



**North Carolina Association of Local Health Directors
Association Business Meeting**

**February 16, 2023
Meeting Minutes**

Meeting Called To Order – Lillian Koontz

President * called the * NCALHD virtual Zoom/in-person meeting to order at 9:30 a.m. and welcomed all to the meeting.

Approval of Minutes – Jennifer Greene

Minutes were distributed with the packet via email. President Koontz* entertained a motion for approval of the Minutes.

Motion: Motion was made by * John Rouse (* Harnett County) and seconded by Helene Edwards* (* Hoke County). No objections were made; Minutes were approved.

Treasurer's/Financial Report – Jennifer Greene

The Treasurer's/Financial Report was also included in the emailed packet. President Koontz (Davidson)* entertained a motion to accept the Treasurer's/Financial Report.

Motion: Motion was made by * Janet Clayton (Person County) and seconded by *Iulia Vann (Guilford County). No objections were made; Treasurer's/Financial Report was approved.

NC DHHS Assistant Secretary for Medicaid –Jay Ludlam

Jay Ludlam gave a warm welcome to the group. Jay shared the news that he will be the Medicaid Director as of March 1 with the retirement of Dave Richard.

He provided follow up regarding DPH and individual LHDs regarding the challenges with claim processing and payment on Prepaid Health Plans. The prior discussion has led to more detailed work to resolve some of the issues discovered.

Jay commented that there were changes made –they have identified that where places where policies were unclear about how to address LHDs –the health plans were assigning inconsistently. Since discovering, there has been some updates specifically around how the policy will be updated by Medicaid to ensure that changes get implemented by PHPs more consistently.

Also, with additional review, Jay shared that they also discovered some of the LHD covered services were missing from the fee schedule. The Medicaid Provider Reimbursement team is in process with updating those fee schedules. No estimated completion date, but they are in progress and will be shared once completed.

He shared with us that Jim Flowers with the DHB office will be working with us on the intergovernmental transfer will not be impacted negatively with the claims processing issues. Jay recommended a smaller group conversation and acknowledged the claim denials are impacting the IGT payment reconciliation process. He recommends a smaller group conversation to follow up on the details regarding this process.

Jay shared that there are some active data queries underway to also better understand the proposed corrections being made so there are no unintended consequences as these are implemented and LHDs have transparency and confidence on how to resolve these issues. He requested a couple specific volunteer LHDs who can support this effort –different LHD models -3-5 is

what would be helpful. President Koontz requested when this was needed –Jay shared that if they have the names in a couple weeks would be helpful. The LHD volunteers would be “testing partners” as smaller corrections in the system are implemented.

The request from the LHDs to request extending the timely filing request from 6 months to at least 12 months. Previously, he had hoped this would be a PHP-LHD conversation, but anecdotally this has not been administratively simple ways to address this concern. Therefore, Jay shared that he presented to a change control board to **move timely filing to 12 months**. This is not an official change yet, but has been requested and they will be requesting to a 12 month timely filing for claims July 1. He stated though this created some additional data lags and quality reporting would be much later than planned, but he was willing to take this on and make adjustments to ask PHPs to move to 12 months timely filing. At this time, he does not believe it would be feasible to move forward beyond a 12 month timely filing window.

EDITORIAL ADDITION: This is a major step forward for local public health billing challenges! Fantastic news!

Patrick congratulated Jay on his new role and shared his commitment to continuing the partnership with DHB and offered his ongoing support to collaborate.

Jay further expanded that NC DHHS would like some input on and the NC Help Center/Provider Ombudsmen system. He shared that NC stood up the provider ombudsmen program which is not something many other states do and he acknowledged there has been some shared frustration about resolutions. He commented about the stronger working relationship with Angela Calicut, the Provider Ombudsmen. He shared his commitment to continuous quality improvement and welcomed feedback on how to strengthen the system by hearing what challenges exist. He shared his openness for DHB to support the effort.

President Koontz thanked Jay Ludlam for his hard work and committed to follow up with LHD billing testing partner volunteers.

NC DHHS Chief Medical Officer/State Health Director Report –Betsey Tilson, MD

The NCGA is back in session and there has been a lot of activity with bills introduced. She shared it would be important to continue to work together as we learn about concerns that arise. The good news is that Medicaid Expansion bills have been presented in the House.

She shared there is also some movement in bills proposed to address firearms. She referenced the white paper that was released by DHHS previously: [Keeping Families and Communities Safe: Public Health Approaches to Reduce Violence and Firearm Misuse Leading to Injury and Death](#)

She reported that there are continued efforts on violence prevention and firearm safety with a public health lens. She shared the importance of consensus building and identifying places where we have shared agreement and public health approaches safe storage, hospital violence protection program, protecting victims of domestic violence, Medicaid expansion, and others. She gave a shout-out to Dr. Raynard Washington and the team in Mecklenburg County about the work they are doing in community violence prevention along with the NC Department of Public Safety (DPS). She expanded that they would be continuing efforts with NC DPS to align and support resources. She shared her interest in aligning collaboratively across the departments in order to further support local communities.

