County has had a total of 22,317 cases since the start of the Pandemic, we currently have 115 active cases that are on isolation. We've had a total of 297 deaths, 10 of those deaths have been in the past 90 days. We currently have one outbreak at a Long term Care Facility, also we now have the Bivalent Booster for all ages starting from 6 months to 5 years of age that was approved last week.

Ms. Roberts stated that we did have an atypical Communicable Disease event in 2022, a community member did test positive with Listeria. This patient did receive treatment but was later on declared brain dead, as I'm sure you know this patient did make a miracle recovery. Wilkes County Health Department completed their investigation after talking with the family, the investigation and information was sent to the state. No cause/source of Listeria was found and the case was closed.

Lastly finishing up with Flu and RSV, Type A Influenza is the dominant strand right now there has been 550 positive cases in 2022 at our ED. Starting October we had 28 cases, November seen most of the action

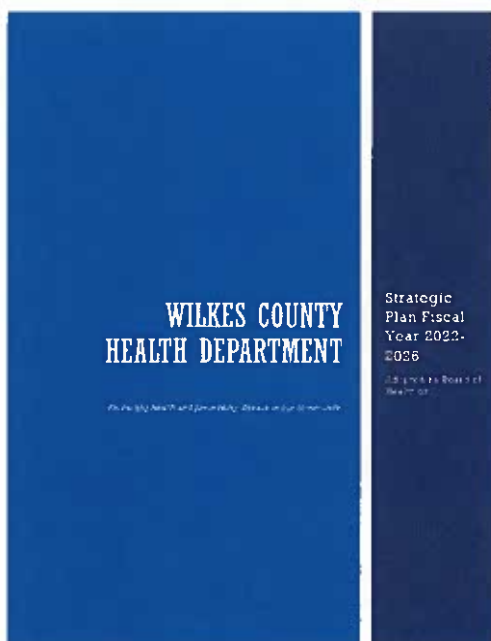
with 279 cases and just starting December we have seen 59 cases. Ms. Roberts stated that RSV was almost as bad as Flu this year with a positive 211 cases over at our ED. October had 89 cases, November had 50 cases and so far December has only had 6 cases. Mr. Keith Elmore asked if pharmacies were running low on Tamiflu. He stated his daughter went to Urgent Care last week and they sent her home and told her to just rest and stay hydrated, they didn't call her in Tamiflu and he thought that was just odd. Ms. Reynolds said that yes, the pharmacies are experiencing a shortage on Tamiflu or completely out. Ms. Roberts added that it also depends what day you are on the Flu cycle, if you have already been sick a couple days the Tamiflu will be of no help. Generally, they will only prescribe Tamiflu early in its course, generally 24-48 hours or less.

- **Departmental Update**

Ms. Willard discussed several department updates. Ms. Willard informed the board that we do have two new hires starting January 3rd, Kaitlyn Sloan and Maria Alvarez Marques will both be filling the open positions Nancy Moretz had in accounts receivables. We are super excited to finally have those positions filled after a few months of interviews. We do still have two nutritionist positions open at WIC, as well as a Foreign Language Interpreter. Ms. Willard stated that as far as contract positions go, we have three interpreter positions and one in Registration. Ms. Willard explained that we are super grateful to finally have a county interpreter position. We have been asking for about 3 to 4 years for the County Commissioners to give us these positions, with transitions in our Care Management here locally we were able to reclassify a position to make it an interpreter position. Our interpreters do a wonderful job but most of the time end up leaving due to no benefits. Moving on I'm sure as you seen coming in, our downstairs bathrooms are still being renovated they just finished the tile and it looks wonderful. Initially they said it would be done in December but it looks like it will be done somewhere around January, I know our staff that works down here will be so happy to not have to commute back and forth upstairs. We did make the move to start working with the State Lab and so far so good, everything seems to be working out great with no issues. At the next commissioner meeting, I will also be asking the board to approve a donation to Samaritan's Purse for our old CBC machine since we can no longer use it. Samaritan's Purse was very happy to take it. All we know is that it will be going to a hospital in need.

