

**North Carolina Association of Local Health Directors
Association Business Meeting
February 15, 2018
Division of Public Health, 5605 Six Forks Rd., Raleigh, NC**

Minutes

Meeting Called To Order – Dennis Joyner

The Cardinal Room was brimming with chatter and comradery as President Dennis Joyner promptly called the association to order at 0930.

Approval of Minutes – Stacie Saunders

Motion to approve minutes of the January 18, 2018, meeting was made and seconded; motion approved.

Treasurer's/Financial Report – Stacie Saunders

Motion to approve the Treasurer's/Financial Report as of January 31, 2018 was made and seconded; motion approved.

President's Report – Dennis Joyner

President Joyner called upon the membership to recognize any new health directors. The association halted with anticipation awaiting the emergence of a new face in the crowd. But alas, none were found. President Joyner offered congratulatory recognition to Mr. David Jenkins on his recent appointment as the Health and Human Services Director in Stanly County. Before proceeding to the next agenda item, President Joyner implored if there were any health directors who were retiring, to which there were none.

President Joyner then turned his focus to the mass shooting that occurred in Parkland, Florida. In his reflective contemplation, he encouraged the association to appreciate the moments in life we share with others including our family and loved ones.

President Joyner informed the membership that the association was asked to present to the Joint Legislative Oversight Committee for Health and Human Services and unfortunately that scheduled committee was canceled. He expressed gratitude to Dr. John Morrow (Pitt County) and Marlon Hunter (Forsyth County) for their willingness to present on Communicable Disease and Budgetary Challenges, respectively. President Joyner stated that there continues to be a push for increased state funding for Communicable Disease and more will be discussed in the Policy and Finance committee reports. As the meeting progressed, news arrived that the Joint Legislative Oversight Committee HHS committee has been rescheduled for February 28 at 0900 with NCALHD presenting at said committee.

President Joyner asked Cris Harrelson (Brunswick County) to update the association on the Opioid Abuse Work Group. Mr. Harrelson stated that the work group has met twice via teleconference. He also stated that the goal of this work is to provide best practices in Opioid initiatives and job description templates for potential staff for local health departments. Mr. Harrelson informed the association that the group has sent out a survey to local health departments regarding the current initiatives in place and subsequently received 52 out of 85 responses. He also stated that the group has reached out to the state partners and have received a great deal of data from said partners. Currently, the work group is reviewing the data that was provided and, coupled with the data from local health departments, the group will be looking at a continuum of best practices ranging from "low hanging fruit" to more complex approaches like establishing a new position, driving policy and/or advocating for funding. Mr. Harrelson invited the association to also provide feedback and suggestions to the work group as to the needs and desires of the membership regarding Opioids. Lynette Tolson (Executive Director) inquired if the survey results had been shared with the membership to which Mr. Harrelson responded they had not. Ms. Tolson encouraged sharing those results with the broader group. Dr. Morrow mentioned that he had heard AETNA had given \$1M to Harm Reduction for naloxone and if true, would any of that be available to local health departments. Lisa Harrison (Granville-Vance District) stated that the AETNA project is for a specific rural geographical area (Brunswick, Johnson, Vance, Cumberland, and Haywood). Jane Hinson (Iredell County) stated that their Mental Health LME (Partners Network) offered several doses of nasal Narcan and are providing \$25,000 toward an FTE at health department to tackle the issue.

President Joyner then asked Chris Dobbins (Gaston County) to share information on the Social Services Regionalization and Collaboration Committee. Mr. Dobbins updated the association on HB630 which is heavily focused on child welfare reform. Mr. Dobbins stated that the committee is working with and guided by the UNC School of Government and is focused on regional support of Social Services. The work group has focused on quality assurance and accountability for child welfare including exploring agreement addenda found in public health. In April, the work group will be presenting a recommendation to the Legislation regarding future regional structuring of services. Mr. Dobbins stated that there are currently two models being considered including a five (5) county region map and a seven (7) county region map. Mr. Dobbins reiterated that this process does not appear to be a take-over of local Social Services but rather an approach to better support social services agencies that may need program delivery help. Sue Lynn Ledford (Wake County) asked if the proposed regional maps will overlay the proposed Medicaid regional map. Mr. Dobbins stated

that he was not aware that the Medicaid regional map was considered. Beth Lovette (DPH) asked if the work group was discussing governance in the work group meetings, particularly around regional boards in those areas where DSS boards have been dissolved. Mr. Dobbins stated that he was not aware that that had been discussion regarding regional boards and would take that back to the work group. Ms. Lovette stated that there seems to be a potential State disconnect in the amount of time it is taking to enroll individuals into Medicaid. Ms. Lovette expressed concerns including the desire of local DSS to want individuals to physically come to agency to enroll and that providers are deemed as Medicaid providers but are not accepting additional patients. Ms. Lovette inquired if the group was looking at streamlining eligibility and if local health departments play a role in that. Mr. Dobbins stated that it had not been discussed at the work group.