***Watch for session at PH leaders in March and journal articles in NC Medical Journal this summer.*

NC DHHS Assistant Secretary for Public Health – Dr. Susan Kansagra

Dr. Kansagra shared that they are lifting up issues in the Governor’s budget development to help address needs identified – vital records, local health department needs, Office of Chief Medical Examiner (OCME), and communicable disease team work. She emphasized the fact that we are all facing funding cliffs over the next year and a half. She commented that she was aware that Stacie shared the funding table and that Ryan Jury (DPH) shared about new public health infrastructure opportunities. She identified that it will be important to acknowledge what work needs to stop since we cannot continue to do more with less. She shared that at the state level, there have been about 300 FTEs being supported with this time-limited funding and transitioning employees to continue on, where possible, is a focus of DPH.

She shared that there are more legislative fiscal research requests and AAs and where we are with spending. It’s a good reminder for all of us to spend that funding.

She reminded us about the **ending of the Public Health Emergency (PHE) May 11, 2023** -Cost sharing and elimination of cost sharing requirements that will end, continuous coverage for Medicaid recipients will also be impactful when the PHE ends so much of the focus is that information is up-to-date where Medicaid can make the decisions that may include ending of benefits. People will no longer have access to free tests, free vaccines, and free treatment. This will be a big shift once we have these items commercialized. Cost sharing could come back.

EDITORIAL ADDITION: In prior meeting minutes, you can read where we heard about the unwinding of continuous coverage that will impact a large number of North Carolinians. Let's hope we see Medicaid expansion in time to help address this coverage gap that will be seen by more people after the public health emergency ends.

PREP act waivers for pharmacists to vaccinate 3-6 years and pharm techs to vaccinate young children 6-10 years will go away with the PHE ending. The ability to do testing in a pharmacy will also change. See the email from Stacie Turpin Saunders shared about the implications.

EDITORIAL ADDITION: Stacie sent the information email about the Public Health Emergency ending on 02/01/2023; Doug Urland sent an email to NC DPH Medical Directors about required provider reverification processes that will resume with the Public Health Emergency ending. See Doug's email from 2/20/2023 and read here: For more information, please see Medicaid bulletin article [Provider Reverification to be Reinstated at End of Federal Health Emergency](#).

Dr. Kansagra continued by sharing a reminder about information shared by Dr. Zack Moore about the changes to the state dashboard.

She shared her excitement around the work being done by Erin Fry-Sosne, Suzanne Metcalf, and the team around the toolkit and materials around the Public Health Workforce as we all are facing challenges with recruitment and retention. She shared slides with the group to introduce the statewide campaign: **We Are NC Public Health**: A statewide campaign to build trust, increase awareness, and the plan to measure metrics in the short term and longer term relating to workforce metrics. She shared that the toolkit can be leveraged by anyone as we work together on workforce development. It will drive traffic to: <https://www.publichealthcareers.org/jobs/us-nc/>

Stay tuned! An initial cut of the campaign will be presented at the NC Public Health Leaders conference.

Dr. Kansagra closed with her comments about H76 to expand Medicaid as well as funding to operationalize it. A portion of the funds will be available to support county DSS work to support the expansion efforts. The letter sent by Jay Ludlam was shared with county managers and DSS directors.

Deputy State Health Officer/Senior Deputy Director –Dr. ClarLynda Williams-Devane

She thanked the Emerging Issues workgroup for the letter outlining concerns about Vital Records. She said they would be using this information for the customer service survey to be sent soon. She shared they are very excited about the development of a new portal system which will allow constituents and anyone with particular amendments to be able to query it for themselves. Now that it is approved, the work will begin to move this forward.

The second update is that they are adding in a new advancement for the phone system that will allow web based phones. Unfortunately, that means currently staff are unable to have someone on hold so if you don't reach a person when calling, you must leave a voicemail. She shared the challenges with the large volume of voicemails as a result. The Department of Information Technology (DIT) has moved this need to the front of the line for being able to answer calls, people to be on hold, and offer the web based phone. There is currently a 42% staff vacancy rate –however, they have done an all-call out to work some staff with overtime hours to continue working on the backlog. She shared her excitement around the automated quarterly reports –she shared that there is an email sent to health directors to sign up for a Crush FTP account and once the HD gets the account, you can assign deputy registrars an account. It will give you access to the quarterly reports and access back to your own data monthly once the accounts are set up. NC DAVE allows for data but it is not an analytical system.

What this will not overcome is the ability to get data from other counties, but this is data owned by the local health director. So, she encouraged us to work together on the cross county collaboration. She shared their commitment for data modernization is to be able to offer some technical assistance to get this data to help you better utilize the data.

EDITORIAL ADDITION: Health Director –Read this -Item –Stay on the lookout for the Crush FTP information –Watch for an email from Dr. ClarLynda Williams-Devane for the information.

