

Accreditation Board Meeting

April 9, 2021

9 a.m. – 1 p.m.

Zoom

Board Members Present:

Teresa Ellen
Kevin Austin
David Stanley
Dr. Calvert Jeffers
Dr. Susan Little
Virginia Niehaus
Dr. Anna Schenck
Barbara Beatty
Rebecca McLeod
Benjamin Tillet
Jerry Parks

Pending Board Members:

Fleming El-Amin
Dr. Rhonda Stephens
Dr. Robert Schiffel
John Rouse

Members not present:

Dr. Connette McMahon
Bertadean Baker

Guests Present:

Scott Lenhart
Nasha Snipes
Anne Brown

Site Visit Lead:

Deborah Herring

Staff Present:

Amy Belflower Thomas
Margaret Benson Nemitz
Jacqueline McIver

Legal Counsel: Anne Brown

Welcome and Introductions

Board Chair Teresa Ellen welcomed everyone to the meeting and invited the pending board members to introduce themselves. Mr. John Rouse, Dr. Rhonda Stephens, and Mr. Fleming El-Amin gave introductions.

The board reviewed Board Member Virginia Niehaus's edits to the February board minutes around clarifications to the executive order, correction on activity numbers, clarifications of statements, and other grammatical language.

Board Member David Stanley made a motion to approve the minutes with Board Member Niehaus's amendments that she added. Board Member Barbara Beatty seconded the motion. The motion passed unanimously. The February 12, 2021 minutes were approved.

Pending Board Member Dr. Robert Schiffel joined the meeting and provided an introduction.

Accreditation Adjudication & Site Visit Reports

Conflict of Interest Reminder for Board Members

Administrator Amy Belflower Thomas reviewed who can vote and attend the closed session. The appointments for new board members, including Mr. Rouse, Dr. Stephens, and Commissioner El-Amin, and Dr. Schiffel, have been with the Secretary's Office for a couple of weeks, but the Accreditation Program has yet to receive official confirmation. Pending board members have attended new board member orientation and were invited to attend this meeting given its strategic nature, but they technically cannot vote today nor join closed sessions.

Pamlico County Adjudication

Site Visitor Deborah Herring, representing the Public Health Nursing position on the site visit team, presented the site visit report for Pamlico County's January site visit for the Lead Site Visitor Andy Smith. Site Visitor Herring reviewed the site visit team members and highlighted Pamlico County Health Department's staff integrity and honesty throughout the site visit. Site Visitor Herring also highlighted the agency's staffing challenges across the last four years.

Site Visitor Herring reviewed the findings from the Pamlico site visit. The site visit team was able to designate 125 activities out of 147 as met by the Pamlico County Health Department. Within the assessment category, they met 29 of 29 activities, policy development 17 of 26, assurance 35 of 38, facilities and administrative 23 of 27, board of health and governance 21/27. Therefore, the site visit team found that the Pamlico County Health Department does not meet the requirements for reaccreditation. Additionally, the Site Visit Team offered or shared 27 suggestions for quality improvement.

Health Director Scott Lenhart shared that the agency is aware of the situation in Pamlico County, and they are working to address staffing and funding issues to correct the identified deficiencies.

Board Chair Ellen asked for any questions or concerns for Health Director Lenhart. Hearing no questions or discussion, Board Chair Ellen asked if there was a motion to accept the recommendation of the site visit team.

Board Member Kevin Austin made a motion to accept the recommendation of unaccredited made by the site visit team. Board Member Dr. Susan Little seconded the motion. The motion passed unanimously. Board Members Parks and Dr. Jeffers were unable to respond via Zoom so were marked as not voting.

Board Members voted as follows:

Dr. Anna Schenck – Yes

Barbara Beatty - Yes

Benjamin Tillet – Yes

David Stanley – Yes

Kevin Austin – Yes

Rebecca McLeod- Yes

Dr. Susan Little – Yes

Teresa Ellen – Yes

Virginia Niehaus – Yes

Dr. Calvert Jeffers – Not voting

Jerry Parks – Not voting

Board Chair Ellen shared that the site visitors gave wonderful suggestions for quality improvement, that the agency is very close on a number of accreditation activities, and with a little work they can get where they need to be. Health Director Lenhart shared that they have been working on the accreditation process and shared a silver lining that COVID has shed a light on the work of the health department. Health Director Lenhart thanked Administrator Belflower Thomas and the site visit team for support throughout the process.

The next item on the agenda was the Pamlico Petition for Judicial Review & FOIA Request; however, Board Member Niehaus suggested that since Board Counsel Anne Brown was not yet in attendance, we wait until she joined the call. Chair Ellen suggested the board move forward to committee reports until Ms. Brown joined the call.

Standards & Evidence Committee - HDSAI

Committee Chair Dr. Little presented the report, sharing that the committee recommends approval of the 2020-2021 Retrospective HDSAI interpretation Document and recommends approval of the 2022 HDSAI Interpretation Document. Dr. Little asked if anyone had any

questions, and Chair Ellen reminded board members that they received a summary of changes as well as the full documents via email. Chair Ellen thanked the committee for all of the thought and hard work that they put into these documents. A board member shared that the document was thoroughly discussed at the committee level. Ms. Benson Nemitz shared that program staff are making the 2022 version fully accessible to a screen reader. While this step was not completed in time for the board meeting, Ms. Benson Nemitz explained that this would not affect the look of the PDF at all.

Chair Ellen made one last call for questions or comments. Board Member Austin shared that he did run these changes by his health director, human services director, and county manager, and they were all very excited. Board Member Austin received blessings from all of them, and he feels this is a good process and a good set of changes. Chair Ellen thanked the committee for the work that went into the changes.