President Joyner stated that Joy Reed has requested a member of NICALHD serve on the State Tobacco Use Priority Improvement Plan committee. The next meeting is scheduled for March 7, 2018. Members are encouraged to contact President Joyner if interested in serving.

NCDPH Division Director Report- Danny Staley

Danny Staley greeted the association with cheerful tidings of Happy Heart Month. Mr. Staley also proclaimed that February marks the recognition of Oral Health Month. Mr. Staley also alerted the association that at the upcoming NCPHA Fall Conference, public health will be celebrating the 100th anniversary of Oral Public Health.



Mr. Staley stated that it has been one year since the Safe Syringe Exchange Law was established and have had 29 programs in operation that serve 52 counties across the state. These programs have distributed over one million clean syringes.

Mr. Staley shared that the federal budget process has garnered a great deal of discussion. Mr. Staley shared that the bipartisan budget appears to keep funding in place for public health. He also stated that it is important to keep in mind how the federal government will fund Opioid work. He also mentioned that there is one proposal with language that moves the National Stockpile from its current location in CDC to HRSA where it would be associated with hospital-related preparedness.

Mr. Staley stated that antibiotic guidance was sent out by Epidemiology Branch staff to local health departments. Mr. Staley also shared that nine (9) hospitals within the UNC Healthcare system have started entering directly into NCEDSS. This will allow faster testing results and better responsiveness. Mr. Staley expressed optimism that this will be an increasing trend as electronic systems work more and more together. Mr. Staley stated that the eWIC rollout appears to be going well and DPH is getting positive feedback from the field staff. Additionally, Mr. Staley discussed the electronic death registrar system and the modernization of that process. A vendor has been selected. The hope is to be able to obtain better data reports and increase turn-around times for death certificates.

Mr. Staley mentioned that the website and application is open for the Public Health Leaders Institute.

Mr. Staley invited Dr. Zack Moore (NC DPH) to provide an influenza update. Dr. Moore stated that the basic messages have not changed: 1) Get your vaccine; 2) If you think you have the flu, call your doctor; 3) Wash your hands, cover your cough; 4) Stay home from work and school. Dr. Moore stated that as of this week, the state is entering new territory with the Emergency Department visits and Influenza-Like Illness (ILI) Network in regards to the percentage of visits that are flu-related. Dr. Moore stated the reasons for the more difficult influenza year this year are unclear at this time. He did go on to say there are two Influenza A strains circulating this year, the H3N2 and pandemic H1N2. Dr. Moore stated that typically when H3N2 is present, it will affect populations 65 years and above especially hard and young children tend to be more susceptible to the virus. Dr. Moore stated that the scale is surprising but the population being affected is not surprising given the strain present. Dr. Moore stated that when compared to last year, there have been no big changes identified in this year's H3N2 virus. Dr. Moore stated that in addition to H3N2, H1N1 and Influenza B are also circulating. He stated he is anticipating high levels for at least the next month. At this time, Dr. Moore focused his information on the current year flu vaccine. He stated that the current year flu vaccine effectiveness estimates will be released today at 13:00. In an attempt not to infringe on the embargoed information, Dr. Moore stated that the estimates of effectiveness are similar to what experts anticipated them to be. He also stated that the effectiveness of current year vaccine is similar to last year's effectiveness, which was around 39%. Dr. Moore acknowledged the communication challenges in years when vaccine is less than optimally effective. He shared that a recent study from CDC regarding vaccine and child death that showed that vaccine was effective in reducing child mortality due to infection. Dr. Moore stated that in terms of severity, it appears that this year's virus is not any deadlier, however, it does appear that the magnitude of infections has increased and consequently, with more infections, more deaths are seen. Davin Madden (Wayne County) appreciated the 10% effective myth being addressed and inquired about the most recent CDC report that showed a subtype A and if that has something to do with the severity of this year. Dr. Moore stated no. Dr. Mary Ann Daly (Madison County) asked about the guidelines for prophylaxis for high risk and non-high risk. Dr. Moore cited the CDC recommendation and went on to state that currently there is only one family of antivirals so there is potential risk for building resistance. David Jenkins (Stanley County) inquired about confirmation tests to determine flu infection postmortem and inquired if state released the county of death. Dr. Moore stated that the state does not release county of residence because of HIPAA. Fred Thompson (Anson County) asked if a booster is needed if vaccine was received in earlier in the season. Dr. Moore stated that only one dose of vaccine is recommended. Marlon Hunter (Forsyth County) stated he was asked by a reporter about a universal flu vaccine that covered all strains. Dr. Moore