Dr. Vann (Guilford) shared her excitement and thanks. She asked for clarification about when to receive the Crush FTP invitation email. Dr. Williams-Devane indicated this was a manual process by DIT so each LHD should receive it over the next month, please expect to receive it.

Joshua Swift (Forsyth) asked if there was a way to track if any health departments that have not signed up yet. Dr. Williams-Devane shared that her team would be able to do track who has been signed up.

Dr. Williams-Devane also provided an update on the Oral Health Section leadership –Acting State Dental Director is Dr. Rhonda Stephens and has been since January 1, 2023. She wanted to make sure everyone was aware.

Rod Jenkins (Durham) commented on sharing feedback to the Chief of Government Affairs at ASTHO recently that included his thanks from NC Public Health for the Public Health Infrastructure funding for its broad applicability and emphasized that we need more funding.

Dr. Kansagra commented that NC Division of Public Health is currently in progress with a State accreditation process.

Lillian encouraged Health Directors to sign up for head shot photos at the Public Health Leaders Conference if you haven't done this already

President's Report – Lillian Koontz

Lillian introduced the Stacie Saunders as Deputy Director, Section Chief, Local & Community Support at DPH. She encouraged Health Directors to reach out to her and comments about her strong local public health background. Stacie welcomed folks to reach out to her. [@StacieTurpinSaunders](#)

Lillian invited any new or interim health directors to introduce themselves. She then asked for any retiring health directors. No new and no retirement announcements were shared.

***Lillian shared that the next two months we will be meeting at the conferences held –PH Leaders in March and Legal Conference in April. There will not be any virtual options in these months. May 17-18, 2023 will be the next hybrid meetings at Six Forks.**

She shared the ongoing work around the active legislative discussions happening with Patrick as our Executive Director, particularly around funding. **She encouraged local relationships with our legislators.** She deferred to Patrick and encouraged folks to engage our legislators around the communicable disease funding ask. She said that if any Health Director would like help introducing or making connection with their legislator to reach out to [@Patrick Brown](#) for support.

EDITORIAL ADDITION: See the links below to find your legislators

[NC General Assembly House Representation by County](#) &

[NC General Assembly Senate Representation by County](#)

President Koontz went on to thank Erin Shoe (Cabarrus) and Alyssa Harris (Rowan) on the work happening with DPH on Injury Prevention and thanked Doug Urland for the opportunity to have Health Directors participate in the group; Jennifer McCracken (Catawba) is leading an adhoc group on nutrition workforce discussions with DCFW about the workforce shortage concerns around WIC nutritionists.

She congratulated Wanda Robinson (Sampson) again for receiving Health Director of the Year at the January meeting.

Executive Director's Report – Patrick Brown

Patrick greeted the group virtually and gave his regrets for not being able to attend in person this time.

[H108](#): Local Communicable Disease Programs/Funds has been filed and introduced by White, Lambeth, Potts, and Sasser –if you are in these areas –Johnston, Forsyth, Davidson, and Union Counties –please thank them for their leadership. Watch for talking points coming from Patrick to share with legislators. It was filed at the full amount requested which is very encouraging. He also shared that the bill has language in it that references the crossover and pollination between local communicable disease and all other statutorily required public health services so this could potentially support more broad support for public health.

Next up is outreach to Senate on a companion bill or willingness to pick it up if it moves through the House. He thanked Region 1 for their leadership in outreach with Sen Corbin. He shared there is a meeting planned with him to provide education about public health in the west next month. He encouraged thoughtful messages that are in your words is most impactful.

PLEASE, take an opportunity to do outreach to your legislators and as much as comfortable though he will be sending out information you can use for this outreach. He welcomed any questions from the group.

President Koontz inquired about whether the meeting with the lobbyists will continue on a regular schedule. Patrick confirmed that this will continue and all members are invited to attend.

Lobbyist connection –Mondays at 10:15am is happening –please watch for an invitation from Karen Davis and join. It is open for all NCALHD members. It will include updates and encouraged targeted outreach for the counties where the House or Senate leadership are in key positions.

NCALHD and Medicaid Expansion efforts –Patrick shared a big thank you to several of you who received an outreach with some of your legislative representatives. Thank you for the outreach yesterday morning. NCALHD is finalizing a resolution of support of Medicaid expansion. This will be standard resolution language and similar to others. He thanked ANCBH for their leadership to do this, too. He flagged high priority districts will receive some more outreach for Board of Health, Board of County Commissioner support for Medicaid Expansion. Jennifer Green (*Cumberland) asked about a draft BOH resolution and Patrick shared he would send it.

Patrick thanked the Janet Clayton (Person) and the NC Alliance board for making a contribution for the [Care4Carolina](#) in their important work to advocate for Medicaid Expansion.

He encouraged folks to review [H98](#) Medical Freedom Act. Dr. Tilson encouraged folks to be aware that many legislators were also probably getting lots of canned emails that includes language around banning COVID vaccine mandates. She commented that these are the very same emails being received in batches.

