

North Carolina Association of Local Health Directors Meeting
May 16, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

Call to Order	Quintana Stewart
Approval of Minutes from April Meeting	Wes Gray
Treasurer's/Financial Report	Wes Gray
Medicaid Update	Jay Ludlam
President's Report	Quintana Stewart
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
NC DCFW Division Director	Yvonne Copeland
Deputy Director/Section Chief, Local and Community Support, DPH	Stacie Saunders

ACTION ITEMS AND UPDATES - from Work Groups

Partner Update	Patrick Brown
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	Lillian Koontz
Education and Awards	Helene Edwards

Region Reports

Region I	Elaine Russell
Region II	Karen Powell
Region III	Rachel Willard
Region IV	Jennifer McCracken
Region V	Tony LoGiudice
Region VI	Helene Edwards
Region VII	Cinnamon Narron
Region VIII	David Howard
Region IX	Ashley Stoop
Region X	Joy Brock

Partner Reports

NCAPHA	Janet Clayton
NCPHA	Iulia Vann
NACCHO	Lisa Harrison
NCIPH	Amy Joy Lanou
ANCBH	Merle Green
NC-SOG	Kirsten Leloudis
NC SOPHE	Ashley Rawlinson

Adjourn

Next Meeting:
June 20, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

North Carolina Association of Local Health Directors
Association Business Meeting
April 18, 2024 – 1:00pm
UNC School of Government

Meeting Called to Order – Quintana Stewart

President Stewart called the meeting to order at 1:00pm greeting a lecture hall full of public health professionals in Chapel Hill.

Approval of Minutes – Lillian Koontz

President Stewart directed attendees to the packet that included the meeting minutes. Subbing for Secretary Wes Gray, Past-President Lillian Koontz fielded an eager approval of the minutes submitted by Secretary Gray from the March meeting, edging ahead: a motion by Rod Jenkins (Durham) and seconded by Iulia Vann (Guilford). The minutes were approved without dissent.

Treasurer's Report – Lillian Koontz

President Stewart next directed all to the finance report included in the packet, again an eager crowd to approve the report with Janet Clayton (Person) making a motion, seconded by Suzanne Wright (Davie) and approved without dissent.

Change to Agenda, Update from Carolina Complete – Pam Perry & Ric Burton

President Stewart requested a change in the agenda to accommodate external partners joining us for an update and then introduced Pam Perry and Ric Burton from Carolina Complete. Each thanked the Association for the allocation of time, and sent the regards from the CEOs who were unable to join us today. Quickly getting to the point of the visit: Mr. Burton shared that despite miscalculated overpayments for the CMARC program, Carolina Complete understanding the hardship a recoupment could create, has selected to not seek repayment for the error. The lecture hall erupted with heartfelt appreciation and applause from meeting attendees. Jen Greene (Appalachian District) and Jessica Wall (Yadkin) thanked the representatives from Carolina Complete sharing that paybacks could mean staffing cuts. Kim Smith (Columbus) asked what does this mean for counties that have submitted their repayment? Ms. Perry stated that no recoupment had occurred.

Division of Child and Family Wellbeing – Yvonne Copeland

Ms. Copeland thanked the Association for providing an opportunity to report back on questions received and data gathered since the last NCALHD meeting. Ms. Copeland distributed a printed presentation (attached to minutes) and began the presentation. Hot off the press, in terms of new developments with the WIC budget, the initial allocation was received two days ago and doesn't look good. The WIC team has submitted questions to USDA regarding funding and how any increases may occur. Any updates to the funding will be reported to NCALHD Executive Director Patrick Brown as soon as possible so it may be shared with health directors. Slide 3 in the presentation illustrates a 1.9% increase in participation in January, this data may be used to advocate for more funding in NC, this information will hopefully be ready by early June or late May. Erin Shoe (Cabarrus) requested a deeper explanation of how new participation data may be used to reassess current allocations in the AA? Ms. Copeland

