

North Carolina Association of Local Health Directors Meeting October 19, 2023 – 9:30 a.m. Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

Call to Order	Lillian Koontz
Approval of Minutes from September Meeting	Jen Greene
Treasurer's/ Financial Report	Jen Greene
President's Report	Lillian Koontz
Executive Director's Report	Patrick Brown
NC DHHS Chief Medical Officer/State Health Director Report	Betsey Tilson, MD
NC DHHS Assistant Secretary for Public Health	Dr. Susan Kansagra
Deputy Director/Section Chief, Local and Community Support, DPH	Stacie Saunders
Medicaid Update	Jay Ludlam
NC DCFW Division Director	Yvonne Copeland
ACTION ITEMS AND UPDATES - from Work Groups	
Partner Update	uintana Stewart/Patrick Brown
Communications	
Emerging Issues	Iulia Vann
PH Funding and Investments	
PH Data and Performance Measures	-
PH Workforce	
Nominations and Bylaws	
Education and Awards	Tracey Komegay
Region Reports	Flair - D11
Region I	
Region III	
Region IV	
Region V	
Region VI	Helene Edwards
Region VII	Lisa Harrison
Region VIII	David Howard
Region IX	Ashley Stoop
Region X	JOY DIOCK
Partner Reports	Innat Claritan
NCAPHA	
NACCHO	
NCIPH	
ANCBH	_
NC SOPHE	
Closed Session	
Adjourn	

Next Meeting: November 16, 2023 – 9:30 am Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

North Carolina Association of Local Health Directors Association Business Meeting September 26, 2023 –2:00pm Carolina Room, Embassy Suites, 5400 John Q. Hammons Dr NW, Concord, NC (in conjunction with NCPHA Fall Education Conference)

Minutes

Meeting Called To Order – Lillian Koontz

President Koontz called the meeting to order at 2:00pm and welcomed all.

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 Bruce Robistow (Halifax County) and seconded by Rod Jenkins (Durham County). No objections were made; Minutes were approved by consensus.

Treasurer's/Financial Report – Jennifer Greene

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

Motion: Motion was made by Janet Clayton (Person County) and seconded by Lisa Harrison (Granville-Vance Public Health). No objections were made; Treasurer's/Financial Report was approved by consensus.

President's Report – Lillian Koontz

President Koontz welcomed everyone and encouraged regional sharing by attendees with partners from regions who are unable to join in person today.

She asked for a letter to be approved to request early copies and drafts of AAs for review. She requested this letter to be sent to our partners with DCFW and DPH. She explained the goal is to review substantive changes and aim for open review and time for Q&A for next year's agreement addenda.

Janet Clayton (Person County) made a motion to approve the letter being drafted and sent to DCFW and DPH partners requesting copies of AAs with substantive changes be provided in advance, no later than the November meeting. Dr. Iulia Vann (Guilford County) seconded the motion. All ayes. Motion approved.

Executive Director's Report – Patrick Brown

Patrick began with a legislative update. A quick summary: we do have a budget. Go Live date is December 1st, 2023. Much more information is pending about details regarding the update. See the email from Patrick regarding the listing of LHDs that offer adult primary care vs. those who do not. They want to look closely at family planning benefits and which will need to be thinking about referring out to another provider. He encouraged directors to be thinking about this right now to take action on either absorbing those patients or referring them to another provider. Family Planning Medicaid recipients are eligible for full Medicaid benefits on December 1 immediately. There is work underway to develop talking points to be able to have them prepared so health departments have this to utilize in advance. It will be a recorded webinar.

Public health funding was included in the budget \$4.3 million per year in nonrecurring funds in each year of the biennium. \$50,000 for every local health department for each year for two years. This is not communicable disease funding. It is tied directly to the 10 essential services of public health that is part of NCGS 130A. It will

be delivered through the general aid to county process. More details to follow about how we collect success stories to build support for future discussion at the NCGA.

It is listed as a grant through NC DPH in the budget. There is no reporting requirement mentioned in the budget. Patrick suspects the NCGA will want a presentation in the upcoming session. The thank you tour will be underway soon if your legislative members helped negotiate.

A full long session debrief planning session is something that will be priority for the coming months. Patrick mentioned that the most specific goal is to get more plugged in with the NC Senate.

