CUMBERLAND ★COUNTY★

DEPARTMENT OF PUBLIC HEALTH
BOARD OF HEALTH MEETING

AGENDA

November 19, 2019 at 6:00 PM in Third Floor Boardroom

Welcome & Introductions — Dr. Connette McMahon, Chair

Moment of Silence — Dr. Connette McMahon

Item 1. Agenda (Pg. 1)

Item 2. Action Items:

- A. Approval of Agenda — Dr. Connette McMahon
- B. Approval of Meeting Minutes: October 15, 2019 (Pg. 2-12) — Dr. Connette McMahon
- C. Approval of 2020 Board of Health Meeting Schedule (Pg. 13-14) — Dr. Connette McMahon
- D. Tobacco Free Resolution (Pg. 15-19) — Mrs. Ashley Curtice

Item 3. Informational/Discussion Items:

- A. Public Comment — Dr. Connette McMahon
- B. Financial Reports (Pg. 20-24) — Mrs. Candi York
- C. FY 2020-2021 Budget Update (Pg. 25-26) — Mrs. Candi York
- D. Flu Shot Update — Dr. Krystle Vinson
- E. Health Resources & Services Administration (HRSA) Application — Dr. Lori Haigler
- F. Health Department & Department of Social Services Collaboration — Mr. Rod Jenkins
- G. External Reports/Reviews (None to report)
  - a. Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) Report (pg. 27- 43)
- H. Director's Report: — Dr. Jennifer Green
  - a. Fort Bragg Table-Top Exercise
  - b. Medicaid Transformation Update
  - c. Friends of the Health Department
  - d. Upcoming Events:
    - i. Change is Coming....Be in the Know (Medicaid Transformation, Raise the Age, Family First Prevention Act): November 20, 2019 at 5:30pm, Cumberland County DSS
    - ii. World Aids Day: December 1, 2019
- I. Membership Roster/Attendance Roster (Pg. 44) — Dr. Connette McMahon
  - a. Prospective new Board member for Optometrist representative
  - b. Re-appoint Sam Fleishman as Physician representative
- J. Board Member Comments — Board Members

ADJOURN

NEXT REGULAR BOARD MEETING: December 17, 2019 (Tuesday) - 6:00 PM

1235 Ramsey Street • Fayetteville, North Carolina 28301 • (910) 433-3600 • Fax: (910) 433-3659

CUMBERLAND COUNTY BOARD OF HEALTH
October 15, 2019 – 6:00p.m.
1235 RAMSEY STREET, THIRD FLOOR BOARD ROOM
REGULAR MEETING

MEMBERS PRESENT:	Dr. Connette McMahon, Chair Dr. William Philbrick, Optometrist Dr. Jeannette Council, Chair of the Board of Commissioner Ms. Sonja Council, Public Representative Mrs. Stacy Cox, General Representative Dr. Kent Dean, Veterinarian Representative Mr. John Larch III, Professional Engineer Dr. Cynthia McArthur-Kearney, Nurse Representative Dr. Kingsley Momodu, Dentist Dr. Olusola Ojo, Pharmacist
MEMBERS ABSENT:	Dr. Sam Fleishman, Vice Chair
STAFF PRESENT:	Dr. Jennifer Green, Incoming Public Director Mr. Duane Holder, Assistant County Manager/Interim Health Director Tamra Morris, Public Health Malkia Rayner, Nursing Supervisor Family Planning/BCCCP/Team Clinic Dr. Krystle Vinson, Director of Nursing Donna Griffin, Public Health Dr. Lori Haigler, Medical Director Candice York, Accountant Sang Nguyen, Software Support Analyst Michele Reece, Public Health Nurse Supervisor Tonya Burkes, BCCCP Coordinator Asya Akins, Health Nurse Supervisor Torica Fuller, Family Planning Provider Ashley Yun, Former Assistant to Health Director Rod Jenkins, Deputy Health Director Ashely Curtice, Region 6 Tobacco Control Manager Michelle Love, Temporary Administrative Assistant to the Health Director

WELCOME, INTRODUCTIONS AND MOMENT OF SILENCE

Dr. Connette McMahon welcomed all guests and called the meeting to order at 6:06pm. Introductions were given. A moment of silence was taken. Dr. McMahon welcomed our new incoming Health Director Dr. Jennifer Green. Dr. McMahon gave a little background on Dr. Green followed by opening words and appreciation to the Board from Dr. Green.

Presentation on Breast Cancer Awareness Statistics

- Kiki Rayner, Nursing Supervisor for Family Planning/BCCCP (Breast-Cervical Cancer Control Program)/Team Clinic/Pregnancy Test Counsel honored employee cancer survivors: Shayla, Stage 2; Ms. Connie, Stage IV; &Ms. Teresa) and her team: BCCCP Coordinator - Tonya Burkes; Tamra Morrison - Health Educator, Team, learning; and Torika Fuller - Family Planning Provider, Team Clinic, BCCCP, everything you do she does.

- October is Breast Cancer Awareness Month. Kiki gave bracelets, brochures, and information to represent breast cancer awareness month.
- In the US, breast cancer is the 2nd most leading diagnosed cancer in women. NC statistics in 2018, 8,771 breast cases of new females will be diagnosed resulting in 1,429 deaths. One in 8 women in their lifetime will be diagnosed with breast cancer.
- The 2019 statistics, approximately 9,800 women will be diagnosed, and 1,450 will die from this disease. Recent data shows 135,742 women are eligible for breast cancer screenings and 300,966 cervical cancers for all of NC.
- The BCCCP program is a State funded program targeted rate goal this year of 150 patients for all races and ethnicities in early breast cancer detection and concerns, before they start the cause of symptoms.
- We get all types of feelings and emotions, when patients come scared, afraid, etc. and we help them to walk along the way and let them know that they are here for them. Once done with treatment, patients (employees and community) still call and thank us for helping, listening, and letting them cry.
- BCCCP eligibility is 40-64, 21- 39 symptomatic, underinsured or underinsured with Medicare Part B or Medicaid household income below 250% of Federal Poverty level, no mammogram within 1-year, abnormal mammogram follow-up with Partnership with Cape Fear free program, a pap if none in 3 years, or abnormal follow-ups. Ms. Theresa nor her doctor felt a lump, but the mammogram detected it.
- On October 31, BCCCP is teaming up with Spirit Team and having an information session with games, fun, activities, competitions, and meeting the highlighted survivors, so please come out and support. A lot of women do not know how to do self-breast exam. Our team has a table that gives breast demonstrations, show different lumps, and educations our women on what to look for every month.
- Our BCCCP clinic hours are the 1st and 3rd Wednesday of every month, and every Wednesday in October only.
- Roy Cooper, Governor of NC, signed a Proclamation recognizing October as Breast Cancer Awareness Month.

Mr. John Larch III came in at 6:25pm.

ACTION ITEMS

A. Approval of Agendas

MOTION: Dr. William Philbrick moved to approve the Board of Health regular meeting agenda
SECOND: Dr. Cynthia McArthur-Kearney
VOTE: Unanimous (12-0)

B. Approval of August 20, 2019 Regular Meeting Minutes

MOTION: Dr. William Philbrick moved to approve the Board of Health regular meeting minutes
SECOND: Dr. Jeannette Council
VOTE: Unanimous (12-0)

C. Approval of the Bad Debt Write-Off

Mrs. York presented the Board with a Bad Debt Write-Off packet for September 30, 2019 for $34,243.17. As of June 30, these balances are 90 days old, and as of October 1st, 2019, still are not collected. So, we are requesting an approval to write them off as bad debt. Any account balance of $50.00 or more will be sent to the NC Debt Set-Off Program, which will attach to taxpayer accounts, in the event that a state refund or lottery win is received.

MOTION: Dr. William Philbrick moved to approve the Bad Debt Write-Off

SECOND: Dr. Cynthia McArthur-Kearney

VOTE: Unanimous (12-0)

D. Flu Shot Fee Update

Ms. York requested the Board of Health to increase the fee for one of the flu vaccines administered this fall. We assign fees by looking at the actual cost of vaccine itself, Medicaid rates, third-party payers will reimburse, and type of vaccine or service administered. We understand how deadly the flu can be. Therefore, we don't want to make our fees unattainable for an actual citizen to get the flu vaccine. We adopted a policy not to charge an administration fee, which cut cost altogether, but not less than the Medicaid rate. This particular vaccine is administered to citizens aged 52-64. Other vaccines and rates are adopted in the Board Budget process are sufficient and meet the Medicaid rate and 4 different vaccines fees already set this year.

MOTION: Dr. William Philbrick moved to approve the Board of Health regular meeting agenda

SECOND: Dr. Cynthia McArthur-Kearney

VOTE: Unanimous (12-0)

Mr. Holder added that the flu shot vaccine availability was delayed at the health department in receiving, because of a reformulation that was beyond our control. Administration began on October 15th (today) to the public.

INFORMATIONAL/DISCUSSION ITEMS

A. Public Comments:
Dr. McMahon opened the floor for public comments at 6:16 p.m. There being no public comments registered, Dr. McMahon closed the floor for public comments at 6:16 p.m.

B. NCPHA Fall Educational Conference:
Dr. Ojo said conference was fun, educational, informational on health and happy she went. Lots of counties represented and good presentations, lots of rewards given, and band (Soul Psychedelique) played. Dr. Ojo encourages more employees to be more proactive. A lot of awards were given, I looked out for my people, they did not get any, but we will do better next year.

Dr. McMahon said she and Dr. Ojo attended the Association of NC Board of Health that Thursday morning, whereas all the Boards of Health in NC came together to form the Association that came together as a nation in Denver, CO to create something in North Carolina that has been around for a while. Currently, there are about 35 counties represented and 85 Boards across the state and need more members and involvement to recruit Board members and talk about us as directors. Dr. McMahon said she was appointed a director of the association and is going to help recruit more Boards to be a part of the association, who participates in the accreditation of the health department. Mr. Calvert Jefferies (the Chair of the Board) is going to be part of that committee. Dr. McMahon is happy that the Cumberland County Board of Health is a member.

Dr. McMahon gave kudos to Mr. Larch for commenting on NACCHO Online Communication and stating why he joined public health, how the Board interacts and engages at a state and national level.

C. FY 19-20 Annual Goals:

The Board of Health reviewed updated FY20 Board of Health Goals.

<u>Overall Health Department Promotion:</u>

- By June 30th, 2020, CCDPH will have a Local Public Health Administrator and Health Information Office.
- By June 30th, 2020, CCDPH will have a goal is to have community forums for health topics, which we expect the Health Administrator to take over when that person is on board. By June 30th, 2020, CCDPH will have a Marketing plan to highlight Department of Public Health programs, we expect the Local Public Health Administrator to lead that.
- By June 30th, 2020, CCDPH will recruit members for the friend of the Health Department, which we are actively moving to improve. They meet the 4th Monday of every month, and everybody is welcome to join.

<u>Improve Oral Health</u>

- By September 30th, CCDPH should have nominated one solicited staff member to participate in Nursing Home Advisory Board. You have to be nominated to be on nursing home advisory boards, to include 15 hours of initial training, followed by 10 hours of training annually, and a 3-year commitment.
- By September 30th, CCDPH should have We presented benefits of oral health to all nursing home facilities and have attended at least 2 oral health collaborative and another one schedule on tomorrow in Harnett County.
- By September 30th, CCDPH should have provided oral health hygiene promotion kits in the spring to nursing home facilities for 150 patients.
- By September 30th, CCDPH will have a media plan in February, which is Oral Health Awareness Month. On August 30, 2019, we had about 20 FTCC Dental hygienist students, who were inside the dental health clinic, and they were working with Miss Johnnie Butterfield, regional dental hygienist, who trained in our facility. We intend to do a press release to highlight that.