stated: when we reassess, we will have much newer participation data; and we will have “X” which was missing in the projections we made earlier. We are currently looking in the sofa cushions for available funds to increase allocations to the local WIC programs in hopes to soften the budget shortfall at the local level. This entire sofa cushion search has revealed many costs at the state level with hefty price tags: eWIC and FIS are infrastructure costs that are non-negotiable. This is an entire effort to provide more transparency with funding. Moving through the presentation, Ms. Copeland shared she heard us loud and clear, monthly director meetings that are two hours in length where information is not captured and shared is not helpful; meetings are shortening to 1.5 hours, they are not mandatory, and after meeting information will be shared. The April meeting was cancelled due to the WIC conference, will try the new format in May and then in June the meeting will be recorded so it may be shared. There have been concerns shared from state staff that recorded meetings may stifle participation, as some may feel less comfortable asking questions. If that turns out to be true, instead of recording the meetings, may move to a more detailed PowerPoint that may be shared after the meeting. Additionally, WIC staff plans to monitor views, if no one is reviewing the recorded meeting—that may lead to ceasing recording. Last month NCALHD asked for reports on WIC enrollees, who isn’t participating, and how to get more information? That information may be pulled via reports from Crossroads; there are details including which participants are not picking up their benefits. These reports help us (the state) determine where outreach should be focused. NCALHD asked last month for the last 7 years of WIC data, Ms. Copeland shared that information has been sent to ED, Patrick Brown and that with that we are able to do our own analysis to study trends. Next Ms. Copeland went into discussion regarding the Breastfeeding Peer Counselor AA, stating an understanding of eagerness to get the final funding total, but that the state has to wait on receiving the allocation as well. Ms. Copeland ahead of the meeting was also asked if low aggregate participation adversely impact those who are performing (interpretation: counties at or above 97% do the counties below the 97% participation impact our funding)? Answer: no it doesn’t, your allocation is based on your county share and meeting your caseload in isolation. Dr. Vann (Guilford) can you please explain overall allocation for the state? Yes, funding is shared based on those meeting their caseload. Smith (Columbus) what happens when participation goes up mid-year? Are more funds available? {This question was not directly answered}. Last month questions were put forward regarding eligibility and concerns shared about so many changes over the years. The state team did an analysis, see slide 5. WIC outreach campaigns, state-wide campaigns please use at the local level to assist with improving participation. Ms. Copeland went back to the Breastfeeding Peer Counselor AA 415. State just received the allocation and it was \$215,000 less in federal funds; a 5% reduction. 34 agencies will see no change, 13 an increase, and 26 a decrease they have not been distributed because they are working on it: meaning asking USDA to reconsider the funds given due to higher breastfeeding rates in NC compared to other states. Example: Georgia is receiving more breastfeeding funding, but NC has higher rates. Ms. Copeland shared, as we examined the data at the local level, proposed funding cuts track with reduction in participation. What to expect from the AA timeline: an email on May 1 but that information may not be final. If you do find the funding cuts too great, there is always the option to not accept the funding, this is not a required program in WIC. Some health departments may determine this program is not feasible, perhaps consider a regional approach?

President’s Report – Quintana Stewart

President Stewart thanked everyone for flexibility today as we rearranged the agenda and called for notification of new, relocated, or retiring health directors. Ainsley Johnson stood up and introduced

herself as the new Health Director in Harnett County. After a round of applause, Adrian Smith rose and reported she is the new Health Director for Jones County.

President Stewart then thanked Past-President Koontz for filling in for Secretary Gray this meeting. Next it was announced that after several years of service as chair of the Education and Awards Committee Tracy Kornegay (Duplin) is stepping aside to allow Vice-Chair Helene Edwards (Hoke) to assume the duties of Chair, with this vacancy, Rachel Willard (Wilkes) has agreed to serve as Vice-Chair. President Stewart thanked Ms. Kornegay for her service and welcomed the new leadership. Next a request for involvement from a local health director to serve on the newly appointed mental health work group from Kelly Crosbie has been shared. President Stewart went on explain there will be five different opportunities to serve and requested to keep an eye out on the email inboxes for the more formalized request for volunteers. President Stewart came to a close on the President's Report with notification of a draft from local public health department care management staff regarding a request for a commitment from NCALHD to continue care management services at the local health department past 2026 with an ask to each member to return to their health departments and share with staff the work that is currently occurring. President Stewart continued, specifically communicate we support the programs and we are advocating to keep the programs as they are valuable and a benefit to those we serve. Shoe (Cabarrus) asked will we see the letter, followed up with a question from Nina Oliver (Carteret), who did the letter get sent to? Wall (Yadkin) I have seen the draft and it's reading like a petition, requesting local care management staff members for support with signatures. Koontz (Davidson) I too have seen the draft, and my takeaway seems that there is a request for local health directors to advocate for local funding to ensure the staff remain in place regardless of the decisions from the prepaid health plans. Executive Director Brown stated, that due to the fact this is just a draft and we are requesting increased communication with staff regarding ongoing efforts, and that tomorrow leadership and a good representation of a variety of care management programs, via health directors will have a meeting tomorrow with prepaid health plans regarding the future of care management.