- **Strategic Plan 2022-2025**

Ms. Willard Reviewed the Strategic Plan with the Board. Presentation below.



Wilkes County Health Department (WCHD) Strategic Planning

2022-2026

Mission: Promoting health and preventing disease in our community.

Vision: WCHD will be viewed by our county as the primary resource for individual, community and environmental health.

Strategic Plan Development Summary:

Strategic planning is an ongoing process at the WCHD with primary responsibility resting with the Health Director and Management Team. The document is generally reviewed at Management Team strategic planning retreats and may be revised/updated at any time. The document is reviewed and revised annually with the Board of Health after the completion of the Community Health Needs Assessment/State of the County Health Report and Annual Reports such as Communicable Disease, Child Fatality Prevention Team and Quality Improvement. At that time, health status data and information are used to set and/or update goals and objectives. Community input is provided through the CHA and SOTCH reports at a minimum, but consideration is also given to Client Satisfaction Surveys, inquiries via the website or input given at meetings such as Healthy Wilkes Action Team, County Planning Board, SmartStart, United Way and School Health Advisory Council.

WCHD acknowledges that ensuring the ten essential functions of public health, as we attempt to do in our strategic plan, requires a collaborative community approach. This is present throughout the work that we do at WCHD every day, and is also reflected in the strategic plan.

In July 2021, the WCHD partnered with Atrium Health Wake Forest Baptist Wilkes Medical Center (AWMC) and the Health Foundation to perform a combined Community Health Needs Assessment/Community Health Assessment in response to the IRS 990 requirements for non-profit hospitals under the Affordable Care Act. With guidance from Annika Elstad, consultant, collaborating partners utilized a participatory approach to document the health status of residents and the availability of resources in Wilkes County, North Carolina. A steering committee was developed of representatives from Wilkes Medical Center, Wilkes County Health Department, The Health Foundation, and Consultant team. The advisory committee engaged community members, local citizens and representatives from other entities residing in Wilkes County in the joint CHA / CHNA process. In late 2021, the CHA preliminary survey results from the community health opinion surveys and data taken from NC State Center for Health Statistics for the county of Wilkes were presented to key groups: the leadership team of the Wilkes County Health Department, the Wilkes County Board of Health, the Health Foundation Board and the Advisory Committee and Atrium Health Wake Forest Baptist Wilkes Medical Center. Discussions about prioritization began, and based on the information presented, evidence based priorities were selected and ranking them in order of importance was established.

The following were established as Wilkes County's health priorities for the next three years:

- Obesity and Chronic Disease
- Mental Health and Substance Abuse

- * Access to Care
- * Tobacco and Smoking

The WCHD Strategic Plan not only address areas identified in the 2021-2022 Community Health Assessment, but also identified by the Health Director and Management Team. Management Team identified the additional areas to focus on over the next three years:

- * Workforce Development
- * Facility Improvements
- * Human Resources Tool Development
- * Coordination of Resources and Services
- * Quality and Practice Improvement
- * Responding to Public Health Emergencies
 - o COVID-19
 - o MPD
- * Improvements to Data Systems
- * Management Team

