

**PENDER COUNTY
BOARD OF HEALTH & BOARD OF COMMISSIONERS
JOINT MEETING
SEPTEMBER 9, 2010**

The Pender County Board of Health and the Pender County Board of Commissioners held a special called meeting on Wednesday, September 9, 2010 at 5:30 p.m. in the meeting room of the Pender County Board of Commissioners.

Board of Health Members Attending:

Mrs. Judy Blanchard	Mrs. Corrine Bellamy
Mr. Bobby Watkins	Dr. Perry Motsinger
Dr. Robert Zambrowski	Mr. Jimmy Holland
Mr. Jason Leary	Mrs. Terri King
Dr. Heather O'Brien	

Board of Commissioners Members Attending:

Mr. Jimmy Tate (Reps both boards)	Mr. Norwood Blanchard
Mr. George Brown	

Board of Commissioners Members not in Attendance:

Mr. David Williams	Mr. F.D. Rivenbark
--------------------	--------------------

County Staff Attending:

Mr. Rick Benton, County Manager
Mr. Trey Thurman, County Attorney

Minutes taken by: Ms. Diana Morris, Administrative Assistant II

The Board of Commissioners Chair, Jimmy Tate called the meeting to order at 7:00 p.m.

Commissioner Jimmy Tate thanked the commissioners for coming to the meeting and he asked for a motion to come out of recess. Commissioner George Brown made the motion and Commissioner Norwood Blanchard seconded the motion. Motion carried 3 to 0.

Commissioner Tate explained that the purpose of this meeting is to receive the results of the Pender County Health Department Organizational Assessment performed by Cheryl Lesneski, DrPH; Patty Kempton, RN, BSN; Marti Macchi, MEd; Laura Tison, RN of the Public Health Leadership Program from the Gillings School of Global Public Health, University of North Carolina at Chapel Hill.

Dr. Lesneski thanked the county for giving them the opportunity to work with Pender County Health Department on this organizational assessment. She also acknowledged the complete cooperation of the staff of the health department.

Dr. Lesneski stated that the health department has performed many services for the residents and visitors of Pender County. They have helped accomplish many of the great advances of public health over the past decade such as improving individual health and population centered help. This Health Department has a history of providing public health services that are valued not only

in this community but across the nation. She acknowledged that there have been problems recently in this health department. Chief among those problems has been a sense of distrust among employees.

The 20th Century presents really unique challenges for local public health agencies and requires a local health department to work in collaboration and in a spirit of teamwork to really address the complex problems of the 21st century. Some of those problems include dealing with emerging and re-emerging communicable diseases such as H1N1 virus, dealing with the increase in chronic rates; being prepared for disasters; learning how to collaborate with all of the people that contribute to public health. It is not just the responsibility of the local health department to deal with all of the public health issues in a community. It requires cooperation from the media, businesses, school system, etc.

Dr. Lesneski explains that she will be providing some background information about public health, the mission of public health both nationally and in Pender County, the data they collected, the process they undertook, the gaps in performance that they found. She pointed out that some of the gaps that they found are not unique. These gaps are also found in other health departments and they are not unusual. Some have become acute and she will address those as well. Her team will provide recommendations for closing those gaps and look at evidence based practices that can help Pender County move forward and become one of the most outstanding health departments in the state of North Carolina. That is what they work for as part of the organizational assessment.

Their mission was to conduct an organizational assessment of the Pender County Health Department; identify areas for improvement; provide clear evidence-based recommendations for actions to improve; identify resources to help the department. They have a formal agreement with the Pender County Board of Health that spells out these responsibilities. Their role is the role of consultants to help Pender County move forward. Their comments are about the overall public health system in Pender County and are not about any one individual. Their intentions are to begin a process of rebuilding a healthier, happier, more productive public health agency in Pender County.

Dr. Lesneski discussed the Public Health Mission which is a mission of prevention. The Institute of Medicine has stated that the primary mission of public health is to assure conditions of which people can be healthy. She then reviewed the Pender County Health Department's Mission which is "Building a healthier tomorrow" through good community health practice.

There is a paradigm shift in public health. Historically the focus was on controlling infectious diseases. Currently there are such high rates of chronic disease that it is the responsibility of public health to begin addressing the risk factors that contribute to high rates of chronic disease. Dr. Lesneski states that if we don't practice prevention the rate of chronic diseases in our communities will continue to escalate. It is the prime mission of public health to work in the field of prevention and to reduce exposure to risk factors that cause unhealthy existence and environments.