<u>Sexually Transmitted Infections and Teen Pregnancy:</u>

- By June 30th, 2020, CCDPH will have the local Public Health Administrator for the media campaign.
- By June 30th, 2020, CCDPH will have the collaborative effort that we want to have with the team Wellness Task Force, more importantly, the Fayetteville Community Council, our Health Education Supervisor, Mrs. Stepheria Nicholson, has reached out to Mrs. Crystal Glover, Coordinator for Fayetteville Cumberland Youth Council. We are waiting for her to get back to us, but we have made that call to make a connection.
- By June 30th, 2020, CCDPH will provide outreach to 1,000 students in out-of-school settings to include contraceptive education, abstinence education, and all-inclusive. As of today, we have reached 426 total youth under the age of 18, 333 was done through our health education vision, specifically Mrs. Susan Dover, 63 was done through Mrs. Phyllis Macklemore, sex educator through the community outreach programs and at the detention center. We have approximately 30 or so evidence-based interventions for teen sexual health by Samra Morris.
- By June 30th, 2020, CCDPH will have partnered with the school system in the pass to do Real Talk. The most recent school health advisory committee meeting held on September 27th at Scotland County Schools under the leadership of Mrs. Shirley Bolton has secured funding to revive Real Talk. It will be advertised as a date night for parents and their kids or responsible adult and teen. Student must have trusted adult with them at the event that will focus on the whole child not just sex education.
- By May 30th, 2020, CCDPH will have Teen Pregnancy Prevention Month, the committee will meet monthly, with student's involvement, to do advertising, go to Churches, assign tasks, and make new name for Real Talk, so more information to come.

<u>Vaping:</u>

- By June 30th, 2020, CCDPH will implement smoke free grounds coordination.
- By June 30th, 2020, CCDPH will have received signage blown up and posted around the agency particularly in clinics to warn about the dangers of cigarettes usage and encourage patients to speak with providers about quitting.
- By June 30th, 2020, CCDPH will continue to work with Ashley as we await the public health administrator to come in.
- By June 30th, 2020, CCDPH will have secured a position statement urging all nine local Township and municipalities to consider tobacco free zoning restrictions and not allow smoke shops near school settings or public settings.

<u>Opioid:</u>

- By June 30th, 2020, CCDPH is currently researching a drug drop off box to be placed in Cumberland County Department Public Health, but DEA requirements, different box all shapes, sizes, and liners go with them, but we hope to begin the procurement process next week.
- By June 30th, 2020, CCDPH will have secured 300 pill disposal bags that will be distributed to our clinics. We want our clinical staff to disperse to our patients, and partner and give some bags to internal partners, which is several ways to help Cumberland County.
- By May 30th, 2020, CCDPH will participate in drug take-back events.

Dr. McMahon asked to hear the update on County Smoke Free Ordinance.

For the Board members' consideration, we seek Board members' approval on FY 19-20 Board of Health goals and objective.

MOTION: Dr. Cynthia McArthur-Kearney moved to approve the FY19-20 Board of Health goals
SECOND: Mr. John Larch III
VOTE: Unanimous (8-0)

Mrs. Ashley Curtis, Region 6 Tobacco Prevention and Control Manager discussed the issues of vaping and e-cigarettes headlines, increase in tobacco utilization, illnesses linked to activity, and other unknown consequences linked to it, and how to counter strike. The prohibition of e-cigarettes and vaping should be updated and incorporated into current County Ordinance policy (originally written in 1993) to include Parks and Recreation. Currently policy is just smoking, it doesn't include tobacco products-e-cigarette and is not inclusive of all the government grounds, in which, Cumberland County Health Department Services are provided. Youth are tempted by the flavor and is using it at a rapid rate, but that does not mean that adults aren't also using the devices. There are 15,500 different flavors on the market not including what is mixed and matched yourself. Dr. Kingsley was pondering possibilities of some misbehavior linked to underage drinking, vaping, and tobacco. Dr. Ojo said suggested making a draft, come together, and proposal, in which, Dr. McMahon is glad to be moving forward with and bringing this issue back to the table next month.

E. Financial Reports:

Board members received the following financial reports:

- The Statement of Revenue and Expenditures (Profit and Loss) as of September 30, 2019. The revenue exceeds expenditures by $92,648.00. Most of these excess funds are comprised of the Pregnancy Care Management/Care Coordination for Children/PMP payments received for the 3 months of this fiscal year. There are some additional dollars for TB clinic from collection of PPDs, TB tests charged for employment and school, so excess revenue earned there.
- The Statement of Expenditures by Program as of September 30, 2019. We have expenditure of 19.3% of our budget.
- Revenue by Source reports by state and federal allocations are always received a month behind, grants, Medicaid earned 22.27%, fees collected 29.37%. Over all we earned 19.76% of budget fund balance, county funds allocated, and total earned.
- The accounts receivable by program are broken down by clinic and payer source.

Dr. Philbrick asked about changes in Medicaid disbursements after the 1st of the year. Ms. York said we are in the process now of reviewing the contracts, getting purchase order, and execution by the 15th to meet auto-enrollment date. Mr. Holder added that the implementation stages will be staggered.

F. External Reports and Reviews:

a. Mr. Jenkins said he is working with DSS to embed a DSS Medicaid Eligibility Specialists in-house at the health department. We are also trying to have our WIC department over at DSS for better collaboration and participation. Ms. Vivian Hudson is our nutrition consultant, and in our outreach efforts, we have contracted with Beasley Media Group. We are very interested in them, because if you have a smartphone or in the vicinity, WIC information can be pulled up allowing advertising of service. We are taking a proactive approach to utilize better technology within the next six months and in addition to that some advertising on buses (bus wraps) and proud to say Fayetteville Transit System is included as well. Mr. Jenkins brought attention to the fact that Ms. Hudson said her visits were pleasant and productive and is sharing our excellent team leadership.

b. Child Health Clinic:

Dr. Vinson said we had our audit on July 22nd of this year and they audited 6 Well Child charts, 4 Pediatric Primary Care charts and 2 Newborn Home Visiting charts and all the charts were 100% billable. Our vitals and nurses are charting correctly, within proper limits, and no corrective action plan was recommended so we are good until 2022.

c. STD Report:

Dr. Vinson said an Audit was done on August 22, in Communicable Disease and STD branch, Enhanced Roll nurses, and STD/CDC program. No deficiencies were noted. However there were some areas of improvement. Ms. Akins is the nursing supervisor for that area and those areas have already been corrected or improvement already made. Bottom line, no cap no corrective action plan is recommended. They passed their audit.

G. Directors Report

a. Opioid Grant

An email was sent about the Opioid Grant of $900,000 received, which is sponsored by the health department and will hire a full-time coordinator position. Contract services and subcontractors with the North Carolina Harm Reduction Coalition for the implementation of a Post Overdose Recovery Team will be responding with First Responders, go to emergency department, and do follow-up, when people have overdosed. Right now, Cumberland County does not have overdose follow-up, no one responds, no reaching out to link them to Services, treatment, if they're ready, family members, etc. We're going to look into a Pilot review team here in Cumberland County for overdose fatalities like the model in Maryland, which does overdose fatality reviews that are led by the medical examiner' as a result of overdose.

Something else that's very interesting is that we won't be taking the lead on this, but the money will be coming through us. Cumberland County has a pretty extensive Law Enforcement Assisted Diversion Program called L.E.A.D. whereas, the trained Fayetteville PD find someone who is addicted and needs treatment and divert them to

treatment versus incarceration. They also work with people who have been addicted, once out of detention. A leading social determinant that roadblocks people's recovery is stable housing, so as a part of this grant, we're also looking at creating a system of housing vouchers for some of those individuals that are actively engaged in the L.E.A.D. program. We will bring back more information on the safeguards in place and management. Lastly, the grant will enhance and expand marketing and education in the community.

Mr. Holder said one of the things that we want to make sure we do is, even though this money has come down in response to opioids, make sure that the programming implemented that addiction is not just opioid. Drug addiction is an issue across-the-board and so a lot of the strategies, services, and programming that we're going to be able to implement we wanted to be applicable to all substances. The C-FORT or Cumberland-Fayetteville Opioid Response team is trying to make sure that anything that that task force is involved in can extend to all substances not just opioids. In reality we have an opioid epidemic right now, and 5 years from now it'll be some other epidemic, and in 5 years from that'll be some other epidemic. We need to make sure that we're equipped with infrastructure in place to deal with whatever the substance may be. Dr. McArthur-Kearney asked do the different teams' reporting data or measures come back to us? Mr. Holder answered yes, the coordinator position will coordinate all the services and make sure deliverables noted in our Grant application get delivered, reporting back to this Board and the Opioid Community Task Force to ensure effectiveness.

Dr. Momodu has a little concern of e-cigs and vaping. He doesn't see any alcohol problem in this county or is alcohol accepted? Mr. Holder said we have resources in the community to deal with alcoholism and specialty courts to deal with drunk-driving, sobriety court for example that deals with sobriety issues. The Board has set the reduction of opioid injury and death as one of its priorities, which is where we put our energy, but that's not to discount or discredit alcoholism. Dr. McArthur-Kearney agreed that if they have an addiction to drugs, they may also have and addition to alcohol as well, but not always. Dr. McMahon is hopeful that this program is a wraparound process to figure out all the issues going on in that person's life: socially, familywise, or Mental Health, polysubstance use.

b. Bright Ideas Update:

Bright Ideas is linked to our emergency preparedness. A demonstration of the mobile interpreter units allowed us to purchase 10 additional mobile translation units. We are glad we received this $10,778 to purchase additional translation and interpretation units, especially when we are manning shelters during crisis etc.

c. Electronic Health-Record

We are working in conjunction with the county requesting a proposal process to narrow 3 vendors or 3 systems (Patagonia, CureMd, and Millennium) currently in demos for. Last Friday and the next two Fridays, we are taking a full day as staffs represented from all clinics are going through vendors' demos & Software System. Our current system is Insight.

d. Hurricane Dorian:

Mr. Jenkins said on September 3, 2019, Emergency Operations started at 7:00 on September 4th, we manned like we normally do with 1 Administrator Senior Leadership team member and 1 nursing supervisor. The state of emergency was declared on September 4th at 10:35 a.m. Environmental Health took care of all the shelters and opened them up. Two shelters opened: Smith Rec at 0800 hours and South View a little later. Shelters were closed the very next day: Smith rec at 9:30 and Southview at 10:05am. The total man hours were 102.0. We are getting a whole lot better at this. We were ready.

e. Methodist Meningitis Update:

Several emails went out about the Methodist meningitis case. Dr. Vinson gave a briefing of the timeline from Saturday, September 21st at 12:12 in the afternoon. The Epi on-call nurse received a call from Cape Fear Valley of a possible case of meningitis at a local university. The Epi Team immediately notified the Epidemiologist, State nurse consultant, made calls to proper leadership in house, to include myself, Mr. Holder, nurse supervisors, and Dr. Haigler. We quickly came together as a group and call the Epi team together. So at 4:30 p.m. on Saturday, we called our first Epi Team meeting and put a plan of action together. Another phone call was made at 8:00pm to include our county PIO, Pharmacist, and Preparedness Coordinator. Mr. Jenkins was included on both of those calls. The plan of action was put together on Saturday that was set on Sunday at 8 a.m. Staff met at health department to gather supplies, medications and then went over to the university and properly gave medications. We started at 8 in the morning and got to University at 10:30am. Staff was done at 12:00 dispensing medication. We dispensed to 187 individuals.

The email was provided to the Board from Methodist University's Health Services Director. Mr. Holder said one of their PAs assisted and he personally talked to with the President of Methodist University twice over that weekend and afterwards. The Director profusely appreciated the Public Health Department and the response that he received and the professionalism, efficiency with which the team moved. He expressed appreciation to the team and thanked Asya, overseer of epi clinic, Michele, Heather, Ms. Lyndsey, Ms. Sharon, Mr. Greg, Mr. Sang, and Dr. Haigler for doing an awesome job. Thank you! Thank you for coming in over the weekend as a team.

f. Monthly Health Department Clinic Reports:

The most up-to-date clinic reports were provided to the Board members.

g. Upcoming Events:

i. On October 29th, Fort Bragg will be hosting a Table Top Exercise at the health department. They are doing a help aid outbreak tabletop exercise.
ii. On October 30th 11 a.m. to 2 BCCCP Informational Session / Spirit Team Fall Festival

H. Board Self-Assessment

Dr. McMahon said at the prior meeting, we had talked about continuing to strive for excellence as a board, so she would like for the board to complete a Self-Evaluation Questionnaire. It is going to help us to steadily improve. We've done so beautifully. We don't want to get complacent though. There's always more work to do. If everyone would take the time to just go over it, you can email it back to us or drop it off. Dr. McMahon asked did everyone get one, very good.

