North Carolina Association of Local Health Directors

North Carolina Association of Local Health Directors Meeting
July 23, 2026 – 9:30 a.m.
Virtual via Teams

Call to Order ..... Jen Greene
Approval of Minutes from June Meeting ..... Jennifer McCracken
Treasurer's/Financial Report ..... Jennifer McCracken
Approval of Proposed FY 2027 NCALHD Budget ..... Jennifer McCracken
President's Report ..... Jen Greene
Executive Director's Report ..... Patrick Brown
Division of Public Health Director ..... Dr. Kelly Kimple
Deputy Director/Section Chief, Local and Community Support, DPH ..... Stacie Turpin Saunders
Back to School Immunization Update ..... Jenny Myers
DCFW ..... Yvonne Copeland

ACTION ITEMS AND UPDATES - from Work Groups
Partner Updates ..... Patrick Brown
PH Funding and Investments ..... Jen Greene
Workforce Recruitment and Retention ..... Janet Clayton
PH Data and Performance Measures ..... Wes Gray
Communications ..... Lisa Harrison
Nominations and Bylaws ..... Rod Jenkins
Education and Awards ..... Rachel Willard

Region Reports & District Health Department Reports
Region I ..... Anna Lippard
Region II ..... David Jenkins
Region III ..... Rachel Willard
Region IV ..... Alyssa Harris
Region V ..... Trey Wright
Region VI ..... Helene Edwards
Region VII ..... Cinnamon Narron
Region VIII ..... Krissy Hoover
Region IX ..... Ashley Stoop
Region X ..... Joy Brock
District Workgroup ..... Lisa Harrison

Partner Reports
NCAPHA ..... Rod Jenkins
NCPHA ..... Nina Beech
NACCHO ..... Lisa Harrison
CETAC ..... Dolly Clayton
NCIPH ..... Amy Joy Lanou
ANCBH ..... Merle Green
NC-SOG ..... Kirsten Leloudis
NC SOPHE ..... Rose Haddock

Adjourn

Next Meeting: August 20, 2026, 9:30 a.m.
DPH, RTP, Room 1115, 65 Moore Drive, Durham

North Carolina Association of Local Health Directors
Business Meeting
June 18, 2026 – 9:30 am
DPH, RTP, Room 1115, 65 Moore Drive, Durham NC & Virtual

Meeting Called to Order – Jen Greene

President Jen Greene (Appalachian Health District) opened the meeting at 9:32 am and thanked everyone for attending.

Approval of May Minutes – Jennifer McCracken

Minutes from the Mayl meeting were distributed via email. President Greene asked for a motion for approval of the minutes.

Motion: Motion to approve was made by Dr. Rod Jenkins (Durham Co.) and seconded by Bryan Ellerby (Anson Co.). No objections – minutes were approved by consensus.

Treasurer's Report – Jennifer McCracken

The Treasurer's Report was distributed with the packet via email. President Greene asked for a motion for approval of the Treasurer's Report.

Motion: Motion to approve was made by Dr. Rod Jenkins (Durham Co.) and seconded by Krissie Hoover (Richmond Co.). No objections – Treasurer's Report was approved by consensus.

Rural Health Transformation Plan – Region 1- Laurie Stradley, Impact Health

This is exciting work and every county is contributing to rural counties across the state. Our focus is as a core convener to bring all of you together with your peers across sectors and try to weave things together in new ways. This is investing in what we know already works as well as sustaining. This funding will be finite and sustaining, operating through October 2027 (17 months). In Region 1, the first 90 days will focus on completing the regional needs assessment, resource cataloging, and determining priorities. We have to look at RHTP in statute and determine what can be funded that will make an impact in infrastructure. Each region received roughly $39 million. Region 1 is also looking at durable communication and data infrastructure so we can put whole person care at the center of our approach so that every person regardless of payor source can thrive.

Laurie will be coming to the region to listen to local Public Health needs. They will be building a governance committee and want participation from regions 1 and 2. The Governance Committee will ensure funding is distributed in the right ways. The needs assessment process happens first and will need everyone's participation.

Food is Medicine – Patrick asked how WIC could be leveraged. Laurie mentioned that this would most likely be a statewide effort.