<u>EDITORIAL ADDITION:</u> There is ongoing conversation to come about funding formulas. Big thanks to Patrick and our team of advocacy experts, Ashley Perkinson and Rob Lamme for their work to support this funding.

<u>Recurring</u> funds in the budget to do OSWW training team. The state team is working on plans to share with 3 FTEs instead of the 6 planned, but still, this is progress!

<u>EDITORIAL ADDITION:</u> Congrats to Larry Michael, Jon Fowlkes and the water protection team at NC DPH. This is a great step forward!

<u>Care Management committee</u> —Patrick relayed that there is a contractor lined up to lend subject matter expertise to support the group. Back-and-forth conversation continues about the NCALHD letter regarding the performance management plan being proposed. The performance measures have been shared by the Division of Health Benefits (DHB). DHB has requested time during the October meeting to discuss this further.

The NC Institute of Public Health shared information about the local health department responses from the survey for the NC local accreditation program. We are proposing a closed session to discuss accreditation, the ideas on the table, what it would mean for the program and the local, what the strategy for the short and long session is —that will be scheduled as part of longer closed session conversation in October. Patrick shared that he hoped there would be clarity gained specifically around the position of the Association.

Patrick reminded the group about a motion from Region 3 that brought forth the concept of providing an opportunity to gain feedback on regional staff members can be gathered in a consistent way directly from the health directors in a consistent way. The draft version electronic form was developed and included in the packet. Patrick continued that this would be a template that could be shared as a way to give feedback that would go straight to the appropriate branch head. It would be direct and it would not be saved but a feedback loop. The fillable PDF version would be available to health directors and would notify all partners. Jennifer Green (Cumberland) asked if the Branch Head should be expected for a response. Patrick mentioned though there was not a specific expectation noted but there would be hope that there would be.

Contact person noted: Health Director will serve as the main point of contact for submission of the form and follow up.

Branch Head was noted as a point of receipt. Also, Yvonne Copeland requested to be included in correspondence. Stacie confirmed that she will inquire with Dr. Kansagra about her wishes for if/how to additionally route the feedback form for DPH.

Iulia Vann (Guilford) noted that the intention here is to have this sent directly to the Branch Head. Lisa Harrison (GVPH) asked if DPH or DCFW could help clarify if there is a need to emphasize positive feedback and culture

shifts noticed in the interactions with consultants. Yvonne clarified that receiving the information will help continue building ongoing quality improvement efforts.

President Koontz thank you to the group who worked hard on the development of the feedback tool. She mentioned her goal to gain more feedback across departments.

Jennifer Green (Cumberland) asked about expectation of timing for submission. Iulia shared that the intention was to use this as needed, but generally soon after interactions warrant feedback that is positive or constructive. Motion was made by Bruce Robistow (Halifax) and second was made by Jennifer Green (Cumberland) to move forward with the feedback form with the additions noted today. All ayes. Motion approved

<u>Patrick shared that the business venture, NC Public Health Innovations, is incorporated</u> and paperwork is being completed. He then introduced Matt and Steve Worgan with Worksite Resources.

Steve Worgan, Worksite Resources introduced himself and his son and fellow employee, Matt Worgan. He noted that Scott Harrelson (Craven) contacted them to request a partnership on medical malpractice insurance project. This will be seamless and the same insurance carriers will be used. The process will be very similar. He shared they believe the equal if not improve on services. The conversations about this will be coming in early 2024.

He shared that Worksite Resources has focused much of his work, in an intentionally built small firm and has been focused on ancillary insurance. A special voluntary benefit plan was developed for each county and local health department. Any county under 500 employees to get a guarantee of 10% below current rates for several insurance products.

First quarter next year, there will be funds that will begin to come in to the new business venture.

He shared that he recognized the fact that local health directors are not experts in insurance, but have offered to provide a 1-page flyer to hand off. This revenue will be residual and will not be one-time. He shared that he and Matt will be available at NCPHA to discuss any questions. They are launching a new website platform to provide information access.

Patrick mentioned his excitement to be ready to move forward. He thanked Scott and Janet, Lillian and NCALHD officers for their support of this initiative.

Deputy Director/Section Chief, Local & Community Support -Stacie Turpin Saunders

Stacie welcomed everyone. She noted that Patrick covered the LHD funding and EH funding that was included in the NC General Assembly budget.