I. Membership Roster/Attendance Roster:

If everyone would look over their membership roster and attendance and make sure that your contact information is correct. We really do rely on email to stay in contact with everyone, so please make sure that we have your proper email address.

J. Board Comments:

Dr. McMahon said looking ahead to Future meetings, she would like for those who are interested in becoming chair or vice-chair next year January, which is 3 months away. Please think hard about the responsibility and obligations. Those who are interested if you would let us know so that we can have that on the agenda for our next meeting in November, and then a small presentation, and then in December we will vote and have our new chair and our new Vice chair for January.

Also, in January we will lose our current Optometrist, Dr. Philbrick. If you have some potential people who you think would be willing to serve give us their name. Dr. Philbrick would be happy to go to our State Society meeting and get some names and providers eligible and put out the word.

The Friends of the Health Department invite you to attend and become members. We meet the 4th day of every month at 6:00 here.

Dr. McMahon asked if there were any other questions, concerns, comments.

Dr. Philbrick asked if we still have needle replacement in the county, we were going to try to put one in here. Mr. Holder responded yes, there is a mobile syringe Exchange program. The new coordinator will work with the NC Harm Reduction Coalition in Cumberland County and other counties, which is a part of the Marketing and Education of this grant.

The next regular meeting is Tuesday, November 19, 2019 at 6 p.m.

ADJOURNMENT

MOTION: Dr. Connette McMahon moved to adjourn.
SECOND: Dr. Jeannette Council
VOTE: Unanimous (12-0)

The meeting was adjourned at 7:40 p.m.

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Duane Holder, Interim Health Director Date

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Dr. Connette McMahon, Chair Date

CUMBERLAND COUNTY
NORTH CAROLINA

DEPARTMENT OF PUBLIC HEALTH

2020 BOARD OF HEALTH REGULAR MEETING DATES

- TUESDAY, JANUARY 21, 2020, 6:00 PM
- TUESDAY, FEBRUARY 18, 2020, 6:00 PM
- TUESDAY, MARCH 17, 2020, 6:00 PM
- TUESDAY, APRIL 21, 2020, 6:00 PM
- TUESDAY, MAY 19, 2020, 6:00 PM
- TUESDAY, JUNE 16, 2020, 6:00 PM
- TUESDAY, JULY 21, 2020, 6:00 PM (NO MEETING – UNLESS DESIRED)
- TUESDAY, AUGUST 18, 2020, 6:00 PM
- TUESDAY, SEPTEMBER 15, 2020, 6:00 PM (NO MEETING – UNLESS DESIRED)
- TUESDAY, OCTOBER 20, 2020, 6:00 PM
- TUESDAY, NOVEMBER 17, 2020, 6:00 PM
- TUESDAY, DECEMBER 15, 2020, 6:00 PM

1235 Ramsey Street • Fayetteville, North Carolina 28301 • (910) 433-3600 • Fax: (910) 433-3659

BOARD OF HEALTH ANNUAL PLANNER (MUST DO ITEMS)

JANUARY	• Approve Board of Health Handbook • Approve Board of Health Operating Procedures • Annual Goals Update
FEBRUARY	• Approve Bad Debt Write Off • BOH Training & Retreat
MARCH	• Approve Recommendation to County Management: Fiscal Year Budget (Candi York) • Approve Recommendation to Board of County Commissioners: Fiscal Year Fee Schedule (Candi York) • SOTCH or Community Health Assessment • Strategic Plan
APRIL	• Information item: Annual Communicable Disease Report *(This must be presented every year in April.)* • *SOTCH* • Action - Billing Guidance, Fees schedule • Annual Goals Update
MAY	• Approve Bad Debt Write Off • Approval of CCDPH Strategic Planning (?)
JUNE	• Health Director Annual Evaluation (closed session)
JULY	• NO MEETING
AUGUST	• Approve Bad Debt Write Off • Annual Report • Accept Fiscal Year Budget (Candi York) • Annual Goals Update
SEPTEMBER	• NO MEETING • Breast Cancer Awareness Proclaim for October
OCTOBER	• Approve Bad Debt Write Off • Review Policy
NOVEMBER	• Approve Board of Health Meeting Schedule • Annual Goals Update
DECEMBER	• Recognize outgoing board members (present each member with a plaque). • BOH Recommendation/Reappointment • Election of Chair & Vice Chair

Cumberland County Board of Health Resolution that Supports the Enactment of Local Government Policies in the County and all Municipalities for Tobacco Free Government Buildings, Grounds, Vehicles and Indoor Public Places, Including Smoking, Smokeless and Electronic Devices

Health Effects of Tobacco Use and Secondhand Smoke

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), tobacco use and secondhand smoke exposure are the leading preventable causes of illness and premature death in North Carolina and the nation;[1]

WHEREAS, tobacco is a recognized carcinogen in humans, and health risks associated with the use of tobacco products include myocardial infarction (heart attack), stroke, adverse reproductive outcomes, lung cancer and diabetes;[2]

WHEREAS, in 2006, the United States Surgeon General determined that secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; that children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma; that smoking around children causes respiratory symptoms and slows their lung growth; and that scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke;[3]

Vehicles

WHEREAS, in air quality tests, concentrations of secondhand smoke in vehicles have been found to be far greater than in any other micro-environments tested, including smokers' homes, smoke-filled bars, and outdoor air - even with a vehicle's windows open and its fan set on high, and are responsible for up to 45% of children's exposure to secondhand smoke;[45]

Youth Initiation

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[1] Centers for Disease Control and Prevention, Smoking and Tobacco Use Fast Facts, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/#toll (last visited July 24, 2015).
[2] *Id.*
[3] U.S. DEP'T OF HEALTH & HUMAN SERVS., THE HEALTH CONSEQUENCES OF INVOLUNTARY EXPOSURE TO TOBACCO SMOKE: A REPORT OF THE SURGEON GENERAL 11 (2006), http://www.surgeongeneral.gov/library/reports/secondhand-smoke-consumer.pdf
[4] Wayne Ott, Neil Klepeis & Paul Switzer, Air Change Rates of Motor Vehicles and In-Vehicle Pollutant Concentrations from Secondhand Smoke, 18 J. EXPOSURE SCI. AND EVNTL. EPIDEMIOLOGY 312, 312 (2007), available at http://www.nature.com/jes/journal/v18/n3/full/7500601a.html; see also Ontario Medical Ass'n, Backgrounder -Tobacco Smoke Concentration in Cars
[5] Vaughan Rees, Gregory Connolly. *Measuring Air Quality to Protect Children from Secondhand Smoke in Cars.* American Journal of Preventative Medicine (2006). http://www.ncbi.nlm.nih.gov/pubmed/17046406

WHEREAS, the CDC reports that nearly 90% of smoking and smokeless tobacco use are initiated and established before age 18, that most people who begin smoking during adolescence are addicted by the age of 20, and that adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers[6];

WHEREAS, everyday an estimated 3,800 youth aged 18 or younger try their first cigarette and an estimated 2,100 youth become daily cigarette smokers[7];

WHEREAS, children model adult behavior and benefit from positive models of non-smoking behavior and positive reinforcement of healthy lifestyle messages through exposure to smoke and tobacco free public areas[8];

Smoking and Tobacco Use on Outdoor Areas

WHEREAS, environmental organizations, such as the Ocean Conservancy, consistently report cigarette butts as a leading cause of litter[9];

WHEREAS, research indicates that, during active smoking, outdoor levels of secondhand smoke may be as high as indoor levels and may pose a health risk for people in close proximity, and some hazard exists beyond 30 feet;[10]

WHEREAS, children playing on the grounds of Cumberland County and municipal parks system and in buildings located in the Cumberland County and municipal parks system are more likely to ingest cigarette butts if they are discarded and accessible[11];

WHEREAS, in 2013, American Poison Control Centers received over 1,000 reports per month of children under the age of 6 being poisoned by contact with tobacco products[12];

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[6] Centers for Disease Control and Prevention, Youth and Tobacco Use, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm (last visited Oct. 7, 2010).
[7] *Id.*
[8] *Id.* (stating that one factor associated with youth tobacco use is smoking by parents or guardians).
[9] OCEAN CONSERVANCYTURNING THE TIDE ON TRASH (2014), http://www.oceanconservancy.org/our-work/marine-debris/icc-data-2014.pdf; NC Big Sweep Keep North Carolina Clean, http://www.ncbigsweep.org/?page_id=17 (last visited Oct. 8, 2010); Litter in America – Results from the Nation's Largest Litter Study, http://www.kab.org/site/DocServer/LitterFactSheet_CIGARETTE.pdf?docID=5182 (last visited Oct. 8, 2010).
[10] Neil E. Klepeis, Wayne R. Ott, and Paul Switzer, *Real-time Measurement of Outdoor Tobacco Smoke Particles*, 57 J. AIR & WASTE MGMT. ASS'N 522, 522 (2007); Neil E. Klepeis, Etienne B. Gabel, Wayne R. Ott, and Paul Switzer, *Outdoor Air Pollution in Close Proximity to a Continuous Point Source*, 43 ATMOSPHERIC ENV'T 3155, 3165 (2009); Jihee Hwang, Kiyoung Lee. *Determination of Outdoor Tobacco Smoke Exposure by Distance From a Smoking Source*, NICOTINE & TOBACCO RESEARCH, 1-7 (2013).
[11] Thomas Novotny, Sarah Hardin, Lynn Hovda, Dale Novotny, Mary McLean, Safdar Khan. Tobacco Control. *Tobacco and cigarette butt consumption in humans and animal* (2011). http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3088460/
[12] James B. Mowry, Daniel A. Spyker, Louis R. Cantilena Jr., Naya McMillan, Marsha Ford, *2013 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 31st Annual Report*, 47

E-cigarettes

WHEREAS, in 2016, the U.S. Surgeon General's Report on E-cigarette Use Among Youth and Young Adults stated that emitted e-cigarette aerosol is not just water vapor, but contains nicotine and can contain additional toxins, making it less safe than clean air. Futhermore, e-cigarette use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances. Therefore, clean air—free of both smoke and e-cigarette aerosol—remains the standard to protect health;[13]

WHEREAS, the use of e-cigarettes in places where smoking traditional tobacco products is prohibited could lead to difficulties in enforcing smoke-free policies and renormalize tobacco use;

WHEREAS, in 2009, the United States Food and Drug Administration (FDA) announced that an analysis of e-cigarette samples indicated that the e-cigarettes contained not only nicotine but also detectable levels of known carcinogens and toxic chemicals, including tobacco-specific nitrosamines and diethylene glycol, a toxic chemical used in antifreeze; and it has been found that the emitted aerosol is not just water vapor, but contains nicotine and can contain additional toxins, making it less safe than clean air to the nearby non-user;[14]

WHEREAS, experimentation with and use of e-cigarettes have risen sharply among young people according to the recently released Youth Tobacco Survey: current use of electronic cigarettes among North Carolina high school students jumped by 888 percent from 1.7 percent in 2011 to 16.8 percent in 2015. Twenty-seven percent of high school students said they are considering using electronic cigarettes in the next year. Overall tobacco use among NC high school students increased from 25.8 percent to 27.5 percent from 2011 to 2015;[15]

Public Health Protection

CLINICAL TOXICOLOGY 52, 1032-1283 (2014), https://aapcc.s3.amazonaws.com/pdfs/annual_reports/2013_NPDS_Annual_Report.pdf

[13] U.S. DEP'T OF HEALTH & HUMAN SERVS., E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General, 2016, https://www.surgeongeneral.gov/library/2016ecigarettes/index.html

[14] Memorandum from B.J. Westenberg, Deputy Director, CDER/OPS/OTR, Division of Pharmaceutical Analysis to Michael Levy, Supervisor Regulatory Counsel, CDER, Office of Compliance Division of New Drugs and Labeling Compliance (May 4, 2009), available at http://www.fda.gov/downloads/Drugs/ScienceResearch/UCM173250.pdf; see also Press Release, United States Food and Drug Administration, FDA & Public Health Experts Warn About Electronic Cigarettes (July 22, 2009), available at http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm.

[15] North Carolina Division of Public Health, Tobacco Prevention and Control Branch, 2015 Youth Tobacco Survey Factsheet, available at http://www.tobaccopreventionandcontrol.ncdhhs.gov/data/yts/docs/2015-NC-YTSFactSheet-WEBFINAL-v2.pdf.

