

**North Carolina Association of Local Health Directors
Association Business Meeting
August 15, 2024 – 9:30am
Division of Public Health – Cardinal Room – 5605 Six Forks Road, Raleigh**

Minutes

Meeting Called to Order – Quintana Stewart

President Quintana Stewart (Orange Co.) opened the meeting at 9:30am. Quintana welcomed everyone to the meeting.

Approval of Minutes – Wes Gray

Minutes were distributed with the packet via email. President Stewart asked for a motion for approval of the minutes.

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

Treasurer’s Report – Wes Gray

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

Motion: Motion to approve was made by Dr. Rod Jenkins and seconded by Dr. Marilyn Pearson (Johnston Co.). No objections – Treasurer’s Report was approved by consensus.

President’s Report – Quintana Stewart

Happy Birthday Ellis (Buncombe Co.)!

President Stewart asked if we have any new health directors in the room or online?

Any retiring health directors?

Things appear stable for now – (*ed. note*).

First and foremost, I am wishing everyone a good recovery from TS Debby last week and hope everyone is recovering well.

Next, a reminder – Patrick sent out a link to a survey to gauge the level of board experience and subject matter expertise for health directors so we can continue to represent across the state. Patrick is going to send this out again. We have 44 responses so far.

Executive Director’s Report – Patrick Brown

First, around last month’s conversation with i2i. I have been in conversation with Justin Neece (i2i CEO). They have agreed to move the term to 18 months with an 18 month add on if things are going well. I know that was some concern. I will be sending out an email with some sign-up instructions if you are interested. The goal is to get this next batch on once this round of signups are in process.

One other quick update – I am attending an event later today. The Community Health Center Association has established an organization called THIS-NC under their umbrella to bring together several health care safety net organizations. They have extended me a seat on the board and want to include health departments. The safety net they define are FQHCs, free clinics, school-based health centers, and public health. I just wanted everyone to be aware of that.

I have asked Ashley Perkinson to come and speak to us. She has been our lobbyist since the end of 2020. We have a few things we want to spend some time on today. Starting first, a Medicaid update. Earlier this week I was invited to a call from all 5 PHPs and other partners including hospitals and offices and Medicaid representatives. The big topic on everyone’s mind in the short session was passing a budget. For Medicaid, that means no rebase was being done. That can have huge impacts. The projection is over \$400 million shortage for the Medicaid program. They have circulated a letter for several organizations.

Ashley said part of the push when the General Assembly comes back in November is that they may take up the budget bill. The adjournment in June still mentions that a return in November will give them a chance to possibly pass a budget. We are still realistically looking at a new long session budget given the relations between the House and the Senate over passing a short session budget.

Lisa Macon Harrison (Granville Vance District) asked if the speaker and the legislature knew this would be a consequence of not passing the budget.

Short answer is yes, they did know and were lobbied on that. There is still some misunderstanding on some of the implications of this.

Scott Harrelson (Craven Co.) asked two questions. First, who takes the hit and are there implications on our cost settlements? Number 2 - from the county level, some of the half cent sales tax revenue they got each year are going away (the rebates) and then on the DSS side, expenses are growing. The counties feel that with Transformation they are getting squeezed on both sides. Also, where are the profits statements for the PHPs, because I haven’t seen that.

Patrick said that was not provided. The cuts would impact the PHPs across the board and everyone would be impacted with rate cuts. The NCACC was on that call but I will check with them on some of the implications of the reduced sales tax rebate.

One other quick thing around Medicaid, there has been a lot of back and forth the last week regarding settlement payments. We sent some lists a few days ago. If you are missing 2021 and 2022 raise hands. Union, Forsyth, Montgomery, and Wilson raised hands. Patrick said that was less than last month as some progress has been made on this the last few weeks.

Dennis Joyner (Union Co.) asked about a status on the 10% holdbacks.

Patrick said he will get a status update on that too.

We have drafted a couple of things on the legislative agenda. These include:

- Seek recurring state funding for health departments for foundational public health services.
- Support legislation that maintains quality, safety, and infrastructure standards for the environmental public health programs established in state statutes and in rulemaking through the NC Commission for Public Health.

Patrick has asked for action on these two priorities today so we can get them submitted to NCACC.

Motion: Dr. Pearson made a motion to support. Lisa Macon Harrison seconded. Lisa asked if this could be put into Aid to County if this is eventually approved.