Community Health Assessment Priority Area: Mental Health and Substance Abuse

Local health status data and information	Community Input (where applicable)	Goals, objectives and/or desired outcomes with timelines and lead WCHD staff identified.	Priority Issue	Community Collaborations to Implement Activities?	Status Update/Notes
<p>YRBS By high school, WCS students report more negative feelings (low self-esteem, loneliness) than the state average</p> <p>According to Adkins Health Wake Forest Baptist Wilkes Medical Center (WMC) ED admission data, roughly 15% of all admissions are attributed to mental health diagnoses.</p> <p>According to the 2022 County Health Rankings, Wilkes County reported 5.0 poor mental health days compared to the 4.4 days in NC</p>		1. Provide mental health services to all high school and middle school students-- MESH	High	1. United Way WCS Jodi Province Counseling	
		2. Identify at risk children and adults in the clinic through PHQ-2 or other screenings to make appropriate referrals. (DON, CDO and Providers)	Moderate	2. WCHD Clinic	
		3. By June 30, 2025, the Project Lazarus initiative will work with various agencies to establish two additional permanent drop box locations, purchase and distribute 100 lock boxes, work with the school system to schedule students on prescription medication safety and substance abuse prevention through the prevention team. Distribute naloxone kits through health department standing order and training. (Health Promotion)	Low	3. Project Lazarus Wilkes Family Pharmacy Wal-Mart Blue Ridge Pharmacies	
		4. Coordinate with local law enforcement to host an annual Medication Take Back Days more often in the community		4. Law enforcement (Sheriff's Office Safe Kids Pharmacies)	
		5. Continue to train staff as needed for Mental Health First Aid or Resilience Training	High	5. Care Net Counseling, YWCA, and Health Foundation	

Community Health Assessment Priority Area: Obesity and Chronic Disease

Local health status data and information	Community Input (where applicable)	Goals, objectives and/or desired outcomes with timelines and lead WCHD staff identified.	Priority Issue	Community Collaborations to Implement Activities?	Status Update/Notes
<p>Diabetes Mellitus is the 8th leading cause of death in Wilkes County (SCHS, County Health Data Book 2019). Disease of the heart is the 2nd leading cause of death in Wilkes County (SCHS, County Health Data Book 2019).</p> <p>According to the NC DMH Commission of Wilkes County Wilkes to Current Healthy NC 2020 Goals, Wilkes County has 9.8% (2018) of adults living with diabetes.</p> <p>The US obesity prevalence rose from 41.9% in 2017 - March 2020 (NHANES 2017). From 1999 - 2000 through 2017 - March</p>		1. Increase WIC participation to 97% (1635 of the associated 1687 based on goal) by June 30, 2023 and continue to maintain case load at 97% or through June 2025 (Nutrition Director)	High	1. Grocery stores Farmers markets corner stores, DSS, local providers, WMC	
		2. Increase the number of visits to our Diabetes and Nutrition Center from 85 (FY 21-22) by 2% by the end of 2023 (Nutrition Director)	High	3. WRLMC local providers, DE offices, school nurses, MESH, WCHD Clinic, Behavioral Health, Chronic Disease and Injury Prevention Branch	
		3. By June 30, 2025 increase the number of clients of WIC from 1635 to 1700 (2% increase) by 2% by the end of 2023 (Nutrition Director)	High	5. School nurses WCS, YWCA, Health Foundation, Cooperative Extension, and Town of North Wilkesboro	
		4. Participate in 6-12 outreach events to provide preventive care and screenings by end of 2024 (DOT, Loans, Dental resources, Little Folks Festival, Family Fun Day, Touch a Truck). Lead Annual Employee Wellness Health Fair planning committee for county employees in May. Goal is to reach 200 employees by 2024. (Health Promotion)	Low	6. County department health, County Manager, BCBS nps, Wilkes Partnership for Children, Library, Wilkes JCC, Senior	