WHEREAS, the Cumberland County Board of Health_is committed to protecting the health and environment of individuals, children, and employees in the county buildings, vehicles, and grounds by eliminating exposure to secondhand smoke and eliminating the amount of litter caused by discarded cigarette butts;

WHEREAS, the Cumberland County Board of Health provides support to employees and residents who want to quit the use of tobacco products. Employees and residents are also encouraged to talk to their health care provider about quitting, ask about appropriate pharmacotherapy available through their health insurance plan or employee's insurer, and use the free quitting support services of the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-869);

WHEREAS, the Cumberland County Board of Health wishes to minimize the harmful effects of tobacco use among employees and eliminate secondhand smoke exposure for employees and the public in and on those buildings, vehicles and grounds controlled by the City/Town/County and in public places;

Legal Authority

WHEREAS, on January 2, 2010, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," North Carolina Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places;"

WHEREAS, according to NCGS § 160A-174(a) a town or city council / NCGS 153A-121(a) a county commissioners / NCGS 130A-39(a) a Board of Health, may find and declare that, in order to protect the public health and welfare, it is in the best interest of the residents of the City / Town / County to adopt an ordinance/rule prohibiting smoking and the use of tobacco products in City / Town / County buildings, grounds, and vehicles, and in public places.

NOW THEREFORE, BE IT RESOLVED that the Cumberland County Board of Health supports local governments authority of strengthening tobacco-free policies across Cumberland County.

On behalf of the Cumberland County Board of Health:

NOW THEREFORE, BE IT RESOLVED that the Cumberland County Board of Health supports local governments authority of strengthening tobacco-free policies across Cumberland County.

_______________________________________ Date: ________________
Dr. Connette McMahon, BOH Chair/Active OBGYN

_______________________________________ Date: ________________
Dr. Sam Fleishman, BOH Vice-Chair/Physician

_______________________________________ Date: ________________
Dr. Jeannette Council, Commissioner

_______________________________________ Date: ________________
Ms. Sonja Council, Public Representative

_______________________________________ Date: ________________
Ms. Stacy Cox, Public Representative

_______________________________________ Date: ________________
Dr. Kent Dean, Veterinarian

_______________________________________ Date: ________________
Mr. John H. Larch III, Professional Engineer

_______________________________________ Date: ________________
Dr. Cynthia McArthur-Kearney, Registered Nurse

_______________________________________ Date: ________________
Dr. Kingsley Momodu, Dentist

_______________________________________ Date: ________________
Dr. Olusola Ojo, Pharmacist

_______________________________________ Date: ________________
Dr. William Philbrick, Optometrist

Attest:

_______________________________________ Date: ________________

CUMBERLAND COUNTY HEALTH DEPARTMENT
STATEMENT OF REVENUES AND EXPENDITURES
MODIFIED CASH BASIS
As of October 31, 2019

	ACTUAL MONTH ENDED 10/31/2019	BUDGETED MONTH ENDED 10/31/2019	ACTUAL FISCAL YEAR TO DATE 10/31/2019	BUDGETED FISCAL YEAR TO DATE 10/31/2019	FY 2020 ADOPTED 10/31/2019
REVENUES :					
LOCAL FEES/SALES	152,868.90	110,243	541,423.41	440,972	1,322,916
MEDICAID TITLE 19	114,829.60	91,113	314,974.68	364,453	1,093,360
MEDICAID : CC4C & PCM CASE MGMT.	148,488.96	150,025	592,685.20	600,100	1,800,300
STATE OF NORTH CAROLINA	340,497.57	409,159	1,047,851.99	1,636,635	4,909,906
TRANSFERS FROM HEALTH DEPT. FUND BAL.	-	30,331	-	121,322	363,967
GRANTS, AWARDS, OTHER	27,565.13	140,116	49,373.00	560,462	1,681,387
COUNTY FUNDING	573,059.09	804,880	2,376,013.85	3,219,521	9,658,562
DUE FROM STATE AND SCHOOL SYSTEM		-	492,458.66	-	-
TOTAL REVENUES	1,357,309.25	1,735,867	5,414,780.79	6,943,466	20,830,398
EXPENDITURES :					
SALARIES AND FRINGE BENEFITS	1,105,031.64	1,355,011	4,096,636.85	5,420,046	16,260,137
OPERATING EXPENSES	290,419.12	339,188	1,218,793.92	1,356,754	4,070,261
CAPITAL OUTLAY - EQUIPMENT	-	-	-	-	-
NOTE PAYMENT - NEW FACILITY	-	41,667	-	166,667	500,000
TOTAL EXPENDITURES	1,395,450.76	1,735,867	5,315,430.77	6,943,466	20,830,398
EXCESS OF REVENUES OVER EXPENDITURES	(38,141.51)		99,350.02		

FOR INTERNAL USE ONLY

CUMBERLAND COUNTY HEALTH DEPARTMENT
EXPENDITURES BY PROGRAM
As of October 31, 2019

Program	Budgeted	YTD Expended thru 10/31/2019	Balance	% Used
General *	2,990,269	727,444.53	2,262,824.47	24.33%
Lab/Pharmacy	1,040,414	380,774.02	659,639.98	36.60%
Communicable Disease and STD	1,602,945	433,453.67	1,169,491.33	27.04%
AIDS-HIV	72,874	21,814.25	51,059.75	29.93%
Tuberculosis- TB Clinic	157,072	51,750.74	105,321.26	32.95%
Maternal Health	1,056,782	231,171.68	825,610.32	21.88%
Family Planning	1,098,151	271,787.83	826,363.17	24.75%
School Health	2,696,865	583,775.37	2,113,089.63	21.65%
Adult Health	267,500	55,031.31	212,468.69	20.57%
Care Coordination for Children	816,417	247,273.97	569,143.03	30.29%
Pregnancy Care Management	1,199,101	317,295.01	881,805.99	26.46%
Child Fatality Prevention	4,175	-	4,175.00	0.00%
Child Health Clinic	1,079,813	269,636.44	810,176.56	24.97%
Breast & Cervical Cancer (BCCCP)	123,620	22,729.89	100,890.11	18.39%
Health Promotion/Education	503,776	140,932.08	362,843.92	27.98%
Tobacco Prevention CDC Core Grant	138,761	32,117.78	106,643.22	23.15%
Comprehensive Opioid Grant	289,131	-	289,131.00	0.00%
Positive Parenting Program (Triple P)	293,518	72,583.58	220,934.42	24.73%
Preparedness and Ebola	72,500	13,285.97	59,214.03	18.33%
Environmental Health	1,801,232	469,005.34	1,332,226.66	26.04%
Immunization Clinic	807,157	295,175.45	511,981.55	36.57%
Adolescent Parenting Program	79,156	21,117.13	58,038.87	26.68%
WIC	2,639,169	657,274.73	1,981,894.27	24.90%
TOTAL	20,830,398	5,315,430.77	15,514,967.23	25.52%

*General includes: Administration, Billing, Management Support (patient registration/discharge) and Medical Records

CUMBERLAND COUNTY HEALTH DEPARTMENT
REVENUE BY SOURCE
As of October 31, 2019

STATE AND FEDERAL ALLOCATIONS

ACCOUNT DESCRIPTION	BUDGETED	YTD EARNED	% EARNED
433100 NC HEALTH SERVICES	233,260	63,615.00	27.27%
433101 NC BREASTFEEDING PEER COUNS	112,095	18,431.81	16.44%
433102 NC HEALTH PROMOTION	39,235	5,727.00	14.60%
433103 NC TB PROJECT	114,803	30,488.17	26.56%
433105 NC COMMUNICABLE DISEASE	60,778	8,857.25	14.57%
433106 NC IMMUN ACTION PLAN	146,804	54,435.89	37.08%
433107 NC SCHOOL HEALTH	189,406	47,351.46	25.00%
433108 NC - YOUTH PREVENTION	82,872	28,016.79	33.81%
433111 NC FAMILY PLANNING	389,067	60,768.64	15.62%
433112 NC WIC ADMINISTRATION	150,000	23,867.76	15.91%
433113 NC WIC NUTRITION EDUCATION	475,000	93,416.74	19.67%
433114 NC WIC CLIENT SERVICES	1,762,074	377,857.88	21.44%
433115 NC WIC BREASTFEEDING	140,000	22,438.17	16.03%
433118 NC CHILD HEALTH	196,604	34,518.00	17.56%
433119 NC CHILD CARE COORDINATION	50,573	4,596.00	9.09%
433120 NC MATERNAL HEALTH	198,910	54,246.00	27.27%
433121 NC BREAST & CERVICAL CANCER	38,250	10,075.00	26.34%
433123 NC CHILD FATALITY PREVE	4,175	-	0.00%
433124 NC AIDS CONTROL	25,000	16,060.59	64.24%
433125 NC ENVIRONMENTAL HEALTH	60,000	-	0.00%
433126 NC BIO-TERRORISM TEAM	72,500	10,387.48	14.33%
433133 TEEN PREGNANCY PREVENTION	78,000	69,347.86	88.91%
433136 NC POSITIVE PARENTING PROG	290,500	13,348.50	4.60%
Subtotal- Revenue	**4,909,906**	**1,047,851.99**	**21.34%**

GRANTS

ACCOUNT DESCRIPTION	CURRENT	YTD EARNED	% EARNED
433095 AFDO GRANTS-EH GRANTS	4,178	-	0.00%
433130 FDA GRANT	70,000	5,653.81	8.08%
433132 SHIFT NC	66,359	-	0.00%
433134 MATERNAL & CHILD HEALTH	48,914	2,070.87	4.23%
433135 COMMUNITY HEALTH GRANTS	291,500	37,496.32	12.86%
433137 COMPREHENSIVE OPIOID	289,131	-	0.00%
433750 CC SCHOOL HEALTH	867,280	-	0.00%
488400 MISC-HEALTHY HOMES	4,025	4,025.00	100.00%
444124 HEALTHNET FEES	40,000	-	0.00%
Subtotal- Revenue	**1,681,387**	**49,246.00**	**2.93%**

CUMBERLAND COUNTY HEALTH DEPARTMENT
REVENUE BY SOURCE
As of October 31, 2019

MEDICAID

ACCOUNT DESCRIPTION	CURRENT	FY 20 YTD EARNED	% EARNED	FY 19 YTD EARNED
444100 ESCROW NC TB CONTROL	3,000	205.43	6.85%	361.10
444101 ESCROW NC STD	150,000	36,831.08	24.55%	36,228.93
444102 ESCROW EXPRESS CARE	180,000	54,740.51	30.41%	48,317.71
444103 ESCROW PRIMARY CARE	0	470.39	100.00%	262.00
444109 CAROLINA ACCESS CAP	60,000	18,162.50	30.27%	20,725.00
444125 ESCROW NC CHILD/MATERNAL	700,360	204,564.77	29.21%	225,294.67
444112 CASE MANAGEMENT FEES	1,800,300	592,685.20	32.92%	589,090.56
Subtotal- Revenue	**2,893,660**	**907,659.88**	**31.37%**	**920,279.97**

FEES

ACCOUNT DESCRIPTION	CURRENT	FY 20 YTD EARNED	% EARNED	FY 19 YTD EARNED
444104 EXPRESS CARE FEES	278,000	132,159.81	47.54%	106,390.15
444105 PLOT PLANS	100,000	34,793.00	34.79%	33,075.00
444106 RABIES CLINIC	11,000	2,350.00	21.36%	1,355.00
444107 ENVIRONMENTAL HEALTH FEES	190,000	66,555.00	35.03%	51,072.50
444108 MEDICAL CLINIC	2,000	3,710.06	185.50%	3,470.91
444110 LAB FEES	145,000	61,964.39	42.73%	48,704.30
444111 FAMILY PLANNING FEES	40,100	18,829.88	46.96%	14,883.06
444115 TB CLINIC FEES	50,000	19,471.18	38.94%	19,282.05
444117 CHILD HEALTH FEES	18,000	10,355.30	57.53%	6,654.16
444118 MATERNAL HEALTH FEES	14,000	4,842.36	34.59%	2,254.95
444120 MEDICAL RECORD FEES	4,000	714.00	17.85%	1,132.75
444121 COMMUNICABLE DISEASE FEES	5,000	1,026.76	20.54%	1,142.69
444122 MISCELLANEOUS	1,000	1,244.00	124.40%	2,899.93
444126 PHARMACY SERVICES	464,816	183,534.67	39.49%	149,616.11
Subtotal- Revenue	**1,322,916**	**541,550.41**	**40.94%**	**441,933.56**