Executive Director's Report – Patrick Brown

Several updates, thank you Quintana. First: thrilled to welcome Bethany Milford to the team: joined us a week ago Monday strategic initiatives program manager. Pretty big focus on NCALHD, staffing coms workgroup. Ms. Milford shared excitement to come on board. Next, an item that does need formal action: legislative agenda. The main reason, late breaking and evolving things, and we've been busy. Emailed in advance, and included in the handout. 1-Recurring flexible public health funding. This is not a new ask, just showing we will advocate if the opportunity presents itself. 2-Public Health Interventions for Behavioral and Mental Health Services. This stems from NC DHHS, this item has been discussed and formally approved as an initiative from NCALHD, including for continuity. 3-Opioid Settlement Funding: late breaking addition on the agenda post several conversations with legislators regarding potential additional funding to support and carry forward initiatives funded by the Opioid Settlement Funds already appropriated. The details of this ask will be advocacy for consideration that unallocated, available funds for opioid response be used for public health initiatives (naloxone, community education programs, etc.). There is no specific outline for how the funds would be used. Dr. Jennifer Green (Cumberland) asked: does this priority advocate for funding just for state and local public health initiatives or other agencies with similar services? Director Brown: this would just be for government agencies. Krissy Hoover (Onslow) does this list have a priority order based on the order presented?

Director Brown: no. Priority 4-Health Director Education Requirements and 5-Technical Correction for completion sake regarding the prior priority. 6-Tobacco 21/Vape Sales, this is a continuation from prior initiatives. Koontz (Davidson) made a motion to approve as presented, seconded by Hoover (Onslow). The motion carried without dissent. Director Brown thanked the Association for their support stating that session starts next Wednesday, and all indication that the second year of a biennial budget most likely will mean limited new funding introduced. lot of talk it will be short without a lot of money. NCALHD will be represented at opening session. Western NC Health Policy initiative via MAHEC with the Dogwood Trust is working closely with local public health departments and directors regarding public health legislative initiatives. Director Brown has been in conversation with our Western most health directors. NCPHA has made a change to legislative relations, Peg O'Connell who has served as volunteer advocacy chair for NCPHA has officially been named contract lobbyist for NCPHA, with Liz Stephens (Durham) serving as the new advocacy committee chair. In addition to this contract lobbyist addition for NCPHA, a new investment in a platform called VoterVoice that may have some crossover potential use for NCALHD. Advocacy calls will begin on Monday, all Health Directors should have that invitation in their inbox. Further discussion regarding the meeting to occur tomorrow with the Prepaid Health Plans regarding the future of care management, the agenda has been divided into two areas of focus. First being what would a potential contract look like? And second, what performance expectations are there for this? Much appreciation for the 56 responses to the care management survey, if you have not had the opportunity to complete-please do so. The strategic planning contract is in the final selection process, with a decision likely coming in the next few days. Matt and Steve Worgan are not able to be here, there is a slight wrinkle in our plans regarding calculation of cost share for malpractice insurance coverage. An assumption was made that a % of total visits annually was the % of the total cost, that was incorrect. When our previous carrier was asked what the formula was, the response was that it was proprietary information. Director Brown made a request all health directors ask finance officers to share the prior year's premium to the following email: ncalhd@worksiteresourcesllc.com. Hoover (Onslow) asked: what to expect with our upcoming invoice and beyond? Director Brown proposed that due to the local budgeting process, time was no on our side, with Association approval it is suggested to use last year's invoice total add 3% for this year, and before next year develop a new formula for cost sharing. There are several questions that the Association will need to address, what is the best way to cost share, which data points should be included, etc. Shoe (Cabarrus) asked if perhaps a re-evaluation mid-year would be beneficial? Comments from members included that would not be feasible due to local budget processes. David Howard (Brunswick) made a motion to calculate this year's medical malpractice fees using the total each entity paid last year +3%, that motion was seconded by Hoover (Onslow), Koontz (Davidson) interjected, but what if the broker finds the cost will exceed, 3%? Howard (Brunswick) retracted his motion, Hoover (Onslow) concurred. Hoover (Onslow) made a motion to determine the overall percentage increase in the premium and apply it equally to each participating agency, the motion was seconded by Danny Scalise (Burke) and approved without dissent. Green (Cumberland) asked if anyone had checked the information shared by our previous provider to see if the formula was included in the printed materials, others commented it was not included. Megan Vick (Northampton) asked when we should expect the new contracts? Director Brown said as soon as possible now that the funding formula decision had been decided.