Patrick continued that there are other issues still in focus including, REHS education changes, Support for NC Office of State Human Resources, but stay tuned for more as the Communicable Disease funding has been more priority recently.

Patrick shared his thanks for the work that was done for rebranding as the collective umbrella organization of NCPHA, NCALHD, and NCAPHA. He suggested a small tweak to the rebranding to move from The Collaboration to the NC Public Health Collaboration –it is more descriptive and easier to say aloud and be able to grasp the meaning of it. It costs no funds to be able to do this tweak. He shared an updated graphic with the group. This has been approved by the NC Alliance Board already.

Mike Zelek (Chatham) motioned to adopt the change and Rod Jenkins (Durham) seconded and all approved. Patrick shared this will go to NCPHA Governing Council next for approval. Then, the staff team will work to incorporate that with a new soft launch in March.

Medicaid –Patrick shared his thanks to Jay Ludlam for joining this morning. He shared he is working to continue engaging with the PHPs. He also shared that there is a plan for a Medicaid prioritization input survey for Health Directors which has been supported to the Kate B Reynolds grant and some of the funding that has been pulled there. He shared his interest in not just working on technical resolutions but also to determine what our strategy is for engagement –providers, CMHRP and CMARC, and new ways that Medicaid, PHPs, and LHDs can work together. Fair warning –he will be sending a survey. He thanked for your attention to it.

Survey –Newsletter preferences –Patrick sent this and asked for HD feedback that is short. Please do take it! This is about sending us feedback

Survey –AA 546 and Communicable disease funding –thanks to the Guilford team. This is in the inbox and we have a 50% response rate. Please do complete it!

Last month, NCALHD approved the motion to move forward on a business venture. The ad hoc committee formed to oversee this effort has met initially yesterday. He shared that he is happy to share the information individually and he is trying to be discretionary with his comments in open meetings for the sensitive nature in exploring this opportunity.

Patrick will send a wrap up email this week with more details to summarize. Watch for it.

Kate B. Reynolds Grant held by the NCALHD –an update

Patrick passed the microphone to [Heather Gates](#) on the work in KBR grant –She reminded that the NCLAHD has a 3 year grant from this foundation for elevate, evolving, and convey the practice of public health in NC and we are in year 3. It has been led by Stacie Turpin Saunders and Lisa Harrison and was funded by many partners. She shared her excitement to have Patrick. She shared her role is a strategy partner and project coordination. *She drew attention to the NCIOM Future of Local Public Health report that has been released.

EDITORIAL ADDITION: [NCIOM Future of Local Public Health in North Carolina](#) has the link of the full report that was released December, 2022.

She shared that there has been a lot of discussion around the data ecosystem that surround the data we need to be able to support community wide wellbeing. She referenced prior conversations with prior discussions at the Data workgroup to shape this work. She is excited to announce a [“Save the Date: May 15 and 16” NC Public Health Data Summit and Hack-a-Thon](#) –she thanked NCPHA for this cross-association collaboration as the spring conference. She thanked ClarLynda and Walysa who are working with the team to plan for this –**Please, go ahead and save the date and details TBA.**

She shared there is interest in more work to build a data collaborative in NC as a follow up to all the workgroup discussions. Patrick thanked Heather for the work that is happening to drive us forward. Jennifer Green (Cumberland) asked about who is the target audience for this conference and Heather shared Epi, CHA/CHIP staff, Health Equity, and Quality Improvement work should be a target for attending. [NCPHA](#) will be the place for details on the conference.

Also, watch for email to the NC Health Director listserv and new fancy newsletter (coming soon).

INFORMATION/ACTION ITEMS – from Work Groups

Partner Update –Patrick Brown/Quintana Stewart

Patrick shared that there was a full partner report session yesterday.

Dr. Zack Moore shared updates on Avian flu monitoring, mpox funding, and state dashboard changes coming for respiratory virus surveillance.

Dr. Erica Wilson shared the interest to develop collaborative of health directors to be engaged more directly with the Epi section to please reach out to her [@EricaWilson](#) or Patrick; she asked for about 10 health directors who are interested.

Dr. Erika Samoff –updates around possible expansion of NCEDSS for read-only access across county lines. Full support from the health directors who were in attendance. This will likely be a 2024 timeline to move forward.

DHB update –Medicaid provider enrollment and credentialing has changes ahead –specifically, moving away from NC TRACKS in early, 2024–however, there are not a lot of details on timelines yet but this was an engagement strategy that this is coming FYI –be watching for more information. Patrick shared that the association would pass along more information as it is available.

Belinda Pettiford shared that there would be a Family Planning Survey coming out; Health Equity position posted

Ryan Jury and Stacie Turpin Saunders –presented about the CDC Public Health Infrastructure funding –see slides; productive conversation about the allocation of funding.

Patrick shared that the motion in committee was to support DPH allocation of funds to 84 health departments (not inc. Wake and Mecklenburg as they will get their own funds)–50% per capita, 25% CRE, 25% SVI –Health Department amounts shared in email by Stacie. Stacie clarified –Lump Sums for 5 years is in far left column; fiscal year Jul 1, 2023 start timeline.