She noted there were some concerns about open youth participation in surveys that are conducted due to the language in the Parents Bill of Rights. Thankfully, the language changes in the budget bill will allow for continued opt-out participation the Youth Risk Behavior Survey.

<u>The budget</u> also includes acknowledgement of partial funding from the JUUL Settlement -11 million for helping prevent youth vaping. In addition, the budget included much needed funding for the Office of Chief Medical Examiners, and increased fees to support regional autopsy centers. It also funds South Piedmont and East Carolina Autopsy Centers and backup autopsy center locations.

In addition, there is a requirement to provide toxicology for all child deaths and 2 FTEs to support this work that have been funded.

<u>To support Vital Records</u>, there is an allocation of \$5 million in FY24 and \$3 million in FY25 to digitize records from paper to digital format. This will make these records more accessible for communities.

The Office of Child Fatality Prevention was created with some funding to do child fatality review systems. How this will be done is still not quite clear yet. Dennis Joyner (Union) asked if there was a specific issue that gave rise to the new office? Yvonne Copeland (DCFW) commented that it was to have a more statewide expansion plan from the regional activities happening. They organized the office to implement a statewide data system and provide technical assistance to many counties that are struggling and have a more consistent, data informed recommendations and approaches for child fatality prevention efforts statewide.

<u>COVID vaccine</u> -LHDs should be enrolled from the Bridge Access Program. To be eligible for the adult Bridge Access Program, a person must be at least 19 years and uninsured (no health insurance), or underinsured (vaccines not included in the health insurance coverage or does not provide first dollar coverage for vaccines).

Medicaid and Medicare adults will receive private vaccine. In addition, the Vaccines for Children program will cover uninsured children.

Stacie inquired about current receipt of Bridge Access program COVID vaccine in LHDs. Several commented that vaccine supply was quite low or pending. David Howard (Brunswick) noted that having more clarity on quantity would help with messaging. She reiterated the importance of noting vaccine is trickling in and we should not hold it up, but give it as it is received.

Discussion continued in the group. Some health directors commented that several private providers are not planning to offer flu, COVID, and RSV vaccines. Iulia added that many agencies cannot get coverage for adult RSV through Medicare due to credentialing challenges with Humana (per the Health Director listserve discussion).

Allowable purchases per vaccine for COVID vaccines was also discussed.

<u>EDITORIAL ADDITION:</u> To avoid confusion, a summary was provided via email from the Communicable Disease Branch.

Stacie continued to share that all deputized MOUs have been executed. Thanks to the FQHCs who are in the room who supported this effort to make vaccines more broadly accessible.

Public health infrastructure funding -

There is an additional installment whereby DPH is going to allocate over \$1 million to the regional lead health departments to continue the workforce directors for FY 25. Stacie shared that this has been shared with the regional leads. ©

<u>EDITORIAL ADDITION</u>: Thanks to the ARPA Workforce Directors, Regional Leads, and the DPH team for supporting this initiative! Erin Shoe (Cabarrus) provided a written drafted plan for the next phase of work that was developed. Please ask your regional lead health department if you do not have this information.

Stacie noted today was a great opportunity during the Violence Prevention Conference to be a part of that effort. The state office would like to distribute gun locks through LHDs. **Stacie shared that a survey was pending to collect information**. It will be concise. DPS would like to place the order for these mid-October. Iulia Vann (Guilford) asked if there would be a numerical range included. Stacie clarified that she would add more C:\Users\Karen\Appdata\Loca\Microsoft\Windows\Inetcache\Content.Outlook\AACKB8EW\NCALHD Minutes September 26 2023.Docx

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information. Ellis Matheson (Buncombe) shared that some community feedback was that a gun safe was better than a gun lock, especially one that is biometric.

Stacie reminded everyone that Doug Urland sent out an email about PHWINS survey regarding points of contact for the survey dashboard. The dashboards are in final stages and are about ready to launch. There needs to be 2 points of contact. Please respond to the email from Doug. There are 4 dashboards open to anyone with access -by region, population, aggregate. The 4th is for those LHDs that had enough individual responses to get their own. Only those will have access to those dashboards. October 4th is the deadline to respond to Doug.