Staff will be the hardest to fund, if it is not part of a surge with a timeline to wind down. There are a lot of limitations on funding. While it is five years of funding from CMS, it is approved from year to year to ensure program success.

This is about buying health, not healing illness. RHTP is about keeping people well and out of the hospital.

State Health Director and Chief Medical Officer Report – Dr. Lawrence Greenblatt

Jen welcomed Dr. Greenblatt. As an internal medicine doctor, Dr. Greenblatt presented slides about dementia prevention. There are 1.9 million adults in NC age 65 and over. There are around 240,000-250,000 people with dementia in NC with 381,000 unpaid family caregivers in NC. There has been a lot of work around causes and risk factors of dementia. If we focus on the causes, we can prevent cases over time. Up to 45% of dementia cases are preventable. There are 14 modifiable risk factors. Mid-life is the highest impact time. There is a self-assessment tool that people can use to assess their own risk for dementia. Dr. Greenblatt is looking to discuss this idea of dementia prevention with DHHS with a focus on brain health.

Dr. Greenblatt asked the group thoughts about this strategy. This was met with support (with funding, ideally) from the group. As we are approaching future funding strategy discussions and planning for the next biennium, NCALHD would like to be part of the conversation of moving brain health prevention strategies forward.

Jen Green mentioned that NCPHA has an aging section and could be a point of engagement around this issue. Prevention dollars are the smallest around. Our CHA's and CHIP's are opportunities for messaging around this issue and we are interested in coming to the table on ways we can support this.

Rural Health Transformation Plans – Regions 2 and 5 – Haley Sink (Anthony Ward) – Trillium

Reviewed the 6 initiatives. Initiative I (ROOTS Hubs), Initiative 2 (Chronic Disease Management), Initiative 3 (BH and SUDS with DMHDDSUS lead), Initiative 4 (Workforce), Initiative 5 (fiscal sustainability of rural health providers), Initiative 6 (digital forward solutions).

Trillium is one of the state tailored plans and that work remains and is core to their mission.

NC ROOTS is important for community-built solutions to make generational impact and transformation. Whole person and integrated care are the key to this work.

The key priorities for the first 90 days are listening and learning; regional needs assessment; HUB action plan development; establishing governance structures; building a regional team. There will be a 21-member advisory board for both regions 2 and 5. There have been well over 100 applicants thus far. Those applications are currently being reviewed.

A question was asked about how rural populations in urban counties could be considered for funding. Trillium's commitment leveraging health plan funding to meet the needs. There are resources that serve rural residents that would be eligible for funding.

Listening sessions and forthcoming and the dates will be sent out to membership.

President's Report – Jen Greene

Jen acknowledged Quintana Stewart (Orange Co.) and will be transitioning to Guilford County to do health and human services work. She gave us her well wishes as she will be serving in a different capacity. Jen wished Quintana well in her new role in Guilford County.

Jen asked if there were any new or retiring Health Directors in the room. Natalie Trachsel (Polk Co.) is leaving Polk County to move to Maryland and will be working in Public Health there.

Jen announced that it is Pride Month and Men's Mental Health Awareness month.

Executive Director's Report – Patrick Brown

Go 'Canes! NACCHO has highlighted counties that have supported the World Cup. Patrick thanked RHTP staff who have participated in our meeting today. We intend to have other Hub leads come as soon as they can.

Funding strategy sessions will be held in 5 counties; Haywood; Catawba; Johnston; Sampson; Washington Counties. Patrick will reach out to those counties soon regarding logistics. He is working with the HMA team on scoping out the agenda. Patrick asked membership to begin thinking about who should attend from each of our counties. Meetings will be held late August through October 2026.

Legislative updates – busy times at the general assembly. There is still no budget. There is no additional information about Nurse Family Partnership. Local outreach is still important around this program. HB 376 is moving and will probably be to the governor next week. It includes some changes to the improvement permit process and local rulemaking around wells. Watch that bill and start talking to your team locally. HB 437 has ramped up in the last week. This bill relates to drug free zones for homelessness and authorized areas for camping. If an area is designated as a local camping area, there are a set of requirements for this designation. Bill language indicates coordination with the county health department around behavioral health and substance abuse services. The goal is to soften the language so it is not a "shall" and not an unfunded mandate. Vital records – had been working on technical correction to the language. Patrick does not think it will go this session as Representative White has some questions. T21– there is a new Instagram account for the tobacco coalition. Jen Green mentioned legislation that would increase child care subsidy rates. Patrick said he will investigate that.