CUMBERLAND COUNTY HEALTH DEPARTMENT
REVENUE BY SOURCE
As of October 31, 2019

FUND BALANCE and COUNTY FUNDS ALLOCATED

ACCOUNT DESCRIPTION	*CURRENT*	*YTD EARNED*	*% EARNED*
499903 FUND BALANCE APPROP - HEALTH	363,967	-	0.00%
COUNTY FUNDS ALLOCATED	9,658,562	2,376,013.85	24.60%
Subtotal- Revenue	**10,022,529**	**2,376,013.85**	**23.71%**

TOTAL REVENUE EARNED

ACCOUNT DESCRIPTION	*CURRENT*	*YTD EARNED*	*% EARNED*
TOTAL REVENUE RECEIVED	**20,830,398**	**4,922,322.13**	**23.63%**

Total Revenue Received	4,922,322.13
Total Revenue Due	492,458.66
Grand Total Revenue	**5,414,780.79**

% Earned (Received and Due) ***25.99%***

RLAND COUNTY HEALTH DEPARTMENT						
NTS RECEIVABLE- AR24						
ER 2019						
ROGRAM	PRIVATE PAY	PRIVATE INSURANCE	HEALTH CHOICE	MEDICAID	MEDICARE	TOTAL
HEALTH/MEDICAL	8,548.12	150.00				8,698.
HEALTH	14,649.97	3165.03		8,102.00		25,917.
L CLINIC	156.20					156.
		145.00		15.00		160.
PLANNING	57,623.94	7385.13	135.00	8,893.58	735.00	74,772.
ZATIONS	7,050.44	24881.91	231.00	2,684.20	1942.00	36,789
ACT - IMMUNIZATIONS	1,802.00					1,802
NITY CLINIC	9,183.41	3868.64		3,745.63		16,797
ORN ASSESSMENT						-
ARTUM HOME VISIT				810.00		810
		1253.00		3,147.56	145.00	4,545
	83.00					83
NTRACTS	266.00					266
S	99,363.08	40,848.71	366.00	27,397.97	2,822.00	170,797
TAGE	58.18	23.92	0.21	16.04	1.65	100

JULY 2019

LAND COUNTY HEALTH DEPARTMENT
TS RECEIVABLE
EPORT

PAY

R 2019

ROGRAM		AMOUNT DUE	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	180 DAYS	1 YEAR +
ALTH	$	8,548.12	940.00	685.00	490.00	972.00	1227	3023	1211.12
EALTH	$	14,649.97	3,084.89	3,014.94	855.40	1,810.49	2,422.60	2,870.78	590.87
	$	156.20							156.20
PLANNING	$	57,623.94	5,608.19	9,846.70	8,838.75	6,037.15	14,474.56	11,750.85	1,067.74
ATIONS	$	7,050.44	182.20	554.60	1,195.80	953.86	3,136.91	1,008.22	18.85
S -IMMUNIZATION	$	1,802.00	1,441.00	248.00			79.00	34.00	
ITY CLINIC	$	9,183.41	4,689.20	1,046.76	285.63	345.92	1,488.94	1,012.38	314.58
CTS - TB	$	266.00	103.00	90.00	13.00	30.00		30.00	
	$	83.00	15.00		15.00		30.00	23.00	
TOTALS	$	99,363.08	16,063.48	15,486.00	11,693.58	10,149.42	22,859.01	19,752.23	3,359.36
%		100.00	16.17	15.59	11.77	10.21	23.01	19.88	3.38

Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) Report

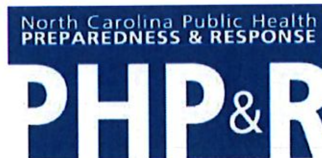
Budget Period 1 (BP1) Supplemental

FY 2018-19

Cumberland County Health Department

Eastern Region

Prepared By:



Introduction

This ***Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) Report*** provides local public health agencies in North Carolina with an analysis of county-, tribal-, or district-level, self-reported data submitted during Budget Period 1 Supplemental (FY 2018-19). The data presented here have been organized to help local and tribal health departments/districts (LHDs) clearly see the status of their local preparedness programs, and calculations for regional and statewide data have also been provided for comparison. This report should be shared with relevant stakeholders and partners at the discretion of the LHD, leveraged to influence local training and exercise efforts, and utilized to inform yearly work plans and goals for the betterment of all-hazards planning at the local level.

North Carolina's Public Health System

North Carolina's public health system is decentralized and composed of 84 local health departments/districts as well as the Eastern Band of Cherokee Indians. These public health organizations collaborate with, but operate independently, from the State Division of Public Health (DPH). The NC Public Health Preparedness and Response (PHP&R) Branch within DPH is funded through the Centers for Disease Control and Prevention's (CDC) PHEP Program. PHP&R is responsible for supporting the preparedness efforts of local jurisdictions with financial and technical assistance, ensuring the health of all North Carolinians is protected in the event of a public health emergency.

PHP&R geographically groups LHDs into four preparedness regions: Central, Cities Readiness Initiative (CRI), Eastern, and Western. PHP&R staff located in each region provide technical support and subject matter expertise directly to their respective local jurisdictions. In turn, each local jurisdiction employs a Public Health All-Hazards Preparedness Planner/Coordinator (also referred to as PC) who is responsible for coordinating the local public health preparedness program with health department staff; federal, state and local partners; and community groups. To find a map of the PHP&R regions and regional staff listings, visit the North Carolina Public Health Preparedness & Response link in the resources section.
All 85 LHDs in North Carolina have been awarded funds under the PHEP-directed cooperative agreement with NC PHP&R to enhance all-hazards planning and direction, coordination and assessment, surveillance and detection capacities, risk communication, health information and dissemination, telecommunication capabilities, and education and training. As part of the cooperative agreement, PHP&R requests that LHDs provide a yearly self-assessment, with supporting evidence, using the PHEP ORR Data Collection Tool found in the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT). NC DETECT is designed, developed and maintained by the Carolina Center for Health Informatics, within the University of North Carolina Department of Emergency Medicine, with funding provided by NC DPH.

How to Use this Report

This PHEP ORR report should be utilized by LHDs to inform yearly work plans, action plans, and multi-year training and exercise plans. LHDs should be able to identify strengths and areas for improvement in their local public health preparedness programs. There are four sections of information presented in this report.

Section I: All-Hazards Planning

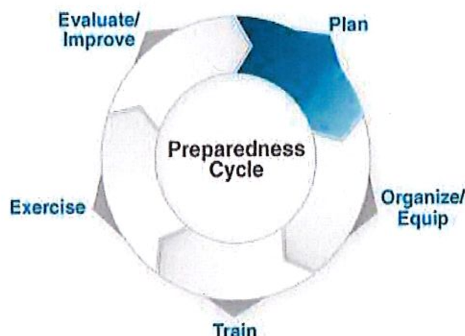
The Public Health All-Hazards Planning framework, provided by PHP&R, recommends that at minimum, all LHDs in North Carolina should have a plan (or set of plans) that describe how incidents of public health significance will be handled at the local level and how their Public Health Departmental Operations (or Coordination) Center will function.

Part one of the All-Hazards Planning section of this report includes:

- A list of plans that have either been required by NC PHP&R Agreement Addenda, CDC Performance Measures, or reported on during previous Capabilities Reports. While not all plans on the list are required, all should be considered for incorporation into plans at the local level.

- A determination of whether LHD plans meet best practice standards for all-hazards planning, based on the National Incident Management System (NIMS) Preparedness Cycle (see illustration below). To meet the standard, LHDs should (1) have a plan, (2) have reviewed the plan every 2 years, and (3) have exercised the plan every 5 years.

Illustration: NIMS Preparedness Cycle courtesy of FEMA Media Library Images



Part Two of the All-Hazards Planning section of this report includes:

- A checklist and percentage that shows how close the agency is to having a completed Public Health All-Hazards Base Plan, based on components that are recommended for effective Emergency Operations Coordination.

Section II: Training and Exercise Planning Workshop/Multi-year Training and Exercise Plan

The PHEP-directed cooperative agreement supports CDC and PHP&R best practices for future training and exercise planning in collaboration with partner agencies. LHDs are required to conduct an annual training and exercise planning workshop (TEPW) and submit a multi-year training and exercise plan (MYTEP). This section of the report includes tables that summarize the agency's exercise activities and priorities, based on the TEPW/MYTEP data submitted, allowing the LHD to maintain visibility of their training and exercise planning efforts.

Section III: Medical Countermeasure (MCM) Demographic Data

Jurisdictions must update annually all pertinent population data in the jurisdictional data sheet and facility information for point of dispensing (POD) and local receiving site (LRS) locations. Understanding these demographics helps jurisdictions appropriately plan for staffing and management of MCMs.

The demographic snapshot in this report includes:

- Jurisdiction population
- Access and functional needs populations
- Closed PODs
- Open PODs
- Target regimens to dispense per hour
- Average household size
- Target throughput for head-of-household model

Section IV: MCM Distribution and Dispensing Planning

This portion of the PHEP ORR is designed to be a rigorous, evidence-based assessment of a jurisdiction's ability to successfully execute a response requiring the distribution and dispensing of MCMs to their population in a timely manner. For the purposes of this report, distribution and dispensing planning elements from the ORR are summarized into the following focus areas:

- Plan Maintenance
- Emergency Operations Center (EOC) Activation
- Communication and Notification
- Incident Command Structure
- MCM Request Process
- Distribution Procedures
- Dispensing Procedures
- LRS Security Procedures
- POD Security Procedures
- Demobilization

Each table in this section represents how the jurisdiction performed in each of these focus areas, based on the self-assessment submitted by the jurisdiction. Considering all four sections, this report should provide an overall picture of the LHD preparedness program and serve as a valuable tool to help local preparedness staff and partners with future planning efforts.

PHEP ORR Expectations

From situational awareness to demobilization, LHDs must be able to manage their agency's response to identified potential hazards from beginning to end in coordination with their local Emergency Management Agency.

In accordance with CDC's goal for all awardees, PHP&R is requesting all local jurisdictions, regardless of CRI status, achieve an "established" status for their programs by 2022, with a primary focus on MCM-related planning and operational functions. Progression toward this goal is based upon a jurisdiction's own assessment of whether these planning and operational elements are currently included in their preparedness program.

All 85 LHDs are expected to conduct annual self-assessments of their preparedness programs through 2022. During this period, local jurisdictions should demonstrate progress in implementing their response plans and use this assessment to consistently identify strengths and gaps, leading to the improvement of planning and overall operations. Additionally, PHP&R will use this ***Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) Report*** to identify opportunities where technical support is needed and can be provided.

BP1 Supplemental PHEP ORR Results - All-Hazards Planning, Part 1
Cumberland County Health Department

The following tables and charts provide a visual of how the local jurisdiction performed on best practices for all-hazards planning, based on the National Incident Management System (NIMS) Preparedness Cycle and the National Response Framework (NRF). Regional and state percentages are provided for comparison.

BP1 Supplemental All-Hazards Planning Results Table. This table contains the list of plans from the All-Hazards Planning Form of the PHEP ORR. A green checkmark indicates the local jurisdiction feels they have successfully met the best practice criteria for each plan. Highlighted sections of the chart below represent actions not being taken by the LHD at the time of this report, and should be considered for improvement unless the LHD has determined that plan to be not applicable to their organization.

Region and state percentages represent the number of jurisdictions in each group selecting the best practice element listed and provide the jurisdiction an idea of where they stand amongst their peers. Sample sizes (N) used to calculate percentages are provided for reference.