Director, Division of Child & Family Wellbeing -Yvonne Copeland

Yvonne began by starting with an update on the WIC program. There are some major transitions. E-WIC provider change happened September 8th. It was successful and all vendors are up and running. There are a couple issues with converted records. As issue arise, there are solutions. Those have been primarily related to the app.

1600 vendors and distributors have transitioned.

Infant formula provider will transition from Gerber to Abbott. This transition will be complicated by the continued formula shortage. There are no longer waivers from the USDA so there is anticipated some impact related to this. The loss of savings in formula will result in fewer funds to purchase fresh fruits and vegetables in WIC with the transition from Gerber to Abbott. The rebate went from 106% to 74%. This is a contract that is awarded for 5 years. Iulia Vann (Guilford) asked about talking points. Yvonne noted that the local WIC teams have talking points. She is going to resend them out to Patrick to share with local health directors.

<u>EDITORIAL ADDITION</u>: This means less buying power for the NC WIC program due to this required contract renewal process. This will be an important issue to continue staying abreast of as we move forward. Thanks to Yvonne for her transparency in helping us understand these changes.

<u>Communications</u> -July 19 there was a toolkit shared with WIC directors, health care providers, and WIC participants.

<u>Government shutdown</u> —this is the biggest area for concern. If there is no budget or Continuing Resolution that is not funding at the current rate, there will be an impact to cash value benefits, but how is still unclear. The impact will be fewer funds for fruits and vegetables if the funding levels are not adequate. Yvonne shared that there will be communication immediately.

<u>EDITORIAL ADDITION</u>: Since this meeting, there was a Congressional Continuing Resolution passed —and it expires November 17, 2023. There was also an email shared with WIC Directors and Health Directors to ensure spending is essential during this time period of uncertainty.

Carolyn Moser (Pender) asked about impact from Medicaid expansion on local WIC offices. Yvonne encouraged more discussion so there is proactive planning.

David Howard (Brunswick) noted that his WIC director commented the amount of issues relating to the new e-WIC cards. If staff experience difficulty, please share that with your Regional Nutrition Consultant. Yvonne has encouraged discussion with her if you see repeated concerns. She also shared there had been card skimming concerns from other programs like Food and Nutrition services. Iulia Vann (Guilford) asked if there would be a way to share participant feedback with federal partners about the flexibility of the program. Yvonne said they wanted to maximize flexibilities and have continued to advocate for participants. Iulia asked if there was a way to have local health directors to give feedback.

Lisa Harrison (GVPH) noted she was continually frustrated about the staff member restrictions that continue. Modernizing and diversifying the workforce is a priority. Yvonne thanked Lisa for her feedback and said she would use her feedback.

Action Items & Updates from Workgroups

There were no workgroup reports this meeting.

Communications - Sheila Davies

Emerging Issues - Iulia Vann

PH Funding and Investments – Jen Greene

PH Data and Performance Measures - Wes Gray

PH Workforce – Janet Clayton

Nominations and Bylaws - Scott Harrelson

Education and Awards - Tracey Kornegay

Region Reports

Partner Reports

NCAPHA Report - Janet Clayton

Janet Clayton (Person County) welcomed health directors to join for the NC Alliance for Public Health Agencies reception event at the NCPHA conference this week.

NCPHA Report - Rod Jenkins

Rod Jenkins (Durham County) shared his welcome –and noted we have a record 550 people in attendance! Enjoy networking with colleagues and soaking up the conference information.

NACCHO - Lisa Harrison

Lisa Harrison (Granville-Vance) encouraged folks to continue using the NACCHO website for more public health resources and upcoming opportunities.

NCIPH Update - Margaret Nemitz

Margaret noted that there will be a new director of the NC Institute for Public Health joining the NCIPH in November. Margaret shared her excitement. Margaret noted that there would be more conversations this fall about transforming accreditation.

She further shared there are active discussions with Cumberland, Durham, Halifax, and Jackson Counties about partnership hubs with UNC.

A new department at UNC will house the NCIPH and will have a separate home base in Gillings and gives more advocacy within the school and brings in public health leadership and practice students. This will launch this fall. More information will be forthcoming about this endeavor.

ANCBH/NALBOH - Merle Green

No report.

UNC-School of Government – Kirsten Leloudis

Kirsten will be out of office in October. Please attend her session planned for NCPHA this week.