Community Health Assessment Priority Area: Tobacco Use

Local health status data and information	Community Input (where applicable)	Goals, objectives and/or desired outcomes with timelines and lead WCHD staff identified.	Priority Issue	Community Collaborations to Implement Activities?	Status Update/Notes	
<p>2020, US obesity prevalence increased from 30.3% to 41.9%. During the same time, the prevalence of severe obesity increased from 6.7% to 9.2% (NHANES 2017).</p> <p>17.6% of children ages 2-4 in the US (NHANES 2017) program in Wilkes County are overweight and 14.6% were obese (NHANES 2017).</p> <p>According to the 2021 Community Health Assessment, 25% of respondents will never smoke/tobacco use.</p>		3. Increase number of Market Vouchers redeemed for fresh fruits and vegetables at Farmer's Market by 5% (Health Promotion)	Moderate	7. Health Foundation Linn St Paul Ep's Church food services WCS		
		According to the 2019 NCHS the 3 top causes of death are: 1. Cancer at 174.3 per 100,000 deaths (with lung cancer having the highest rate); 2. Diseases of the Heart at 153.0 per 100,000 deaths; and 3. Chronic Lower Respiratory Disease at 92.8 per 100,000 deaths.		1. By June 30, 2024 increase the number of smoke-free or tobacco free policies or support for new policies from 1 to 3 (Health Promotion)	High	1. Housing Authorities Parks & Recreation, Town Government, Apartment Complexes, Corner Stores, Regional Tobacco Prevention & Control Manager
		According to the 2021 Wilkes CHA 77.5% (618 of 798) respondents agree or strongly agree that public places should be 100% tobacco free.		2. By June 30, 2024 host 3 SA trainings throughout Wilkes County (Health Promotion)	High	2. Dental Clinic, DE Offices, Family Medical Practices, other local providers
		According to the 2021 Wilkes CHA 83.4% (665 of 798) respondents agree or strongly agree that government buildings and		3. By June 30, 2024 increase the number of Wilkes County residents who use the NC Quitline to 5% (Health Promotion)	High	3. Regional Tobacco Prevention and Control Manager, Wilkes County Schools, DE Offices, Dental Clinic, MUH Properties, etc.
		4. By June 30, 2024 increase the number of local providers who utilize the NC Quitline for referral by 5% (Health Promotion)	High	4. Local Providers Regional Tobacco Prevention and Control Manager, MCH Coordinator		

Community Health Assessment Priority Area: Access to Care

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
According to the 2021 CHA, approximately 20% of Wilkes County working age population (18-64) lacked health insurance. 41% of the Wilkes County population, 27,813 people, lived below the 200% federal poverty level in 2019, which was \$31,500 for a family of 4 that year.		1. Link patients to Primary Care and Specialty Services (Healthcare Connection Coordinator)	High	1. Office of Rural Health, Duke Endowment, WMC, Local Providers, Care Connector, Pharmacy, Wilkes Provider Network	
		2. Increase Wilkes Health new patient load to 3,616 by end of CY 2023. Maintain or increase patient load the following years (WCHD Clinic)	High	2. DSS, WMC, local providers, patients, WCS	
		3. Linking uninsured patients to insurance by training dually staff to be CAC's each year (Accousta Receivable)	Moderate	3. Legal Aid, Get Covered America, DSS	
Compared to the state average, Wilkes County had lower ratios of health professionals per 10,000 population for physicians, dentists, registered nurses, and pharmacists in 2021.		4. Renew and maintain Primary Care Medical Home Certification each year (DOM)	Moderate	4. DOM, WCHD, WCHCA	
		5. Increase referrals to Primary Care Physicians for students seen or UESH with high blood pressure	High	5. UESH, WCHD, Local providers	
		7. Aim to have the 24 month benchmark of immunization rates at 85% in Wilkes County	High	7. WCHD, WMC, Local Providers, day care centers	

Wilkes County Health Department Priority Area: Workforce Development

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Orientation/Training for new Management Team members - within a year from start date (Health Director)	High	1. Utilize State Training such as NCPH, great speakers, WCC and business school, CC Leadership training	
		2. Orientation/Training for staff positions in Community Health, Clinic, Environmental Health - within 30 days from start date	High	2. Introduction to Public Health, CIT Training, Virtual Health	
		3. Specialized training for CD Nurse and Environmental Health staff - within 6 months from start date	Moderate	3. State Environmental Health CIT training	
		4. Implementation of new EH Rules and Regulations	High	4. NC DHEH, EH Section	
		5. Develop succession plans in each department	Moderate	5. WCHD, NC DPH	
		6. Environmental health will work with new businesses to implement business plans (F&L or Waste Water). Business plans will be reviewed for approval within 30 day time frame (Environmental Health)	High	6. Local business owners	
		7. Maintain public portal for competing applications and viewing permits on-line (Environmental Health)	High	7. Local business owners	