President Koontz noted that motion in committee has been presented and needs no second. She invited further discussion and with none she called for a vote –All ayes. Motion passes to support Public Health infrastructure funding distribution to 84 local health departments following the proposal shared by Stacie Turpin Saunders and Ryan Jury as presented for FY24.

Communications – Lisa Harrison

Lisa thanked for the good attendance and for sending PIOs and Marketing staff. She commented on the state campaign mentioned by Dr. Kansagra earlier in the meeting today. She thanked Suzanne Metcalf and Erin Fry-Sosne for their work to develop and thanked Region 4 for their partnership. She noted it was a good collaboration in state and local efforts.

Messaging around Public Health Week –CHA priorities, Public Health Foundational Capabilities, templates for resolutions for PH week, success stories around ARPA and one-pagers for county commissioners

Main action item –Suzanne Metcalf and Jessica Alexander work on social media handles and connections to give those public high fives across the association and the state.

Emerging Issues – Iulia Vann

Dr. Vann minded the group about the previously sent NC DAVE letter and referenced Dr. Williams-Devane prior report today regarding follow up. She shared that they are continuing to welcome conversation moving forward.

She shared the second conversation was around EH F/L timing for inspections. She mentioned it weaves into the data metrics workgroup and this will be passed on to the Data work group. She commented that Region 5 was able to pull from 7 out of 9 Region 5 counties and there were some that raised up concerning data quality due to lack of standardization and even FY vs. calendar year. She emphasized the importance of each LHD responding to the survey that was sent about this information. There is no active legislation yet so this will just be an area to monitor.

Updates to the NCGS around the 10 essential public health services –updating them in NCGS is part of the NCIOM report and will have some conversations about this with Amy Bellflower-Thomas (UNC Gillings). Please, continue to monitor. Dr. Vann encouraged folks to reach out to her directly with any emerging issues.

PH Funding and Investments – Jen Greene

Jen Greene (Appalachian) began the report by sharing that the Funding and Investment group had a full agenda yesterday. She reminded the group about the email that Stacie Turpin Saunders had sent out about funding amounts and the email with the current Agreement Addenda allowability chart so if you are still trying to spend your funds, please take a look at that resource. She encouraged to spend the funds that will be gone first as we plan for using public health infrastructure funds, too.

She reported that Vanessa Gailor came to the meeting and reported on several ideas that were approved for AA 546 Communicable disease funds including hiring more REHS staff, rabies clinics, equipment for respiratory protection programs, and minor A/R for not more than 50% of a building, adding negative pressure rooms. She reiterated what Dave Jenkins had shared previously about accreditation support that was also approved.

Concerns raised around AA 545 around language in the AA around hiring and evaluations for regional infection prevention staff. She thanked Jennifer MacFarquar and Caroline Colburn for their quick action to arrange a follow up discussion with the lead health departments next week to discuss a path forward.

Jen Greene (Appalachian) then recognized David Howard (Brunswick) to share the action item from committee that outlined changes requested for AA 746 High Risk Maternity. He noted that the motion request that DPH reconsider to expansion of the

LCSW to include other for FY24. He commented on the challenges with hiring LCSW candidates. President Koontz asked if a letter was needed. Jen commented that our motion was to have a follow up with the AA owner at DPH to engage with the counties operating the program to expand the qualifications for that position. Jen clarified that the request was not because there was not an interest in hiring and LCSW, but rather, to expand the licensure to allow counties to hire a qualified, licensed behavioral health provider.

AA 361 Dr Vann asked about School ELC funds and whether those funds would be extended. Dr. Kansagra said not going to be extended.

President Koontz invited further discussion. Dave Jenkins (Stanly) asked if the motion was aimed at providing more flexibility for hiring staff for the counties that have this program. Jen and David confirmed that is the intent. President Koontz called for a vote. All ayes. Motion passes.

EDITORIAL ADDITION: We appreciated hearing Bruce Robistow actively participating in the meeting remotely and hearing Dr. Vann clarify she was sorry for asking her question during the discussion of the motion –she needed answers for her team 😊

PH Data and Performance Measures – Wes Gray

I2i pilot –Wes Gray (MTW Health District) shared the workgroup report and noted there was a meeting with the DPH state team recently about the pilot project –Craven, Albemarle Regional, MTW, and Appalachian District, Beaufort, and Onslow. Family Planning Annual Report metrics, maternity, and immunization data was discussed as initial areas of focus.

He shared that the meeting included review of some of the communicable disease measures gathered and some discussion with Dr. Erika Samoff (DPH).

He updated the group about the fact the workgroup review of the public health finance reporting template review. The background on this was understanding better about revenues and expenses. He shared this will move forward to FAMI section of NCPHA for further comments prior to rollout.

Wes shared that Larry Michael (DPH) has work in progress with the group on the environmental health data to get multiple years for onsite and restaurant inspection data trending.