David Howard (Brunswick Co.) asked if there needs to be specific language that this needs to be state funds. In the last round the legislature used federal dollars.

Patrick said he didn't think we need to spell that out.

Lisa said it would be helpful for the NCACC because then counties could have a bigger argument and counties could help Ashley on a local level.

Ashley said that since the deadline is August 28 there is still time to check in with county lobbyists.

Lisa worries that the second bullet may distract us. County Commissioners have a lot of information coming to them so if there is a move to privatize it may stick in their brain and it may impact our number 1 bullet, which is recurring funding.

Past President Lillian Koontz (Davidson Co.) said that we were contacted by NCACC because of environmental health issues and they wanted to prioritize things around tort claims. It was on their mind so it seems timely to include bullet two.

Patrick has done a lot of thinking about how we can make further asks for environmental health legislation.

Dr. Reynard Washington (Mecklenburg Co.) asked is there are more neutral agenda items like food safety that we can lean on and include?

Patrick mentioned that he was keeping it broad but we can always work on more specific topics.

Nina Oliver (Carteret Co.) said the local schools are being cut big time. Now they are going back to three schools per nurse in some places.

Ashley Stoop (Albemarle Regional Health Services) brought up that the SNFI formula hasn't been updated in many years. SNFI is the school nurse funding initiative.

Lillian said that getting \$50k for a school nurse when it costs \$70 - \$80k there is a disconnect there.

Nina brought up anxiety, depression and other issues that are really hurting kids now and reducing the school nurse program is not what we need to do.

Quintana asked for any additional comments before we take a vote.

Motion: President Stewart called the vote. All ayes, no opposed, motion carries.

Patrick said that in looking ahead to our full legislative slate, we have sent a request our for people to add in priorities. We will get that survey out soon. At the moment in the draft, it has some guided questions about a funding ask. I will add in some questions about environmental health to get ideas and input on those topics.

An evergreen reminder is that if any HD needs clinic upgrades or buildings, a SCIF can be asked for but that needs to come on a county level.

Ashley said that going into the session, we are building on the previous non-recurring funding. Lillian's work with Rep. Potts and Marilyn's work with Rep. Donna White has really helped us out. Our work with Rep. Lambeth has been great. Sen Perry was very helpful on the Senate side. These local connections and how you engage them on the local level are so valuable. We are going to have some new faces and new leaders due to retirements and legislators not running again.

Tim Reeder is an emergency physician from Pitt who is likely to step into some health chair roles.

There was additional discussion of potential candidates who are running with a health background. I can't overestimate the importance of building these personal contacts. If you need help on how to communicate with them and share stories I am more than willing to help.

Patrick continued: Hyper specifically, we want everyone who is willing to invite legislators to your health department or meet with them to let them know what you need or answer any questions and concerns they may have. Ashley Stoop at ARHS has had great success recently with a legislative roundtable with her county representatives. We are not going to be as successful with these asks if we don't make a more concerted effort to reach out to our legislators. Local groundwork can help a lot especially on the Senate side with funding asks.

Lisa mentioned how her legislator works with them on community forums.

Patrick mentioned that we are planning a day at the legislature. That will only be successful if we lay some groundwork and make relationships back home.

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

Items for awareness. I see Kelly Kimple in the room, I want to acknowledge Kelly for stepping up as the Acting Division Director.

For the short session ask, when the General Assembly reconvenes in November, our two main big priorities are refunding the rebase and the Medicaid Transformation fund. With this not being funded it could mean cuts everywhere. Second is that we are trying to launch the child specialty plan, that is funded through Transformation funds. While we are launching a plan, we are also having to pull back. Third, our goal is to fund the Healthy Opportunities Pilots statewide. The rebase and the Transformation funds are huge deals.

On child care, we are hitting a huge cliff. The General Assembly funded about a quarter of child care before they adjourned this summer. This is really an important piece.

We have also been asked about long session asks. Right now, we are really pushing to get these short session asks funded.

All 99 hospitals agreed to fund some medical debt relief. Medical debt relief is great news and we have some press releases out on that.

Around contraception, you have probably seen that starting August 1, Opill can get paid through Medicaid. This is widely available from our independents and commercial pharmacies. These are over

the counter progestin-only and its really low risk. People need to be aware of the need to take the pill every day at the exact same time. We also have the pharmacist initiated prescribed estrogen progestin combination approved.