I2I platform – that work has continued behind the scenes with the 10 local health departments that were participating. They are rolling out a new platform. Patrick is recommending not to renew. The project did not pan out the way that it was anticipated, and it has not taken off locally in a way that we can expand it across the state. Patrick's recommendation is to provide notice to I2I that we do not intend to continue. This will not be a surprise to the vendor. The consensus from the group was to not continue per Patrick's recommendation.

Care Management:

- Contracting – continued conversation with CCNC and CCPN. It was going to be problematic to bring non-CCPN providers in. Non-CCPN counties will have to contract with plans directly and this did not seem to be problematic.

- Funding – draft rates conversations continue. Nothing is final yet. CMARC will be level funded and CMHRP will be reduced by 10-20%. The funding methodology has not changed. We do not know a timeline for funding yet.
- Performance – plans have started asking performance questions. In-person engagement for the services is important as is meeting the performance measures.

System readiness – a contract is in review with Eligent Health (Virtual Health/Helios). We are close to meeting contractual terms. United has been the most specific in their decision point. They have given us a target of July 1 (do we build with LHD's or do we build on our own?). United – if we can show them a go live plan with the vendor and timelines – that is what they want to be able to make their decision. Patrick plans to have something to United next week.

Jen reminded the group that the reason we are doing this is for the health and well-being of moms and babies. She encouraged membership to reach out if more information is needed.

A group of care management supervisors are serving on an advisory group for Virtual Health changes. This group will bring any changes that need to be made to the NCALHD officers for advisement.

There are no updates on the Carolina Complete funding for local health departments.

Division of Public Health Director – Dr. Kelly Kimple

From Stacie Saunders –

Conducted the third wave of PH trust polling, "when they know us, they trust us" – looking at preliminary data/findings: familiarity, trust and perceived importance was highly stable. Public health is seen as important in protecting the public's health. State and local trust in public health went down slightly, but not as much of a decrease that is being seen at the federal level. Out of all of the public health systems evaluated, local public health departments were seen as the most trusted (go us! 😊). Finalized data will be brought to membership in a future meeting.

DCFW Updates - Yvonne Copeland

The WIC conference is June 24-25. Encourage your teams to attend.

Patrick mentioned that the Child Health AA deep dive group will be meeting next Monday.

Rural Health Transformation – Maggie Woods

Maggie Woods introduced herself as the new director of Rural Health Transformation.

In order for RHT to be successful, we need partners. There will be a lot of momentum over this summer and will see funding opportunities open in the fall. The office is committed to ensuring we know about the funding opportunities. As the work evolves, she is here to connect with us and make us aware of the available funding. Local health directors have been added to the newsletter. A town hall meeting will take place next Tuesday from 2-3 pm.

They have a partnership with the Department of Information Technology and HIE to get more rural providers on HIE as well as training on use. There is also a focus on digital literacy (211 – can connect with a digital navigator).

A rural health innovation fund is coming this fall for rural providers to purchase technology.

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

The Oral Health Section is hosting an Oral Health Summit on August 5-6.

Stevens Disclosure Amendment – In 2021, Congress enacted the Stevens Disclosure Amendment. It is not new but is more recently being audited and enforced. The purpose of the disclosure is to ensure proper spending of federal funds. Any public material for programs and services partially or fully funded must clearly state the federal share in the amount of the total program and disclose the non-federal share. This means that this needs to be added as an amendment to the FY 27 consolidated agreement. The amendment offers template language for local health departments to use. Stacie will also send us an FAQ document. The statements will be updated annually as amounts may change. The requirement is also required by any sub-recipients.

The BE/FAS documents will let us know what dollars are federal. The FAS will identify the federal dollars. They will be making internal changes regarding when local health departments will receive the FAS.

This applies to any entity in the county that receives federal dollars.

Office hours will be scheduled.