		8. Add all pump system permits to the public portal for viewing and records by December 31, 2024 (Environmental Health)	High	8. Local business owners	
		9. Continue training and education around billing. Medical plans to ensure we are collecting the most bills amounts we can. (Finance/Health Director)	High	9. NC DHHS	

Wilkes County Health Department Priority Area: Facility Improvements

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Work towards moving all services to a larger office space which will allow expansion of our services and provide access to care for more patients. Also, this will provide adequate work space for all staff.	High	1. County Manager, Corbett, assigned through county, BOCC	
		2. GIS system for septic and well program by end of 2025	Moderate	2. County IT	
		3. Facility assessment and improvements to increase security of clients, patients and staff	High	3. County IT, County Manager	
		4. Emergency exit in Registration area. Exit Emergency window or door on side of building	Moderate	4. County Manager	

Wilkes County Health Department Priority Area: Human Resource Pool Development

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Revamping MO job descriptions - by end of 2024	Moderate	1. Interns, College Students, 2 Examples from other Health Departments	

Wilkes County Health Department Priority Area: Coordination of Resources and Services

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
Community Health Stakeholder Surveys, Customer Satisfaction Surveys		1. Sharing resources. Work with community partners to combine resources. Outsource when appropriate by end of 2024. Utilize NC HE, NC PR for immunizations, stain lab, and patient portal as components are developed or by the end of 2025. Need for improved efficiency. Identify opportunities for restructure and realignment of roles and job descriptions to include cross training ongoing as need develops (Management Team)	High	1. Hospitals, physician partners, DHHS, Management Team, Health Foundation, WCS, local regional staff, and others in community	

Wilkes County Health Department Priority Area: Quality and Practice Improvement

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Implement practice management best practices to improve processes in clinical services and registration scheduling and AR. Assessment by end of 2023 to determine best practices. Decrease lead time to 60 minutes for physical and complex visits by end of 2024 (currently 94 min) (Nurse Supervisors, Chief Operating Officer and DOM Lead)	High	1. NCPH, NC DPH, NCHCA	
		2. Assess opportunities to decrease duplication of MO staff and/or processes by end of 2024 (Management Team)	High	2. Management Team, Outside Consultants	
		3. Increasing Provider schedules to meet and maintain the 3,616 goal for FQHC (COO)	High	3. NCHCA	
		4. Decrease the clinic no show to less than 18% by 2025	Moderate	4. NCHCA	
		5. EH GIS Septic and Well Program thru awarding of grants to fund - by December 31, 2024 (Environmental Health)	High	5. 3 Grants	
		6. Implement a PFI Policy for septic evaluation for an increase of efficiency and quality and decrease of effort for recruitment and retention of staff by December 31, 2024 (Environmental Health)	High	6. BOH and BOCC	

Wilkes County Health Department Priority Area: Responding to Public Health Threats and Emergencies

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1 Staff members who have not received ICS trainings perform to their position in the past 3-4 years will complete trainings by December 2023	High	1 Emergency Preparedness	
		2 Develop ICS training and refresher log to ensure all staff have had ICS trainings within five years	MGH	2 Emergency Preparedness	
		3 Quarterly call down drills will reach 90% response from staff within 24 hour notification by December 2023	Moderate	3 Emergency Preparedness	
		4 Provide COVID-19 PCR and/or Rapid testing Monday - Friday to community members seeking a COVID-19 test	High	4 WCHD Clinic, Emergency Preparedness	
		5 Provide Mpox testing and/or immunization to assist vaccine priority clinics as designated by the state	Moderate	5 WCHD Clinic, Emergency Preparedness	
		6 Continue to work NC DHS and DPH to maintain active alerts and prepare for emerging threats	Moderate	6 NC DHS, NCDPH, Wilkes County EM	
		7 Actively work with local emergency management to meet quarterly for our local emergency preparedness committee	Low	7 EM Director	