Department of Public Health – Stacie Turpin Saunders

On behalf of Dr. Zack Moore, an update on Highly Pathogenic Avian Influenza (HPAI) a quick timeline: dairy cattle in Texas tested positive for H5N1 at the end of March. Most recent data: 28 dairy farms, 8 states. Cows that are testing positive are recovering and herds are not being depopulated. On April 1, 2024 CDC reports the novel H5N1 has been found in a human, in Texas and a HAN report was released on April 5, 2024. The symptoms associated with the human: conjunctivitis and no hospitalization was required, no human-human transmission. To date, one dairy in NC has reported H5N1, this dairy did receive cows from Texas. No cattle are symptomatic on the farm in NC and tests are occurring weekly until all tests are negative. Public Health has met with the dairy owner and staff to share resources and information. Passive monitoring ongoing for the farm workers by local public health. Dr. Erica Wilson recommends all local health departments familiarize themselves with dairies in their jurisdiction and to review the CD manual. HB 96 went into effect allowing pharmacists to provide hormonal birth control without a prescription, as of right now 20 counties in NC do not have a participating pharmacy. ARPA AA 621 has been approved and active until June 2025.

No workgroup reports.

No region reports.

NCAPHA: no report

NCPHA: no report

NACCHO: Director Brown reminded the Association of the upcoming opportunities to participate via subject matter expertise committees stating this is an excellent on-ramp to more involvement with NACCHO.

NCIPH: Hiring of a hub coordinator is progressing, hasn't landed in four counties but getting close. Next week there will be an accreditation training, virtual encourage participation.

NCALBOH: no report

NC SOG: no report

NCSOPHE: no report

Melanie Campen (Pamlico), extended a heart-felt thank you to the Association members for the calls, texts, emails, hugs, cards, and prayers during this very difficult time.

With no other business, President Stewart asked for a motion to adjourn. Scalise (Burke) made a motion, seconded by Wall (Yadkin) the meeting adjourned at 2:27pm.

North Carolina Association of Local Health Directors, Inc.
Statement of Activities - Budget vs Actual
July 2023 - April 2024

	Actual	Budget	Budget	% of Budget
Revenue				
Interest/Dividend Income	7,506.81	2,700.00	4,806.81	278.03%
Meeting/Conference Revenue				
Sponsorships	3,000.00	0.00	3,000.00	
Revenue	\$ 3,000.00	\$ -	\$ 3,000.00	
Membership Revenue				
NACCHO Rebate	3,013.75	3,300.00	(286.25)	91.33%
NCALHD Dues	136,629.79	136,680.00	(50.21)	99.96%
Total Membership Revenue	\$ 139,643.54	\$ 139,980.00	\$ (336.46)	99.76%
Total Revenue	\$ 150,150.35	\$ 142,680.00	\$ 7,470.35	105.24%
Expenses				
Admin Services	62,500.00	75,000.00	(12,500.00)	83.33%
Awards	634.30	700.00	(65.70)	90.61%
Bank Charges	35.00	12.00	23.00	291.67%
Licenses	1,661.60	950.00	711.60	174.91%
Meetings/Travel	7,996.54	7,000.00	996.54	114.24%
Miscellaneous	331.00	0.00	331.00	
Professional Services				
Accounting Fees	0.00	1,500.00	(1,500.00)	0.00%
Consulting Fees	45,000.00	45,000.00	0.00	100.00%
Legal Fees	7,987.00	10,000.00	(2,013.00)	79.87%
Total Professional Services	\$ 52,987.00	\$ 56,500.00	\$ (3,513.00)	93.78%
Sponsorships/Marketing	49.00	1,000.00	(951.00)	4.90%
Website & Technology	206.85	970.00	(763.15)	21.32%
Total Expenses	\$ 126,401.29	\$ 142,132.00	\$ (15,730.71)	88.93%
Change in Net Assets	\$ 23,749.06	\$ 548.00	\$ 23,201.06	4333.77%

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of April 30, 2024

ASSETS

Bank Accounts

CD-SECU *4185 40,000.00

Checking-SECU *6586 489.50

Checking-TB *1894

Accreditation Fund 53,694.65

General Operating 17,985.61

Total Checking-TB *1894 \$ 71,680.26

Money Market-SECU *0321 5,446.98

Money Market-TB *7815

Accreditation Fund 100,000.00

General Operating 201,603.20

Legal Fund 59,886.40

Total Money Market-TB *7815 \$ 361,489.60

Savings-SECU *1387 44.05

Total Bank Accounts \$ 479,150.39

Accounts Receivable 3,513.75

Investment in NCPHI 10,000.00

TOTAL ASSETS \$ 492,664.14

LIABILITIES AND EQUITY

Liabilities

Accounts Payable 7,409.13

Total Liabilities \$ 7,409.13

Equity

Temporarily Restricted Funds

Accreditation Fund 128,514.16

Legal Fund 59,886.40

Total Temporarily Restricted Funds \$ 188,400.56

Unrestricted Net Assets 211,103.02

Change in Net Assets 85,751.43

Total Equity \$ 485,255.01

TOTAL LIABILITIES AND EQUITY \$ 492,664.14