stated that it would be ideal but it does not exist as this time. Dr. Morrow asked about %ILI and if 2009 was our highest levels until now and Dr. Moore confirmed. Jane Hinson (Iredell County) stated that the guidance state that if an individual has symptoms, it is recommended to call medical provider but providers like to “See” patients versus phone consultation. Ms. Hinson inquired if local health departments should reiterate that guidance to local providers. Dr. Moore stated that there is no current guidance for community providers regarding providing services via phone. Sue Lynn Ledford (Wake County) shared message developed within the health department that can be shared with other health departments. Doug Urland (Catawba County) shared his personal flu story and urged sharing messages with other professional societies and associations in order to inundate local providers. Dr. Moore relayed that those messages are sent to those groups and they have chosen only to share information in times of emergency. Chris Dobbins (Gaston County) asked if there would be a state message to accompany the release of the vaccine effectiveness. Dr. Moore stated that there was not an intent to do so but will consider.

NC DHHS Chief Medical Officer/State Health Director Report- Dr. Betsey Tilson – not present

NCDPH Environmental Health Report- Larry Michael

Larry Michael began his report with a personnel update. Mr. Michael reported that Shane Smith has been appointed to the Food Protection Facilities Branch.

Mr. Michael reported that the Public Health Commission met the previous week. The commission met to discuss the periodic review of rules. This process is required by law for each agency and essentially assigns each rule to one of three action criteria: 1) unnecessary (gets repealed at end of process automatically), 2) necessary with substantive public comments (have to readopt at end of the process), and 3) necessary without substantive public comment (at the end of the process the rule remains as is). Mr. Michael stated that only a few rules have been deemed unnecessary for this initial determination. Mr. Michael stated that all of the onsite rules have been determined as necessary with substantive public comment and will need to be readopted at the end of the process. This process goes through October 2018. Mr. Michael stated they have received over 3000 comments regarding the draft rules. As a result, the draft rules have been changed so much that they are seen as essentially a new set of rules and therefore the process starts again.

Mr. Michael provided an update on Food Code Adoption. Currently, NC is operating on the 2009 Food Code. Mr. Michael stated that Environmental Health met with stakeholders last year and have support to move forward in adoption 2017 Food Code. The 2017 Food code was released by FDA last week. Environmental Health plans to reengage the stakeholder group and restart that process in order to keep code up to date.

Mr. Michael then proceeded to discuss the World Equestrian Games. He stated that this event will take place September 11-23, 2018 in Polk County. Mr. Michael referred to the event as is the Olympics of the Equestrian world. Approximately, 50,000 people per day are expected to attend the two-week event. Mr. Michael stated that Environmental Health staff for the event will be needed from other counties as Polk is a small county with limited staff. Mr. Michael stated that an email will be going out to the Environmental Health listserv. Jim Madson (Beaufort County) asked that the email request go directly to the health directors. Mr. Michael affirmed. Jane Hinson inquired as to what expenses local health departments would have to incur if staff were deployed. Mr. Michael stated that they are looking at preparedness funds to help with expenses. Barbara Ann Hughes asked if neighboring states had been approached about providing additional staff. Mr. Michael stated that it involved enforcement of NC state laws and rules and therefore staffing from NC counties is preferred. Karen Powell (Polk) spoke about the staffing limitations in the health district. There is a total of six (6) REHS in the district with two (2) of those in Polk. Sally Herndon asked if there was coordination with vet medicine for Communicable Disease events. Mr. Michael confirmed that yes there was collaboration and communication.