Plan	Best Practice	Cumberland County	Region (N=24)	State (N=85)
Public Health All-Hazards Plan	Is this plan applicable to the LHD?	YES	100%	98%
	Plan is complete.	✓	83%	75%
	Plan has been reviewed in the past 2 years.	✓	88%	79%
	Plan has been exercised in the past 5 years.		42%	40%
Public Health Continuity of Operations Plan (PH COOP)	Is this plan applicable to the LHD?	YES	100%	98%
	Plan is complete.	✓	79%	84%
	Plan has been reviewed in the past 2 years.		67%	73%
	Plan has been exercised in the past 5 years.		21%	21%
Pandemic Influenza Plan (PanFlu Plan)	Is this plan applicable to the LHD?	YES	100%	100%
	Plan is complete.	✓	96%	96%
	Plan has been reviewed in the past 2 years.	✓	67%	75%
	Plan has been exercised in the past 5 years.		17%	34%
Pandemic Influenza Continuity of Operations Plan (PanFlu COOP)	Is this plan applicable to the LHD?	YES	92%	94%
	Plan is complete.	✓	71%	79%
	Plan has been reviewed in the past 2 years.	✓	58%	66%
	Plan has been exercised in the past 5 years.		13%	21%
High Consequence Pathogens Plan (HCP)	Is this plan applicable to the LHD?	YES	96%	96%
	Plan is complete.	✓	83%	91%
	Plan has been reviewed in the past 2 years.	✓	75%	80%
	Plan has been exercised in the past 5 years.		29%	28%
Ebola Plan	Is this plan applicable to the LHD?	YES	100%	93%
	Plan is complete.	✓	100%	88%
	Plan has been reviewed in the past 2 years.	✓	83%	74%
	Plan has been exercised in the past 5 years.		25%	18%
Isolation and Quarantine Plan (I&Q Plan)	Is this plan applicable to the LHD?	YES	100%	100%
	Plan is complete.	✓	100%	96%
	Plan has been reviewed in the past 2 years.	✓	92%	85%
	Plan has been exercised in the past 5 years.		25%	20%

MCM/Strategic National Stockpile (SNS) Plan	Is this plan applicable to the LHD?	**YES**	100%	100%
	Plan is complete.	✓	100%	100%
	Plan has been reviewed in the past 2 years.	✓	83%	91%
	Plan has been exercised in the past 5 years.	✓	50%	56%
Crisis and Emergency Risk Communications Plan	Is this plan applicable to the LHD?	**YES**	100%	99%
	Plan is complete.	✓	96%	98%
	Plan has been reviewed in the past 2 years.	✓	83%	84%
	Plan has been exercised in the past 5 years.		42%	42%
Public Health Responder Health and Safety Plan (RHSP)	Is this plan applicable to the LHD?	**YES**	96%	95%
	Plan is complete.	✓	92%	81%
	Plan has been reviewed in the past 2 years.	✓	67%	68%
	Plan has been exercised in the past 5 years.		25%	26%
Respiratory Protection Plan	Is this plan applicable to the LHD?	**YES**	100%	100%
	Plan is complete.	✓	100%	98%
	Plan has been reviewed in the past 2 years.	✓	79%	88%
	Plan has been exercised in the past 5 years.		46%	48%
Epi-Large Scale Outbreak/Epidemic/Pandemic	Is this plan applicable to the LHD?	**YES**	100%	88%
	Plan is complete.	✓	88%	71%
	Plan has been reviewed in the past 2 years.	✓	71%	65%
	Plan has been exercised in the past 5 years.		29%	28%
Shelter/Mass Care	Is this plan applicable to the LHD?	**YES**	88%	82%
	Plan is complete.	✓	67%	62%
	Plan has been reviewed in the past 2 years.	✓	58%	54%
	Plan has been exercised in the past 5 years.		25%	28%
Volunteer Management	Plan is complete.		33%	29%
	Plan has been reviewed in the past 2 years.		42%	42%
	Plan has been exercised in the past 5 years.		8%	12%

BP1 Supplemental PHEP ORR Results - All-Hazards Planning, Part 2
Cumberland County Health Department

BP1 Supplemental All-Hazards Base Plan Results. The All-Hazards Base Plan demonstrates how public health agencies will manage a response, regardless of the hazard, from beginning to end in coordination with their local Emergency Management Agency.

The list of components below is featured in this section of the report and represents the recommended components of an All-Hazards Base Plan. Highlighted components are currently not included and should be considered for improvements. The percentage at the bottom displays how close the agency is to having a completed All-Hazards Base Plan.

Components of an All-Hazards Base	2017-2018	2018-2019
Plan Development & Maintenance		✓
Record of Distribution	✓ 1/5/2016	✓ 5/24/2019
Introduction/Executive Summary	✓	✓
Purpose of Health Agency	✓	✓
Scope	✓	✓
Legal Authorities	✓	✓
Situations & Assumptions		
Alert & Notifications	✓	✓
Command and Management	✓	✓
Public Health Staff Roles & Responsibilities	✓	✓
Partner Roles & Responsibilities	✓	✓
Triggers for Activation*		✓
Standard Operation Procedures & Levels of Activation*		✓
Incident Recognition & Situational Awareness*	✓	✓
Response Actions*	✓	✓
Communications & Information Sharing	✓	✓
Resources		✓
Recovery	✓	✓
Demobilization	✓	✓
After Action Report/ Improvement	✓	✓
Training Requirements	✓	✓
Percent Complete	76%	95%

Based on data collected on these components, Cumberland County Health Department has completed

95%

of an All-Hazards Base Plan.

*Components in bold are key to developing the Concept of Operations section of the Base Plan.

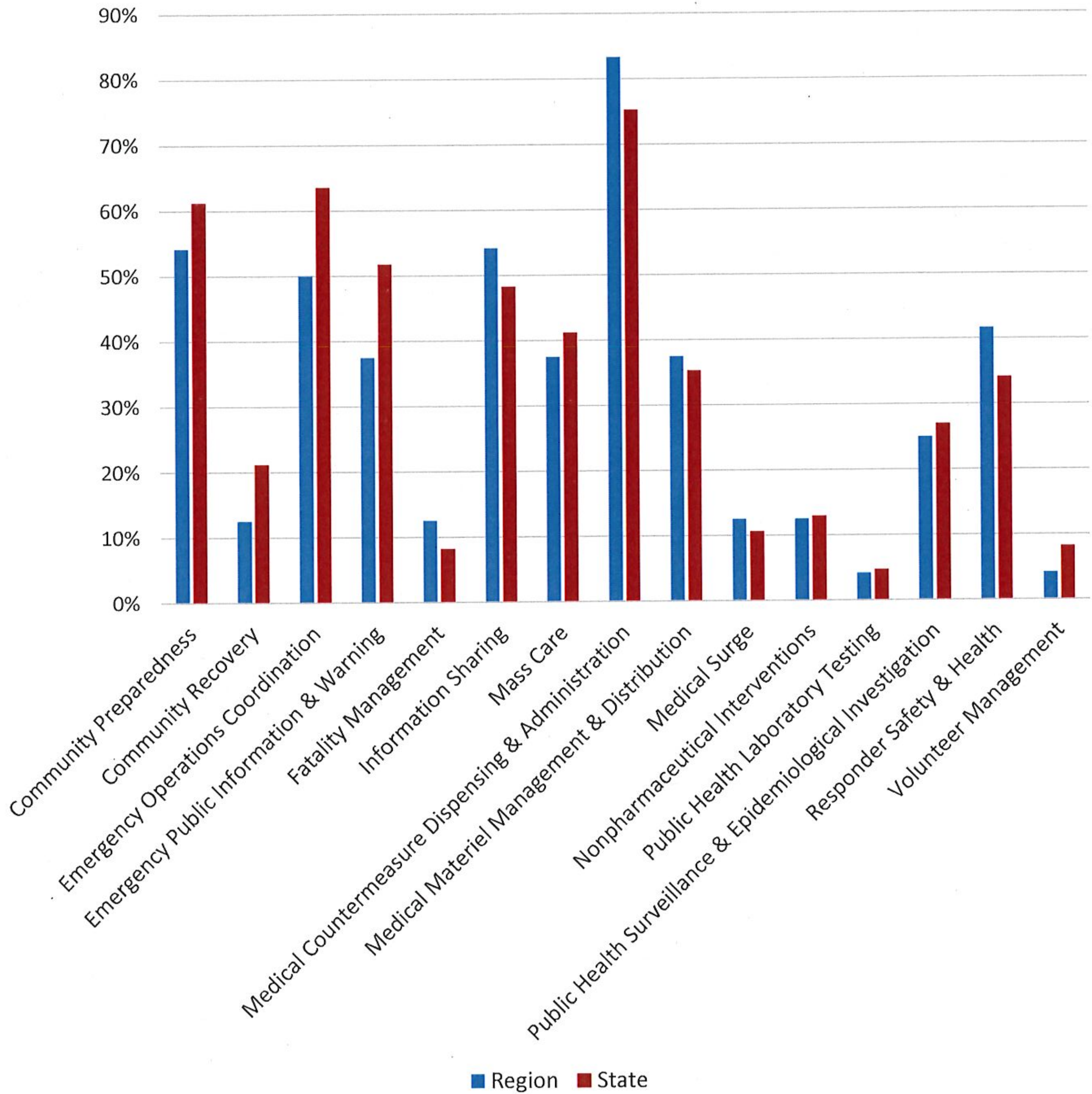
BP1 Supplemental PHEP ORR Results - TEPW/MYTEP
Cumberland County Health Department

BP1 Supplemental TEPW/MYTEP Form Results. Each jurisdiction submits the TEPW/MYTEP Form as an annual requirement for the PHEP ORR. It standardizes the collection of areas of improvement identified in the TEPW and allows for the monitoring of exercise program priorities used to develop the MYTEP. This section of the report displays information found in this reporting form. Please note that CDC-designated CRI jurisdictions report TEPW/MYTEP information into CDC's DCIPHER system. These data have been merged with LHD data reported in NC DETECT to provide a true statewide comparison. Region and state counts (N) used to calculate percentages are provided for reference.

Training, Exercise & Planning Workshop (TEPW)	Cumberland County	Region (N=24)	State (N=85)
TEPW Conducted	✓ 4/22/2019	100%	98%
Multi-Year Training & Exercise Plan (MYTEP)	**Cumberland County**	**Region Average**	**State Average**
Number of Years Included*	2	2.83	2.85
Number of Trainings planned for current budget period	18	9.50	10.17
Number of Trainings planned for future budget periods	20	12.50	10.15

* The MYTEP should feature the current year +1 or more for training and exercise planning.

Cumberland County Health Department Priorities	
Priority #1	Medical Countermeasure Response / TC-8 / Dispensing Training
Priority #2	Communications
Priority #3	ICS Command & Structure
Priority #4	Communications & Information Sharing
Priority #5	N/A
PHEP Capabilities	Emergency Operations Coordination | Emergency Public Information and Warning | Information Sharing | Medical Countermeasure Dispensing and Administration | Medical Materiel Management and Distribution


2018-2019 Priority PHEP Capabilities by Region and State
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Community Preparedness
Community Recovery
Emergency Operations Coordination
Emergency Public Information & Warning
Fatality Management
Information Sharing
Mass Care
Medical Countermeasure Dispensing & Administration
Medical Materiel Management & Distribution
Medical Surge
Nonpharmaceutical Interventions
Public Health Laboratory Testing
Public Health Surveillance & Epidemiological Investigation
Responder Safety & Health
Volunteer Management
Region
State

BP1 Supplemental PHEP ORR Results - MCM Demographic Data
Cumberland County Health Department

332,546 Total Estimated Population

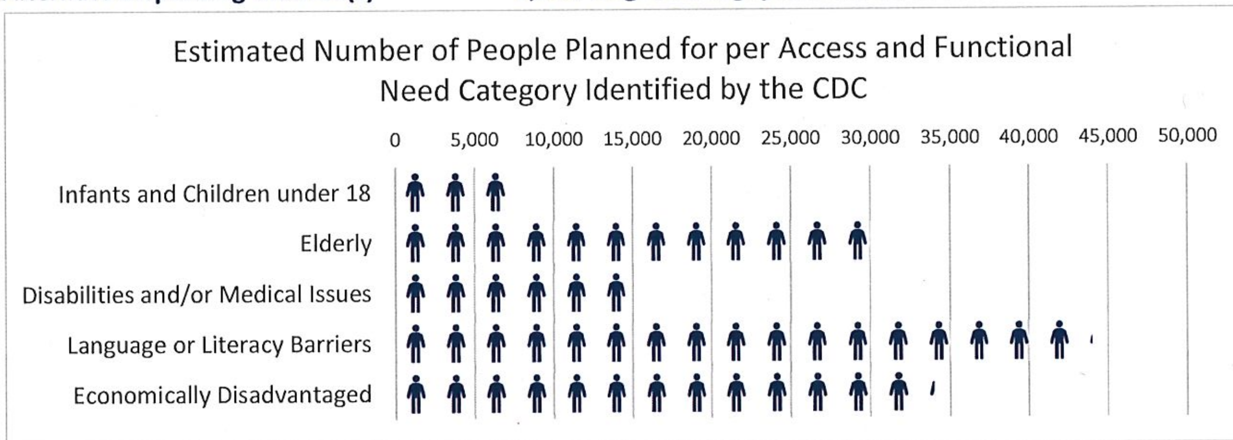
107,429 (32.3%) Served by Closed PODs

6 Closed POD Agreements:

- **2 Healthcare Entity(ies)/Agency(ies)**
- **2 Business(es)**
- **1 Government Agency(ies)**
- **0 Federally Recognized Tribe(s)**
- **1 Military Installation(s)**
- **0 Academic Institution(s)**
- **0 Community Based Agency(ies)**
- **0 Alternate Dispensing Method(s)**

219,698 (66.1%) Served by Open PODs

10 Primary open POD location(s)
7,323 Target regimens to dispense per hour
2.56 Average household size
2,860 Target throughput for head of household model



BP1 Supplemental PHEP ORR Results - MCM Distribution and Dispensing Planning

The following tables and bar graph provide a visual of how the local jurisdiction performed on the BP1 PHEP ORR MCM Distribution and Dispensing Planning sections. These sections provide insight about procedures for handling medical materiel management and dispensing.