Finally, Heather Gates discussed the upcoming Data Summit and Hack-a-Thon meeting coming up in May (referenced earlier in the minutes).

PH Workforce – Janet Clayton

Janet did not have any action items...PHPs have accepted the changes requested to the qualifications to staff members for CMHRP and CMARC. State is working with PHPs to get the program guides updated and contracts amended. We do not have a clear timeline of completion at this time.

Melissa McKinsey and Larry Michael shared the outreach to universities for building on EH workforce opportunities–WCU, ECU, Wingate –to add CIT in the program; moving forward and treating it as an internship program so you may receive requests to sponsor the student to enroll; Carolyn suggested engaging with UNCW as well.

Rose Byrnes (UNC Gillings) and Amy Bellflower Thomas (UNC Gillings) –Foundational Capabilities Gap Assessment –See slides shared by Janet –regional specific data so get that from ARPA; region 6 shared their regional efforts. Each meeting will feature a regional ARPA workgroup lead to share ideas about projects in regions.

Discussion continues on nutritionist recruitment challenges and Jennifer McCracken (Catawba) will be leading an ad-hoc committee on this follow up.

Dave Jenkins (Stanly) asked about the specific CMHRP and CMARC –and asked about how much longer the LHDs will have the CMARC, CMHRP program. Janet repeated the question. Patrick commented that he has this on his list of priorities and a big component of the survey he is sending out on Medicaid prioritization and on those programs.

Patrick announced that [S121](#) -Medical Freedom Act (companion bill to H98 referenced earlier in minutes) was filed for the group's awareness.

Nominations and Bylaws – Scott Harrelson

No Report

Education and Awards – Tracey Kornegay

No report

Region Reports

President Koontz invited regional reports.

Jessica Wall (Yadkin)–Region 3, greeted the group and shared the ongoing discussion about the relationship that local health departments have with regional consultants across many programs and the conversation was around how impactful the communication, interpretation, and guidance can be on the work happening in the local health department. She stated that the LHD counts on those staff and that relationship to do our work. It is with that intent that there is a request being put forward to request for input on an evaluation for these regional staff. President Koontz requested input and questions from the group.

Rod Jenkins (Durham) asked what this was derived from and Jessica shared the feedback –the environmental health work, the amount of time spent on inspections for restaurant that led to questions from the Restaurant association. Another example she shared was the request of the women's health branch of spending several days of pre-review and several days in the county for monitoring. She also gave an example of consultants requesting some things that are questionable such as asking for physically being present within a family planning clinic patient medical visit itself. There has just been some feedback around the consultants and the health directors asking if we are being given the opportunity to share with the Division of Public Health about the impact of these interactions within the local health department given they spend time with us and do we have the opportunity to give feedback.

Nina Oliver (Carteret) asked a clarifying question about developing an evaluation to complete each time a consultant comes to a county. Jessica commented the request was to work with DPH and that it may not need to be each time, but it may even be an annual opportunity about how the relationship between the consultant and the local health department to develop future goals.

Susan Little, Chief Public Health Nurse reported that Administrative Consultants and Nurse Consultants was created in 2018 and it has worked well and could be a good way that is based on RBA. She was eager to share it as an opportunity.

Stacie Turpin Saunders –asked for clarification –she noted a paradox from the feedback about DPH AAs to not be a part of staff evaluation and it sounds like what the ask might be is more of an opportunity for feedback which is different than an evaluation.

Lisa Harrison (Granville-Vance) joined in to share that we (LHD) does not want DPH staff to be written in as a 50% part of an evaluation of LHD staff because it is a system overreach. She expanded that the intent is around a compromise in both directions. We are not asking that the feedback given regarding regional consultants be a percentage weight of an evaluation and we get a voice in firing or retaining staff. That is different than the language from the RIPS AA language which is more personnel management. She noted that feedback in both directions is more appropriate and performance review of a staff member that is not ours either direction is not appropriate. She asked if the word feedback was better than evaluation. Jessica concurred. Stacie noted this was coming across as discordant with the prior discussion. Further discussion continued with emphasis on satisfaction.

Janet Clayton (Person) inquired about WIC & Nutrition Services given they are under a different division, DCFW and whether this motion would apply to other divisions as well. Stacie clarified that this would include DCFW as well. Jessica noted that it was a general comment about consultants in general. Sally Herndon (DPH Tobacco Prevention and Control Branch) noted that the regional tobacco staff are most often employed by the local health department. Jessica commented more about the fact that the focus was around whether the regional support was helpful, creating support or problems.

Joshua Swift (Forsyth) further commented that he would want to have feedback from others if his staff were going to other counties to provide services and not necessarily a focus on being punitive, but providing feedback. President Koontz emphasized the focus was to give input and more about a formalized process for every LHD and staff member to relay back to DPH or DCFW to ask how things went and what would be helpful. Currently, there is no mechanism that exists to share it.