NC Office of Rural Health- Maggie Sauer

Maggie Sauer stated that she has been attending meetings regarding the community health grants. She is looking forward to receiving a good response to the RFA. Mr. Madden asked if the grant could be used for capital and Ms. Sauer replied yes, but only in the first year of the grant.

Ms. Sauer reiterated that Office of Rural Health considers prenatal services as primary care services. Dr. Daly inquired if Medically Assisted Treatment would be considered primary care and Ms. Sauer stated that it would. Sally Herndon (DPH) asked if tobacco cessation treatment would be part of that service and Ms. Sauer stated that it potentially could be included if it were a part of the primary care visit.

Executive Director’s Report – Lynette Tolson

Lynette Tolson stated that she will be attending the upcoming SACCHO meetings hosted by NACCHO. Ms. Tolson stated she met with the NC Association of County Commissioner (NCACC) regarding Medicaid Transformation. Ms. Tolson informed the membership that Amy Bason from NCACC was curious as to the concerns local health departments had about Medicaid Transformation. Ms. Tolson informed NCACC that NCALHD could present at annual conference or come to Health and Human Service subcommittee.

Ms. Tolson stated that the North Carolina Alliance of Public Health Agencies (NCAPHA) board meeting is scheduled today at noon. Ms. Tolson reiterated that if a county has decided not to continue with the Alliance's Cost Settlement Consultation services, to inform Ms. Tolson.

Ms. Tolson provided a summary on the Communicable Disease Legislative language which would include an annual appropriation to local health departments. These funds, if appropriated, could be used to fund a Communicable Disease nurse or other communicable disease activities. Ms. Tolson will be drafting a template letter and talking points for local health departments to then send to local legislators. Ms. Ledford stated that it is helpful if the ask is in the first sentence. Ms. Tolson affirmed and accepted the suggestion.

Committee Reports:

Nomination and Bylaws – Jim Bruckner (Macon County)

Action: None

Information: None

Education and Awards – Suzanne Wright (Davie County)

Action: None

Information: None

Technology – Jim Madson (Beaufort County)

Action: None

Information:

Mr. Madson stated that Dr. Tom Wroth presented to the committee regarding CCNC's plan for Medicaid Transformation. Dr. Wroth mentioned that case management is moving from CMIS data management system to Virtual Health platform. Testing will begin in March, training in August and roll out October 2018. Mr. Madson reported that there is no anticipated cost to local health departments. He also stated that data will migrate from CMIS on its own to new platform and will be there for historic purposes. Mr. Madson reported that Dr. Wroth assured that assistance will be available for local health departments during the training and rollout period. Mr. Madson reported that Kate Berrian, also from CCNC, presented on the new analytics for case management. The program is called CareImpact and includes a dashboard with process data, but not health outcome data. Mr. Madson stated that case management supervisors have access to CareImpact.

Mr. Madson reported that Bob Martin (DPH) attend the committee and gave an update on the HIPAA Alliance that met in December. A module from School of Public Health is being created and training in May is anticipated. Additionally, the Alliance has created a Google Doc shared folder with materials that has been produced thus far.

Carolyn Moser (Pender County) inquired that in a post-MCO world, where multiple electronic health systems may be at play, how will local health departments interface with current EMR at use in local health departments and the multiple EMRs at use in various MCOs. Lynette Tolson stated that local health department will have to enter data into potential multiple reporting systems. Ms. Tolson then reminded the association that local health departments will be in chaos. Beth Lovette stated statewide all providers will be experience levels of chaos as transition occurs, not just local health departments. Additionally, Ms. Lovette stated local health departments will continue to interface with NC Tracks for the services that have been carved out.

Policy and Finance – Steve Smith (Henderson County)

Action: None

Information:

Mr. Smith informed the association of the upcoming 2018 Results for Health Conference. He stated that this conference falls at the same time as the May 2018 NCALHD Full Association meeting. Mr. Smith added there is no intent to move the meeting.

Mr. Smith summarized the recent activity in some Boards of County Commissioners regarding Opioid Litigation action against manufacturers and distributors of Opioids. Mr. Smith indicated that there is varying input and participation of local health departments in these resolutions and actions.

Mr. Smith then invited Sally Herndon (DPH) to provide information on the strategies to increase smoke free ordinances. Ms. Herndon provided an update on the Challenge Award that recognizes counties for their work on smoke free/tobacco free ordinances. Ms. Herndon then asked Steve Eaton to describe the experience in Gaston County. Mr. Easton stated that municipalities in Gaston County has essentially challenged one another to adopt ordinances that resulted in a "domino effect" that has resulted in additional municipalities putting forth ordinances. Lastly, Ms. Herndon informed the membership of the "March 4th" campaign and upcoming second hand smoke effects statements that will be released nationally.