BP1 Distribution and Dispensing Results Tables. Each table contains the ORR elements from the distribution and dispensing planning forms that relate to the preparedness function in bold. A green checkmark indicates that the local jurisdiction feels they have successfully addressed that element in their preparedness planning. Highlighted elements without checkmarks represent areas for improvement that have not yet been addressed in the local jurisdiction's planning. Region and state figures represent the percentage of jurisdictions that felt they have successfully addressed each element. These percentages are provided to give the local jurisdiction an idea of where they stand amongst their peers. Please note that CDC-designated CRI jurisdictions report MCM distribution and dispensing planning information into CDC's DCIPHER system. These data have been merged with LHD data reported in NC DETECT to provide a true statewide comparison. Region and state counts (N) used to calculate percentages are provided for reference.

Priority Elements related to **Plan Maintenance**	Cumberland County	Region (N=24)	State (N=85)
Preparedness plans have been reviewed/updated and signed by Health Department Leadership within the last two years	✓ 8/11/2018	83%	100%
Jurisdiction has participated in a Jurisdictional Risk Assessment (JRA)/ Hazard Vulnerability Assessment (HVA) or equivalent within the last 5 years	✓ 2/15/2018	92%	92%
At least 5 partners representing people with disabilities or others with access and functional needs have been included in preparedness activities/planning	0	38%	51%
Subject matter experts are involved in development of preparedness plans	✓	100%	100%
Communication platforms used to notify responders were updated/tested during BP1 supplemental	✓	100%	100%
A PIO training plan has been developed and incorporated into local plans	✓	79%	78%
Overall progress towards established for Plan Maintenance	**83%**	**82%**	**87%**

Priority Elements related to **EOC Activation**	Cumberland County	Region (N=24)	State (N=85)
Plans describe roles and responsibilities for a PIO	✓	88%	96%
Plans describe roles and responsibilities for a back-up PIO	✓	83%	89%
Plans describe roles and responsibilities for joint information center personnel		58%	58%
Plans include full EOC activation procedures	✓	75%	78%
Plans include partial EOC activation procedures		54%	68%
Plans identify those authorized to activate the EOC	✓	67%	76%
Plans include notification procedures for those involved in EOC activation	✓	75%	91%
Overall progress towards established for EOC activation	**71%**	**71%**	**79%**

Priority Elements related to **Communication & Notification**	Cumberland County	Region (N=24)	State (N=85)
Plans related to dissemination of warning information identify specific methods to issue alerts, warning and notifications	✓	88%	95%
Public information and warning plans include message templates developed based on planning/risk scenarios identified by risk assessment	✓	88%	82%
Communication plans include a process for real-time translation of information to vulnerable populations related to language and literacy	✓	83%	84%
Plans identify communication platforms used for notification of responders	✓	96%	98%
Plans have identified all public health responders who will be used in an incident/event	✓	88%	86%
Plans identify procedures for notifying volunteers	✓	100%	33%
Plans identify systems or communication platforms used for notification of volunteers	✓	96%	96%
Overall progress towards established for communication and notification	**100%**	**91%**	**82%**

Priority Elements related to **Incident Command Structure** The following positions have been identified in plans for public health emergencies	Cumberland County	Region (N=24)	State (N=85)
Incident Commander	✓	100%	98%
Finance/Administration Section Chief	✓	96%	91%
Logistics Section Chief	✓	100%	89%
Operations Section Chief	✓	100%	93%
Planning Section Chief	✓	96%	91%
Public Information Officer	✓	96%	94%
Primary Distribution Lead	✓	96%	91%
Primary Logistics Lead	✓	92%	86%
Primary Receiving Site Lead	✓	96%	88%
Overall progress towards established for incident command structure	**100%**	**97%**	**91%**

Priority Elements related to **MCM Request Process**	Cumberland County	Region (N=24)	State (N=85)
Plans include a procedure for assessment of local inventory caches prior to requesting MCM assets		67%	61%
Plans have identified pharmaceutical and/or medical wholesalers from whom MCM assets could be requested during an MCM incident	✓	46%	45%
Plans include a decision process including trigger indicators and thresholds for when to request MCM assets	✓	88%	92%
Plans include a process for the actual request of MCM assets	✓	100%	99%
Overall progress towards established for MCM request process	**75%**	**75%**	**74%**

Priority Elements related to **Distribution Procedures**	Cumberland County	Region (N=24)	State (N=85)
A primary strategy to acquire transportation assets has been identified	✓	92%	87%
All necessary vendor agreements/MOUs related to primary transportation assets are in place	✓	38%	35%
A back-up strategy to acquire transportation assets has been identified and all necessary agreements for their use are in place		75%	74%
All necessary vendor agreements/MOUs related to back-up transportation assets are in place		38%	31%
Plans have identified how many vehicles are needed for an MCM distribution	✓	88%	68%
Plans have identified the type of vehicles needed for an MCM distribution campaign	✓	88%	71%
Plans have identified the load capacities of vehicles needed for an MCM distribution campaign		38%	28%
Plans have identified how many drivers are needed for an MCM distribution campaign	✓	83%	64%
Plans have identified the type of drivers needed for an MCM distribution campaign		54%	42%
Plans have identified how long it would take to procure transportation assets		29%	31%
A DEA registrant can be available at the LRS to receive controlled substances if necessary	✓	92%	86%
Plans include a chain of custody process for the distribution of MCMs	✓	92%	88%
Plans include cold-chain management procedures during a distribution campaign	✓	67%	62%
Plans include transportation methods		17%	25%
Transportation plans include delivery locations	✓	92%	79%
Plans include transportation routes or a method to adjust routes based on real-time conditions	✓	71%	62%
Plans include a delivery schedule for MCM distribution		50%	34%
Overall progress towards established for Distribution Procedures	**59%**	**65%**	**57%**

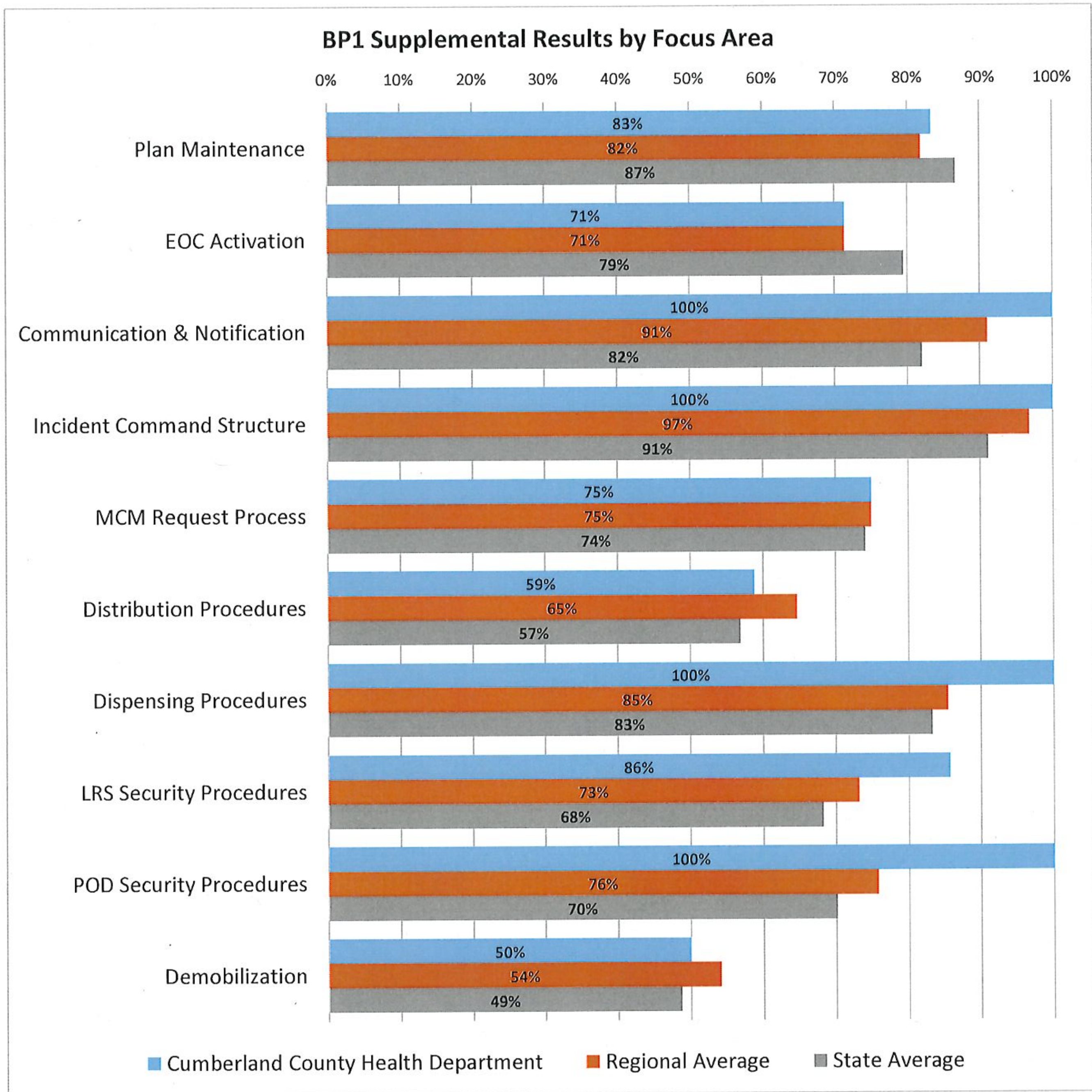
Priority Elements related to **Dispensing Procedures**	Cumberland County	Region (N=24)	State (N=85)
Plans include a tiered, priority approach to providing MCMs to the entire jurisdiction, including first responders and critical infrastructure personnel	✓	71%	79%
Plans describe how local public health responders will receive initial prophylaxis during an MCM incident	✓	96%	87%
Plans describe how the public will receive an initial, 10-day dose of medication within a 48-hour operational window	✓	96%	87%
POD protocols include plans for providing information about adverse events	✓	88%	86%
POD protocols address adverse event reporting for dispensed medications	✓	79%	87%
POD protocols include screening for the purpose of triaging POD visitors	✓	92%	87%
POD protocols include a record/log of medications dispensed	✓	92%	84%
POD protocols address reporting inventory data to state/federal entities	✓	71%	69%
Overall progress towards established for Dispensing Procedures	**100%**	**85%**	**83%**

Priority Elements related to **LRS Security Procedures**	Cumberland County	Region (N=24)	State (N=85)
Security plans have identified a security lead	✓	92%	93%
Security plans include evacuation protocols	✓	75%	64%
Security plans include exterior security protocols	✓	92%	79%
Security plans include interior security protocols	✓	79%	76%
Security plans include security breach protocols	✓	67%	59%
Security plans address the arrival of MCM assets to the local jurisdiction		17%	22%
Security plans address the transportation of MCMs from LRS to dispensing sites	✓	92%	85%
Overall progress towards established for LRS Security Procedures	**86%**	**73%**	**68%**