Dr. Lesneski informed the boards that as they started their work they were made aware of reported internal challenges at the Pender County Health Department. Among those challenges were: they were not fulfilling their public health mission; there were leadership voids; human

resource and billing problems; limited involvement of staff and community in making decisions; communication problems (not a lot of meetings and people were not being kept informed); dissatisfied employees; absence of data to monitor programs' progress.

The areas that the assessment team reviewed were: organization culture; programs and services; leadership and management; financial management and billing practices (they are still receiving financial data from the health department).

The data collection for this assessment was obtained by: 29 one-on-one interviews with a random sample of employees, an online survey for the employees with a 61% response rate, 11 face-to-face interviews with a random sample of employees from finance/billing; programs; and management. The team reviewed documents (e.g. strategic plan, community health assessment, personnel policies, accreditation report, etc), and identified strengths within the health department. Dr. Lesneski reported that the collection of data was anonymous, no names were associated with information, and they used open-ended questions to allow employees some latitude in responses. The June summary of interviews is available as an appendix at the end of the report. The summary of the online survey, in its entirety is available at the back of the final report.

In terms of strengths within the health department the assessment team found that the employees care very deeply about community and want to provide excellent services to the residents of the county. They care very much about the Pender County Health Department. Community Health Assessments are required by every public health agency in the state of North Carolina and Pender County's Health Assessments are current; their strategic plan is up to date; and they have some measures in place to monitor performance.

In the online survey about 70% of the employees 1) report favorably about their supervisors. 2) are commended by their supervisors when they do a good job. 3) indicate job requirements are made clear by their supervisors. 4) want to work as a team.

Dr. Lesneski defined what characterizes a best place to work. She recommends the website <http://bestplacestowork.org/BPTW/>. The criteria come from the partnership for public service involving federal government employees. It is described as: a fair place to work; employees are personally engaged; senior leaders are respected, generate commitment, share information, maintain high standards of honesty and integrity; teamwork; opportunities for employees to demonstrate leadership skills; employee development; information from management; work relates to agency's goals and priorities.

The data collected in the online survey states 65% felt that fellow employees were direct and honest with each other; 69% felt they function well as a team; 67% felt employees constructively confront problems. 68% felt the staff and management have productive working relationships. 64% of the staff thinks the organization respects its workers; 33% felt the organization treats staff consistently and in a fair manner; 69% felt the organization provides enough information to get the big picture; and 57% felt the organization values the ideas of workers at all levels. 55% feels the reasons are clear when changes are made; 62% feels they have a say in decisions affecting their work.

Dr. Lesneski commented on the findings of 33% of the responding staff felt the organization treats the staff consistently and in a fair manner may reflect on a culture in this organization that may be tolerant of unfairness. Just over half of the responders understood the reasons for change, which can be indicative of a culture where communication is limited.

The data collected during the personal interviews of 29 employees shows that the culture supports short-term day-to-day operating perspective vs. a more comprehensive planning and delivery of services. Over half of the responding employees agreed that they felt a sense of hopelessness, reflecting a culture that may not be placing a high priority on employee feelings and attitudes. Two-thirds of the participants agreed that the organization needs changes however no one with authority was willing to make those changes. Dr. Lesneski then explained that some comments they received reflect a culture that supports independent work vs. teamwork. Where communication is on a need to know basis and an authoritarian model of management exists.

Dr. Lesneski then pointed out that in the practice of public health standard guidelines for the practice of public health, the Institute of Public Medicine states that approaches to addressing public health problems require teamwork by a wide range of professionals from diverse backgrounds and disciplines. What comprises the Ethical Practice of Public Health is: 1) Public Health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness. 2) Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members as well as employees.

In their interviews with staff they often heard the term "chain of command". Dr. Lesneski states that in this day and age, no one person can address the complex problems that exist for public health in the 21st century. The best decisions are found and are made by collaboration and teamwork, and not by a "chain of command" where there are a handful of people making decisions. The perception of employees is that this is the model that is in place in the health department. Dr. Lesneski states that they also found that some of those that had concerns about the direction of the health department were marginalized and not listened to. She also stated that the data they collected reflected a minimal involvement of the community in deciding what public health priorities are in Pender County, and what the public health priority programs should be, they found that decisions were being made by a small group of people about how public health revenues were being spent.