Planning and Innovation – Janet Clayton (Person County)

Janet Clayton stated that Tim Gallagher presented a brief history of the Medicaid Transformation process including the data collected thus far from the local health departments. Ms. Clayton stated that many health departments are being asked individually to go into agreements or contracts with MCOs prior to DHHS formal decision of selected MCOs. The committee discussed the benefits of the association entering into a non-binding Letter of Intent with MCOs. The ideology in these discussion is that there is better leverage and more strength in numbers.

Action: The committee has made a motion that the NCALHD enter into a non-binding Letter of Intent with MCOs, with each local health director signing a participation form and with association officers and/or full association being actively engaged and involved in the process.

Discussion: Philip Tarte (New Hanover County) asked what the language meant by “actively involved”. Sue Lynn Ledford provided further explanation that the intent was to ensure that the Executive Director and Consultant would not be negotiating on the association’s behalf without officer and/or full association involvement and approval. Ms. Ledford then presented an example from the past regarding the Medicaid cost settlement process when health director leadership was at the table at all times during those negotiations.

Motion from committee needs no second. Vote called. Motion passed.

Information:

Ms. Clayton informed the membership that Kelly Crosby (Medicaid Transformation Team) presented an update regarding OBCM and CC4C in Medicaid Transformation. The Plan defines what care management looks like and what activities they hope to preserve. The plan requires PHPs to contract for OBCM services with LHDs for two years, and the amount of money remains the same and to allow access to the provider portal. Plans are accountable for care management and working with local Advanced Medical Homes. There will be conversations around risk stratification and patient identification and documentation platform. The worst case scenario would be documenting in several different systems in which local health departments would need to interface. The State will continue to pay LHDs directly for any carved-out populations. (See attached handout). Ms. Clayton stated there were questions asked in committee of interest, and included the following:

- What’s the plan for CC4C risk stratification? The plan is to continue to rely on referral process, and plans will have to develop mechanisms to identify high risk.
- When MCOs begin, the contract with CCNC will terminate, but contractors are required to have analytics in place. MCOs may then contract with CCNC.
- Will the staffing requirement for nurses /social workers go away? At the moment staffing requirements are fairly liberal and will require accreditation. There are industry standards and additional state mandates.

Mr. Tarte then asked for clarification that regardless of who gets the case management contract, local health departments want those funds. Ms. Clayton confirmed that yes, no matter which group gets the case management contract, they will be required to contract OBCM services through health departments for the first two years. Mr. Tarte then inquired if there is any obligation for local health departments to partner with CCNC. The consensus was that it is CCNC’s intent to be the chosen entity for case management but that may or may not be the entity chosen by plans. Dr. Morrow further explained that CCNC is negotiating with MCOs to set up contracts. He added that their plan is to partner closely with local health departments and DPH so that relationships are maintained for OBCMs. Dr. Morrow reiterated per Ms. Crosby’s presentation previously, when the CCNC contract runs out there is not guarantee that there will be another contract. Dr. Morrow added that, at this time, CCNC is positioning themselves with the MCOs so that when DHHS selects which MCOs will manage Medicaid that CCNC will already be contracted with the selected MCO to provide case management. Beth Lovette (DPH) expressed the need for a state-local work group to address OBCM and CC4C.

ACTION: Sue Lynn Ledford made a motion to create two work groups dedicated to working with the state partners regarding OBCM and CC4C, respectively. The motion was seconded by Chris Dobbins. Discussion among members ensued.

Vote Called. Motion Passed.

Dr. Morrow inquired what timeline would be in place for establishing these work groups. President Joyner then asked for members to notify him of their interest to serve, and he will work on establishing the two work groups. Dr. Morrow asked the Division of Public Health staff if they had a sense of the timeline needed for these committees to do meet and address issues. Ms. Lovette stated that the sooner the better considering that it is still unclear how to improve health outcomes within these programs.