REHS Board – Lillian Koontz

There is continued engagement with ECU and WCU. *Amendment to the report, ECU and WCU are geographical far-reaching universities with EH Programs. NC Central University also has a EH Major program.*

REHS numbers are not going to have to be changed if they do not complete certification in 2 years. But they will need to re-apply.
2023 – legislation proposed about who could be an EH specialist. Since that time, we have accepted 41 (13.6%) PH graduates into the REHS program. For the same time period, we have had 7 associates. Three have left EH completed, 3 associates have been fully employed and 3 have left the profession.

NCPHA – Major awards – please encourage applying. Deadline July 10, 2026.

Adjourn

Meeting was adjourned at 12:21 pm.

June 18, 2026

NCALHD Attendance Roster - Health Director Initial by County

	Alamance	Tony LoGiudice	Anna Lippard	Jackson	
	Albemarle District	Ashley Stoop	Marilyn Pearson	Johnston	
	Alexander	Billie Walker	Adrian Smith	Jones	
	Anson	Brian Ellerby	Heath Cain	Lee	
	Appalachian District	Jennifer Greene	Pam Brown	Lenoir	✓
✓	Beaufort	JaNell Octigan	Lena Jones	Lincoln	✓
✓	Bladen	Teresa Duncan	Kimberly Dills	Macon	
	Brunswick	David Howard	Tammy Cody	Madison	
	Buncombe	Ellis Matheson	Nicole Barnes	MTW District	✓
	Burke	Ashley Jarrett, Interim	Kimberly Scott	Mecklenburg	✓
	Cabarrus	Erin Shoe	Angel Callicutt	Montgomery	✓
✓	Caldwell	Anna Martin	Matt Garner, Interim	Moore	
✓	Carteret	Nina Oliver	Angela Manning	Nash	
✓	Caswell	Jennifer Eastwood	Jon Campbell	New Hanover	
	Catawba	Jennifer McCracken	Megan Vick	Northampton	✓
	Chatham	Michael Zelek	Kristen Richmond-Hoover	Onslow	
	Cherokee	David Badger	Quintana Stewart	Orange	QS
	Clay	Clarissa Rogers, Interim	Melanie ~~Campen~~ DIXON	Pamlico	
✓	Cleveland	Tiffany Hansen	Carolyn Moser	Pender	
✓	Columbus	Daniel Buck	Janet Clayton	Person	
	Craven	Scott Harrelson	Wes Gray	Pitt	
✓	Cumberland	Jennifer Green	Natalie Trachsel, Interim	Polk	✓
	Dare	Sheila Davies	Tara Aker	Randolph	
	Davidson	Lillian Koontz	Heather Horne	Richmond	
	Davie	Suzanne Wright	Suzanne Jackson	Robeson	
✓	Duplin	Tracey S. Kornegay	Trey Wright	Rockingham	✓
	Durham	Rodney Jenkins	Alyssa Harris	Rowan	✓
✓	Edgecombe	Michelle Etheridge	Wanda Robinson	Sampson	
	Foothills Health Dist.	Jason Masters	April Snead, Interim	Scotland	
	Forsyth	Joshua Swift	Dolly Huffman Clayton	Stanly	✓
	Franklin	Scott LaVigne	Tammy Martin	Stokes	
✓	Gaston	Brittain Kenney	Samantha Ange	Surry	
	Graham	Angie Knight, Interim	Alison Cochran	Swain	
	Granville-Vance District	Lisa Macon-Harrison	Mason Gardner, Interim	Toe River District	
✓	Greene	Joy Brock	Elaine Russell	Transylvania	✓
✓	Guilford	Courtney McFadden	Traci Colley	Union	✓
✓	Halifax	Cheyenna James	Rebecca Kaufman	Wake	
	Harnett	Ainsley Johnson	Margaret Brake	Warren	✓
✓	Haywood	Sarah Banks	Suzanne LeDoyen	Wayne	✓
	Henderson	David Jenkins	Rachel Willard	Wilkes	✓
	Hoke	Helene Edwards	Cinnamon Narron	Wilson	
✓	Hyde	Luana Gibbs	Jessica Wall	Yadkin	
	Iredell	Brady Freeman	Misty Randolph	Yancey	✓