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Wilkes County Health Department Priority Area: Improvements to Data System

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1 Determine IT needs by department to ensure that staff can carry out their day to day functions. Upgrade and purchase new equipment as needed. (Management Team)	Moderate	1 Management Team, County IT	
		2 EH will investigate utilizing GIS and maps to mark well and septic locations while out in the field by the end of 2023. If beneficial training and utilization will begin in 2024.	Moderate	2 County IT, EH Team, County GIS	

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Wilkes County Health Department (WCHD) Strategic Planning SWOT Analysis 2022

Wilkes County Health Department Priority Area: Management Team

Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>Timeline</u> and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1 Develop a way to focus more on interdepartmental team work through difficult conversations, meetings, and tools	Moderate	1 Management Team, consultants, NC DPH	
		2 Work together as a team to identify and fix problems rather than list them. The goal is to be proactive rather than reactive. Bring solutions to the table rather than just problems	Moderate	2 Management Team, consultants, others	
		3 Stop blaming others and learn to discomfort to have difficult conversations to appreciate and bring positive ideas	Moderate	3 Management Team	
		4 When decisions are being discussed create an environment for all to ask tough questions, feel heard, and work together. After the decision is made, all should support it with a positive attitude whether it is personally accepted or not	Moderate	4 Management Team	

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	STRENGTHS What are strengths that add value to our services?	WEAKNESSES What factors detract from our ability to deliver benefits?
INTERNAL	<ul style="list-style-type: none"> Cross training staff among multiple departments Having a bilingual office assistant in EH Extended clinical hours Being a public entity FQHC Reinstated a public health educator position PCMH Limited in house pharmacy Co-located mental health counselor Add more clinical and environmental staff Staff provide safe sleep education and hand out pacis and plays to new moms New COVID testing mobile unit Additional cars to help EH workforce Grant writing skills-being able to obtain private, local, state and federal funds Provider retention Loan repayment at the state and federal level EH public portal and online applications COVID-19 response Public health awards recognizing staff Employee satisfaction Patient access to building and clinics with more of departments Employee benefits Staff flexibility with work life balance Employee wellness program Friendly and welcoming staff Addition of EREN Room for staff growth and opportunities EAP for staff Reternal opportunities for peer management Strong leadership team Young health director with new ideas Support from BOH and BOO Evaluates staff concerns and satisfaction periodically New strong medical director Easy appointment accessibility for patients After hours service for patients School based health center services Access to local medical records Increased safety through the building New EHR Accredited public health department COVID testing shelter at-ID 	<ul style="list-style-type: none"> Competitive pay Edger building to provide services to the community Ability to recruit and retain qualified staff Employee satisfaction Lack of communication across departments Employee engagement Building has several safety issues Multiple locations where services are provided Lack of parking Succession planning for positions Sustainability for grants Lack of county support through funding, understanding and positions Loss in cost settlement dollars Health department signs Do not offer wrap around services in our office Lack of experience with new professionals and new hires-public health is a huge learning curve Basic office training skills being offered to staff Storage Multiple program requirements limit interaction with clients Full time BFPC Provider productivity Staff being resistant to change and trying new ideas