NCpharmacyfinder.com is now up and pharmacies have been going in and putting their info in if they are participating.

Pharmacists can now offer nicotine replacement and can bill for that service. Also - GLP1s for indications of obesity.

Finally, we are working on things in terms of the intersection of domestic violence and firearms. There was the Supreme Court case over the summer about firearms as part of domestic violence orders and the Supreme Court agreed that prohibitions could be included.

Quintana thanked Dr. Tilson for her report.

NC DHHS Acting Division Director / State Health Officer – Dr. Kelly Kimple

Good morning everyone. A lot of exciting things are going on.

We want to make sure kids are covered with their vaccines as school is about to start. We are also in a weird spot with a surge in Covid cases before the new shots are available. Going into the respiratory virus season, we are going to be doing a bigger push for flu shots for farmworkers.

Thank you for your hard work during the recent TS Debby. Our Commission for Public Health meeting was last week and as a reminder those are public meetings so you can attend in person and virtually.

One thing to add on to Dr. Tilson's comments are that access to the full range of providers in addition to pharmacists to make sure the option fits the individual is extremely important. While we are filling these gaps it's important to still make sure we have a continuum of care.

Looking forward to the NCPHA fall educational conference next month in Cherokee.

Dennis Joyner asked about the pharmacy birth control option – I am assuming there is going to be monitoring of data looking at the volume over time of this venue. Pharmacies have recently offered a lot of clinical services. Long term, what is the impact state wide to give us some data on if this is meeting a need or something that needs to be promoted?

Dr. Kimple said that is a great question and said the effort has been focused on being sure that pharmacists are aware of the protocols and procedures and now that we are getting to 93 county coverage we are shifting into working on the awareness side and making sure people are aware that this is an option and doing more with promotion. The UNC School of Pharmacy has a grant to help us promote this new program. We would like more granular data on things like payer mix, how many people are getting to a primary care provider in the community, and helping make a seamless system throughout the care community.

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

Sorry I can't be with you in person. It is AA review season at DPH and DCFW. This is a reminder that any major changes to AAs will be brought to you between now and November to get your feedback before final AAs are submitted in December. You all will then get them in February for final reviews and

signatures. That also means the Consolidated Agreement – thanks to Candice who coordinates this. We will follow the same process that we used last year. You will have from September through October to review and start giving feedback on the CA.

Reminders have been sent out the DPH and DCFW staff in charge of those AAs. Shout out to the funding work group and Jen and David and the AA QI committee for your work on this.

This is something to reflect and think on. In AA 110, we look at what you are doing for those essential functions. Would you want to use this to get a handle on that local appropriations data? Is this an opportunity to get that number?

Jessica Wall (Yadkin Co.) asked if that local appropriation number used to be captured in the WIRM. Jessica also asked about maintenance of effort. Stacie said it was based on an older requirement.

Jessica asked if we are all different across the state in terms of local appropriation, how is that looked at by the DPH?

Speaking of LTAT and public health nurses, the NC Association of Public Health Nurses, getting nurse administrators involved and taking part in training and opportunities is important. If you have new administrators please consider recommending them to the Association for some mentoring and networking.

My last thing to mention is to mention Gibbie Harris, who has reached out to me. Gibbie is now involved in leadership at the Northeastern University satellite campus in Charlotte. For special attention to Region 4, Gibbie is moderating a conversation with Raul Gupta, Director of the Office of National Drug Control Policy. This is Thursday August 22 from 4-6:30pm.

Lisa Harrison thanked Stacie and DPH in general for this whole aid to county and QI process in general. Thank you for giving us some input on how these funds are passed down from the state. The challenge with DCFW and getting those late AAs has really highlighted how great the DPH AA system has been. Also, the switch to contracts from AAs in MDPP has been very frustrating at a local level and we still don't have those agreements but we are continuing to pay these employees without a signed agreement.

Stacie is going to try to help us make connections the Office of Health Equity to see if we can get that moving quickly.

Lisa said 4 data points we should get annually – total county budget by county, total operating budget for each local health dept, total local appropriation, and total federal pass through state dollars.

Dennis Joyner made a point that the maintenance of effort may have been sun-setted. The other thing in relation to local dollars – If we wanted to know that information, it is important across our own work. I would also think the state would want to know that information because it will help us all advocate that broader lift for funding and to identify gaps.