Bruce Robistow (Halifax) commented that he agreed with what had been shared and that much of the interactions with consultants has been quite favorable. He noted he would like to be able to pass along the feedback and if provided annually, maybe this would provide this information to the division. He emphasized this as an opportunity to give praise or find areas for improvement.

Stacie Turpin Saunders clarified that the request is to go away from an evaluation tool per se, but what is being asked is that local health departments want a formalized, bidirectional mechanism at least annually to evaluate the performance and have the state provide feedback on impact of the regional staff on local health departments and have the state provide feedback on regional staff that may have impact on statewide programs.

Jen Greene (Appalachian) clarified that the Region 3 discussion is currently there is no process in place to provide feedback and that some feedback provided directly to consultants may or may not follow up on feedback provided directly. She reiterated what Bruce Robistow shared about providing positive feedback as well.

Joshua Swift (Forsyth) added that in our clinics or services we offer a customer service feedback opportunity. He noted the importance of timeliness of the feedback. Jen shared that maybe what was shared by Dr. Susan Little could be shared and reviewed as a starting point.

Jessica Wall noted that the 360 evaluation was an example given to demonstrate the importance of feedback from multiple directions but that it was not an intent to ask to participate in a personnel process.

Jessica clarified that the request was to start a conversation between NCALHD and DPH and DCFW around a collaborative process to create the details and plan. The first ask was if the association is supportive of this conversation.

Lisa Harrison noted that she supported the motion with the clarity that the conversation should be fashioned toward the state giving feedback on regional staff and local role giving feedback on local staff without needing to indemnify to hire and provide performance evaluation feedback directly. Rather, what was is the feedback loop and customer service.

President Koontz proposed this may be a good topic for the Emerging Issues workgroup. Dr. Vann –move this forward with Emerging Issues.

Stacie asked again for clarity if the intent was to open a conversation about what this might look like moving forward. Jessica agreed that this is in line with the request proposed. Lisa shared that conversations are fine but a clear mechanism is needed. Consensus was reached to move forward with this intention. Patrick has volunteered to support this initiative moving forward.

President Koontz called the question. She asked that the motion be restated.

Jessica Wall presented the Region 3 motion: Open a discussion between DCFW, DPH and local health directors to create a mechanism and process for feedback regarding regional staff. All ayes. Motion passed.

Karen Powell (Foothills), Region 2 –She shared that she has attended a couple events about public health and she shared her concern about lack of information–she is working to connect with other legislators to provide education. She just has concerns about what legislators, hospitals, and local agencies know about what health departments do. Patrick thanked Karen for her leadership.

Carolyn Moser (Pender) asked about with the ending of the Public health emergency May 11, Dr. Kansagra mentioned that COVID tests will start costing and that means Covid vaccine as well and she is trying to understand to plan for that –who is going to be the manufacturer? She inquired about any guidance available regarding pre-ordering or related items.

Stacie mentioned that state staff don't know all the details yet. She shared that Carrie Blanchard had talked through some of this on the LHD Tuesday call and shared that we expect a gap in uninsured adults, expect that the Vaccines for Children program will help cover that group, which is the same group we identify in need for flu vaccine coverage as well. She noted there is no known specific costs for vaccines yet. She said she would take it back to Carrie for any updates and noted that we cannot use AA 716 to buy vaccine.

Patrick shared breaking news –Moderna has been doing some sort of no cost for uninsured people after the PHE ends, but no details yet.

Can we use AA 546, are there any other funds we can use to buy vaccine, how much should we plan for budgeting purposes. Stacie is going to be working on this, but it can be used for purchasing rabies vaccine.

EDITORIAL ADDITION: Let's all ask Nina Oliver (Carteret) because she says she thinks the answer should be yes! Agreed, Nina!
☺ Stay tuned for more details from Stacie. Costs shared by attendees tentatively might be \$100-120/dose.

Partner Reports

NCAPHA Report – Janet Clayton

Janet reported that the Alliance Board met and welcomed Wes Gray (MTW District) for filling the open HD position. She mentioned that there is an RFP posted to update the website for the three associations.

NCPHA Report – Rod Jenkins

Rod shared that registration for PH Leaders and Crisis Communication workshop closes March 30. Strategic planning for NCPHA is planned for the end of February 26-28 in Blowing Rock.

NACCHO – Lisa Harrison

April 24-27 NACCHO Preparedness Summit in Atlanta is coming up!

She commented there was a record number of abstracts.

July and theme is Elevating Public Health Practice for Today and Tomorrow –lots around Public Health Foundational Capabilities– check your ARPA funding with your region.

DC Hill Week early March to visit Capitol Hill

4 Legislative priorities –Strengthen and support PH Workforce, Bolster federal PH funding to support infrastructure and data modernization at the local level, ensure federal funding flows to local communities quickly and equitably, address wide range of public health concerns in coalition with partners –all available online here at [NACCHO Legislative Priorities 2023](#).