The team's recommendation for organizational cultural improvements include developing and expanding leadership throughout the health department and building a culture that promotes teamwork.

The major findings of the assessment were: 1) Minimal level of engagement of community members and health department employees in decision making. 2) Imbalance between individual health care and population centered public health services. 3) Community health assessment data, strategic plan, and evidence based practice not well aligned. 4) Board of Health's governance of health department concerns.

Dr. Lesneski explains that the individual health care services have been emphasized at the health department through the expansion of the adult and pediatric clinical and dental services. She feels like involving more staff and community members would: facilitate wider input and

exchange of ideas on keeping the public healthy beyond access to health care; increase opportunities to achieve the public health mission of prevention; help to create and sustain conditions that promote health. An example of population-centered, evidence-based public health service is an implementation of worksite wellness programs.

Dr. Lesneski explained that 2 areas in the 2006 CHA that reflected need were: 1) Poor eating habits, poor nutrition, poor nutritional education and 2) Diabetic related death rate among black population more than twice the rate for white population. The Strategic plan in 2008-2010 created a goal for addressing poor eating habits, to decrease obesity in the population, promote exercise, improving personal diet habits, by worksite wellness and school health. In the Strategic plan Report in 2009 showing what the health department has done in these categories states: 1) the provider does in-house counseling for obese children and is collaborating with Healthy Carolinians to provide programs for obese children. She states that there is no evidence to support provider in-house counseling is an effective way to address obesity. 2) Healthy Carolinian nutrition classes monthly and activity classes weekly at churches. Dr. Lesneski states that they did not receive information about how many sites and how many people were attending this program. 3) Health promotion staff partners with county government in creating worksite wellness program. This would be an evidence based practice.

Dr. Lesneski states that even though the diabetes death rate among the black population exceeds the white population by a large amount, no goal was set. These are gaps that they see between the CHA, the strategic plan, the work that was done, and the evidence that could have been applied. She stressed that this is common in public health. She could go to several counties nearby and find the same problems. Public health has got to start applying evidence based practice in order to reduce obesity in the population.

Commissioner Tate asked Dr. Lesneski about the Diabetes rate in Pender County. Dr. Lesneski reviewed a chart comparing Pender County to 3 Peer Counties. Pender County's rate is higher than the state rate as well as the Peer County rate. The 3 peer counties are Chatham, Cleveland and Rockingham. These counties were selected because they are similar in size and demographics. This data is available on the NC CATCH website. The difference in the diabetes rates in the black population and the white population is: 97.2 per 100,000 in the black population and 21 per 100,000 in the white population. This data was not here in 2006 back when the health department was compiling their reports. There is a health disparity in the population that needs to be studied and interventions need to be reviewed and evaluated. Public Health needs to focus on prevention.

Commissioner Tate asked what this county is doing in health education. Dr. Lesneski responds that Pender County has 1 Health Educator and the assessment team did not receive specific information on what programs and services are being offered or how many clients. The local Board of Health should be looking at these kinds of data and programs the health department is promoting and what effect they are having on outcomes. Dr. Nasrallah explained that the health department has two nurses providing diabetes education; providing the patients with monitors; following them and their progress. Dr. Lesneski stated that this is an opportunity for improvement. The health department needs to bring partners to the table as well as health department staff and decide if they need to spend some of the county dollars that received on attacking this problem. There are public health evidence based practices that you can find in the Community Guide to Prevention. One practice is promoting physical activity. Approaches have

been studied in different settings that have proven to be effective and if Pender County does this they will be ahead of the curve.

Recommendation #1: Implement evidence based Public Health Practice by promoting Physical Activity.

Recommendation #2: Link Data to action by: Improving CHA report; link strategic plan to report; apply evidence based strategies; involve community and employees in decision making; monitor programs to assure they are being well implemented using measures; track changes in outcomes (short and long term); revise programs if outcomes are not improving.

Dr. Lesneski turned the meeting over to Patty Kempton. She began her presentation by stating that one of the areas the assessment team looked at is management and leadership. The major findings were: communication within and between units is lacking; staff development has not been a priority for the organization - primarily minimum training mandated by the state is what is received for example, one employee is paying for the training out of pocket that the employee thinks would enhance their job; management staffing level is inadequate.