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	EXTERNAL	OPPORTUNITIES What opportunities exist in our market from which we could benefit?	THREATS What factors beyond our control can potentially threaten our practice?
		<ul style="list-style-type: none"> Increase awareness around services we provide Try to reduce stigma related to health department services Increase availability of trainings offered to staff Community involvement in programs Expansion of services and community partnerships Health education program being able to grow and establish new key stakeholders in the community Strong community partnerships Recruit and retain staff Expansion of Wilkes Fresh and market basket program Opportunities with ARPA funding Increasing education to local boards about our services and resource needs to increase support Opportunities to better serve our patients Changes in care management services Expansion of our diabetes and nutrition center and services Medicaid expansion and transformation Optical Master Settlement funding opportunities Expanding provider services Opportunities to allow staff to grow and increase staff satisfaction 	<ul style="list-style-type: none"> Funding cuts from all avenues Reduction in access to local medical hospital fiscal assistance County wide reduction in household income Increased poverty that limits ability to seek medical care Community stigma against the health department Changes in local medical partners ownership and transitions that impact patients Complexity of EH site list Medical transformation Changes in county leadership Various reporting standards Cannot accept ACO insurance due to Baptist not allowing us to participate Long wait times to access care Not meeting federal reporting requirements due to COVID and potential loss of funding Aging population in the community leading to changes in payer mix Aging population and providing the appropriate services needed Large county service areas Transportation issues Location of services that are provided High unemployment rate in the county Ability to increase the health care workforce Staff turnover and retirements Increased workload and demand on staff

After the reviewing the Strategic Plan with the board Ms. Willard emphasized the importance of moving all of our services to a new larger building. She stated she knew that this is a work in progress that may or may not happen, but to promote and provide more services and care for patients it's got to happen. We are currently in three different buildings, WIC is over by the hospital, Environmental Health is in the County Office Building and we are here. There just isn't enough space to house all of our employees, and it's been like that for years. Mr. Elmore agreed that a new building would be more suitable considering how old this building actually is. He said we have his vote on a new building. Mr. Elmore asked how old the Health Department actually is. Ms. Willard says she thinks it was built in the 1960s and then added onto multiple times after, I'm pretty sure it was even built before the Department of Social Services Building. Ms. Teana Compeau says this is the same building she came and got vaccines in as a child, it still looks and smells the exact same to me. Ms. Compeau added that the health department deserved a new building before some other departments in the County. Ms. Reynolds, also agreed that a new building was needed in order to help service the needs of our residents.

Committee Reports

- **Nominating Committee –**

- i. **Update on Board of Health Reappointments**

Ms. Willard announced to the board that Dr. Mash and Ms. Bachmeier have been approved to serve another term. We are so grateful to have them for another 3 years. Ms. Willard said that Commissioner Keith Elmore would most likely be leaving us after tonight's meeting, the County Commissioners will be deciding who will be replacing him. Ms. Willard added that she was so grateful for the voice and advocate that Keith has been to the Health Department and that he will be missed. Mr. Elmore agreed, and informed the board that it will most likely be Casey Joe Johnson replacing him, he added that Casey will be a great asset to the board and he has no doubt that he will do a fantastic job.

Election of Officers for 2023

- ii. **Chair – Susan Bachmeier**

- iii. **Vice Chair – Marcia Reynolds**

Ms. Willard announced that Ms. Bachmeier has accept to sit as Chair again for the board and Ms. Reynolds has also accepted. They both do an outstanding job.

Mr. Keith Elmore made the motion for the **Reappointment of Ms. Susan Bachmeier and Ms. Marcia Reynolds**; the motion was seconded by Dr. Nash, and unanimously approved.

Public Concerns: None

Adjournment: Ms. Adina Watkins made a motion to adjourn; Ms. Teana Compeau seconded, unanimously approved.

Next Meeting date: The next Board of Health Meeting will be on February 13, 2023 at 5:30 p.m. in the Ann Absher Conference Room at Wilkes County Health Department.

Minutes respectively submitted by:

Jenna Daye, Administrative Assistant

Susan Bachmeier 2/21/2023

Ms. Susan Bachmeier