Preparedness/EPI – Davin Madden (Wayne County)**Action: None**

Information: Mr. Madden reported that Epidemiology Branch staff presented on remote access for NC EDSS users. Originally, there was a conflict in allowing access outside of the health department for entering NC EDSS data. Mr. Madden stated that local health departments need to have a policy regarding remote access in place. Mr. Madden stated that if local health departments need assistance in policy making to please reach out to Jennifer Stewart or Vanessa Green. Secondly, Mr. Madden stated there was a discussion about Hepatitis C testing and in particular, an overview of the NC TLC (Test Link Cure) testing. Lastly, Mr. Madden stated that a presentation on newly revised HIV control measures was given. Mr. Madden also stated that there will be an upcoming presentation on Epi Team trainings for local health departments. Overall, a majority of health departments have a strong foundation for disease outbreak response.

Maternal & Child Health, Care Management and WIC – Teresa Ellen (Wilson County)**Action: None**

Information: Ms. Ellen stated that Granville-Vance Health District staff expressed a question regarding use of sliding fees in child health clinic where no Title V funds are being utilized. Marshall Tyson (DPH) clarified that according to Agreement Addenda 351, local health departments do have to slide to zero. In addition, even if local health departments are using other funds to support child health, they must slide to zero according to administrative code. Ms. Ellen stated that a guidance document would be provided in the near future by Division of Public Health. Ms. Ellen went further to say that for those whose services are being assured through another private provider clinic, it is unclear at this time if the private clinic would have to slide to zero, but that Mr. Tyson will return with clarification.

Environmental Health – Heath Cain (Lee County)**Action: None**

Information: Mr. Cain stated that the committee received a presentation regarding the improvements in CIT training for Environmental Health staff. He provided the following notes:

- Mission of CIT: Provide quality interns who can provide quality work thru education and training in a centralized area which is consistent as possible
 - Needed Quality Assurance for Environmental Health
 - Strive for consistency throughout the State
- New Module will start in March-back to 5 days; add more time on food code, RBI Course and hands on exercises
- Risk-Based Inspection training course will be part of CIT
- Exercises will be applicable in order to build knowledge
- Goal is each intern is sound in work and what is expected of them
- Should lead to a smoother authorization process with the Regional EHS's

Public Health Prevention & Promotion – Helene Edwards (Hoke County)**Action: None**

Information: Ms. Edwards stated that the committee did not meet but rather guest speaker, Dr. Jose Montero Office for State, Tribal, Local and Territorial Support Deputy Director, Centers for Disease Control and Prevention. Ms. Edwards provided an overview of the presentation including encouraging local health departments to improve partnerships with all agencies working on Social Determinants of Health. Ms. Edwards stated that starting in March, the Prevention and Promotion committee will have standing agenda items regarding Opioid issue.

Public Health Regions- No action or information items

Partner Reports**NCAPHA Report – No report****NCPHA Report – No report****NCSOPHE- Julie Gooding-Hasting (DPH)**

EDNCPHA conference will be taking place in April 25-27 and will focus on Opioids. Ms. Gooding-Hasting extended an invitation to all counties. NCSOPHE conference will take place in November 8-9 in Hickory.

Liaison Reports

ANCBH/NALBOH – Barbara Ann Hughes

Ms. Hughes asked Steve Eaton to stand and be recognized for receiving the Vaughn Upshaw Award for two consecutive years. Ms. Hughes then encouraged others to apply for the scholarship and give Steve some well-deserved competition. Ms. Hughes then asked how many health departments were planning to send at least one Board of Health member to NALBOH conference taking place in Raleigh this year. Approximately, 20 hands went up. She mentioned that NALBOH provide scholarships for first time attendees. Ms. Hughes stated that the NALBOH Committee went through the abstracts for presentation. There was an overwhelming number of abstracts, and Ms. Hughes asked for suggestions from the membership as to how long presentations should last. The membership suggested 30 minutes with 15 minutes for discussion. She reminded the association that the cost will be about \$800 (including registration and lodging). The conference will be taking place Crabtree Marriott in Raleigh.

NCIPH/SPH Update- Rachel Wilfert

Dr. Wilfert provided information about the Leadership Institute. She also mentioned the Management and Supervision course deadline is closing soon. She also stated that registration is open for Public Health Principles in Nursing. Dr. Wilfert also reminded the association that they provide Board of Health training for new members. Plug for Trainings for BOH particularly for new members of BOH.

UNC-School of Government – not present

Meeting Adjourned

Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at 1208.

Next Meeting –March 15, 2018, @ 9:30 am, Division of Public Health, Cardinal Room, 5605 Six Forks Road, Raleigh, NC