Mrs. Kempton goes on to state that problems with coordination of services between primary care and public health clinic were indicative of problems with communication and the deficiencies in management capacity and the lack of staff and managerial empowerment. There is no single manager that oversees all clinical activities. Physicians are expected to serve dual roles as physicians and managers of their own clinic; public health services are separate from primary care clinics. That can lead to inefficient use of staff. Public Health nurses that have enhanced nurse training have the potential to do "well child" visits at the same rate that the physician is reimbursed from Medicaid for "well child" visits freeing up the physician for treatment of chronic and acute illnesses.

Mrs. Kempton stated that some of the data they received reflects that some patients are leaving the clinic without being seen due to long wait times. Having a clinic manager in place who can oversee all aspects of primary care and public health clinics can free providers to focus on patient care, can enhance the coordination and ensure that all staff are being used to their full potential.

Commissioner Tate inquired about the long patient wait time. Mrs. Kempton stated that the information came from patient satisfaction surveys provided by the health department as well as some of the ongoing state Child Health audit information. Dr. Nasrallah asked about the percentages from the patient satisfaction surveys on how many were given and how many were received back. Mrs. Kempton explained that they were surveys conducted within the health department and were provided to the assessment team. She did not have the information on specific percentages. Dr. Nasrallah explained that would be very important to know. Commissioner Tate asked if it was a statically valid sampling and Mrs. Kempton and Dr. Lesneski stated that they did not have that information. Commissioner Tate asked if a clinic manager would improve wait times and the assessment team assured that it would. Commissioner Brown asked who the patients are waiting for? Dr. Lesneski said they were waiting for the providers, primarily child care, pediatrics. Commissioner Brown asked if they were waiting for the doctors, the nurses. Dr. Lesneski stated that she did not know. Commissioner Blanchard asked if these were patients with appointments or walk-ins explaining that there is a significant difference. Dr. Lesneski replied she understands both, but that she did not know. This is some information that she has received from a current review that is

underway. Dr. Motsinger asked if they knew the amount of time that the patients have to wait, and Dr. Lesneski said that that will be details coming out of the state audit that is currently underway. Commissioner Tate reiterated that the assessment team did not know if the waiting is due to the nurses or the physicians, and Dr. Lesneski agreed. She recommended that the Board of Health get some information from the child health consultant who is currently involved in the audit. She explained that this is not unusual; program audits go on in all health departments in NC all the time with the goal of helping an agency operate a little more efficiently.

A Management recommendation from the assessment team is to develop a plan for staff training/development and empowerment that includes communication skills including: defining training areas and assess training needs; training manuals and standards of practice; training programs for those who specialize in functional areas; offer continuing education; provide leadership training.

The meeting was then turned over to Marti Macchi. She began by stating that there were two other reports prior to theirs: Situational Assessment by Wanda Sandele and Conflict Assessment by John Stephens. Some of the data in this assessment supports some of the findings in those. The common areas were leadership decisions divide the health department; inadequate management; lack of staff development; deep distrust, poor communication; HR concerns; disproportionate use of resources by primary care programs. However, in other areas operations run smoothly and staff have ways to express concerns.

An organizational recommendation from the assessment team is: Continuous quality improvement implementation. This is a philosophy that is supported by tools and ways about doing business day to day that focus on systems and processes to identify areas for improvement. She recommends that staff be trained on tools and principles that improve efficiency and effectiveness.

Another organizational recommendation from the assessment team is to implement a decision making process. Decisions should be made by people closest to the situation who "know" the issues; hard facts, data to support the changes and decisions; those who have the experience needed to make the decisions. Evidence based decision making looks at the best available research and evidence to guide the decision making process. It considers the environment, the organizational context, population characteristics (needs the values and preferences of employees in the process and uses resources including experience creating a team approach).

Resources recommended:

CDC Guide to Community Preventive Services www.thecommunityguide.org

NALBOH National Association of Local Boards of Health www.nalboh.org

QI 101 by the Director of the NC Center for Public Health Quality.

Dr. Lesneski reviewed Quality Improvement 101 – they are holding a spot for Pender County. It is an 8 month course and most meetings are webinars or conference calls with only a few face to face meetings involving 1 coordinator and 5 staff members along with the interim health director. The health department will determine a problem area to work on during this period and the group will work on a solution. The issue that this department has in the clinic about the wait time, patients leaving before being seen, would be the perfect issue for this course. She believes that the ongoing child health audit will provide really good information about specific problems

that they can work on and solve. She advises the Board of Health to support this course. Mrs. Blanchard suggested that when Dr. Lesneski presents this assessment to the staff tomorrow that someone would step up and volunteer and she asked what the board of health can do for this. Dr. Lesneski suggested that they simply offer their support. Several board members voiced that it is a good idea.