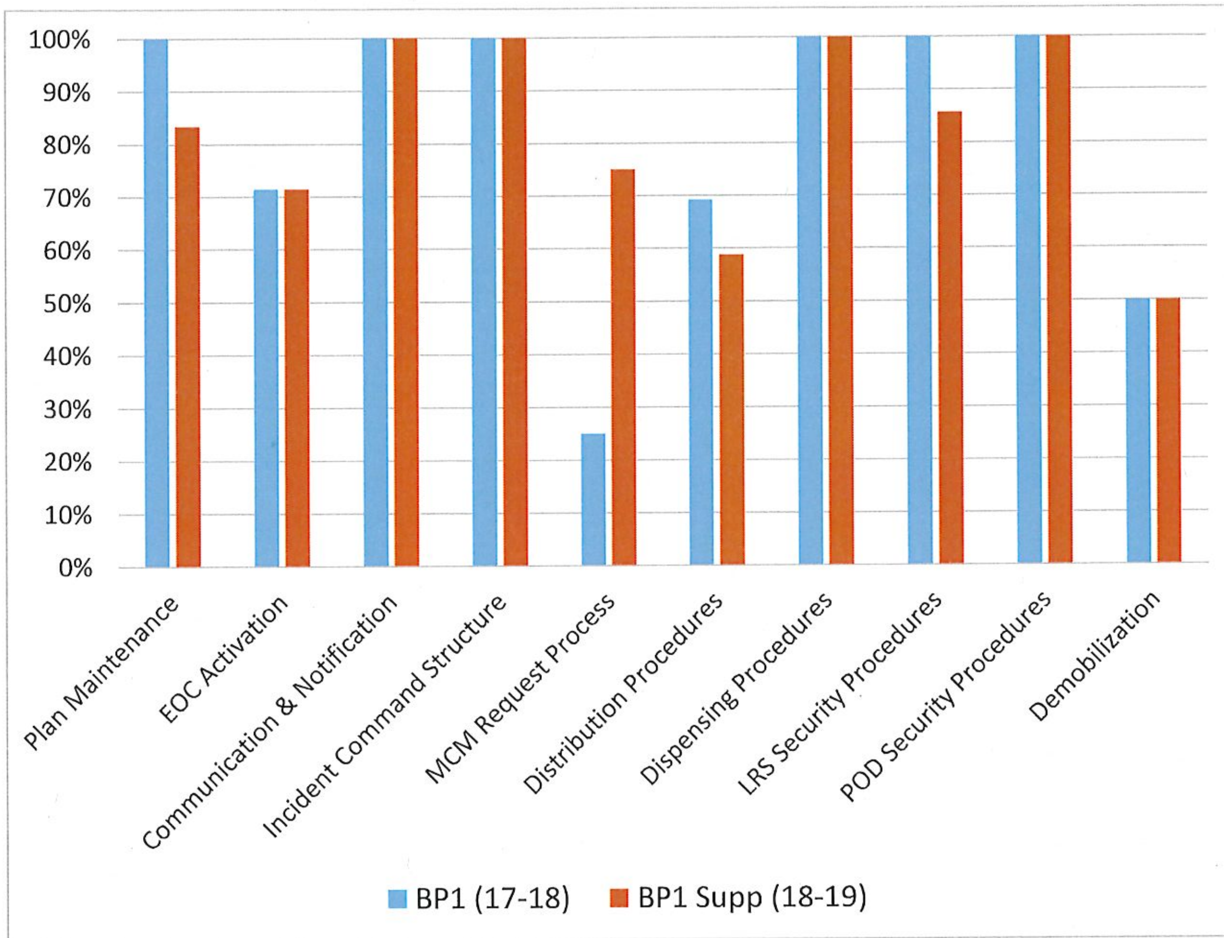
Priority Elements related to **POD Security Procedures**	Cumberland County	Region (N=24)	State (N=85)
A security command/management plan is in place	✓	79%	73%
Security plans include evacuation protocols	✓	71%	60%
Security plans include exterior security protocols	✓	79%	82%
Security plans include interior security protocols	✓	79%	81%
Security plans include security breach protocols	✓	71%	54%
Overall progress towards established for POD Security Procedures	**100%**	**76%**	**70%**

Priority Elements related to **Demobilization**	Cumberland County	Region (N=24)	State (N=85)
Plans include procedures for the recovery of durable medical equipment		50%	47%
Plans include procedures for the recovery of medications/vaccines	✓	58%	50%
Overall progress towards established for Demobilization	**50%**	**54%**	**49%**

BP1 Supplemental Results by Focus Area: This bar graph compares the local jurisdiction's BP1 Supplemental (18-19) performance in each focus area to their respective region and statewide averages. To align with CDC's overall goal, all county/district percentages should be 100% by the end of the budget year in 2022.



Year to Year Progress Comparison. The local jurisdiction's progress is tracked in each focus area by comparing BP1 (2017-18) and BP1 Supplemental (2018-19) results.



Conclusion

The PHEP ORR is a thorough, evidence-based assessment of a jurisdiction's all-hazards planning, training and exercise activities, and medical countermeasure response capabilities. This Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) Report does not grade, score or rank the jurisdiction's performance on the PHEP ORR. Rather, this report quantifies the information collected from the local jurisdiction during their Budget Period 1 assessment to easily identify gaps and weaknesses, while also highlighting areas of strength. Information gathered from this report will be used by NC PHP&R to prioritize elements and drive strategy development for future budget periods to support local jurisdictions in reaching CDC's goal of "Established" by 2022. North Carolina PHP&R does not intend to share this information with anyone outside of CDC and the local jurisdiction. However, it is recommended that the local jurisdiction share this report with pertinent planning partners. Together, jurisdictions and their partners should use this information to develop action plans that strategically focus planning efforts in areas of need to progress towards attaining CDC's goal and improve the overall preparedness of the community.

Resources

For more information regarding public health preparedness, please visit:

North Carolina Public Health Preparedness and Response
CDC's Office of Public Health Preparedness and Response
CDC: Public Health Preparedness Capabilities: National Standards for State and Local Planning
CDC: Cities Readiness Initiative (CRI)
CDC: Strategic National Stockpile
U.S. Department of Health and Human Services Medical Countermeasures
National Planning Frameworks
Homeland Security Exercise and Evaluation Program (HSEEP)
Center of Excellence Homeland Security: National Incident Management System (NIMS)

For questions regarding any information contained in this report, please contact:

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PHEP SNAPSHOT for the Cumberland County Health Department
2018-19 PHEP-ORR Report

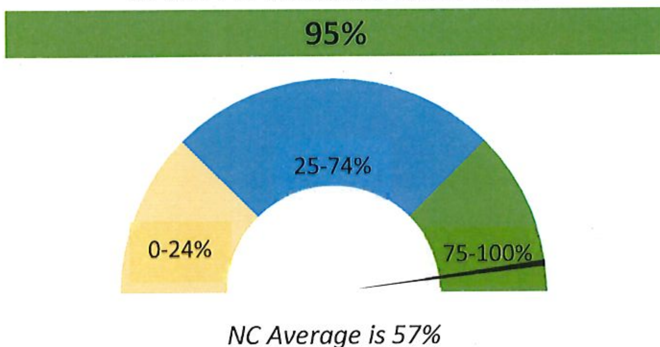
The Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR) is a rigorous, evidence-based assessment of a jurisdiction's PHEP planning. Local Health Departments (LHDs) should be working to achieve a complete all-hazards plan and an established medical countermeasures (MCM) planning status by 2022. To be considered established LHD plans must contain all the essential elements identified by CDC. The full report is designed to track progress towards these goals and help local planners identify areas of improvement. The key takeaways below provide a snapshot of the LHDs preparedness program.

Preparedness Plans Completed

- ✓ Public Health All-Hazards Plan
- ✓ Public Health Continuity of Operations Plan
- ✓ Pandemic Influenza Plan
- ✓ Pandemic Influenza Continuity of Operations Plan
- ✓ High Consequence Pathogens Plan
- ✓ Ebola Plan
- ✓ Isolation and Quarantine Plan
- ✓ MCM/Strategic National Stockpile Plan
- ✓ Crisis and Emergency Risk Communications Plan
- ✓ Public Health Responder Health and Safety Plan
- ✓ Respiratory Protection Plan
- ✓ Epi-Large Scale Outbreak/Epidemic/Pandemic
- ✓ Shelter/Mass Care
- Volunteer Management

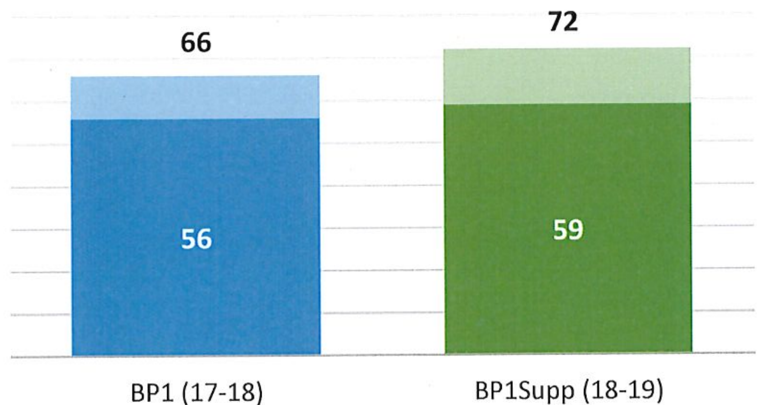
% of Recommended Components Addressed in the All-Hazards Base Plan:

95%

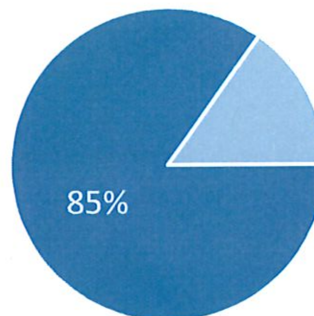


NC Average is 57%

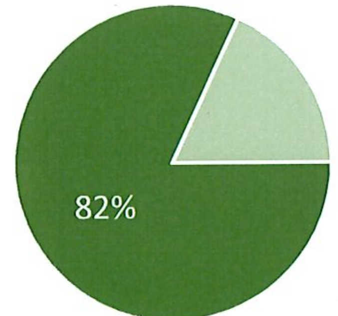
Essential Elements Included in MCM Planning



BP1 (17-18) Overall Progress Towards Established:



BP1supp (18-19) Overall Progress Towards Established:



Operational Activities

Date of last training on the All-Hazards Plan: Not Reported

Training and Exercise Planning Workshop (TEPW) Conducted: 4/22/2019

Number of Years Included in Multi-Year Training and Exercise Plan (MYTEP): 2

Last MCM Full Scale Exercise (FSE): June 2014

Next MCM FSE due by: May 2021

Board of Health Meeting Attendance Report 2019

Board Members	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Dr. Connette McMahon	Y	Y	Y	Y	Y	Y	X	Y	Y	Y		
Dr. Sam Fleishman	Y	Y	Y	Y	Y	N	X	Y	Y	N		
Dr. Jeannette Council	N	Y	Y	Y	N	Y	X	N	Y	Y		
Ms. Sonja Council	Y	Y	Y	N	Y	Y	X	N	Y	Y		
Ms. Stacy Cox	N/A	N	N	Y	Y	N	X	N	Y	Y		
Dr. Kent Dean	N/A	Y	Y	Y	Y	Y	X	N	N	Y		
Mr. John H. Larch III	Y	Y	Y	Y	Y	Y	X	Y	Y	Y		
Dr. Cynthia McArthur-Kearney	N	Y	Y	Y	N	Y	X	Y	N	Y		
Dr. Kingsley Momodu	N/A	Y	Y	Y	Y	Y	X	N	N	Y		
Dr. Olusola Ojo	Y	Y	Y	Y	N	N	X	Y	Y	Y		
Dr. William Philbrick	Y	Y	Y	Y	Y	Y	X	Y	Y	Y		
% Attending	75%	91%	91%	91%	73%	73%	N/A	55%	73%	91%	%	%

Y = Member attended meeting N = Member was absent X = No meeting held
E = Excused