✓ = Virtual Attendee

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of June 30, 2026

ASSETS		
Bank Accounts (SECU)		
Certificate of Deposit		40,000.00
Checking		464.67
Money Market		9,752.64
Savings		44.29
Total Bank Accounts (SECU)	**$**	**50,261.60**
Bank Accounts (TowneBank)		
Checking		109,159.88
Insured Cash Sweep		159,619.03
Money Market		250,485.39
Total Bank Accounts (TowneBank)	**$**	**519,264.30**
Accounts Receivable		3,213.50
Prepaid Expenses		947.30
Investment in NCPHI		10,000.00
TOTAL ASSETS	**$**	**583,686.70**
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable		6,578.98
Deferred Revenue		130,667.69
Dues Invoiced for Other Orgs		(51,830.00)
Total Liabilities	**$**	**85,416.67**
Equity		
Temporarily Restricted Funds		
Accreditation Fund		112,278.50
Legal Fund		59,886.40
Total Temporarily Restricted Funds	**$**	**172,164.90**
Unrestricted Net Assets		285,073.27
Change in Net Assets		41,031.86
Total Equity	**$**	**498,270.03**
TOTAL LIABILITIES AND EQUITY	**$**	**583,686.70**

North Carolina Association of Local Health Directors, Inc.
Statement of Activities - Budget vs Actual
July 2025 - June 2026

	Actual	Budget	Amt over Budget	% of Budget
Revenue				
Accreditation Revenue	279,500.00	279,500.00	0.00	100.00%
Grant Revenue	94,395.00	50,000.00	44,395.00	188.79%
Interest/Dividend Income	15,421.56	30,000.00	(14,578.44)	51.41%
Membership Revenue				
NACCHO Rebate	3,213.50	3,000.00	213.50	107.12%
NCALHD Dues	136,656.90	136,657.00	(0.10)	100.00%
Supplemental Dues	50,495.38	100,000.00	(49,504.62)	50.50%
Total Membership Revenue	**$ 190,365.78**	**$ 239,657.00**	**$ (49,291.22)**	**79.43%**
Total Revenue	**$ 579,682.34**	**$ 599,157.00**	**$ (19,474.66)**	**96.75%**
Expenses				
Accreditation Expense	255,858.78	279,500.00	(23,641.22)	91.54%
Administrative Services	75,000.00	75,000.00	0.00	100.00%
Awards	534.68	700.00	(165.32)	76.38%
Bank Charges	12.00	12.00	0.00	100.00%
Education & Resources	922.73	0.00	922.73	
Licenses & Filing Fees	1,534.90	1,509.00	25.90	101.72%
Marketing & Sponsorships	350.00	500.00	(150.00)	70.00%
Meetings & Travel	18,530.34	12,000.00	6,530.34	154.42%
Postage	45.90	100.00	(54.10)	45.90%
Professional Services				
Accounting Fees	2,000.00	2,000.00	0.00	100.00%
Consulting Fees	93,945.20	142,000.00	(48,054.80)	66.16%
Services	**$ 95,945.20**	**$ 144,000.00**	**$ (48,054.80)**	**66.63%**
Technology & Website	89,915.95	84,345.00	5,570.95	106.60%
Total Expenses	**$ 538,650.48**	**$ 597,666.00**	**$ (59,938.25)**	**90.13%**
Change in Net Assets	**$ 41,031.86**	**$ 1,491.00**	**$ 40,463.59**	**2751.97%**

North Carolina Association of Local Health Directors, Inc
Proposed Budget (FY 2026-27)

Revenue		
Accreditation Revenue		413,660.00
Grant Revenue		462,595.46
Interest & Dividend Income		15,000.00
Membership Revenue		
NACCHO Rebate		3,000.00
NCALHD Dues		136,656.90
Total Membership Revenue	**$**	**139,656.90**
Total Revenue	**$**	**1,030,912.36**
Expenses		
Accreditation Expenses		413,660.00
Administrative Services		75,000.00
Awards		750.00
Bank Charges		12.00
Education & Resources		1,200.00
Licenses & Filing Fees		1,600.00
Marketing & Sponsorships		500.00
Meetings & Travel		25,000.00
Postage		100.00
Professional Services		
Accounting Fees		6,000.00
Consulting Fees		452,234.00
Legal Fees		0.00
Total Professional Services	**$**	**458,234.00**
Technology & Website		50,000.00
Total Expenses	**$**	**1,026,056.00**
Change in Net Assets	**$**	**4,856.36**