Quintana thanked Stacie for her report.

Division of Child and Family Well Being – Gerri Mattson, MD

Yvonne Copeland sends her regrets. You heard from Madhu Vulimiri yesterday and she is going to follow up on some of the questions regarding WIC.

Back to school brings immunizations and I appreciate all your efforts with back to school and school assessments. Migrant, immigrant, and refugee health are also included in this back to school push.

In the past few months, we have started something called clinic connections. This brings together clinicians monthly to discuss emerging issues.

With child health advance role nurses, we continue to offer classes yearly. We have a group of 8 students starting in September.

Action Items and Workgroups

Partner Update – Patrick Brown

We will send out the slides from yesterday.

PH Funding and Investments – David Howard

One action item coming out of the child fatality distributions. The core funding is still in place in the AA. This is about putting together the formula for the new funding. The funding will be per county and not per health department. It provides base funding for all health departments of 1000 to the top 25 counties (SVI quartile). 75 counties get a smaller baseline. A spreadsheet was sent out to everyone yesterday by email. Because its not a lot of dollars, there is not much of a difference but that is why we picked those options. We have a motion out committee to go with option 1.

Motion: Quintana brought the vote to accept and approve the motion out of committee. All ayes, none opposed. Motion Carries.

PH Workforce, Recruitment, and Retention – Jennifer McCracken

We had a presentation by Dr. Novocheck about a course – info will be sent out.

PH Data and Performance Measures – Wes Gray

No action items but Marina Pieretti will be sending out a survey to gather lists of data / IT staff.

PH Communications – Sheila Davies

No action items but we worked on our charter. If there is anyone at your HD that is involved in communications in your department we are having a social after 6pm on the Wednesday of the conference in Cherokee. You will receive a flyer or some type of notice to give those comms folks a chance to network and socialize.

Nominations and Bylaws – Lillian Koontz

Karen sent out an email requesting calls for a name to nominate for secretary / treasurer since all the current officers have been willing to move up to the next position.

Education and Awards – Helene Edwards

No action items but we did have our first new HD orientation and we had 8 participants. Patrick provided information on our topics on resources, Doug provided an update on workforce and DPH, and Dr. Vaughn Upshaw did a presentation on leadership skills and how to engage boards of health. Our next session is October and topics are communication and management.

Region Reports

Region 7 – Lisa Macon Harrison spoke about engaging HMA.

Partner Reports

APHA – Patrick Brown for Janet Clayton

The Alliance board met on Tuesday. Last fall the Alliance board agreed to establish a strategic initiatives fund. We are targeting September to promote this \$500,000 fund to bring forward some proposals for funding to make improvements in the public health system.

NCPHA – Rod Jenkins

Fall education conference is upon us. Last day to reserve is August 25th for the hotel, September 6th at the lower registration rate for the conference registration. Send your service awards form to Kim Dittmann by the 6th. I have been asked to promote chair yoga, \$18 dollars per person and you get a cross bag or a male fanny pack. Patrick mentioned the HD reception Tuesday put on by Matt and Steve from med/mal.

NACCHO – Lisa Macon Harrison

No update – but did want to quickly mention if the Association has anyone interested in attending a meeting with the EPA about fire and preparedness. October 24th in Research Triangle Park. They want a voice from local and state public health to be present. They rarely have public health voices in the room. This is important for future public health funding to be in the room while they are discussing this.

Institute for Public Health – Amy Joy Landou, PhD

Thanks for the response on the NC Public Health Leadership Institute. 26 applicants have been selected and will hear from us in the next few weeks. Also, on preparedness, we have been working in a 5-year work plan for HHS Region 4. I want to thank David Stone for keeping Accreditation going while Margaret is out on leave with Anders. I appreciate all of your support in that work in her absence.

ANCBH – Tony Lo Guidice for Merle Green

Merle wanted to mention their annual meeting in November and an email that Merle sent out earlier.

UNC School of Government – Kirsten Leloudis, JD

No updates but looking forward to seeing everyone in Cherokee.

NC SOPHE – Ashley Rawlinson - No updates

Adjourn – Motion to Adjourn made by Dr. Rod Jenkins, Seconded by Lillian Koontz. No objection. Meeting adjourned at 11:28am.