NCIPH/SPH Update – John Wiesman

Dr. Wiesman shared the NCIPH Report with the group including the key points below:

Workforce Development

- ❖ **Communication Is Key: Responding to Crisis** is an in-person **free workshop** supported by ARPA Workforce funds via NCIPH. It is scheduled as a pre-conference session at the Public Health Leaders Conference. Register via the Conference website.
- ❖ ARPA funds are also supporting **Racial Equity Institute Phase I trainings** across the state. Please contact your Regional ARPA Workforce Lead if you have interest or questions.
- ❖ Reminder that NCIPH is now sending out **trainers for Boards of Health training**. Please reach out if your governing board needs a training.

Accreditation

- ❖ Do your accreditation staff have questions? Join program staff on **March 1 from 9:00-9:45 am** for Office Hours. During **Office Hours**, accreditation team members have a chance to ask accreditation staff questions in topic-specific breakout rooms. Office hours include facilitated breakout rooms focused on HDSAI interpretation and dashboard questions, with a third space for LHDs to connect directly with each other without accreditation staff

present. Office hours are free and open to any health department staff serving on an accreditation team. Registration is required.

- ❖ Do you have someone new on your accreditation team or need a refresh on using the Accreditation Dashboard? Save the date for in-person **AAC 101** presented in the Triangle on April 18th, 2023, as well as **Bi-Annual Dashboard Training** via webinar on April 17th, 2023. Registration is now open!
- ❖ **The Accreditation team is hitting the road!** We will be coming to Fayetteville (Monday, May 1), Morganton (Tuesday, May 7), and Greenville (Thursday, May 8) to meet with regional workgroups and facilitate interactive sessions to share accreditation resources and build connections within and across the regions. Save the Date for the session closest to you! Registration and more details to come.

UNC Gillings

- ❖ MPH students at Gillings are starting to look for **practicum opportunities**. If your health department has a "wish list" of items, those items might be a great fit for a student's practicum project. We will send more information out to the listserv including practicum requirements and a link to an online form where you can submit an opportunity for students to consider. We would like to expand the reach with **rural health departments**, so if you are rural, we encourage you to give this consideration.
- ❖ We are started developing the **public health partnership hubs** which are our initiative to provide high intensity support and resources for five to ten years with a limited number of and well-defined communities with critical equity opportunities. Key informant interviews are being completed this month to help us launch a co-design process for further building out and designing the hub initiative. We plan to hold at least three co-design workshops across NC. Much more to come on this in the next month. We will be very interested in having local health departments engaged in these workshops.

Dr. Wiesman then gave an update on the recruitment efforts of the next Director of NCIPH. He noted they are working to make this a Faculty appointment and they are very hopeful to have something posted in the next few weeks and this will be shared. He encouraged the group to please help recruit for this role.

Bruce Robistow (Halifax) inquired about Board of Health trainings and Dr. Wiesman shared that the NCIPH team is open to hearing about what would work best for your BOH.

ANCBH/NALBOH – Merle Green

Merle reported that ANCBH is resuming the regional meetings with the regions and will be reaching out to get each region scheduled. Last year, ANCBH met with Region 1 and looks forward to meeting with other regions. She is interested in having an ANCBH with your board of health. Planning meeting for the year was happened last month. She thanked Patrick Brown for his attendance at their meeting and shared that ANCBH adopted the NCALHD legislative priorities. Patrick mentioned the newsletter and she shared they may be interested in sharing and combining efforts.

She shared they are looking at having a training during national nurses week –May 6-12 for public health nurses only. She noted this would be a high energy, congratulatory, positive training day for PH Nurses.

UNC-School of Government – Kirsten Leloudis

Kirsten shared the dates of April 19-20th for the 2023 Health Directors Legal Conference –scholarship info is posted online and registration is open!

4 HIPAA notices of enforcement discretion pertaining to telehealth –allowed to use HIPAA non-compliant visits and that is going away –so you need to prepare to make the transition. She pointed to resources including the HIPAA alliance listserv and the School of Government website. Check here for Kirsten's blog post about [HIPAA Enforcement Discretion and Preparing for the End of the National COVID-19 Public Health Emergency](#)

Legislative activities –Legislative reporting service –website that anyone can sign up to do and tag certain bills and track them and all you need to do is login and there are attorneys who have summarized the bill

Board of Health guidebook –There has been a DSS guidebook and there will be a new one for public health boards of health that will come out in the next year or two.

NC SOPHE – Ashley Rawlinson

Ashley shared that NCSOPHE has transitioned to new state officers. National SOPHE March 21-24 in Atlanta and they are still recruiting for executive officer position and committee chairs in Advocacy and research. Please reach out to Ashley if you are interested.

Next Meeting –March 15, 2023 at 2:00pm (NOTE TIME CHANGE) @ Crabtree Marriott in Raleigh

See you at Public Health Leaders Conference!

Meeting Adjourned:

Motion Rod Jenkins, Seconded by Iulia Vann, all voted in favor. Meeting adjourned at 12:15pm.

EDITORIAL ADDITIONS have been added to make this a bit more informative or enjoyable to read. Last one: hopefully, our next meeting will not be quite as lengthy to document. 😊