NC SOPHE - Ashley Rawlinson

No report.

Next Meeting - Thursday, October 19 at 9:30 a.m., DPH, Cardinal Room, 5605 Six Forks Road, Raleigh, NC

Meeting Adjourned:

Kim Smith (Columbus) made a motion to adjourn and a second was made by David Howard (Brunswick) The meeting adjourned at 3:40 p.m.

North Carolina Association of Local Health Directors, Inc Statement of Financial Position As of September 30, 2023

ASSETS		
Bank Accounts		
CD-SECU *4185		40,000.00
Checking-SECU *6586		
Accreditation Fund		57,260.14
General Operating	Mario esperante anticolor de la constanta de l	28,552.79
Total Checking-SECU *6586	\$	85,812.93
Money Market-SECU *0321		
Accreditation Fund		258,474.45
General Operating		274,341.52
Legal Fund	######################################	59,886.40
Total Money Market-SECU *0321	\$	592,702.37
Savings-SECU *1387	Bank (et al. part)	43.99
Total Bank Accounts	\$	718,559.29
Accounts Receivable		60,969.12
TOTAL ASSETS	\$	779,528.41
	\$	
TOTAL ASSETS	\$	
TOTAL ASSETS LIABILITIES AND NET ASSETS	\$	
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities	\$	779,528.41
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable	\$	779,528.41 9,272.50
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs		9,272.50 8,340.00
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities		9,272.50 8,340.00
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets		9,272.50 8,340.00
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets Temporarily Restricted Funds		9,272.50 8,340.00 17,612.50
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets Temporarily Restricted Funds Accreditation Fund		9,272.50 8,340.00 17,612.50
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets Temporarily Restricted Funds Accreditation Fund Legal Fund	\$	9,272.50 8,340.00 17,612.50 128,514.16 59,886.40
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets Temporarily Restricted Funds Accreditation Fund Legal Fund Total Temporarily Restricted Funds	\$	9,272.50 8,340.00 17,612.50 128,514.16 59,886.40 188,400.56
TOTAL ASSETS LIABILITIES AND NET ASSETS Liabilities Accounts Payable Dues Invoiced for Other Orgs Total Liabilities Net Assets Temporarily Restricted Funds Accreditation Fund Legal Fund Total Temporarily Restricted Funds Unrestricted Funds	\$	9,272.50 8,340.00 17,612.50 128,514.16 59,886.40 188,400.56 211,103.02

North Carolina Association of Local Health Directors, Inc Statement of Activities - Budget vs Actual July - September 2023

	Actual	Budget	Am	t over Budget	% of Budget
Revenue				2000	
Interest/Dividend Income	1,539.45	2,700.00		(1,160.55)	57.02%
Membership Revenue					
NACCHO Rebate	0.00	3,300.00		(3,300.00)	0.00%
NCALHD Dues	136,629.79	136,680.00		(50.21)	99.96%
Total Membership Revenue	\$ 136,629.79	\$ 139,980.00	\$	(3,350.21)	97.61%
Total Revenue	\$ 138,169.24	\$ 142,680.00	\$	(4,510.76)	96.84%
Expenses					
Admin Services	18,750.00	75,000.00		(56,250.00)	25.00%
Awards	0.00	700.00		(700.00)	0.00%
Bank Charges	3.00	12.00		(9.00)	25.00%
Licenses	0.00	950.00		(950.00)	0.00%
Meetings/Travel	1,202.72	7,000.00		(5,797.28)	17.18%
Professional Services					
Accounting Fees	0.00	1,500.00		(1,500.00)	0.00%
Consulting Fees	18,000.00	45,000.00		(27,000.00)	40.00%
Legal Fees	776.00	 10,000.00		(9,224.00)	7.76%
Total Professional Services	\$ 18,776.00	\$ 56,500.00	\$	(37,724.00)	33.23%
Sponsorships/Marketing	0.00	1,000.00		(1,000.00)	0.00%
Website & Technology	67.50	970.00		(902.50)	6.96%
Total Expenses	\$ 38,799.22	\$ 142,132.00	\$	(103,332.78)	27.30%
Change in Net Assets	\$ 99,370.02	\$ 548.00	\$	98,822.02	18133.22%