Dr. Nasrallah asked how many counties in NC have had an organizational assessment, and Dr. Lesneski replied that she did not know. He asked how many counties follow the plans outlined in her report and she replied that she couldn't answer that because she has not surveyed all the counties. She stated that the larger counties have probably been able to do it because they have the resources. Mecklenberg County government has instituted a balance score card and developed changes they want to make and measures to follow them in every county organization. It took Mecklenberg 4 or 5 years to get to where they are. Quality Improvement will eventually become the way that you do business in 3 to 5 years down the road. When a gap is identified staff will be able to solve it through this training.

Dr. Zambrowski asked what the cost for the QI 101 training is, and Dr. Lesneski said that she believes it will only be staff time. Two board members voiced concerns about staff time taken away from regular job duties. Dr. Lesneski expressed that she feels this would be a step in the right direction to move into the future and work with the strengths that the health department has and the gaps that they have. She stressed that Pender County is not unique in those gaps, they happen elsewhere and she knows that personally. She sees potential in Pender County if they follow some of these recommendations to become a model health department. Commissioner Tate commented that that is wonderful to know and refreshing to hear.

Commissioner Blanchard commented that he's a little puzzled that the assessment didn't mention that this was one of the first health departments in the state accredited and asked Dr. Lesneski if she had any confidence in the accreditation process. She stated that she's not a huge fan of the accreditation process. Commissioner Blanchard stated that he understands that we were accredited 100% the first time and that to him there is a discrepancy between all of the problems and yet we were recognized as doing something right. Dr. Lesneski commented that she thinks that Pender County Health Department has some things right. Commissioner Blanchard stated that he realizes that if somebody comes in and they don't find some problems, then they don't get paid. Dr. Lesneski responded that they don't get paid much and they have donated a lot of time. She then explained that she personally has been involved in a similar situation where she had to change her leadership style and she feels very positive that there is a way out of all this. It's going to take everybody working together, with a new vision of what this health department can be to move forward. She was a health director for 10 years and she encountered some of these same dissatisfied employees and she learned how to be a facilitator, a collaborator, with the health department staff and empower them to make decisions. When they did that things changed dramatically; she was a "top down" manager also and had to change her management style in order to have a more effective health department.

Commissioner Brown asked when the financial aspect of the report will be completed and why it is taking so long to get the data. Dr. Lesneski responded that she had received some data from David McCole and it was inaccurate but he has forwarded additional data that she will review. She also had asked for the data in a format that neither Mr. McCole nor Ms. Smith were used to doing. She has been working on improving financial data for health departments for 4 years and

has worked with the Department of Health and Human Services to develop a set of financial ratios that give a really good look at how a health department is performing financially.

Commissioner Brown asked how many weeks they had to gather this information. She stated that they have been working on it since July in a back and forth process: they give her the information; she reviews it and asks for other information; she reviews that and asks for other information. This is done in order to update and get accurate information. Mr. Rick Benton stated that Dr. Lesneski is asking for 3 years worth of data. Commissioner Tate asked Mr. Benton if this would be a normal timeframe of obtaining data. Mr. Benton explained that Dr. Lesneski, David McCole, and Gwen Smith have been going back and forth every several days working together. David McCole and Gwen Smith had given Dr. Lesneski information in one format but she is asking for it in an additional format. He explained that Health Department revenues still come in after the end of the fiscal year, June 30. Medicaid may not come in for 6-8 weeks after the end of the fiscal year. The county audit is going on at this time as well and Mr. McCole is working on that at the same time. This is a process that takes time, especially when asked to put in a different format than records are normally kept. Jason Leary asked if they will have the information before Gwen Smith leaves.

Commissioner Brown commented that he had not been able to review the assessment for this meeting, but from what he could see, he noticed a consistency between the three assessments. Dr. Lesneski stated that when she comes back with the financial report the boards will be able to ask questions regarding the information they have been given tonight as well as the financial information.

Commissioner Tate thanked the team for coming as well as Trey Thurman, health department staff, county manager and everyone that collaborated in this assessment.

Commissioner Blanchard made a motion to adjourn and Commissioner Brown seconded. Motion carried anonymously.