Chair Ellen reminded the board that, since this is a recommendation from a committee, a motion to approve does not need a second. Chair Ellen asked that all in favor say aye. Board Members Dr. Jeffers, McLeod, and Tillett all verbalized aye. The motion passed unanimously. The documents stand as approved for the changes to both of the HDSAI Interpretation Documents.

Dr. Little and Chair Ellen thanked everyone for the hard work in creating these documents.

Strategic Planning Overview

Since Board Counsel Brown was not yet in attendance following committee updates, the board began discussion on strategic planning.

Ms. Benson Nemitz shared an overview of the strategic planning process which has led to a strategic roadmap document that the board received in their meeting packet.

Pamlico Petition for Judicial Review & FOIA Request

Board Counsel Anne Brown then joined the call. Chair Ellen welcomed Ms. Brown to the meeting and entertained a motion to move into closed session to receive advice from counsel regarding the Pamlico Petition for Judicial Review and FOIA Request. **Board Member Niehaus made the motion to move into closed session to seek the advice of counsel as an exception to the open meetings law. Board Member Dr. Jeffers seconded the motion. The motion passed unanimously.**

All sitting board members, Board Counsel Brown, Administrator Belflower Thomas, and Ms. Benson Nemitz moved to closed session.

Board Member David Stanley made a motion to return to open session. Board Member Dr. Jeffers seconded this motion. The motion passed unanimously. There was no vote needed on the matter coming out of closed session.

Strategic Roadmap Discussion

Ms. Benson Nemitz continued to review the steps that NCLHDA took to create the strategic roadmap, noting that a few Agency Accreditation Coordinators volunteered to review a draft of the roadmap document and that staff shared this document with the Public Health Accreditation Board during a recent meeting. She then reviewed what content is included in the strategic roadmap document.

Board Member Dr. Little asked if we have thought about prioritizing the one-year milestones if the program needs to spend more time than anticipated on the accreditation legal work. Ms. Benson Nemitz shared that staff have been thinking this through, noting that most of the one-year milestones are activities that the program has already started planning for, so she feels fairly confident that given a year's time, the program can address the six milestones, yet prioritizing them may be wise since we might face more unexpected tasks.

Board Member Dr. Anna Schenck wondered if the value "Quality Improvement" should be "Quality" – the way you get there is through quality improvement. She also shared that the legal aspects and the program's authority for this are not apparent in the one pager. She shared that she likes the document as it is, but feels like the board needs to reference back to the legal authority of the board. Board Member Niehaus agreed with Dr. Schenck's comments.

Board Member Niehaus also requested to clarify what the program means by "initiate the rules changing process," sharing that perhaps what the board means here is "begin discussing potential rule changes" rather than actually filing rule changes by the one year mark.

Board Member Austin shared that the mission and vision statements look generic and may apply more to the health director's association or something like that. He thought it would be good to address accreditation in the mission statement by adding "through accreditation."

Chair Ellen asked about facility requirements around creating a sustainable plan for remote site visits, noting that facility tours can be helpful for agencies to get support for needed changes. Administrator Belflower Thomas mentioned that the board will need to have a conversation for this, clarifying that the 2022 HDSAI Interpretation Document does not

require any in-person observations, and that interviews could still take place via zoom. Administrator Belflower Thomas sees positives and negatives for in-person and remote reviews. While they can be helpful to provide objective information to improve facilities, the program often hears that these facility tours are not relevant for the agency or that accreditation is overstepping. She shared that it is hard to conduct visual observations without subjectivity. Board Member Dr. Little shared she would like to see what JCAHO and other accreditation programs do. Administrator Belflower Thomas shared that PHAB does not do in-person site visits for reaccreditation unless specifically requested. Ms. Benson Nemitz shared that when she spoke to a JCAHO representative during key stakeholder discussions, that representative highly discouraged in-person site visits and said that they have transitioned to remote. PHAB still found some value in in-person visits and retaining that option, but as Administrator Belflower Thomas said, does not require them.

Board Member El-Amin noted that priority 4 is an excellent statement, but he wondered how we can quantify our success through the accreditation program. Ms. Benson Nemitz named that this is hard to quantify and shared the progress in the 2022 HDSAI Interpretation Document by adding an equity tag to related activities. She also named that internally, the program wanted to include this as a priority so that the program can intentionally think about how to incorporate health equity into larger program changes such as rules changes, and she provided an update about the quality improvement pilot program with an equity lens as an example of how we can partner with organizations to build health equity capacity. Administrator Belflower Thomas clarified the program's role with technical assistance and quality improvement, and the benefit of partnering with Improvement Partners. Board Member El-Amin shared about the health equities related to vaccinations across our state and that there's a need for health equity work and glad that there's funding and work moving forward.

Chair Ellen shared that as we initiate a rules changing process, it would be very easy to require evidence of equity in a lot of community health activities, and that we'll see evidence of this already. Administrator Belflower Thomas agreed, and noted that health departments are all in different places so we need to be careful about how we craft language. She sees us needing to focus on related processes rather than outcomes in rules changing process. Ms. Benson Nemitz shared that in the 2022 HDSAI Interpretation Document, the program team tried to frame these revisions as equity "training wheels" in some ways to help health departments see how they can be using accreditation to address health equity.

Board Member Niehaus pointed out that the rules language is built off of the statutory language, and the old ten essential public health services are memorialized in statute. In

order to truly build our rules around that equity piece, it would be helpful to see an underlying statutory change that reflects the new ten essential public health services. The ten essential public health services are in two places in administrative code. Administrator Belflower Thomas asked it if would be helpful to have a statement from the board asking for this statutory change. Board Member Niehaus thought that would be helpful and also mentioned that the board could bring this to the Health Director's Association. Board Chair Ellen shared that they could do this.

Board Member Austin shared that he wants to make sure we stay in our lane since we're trying to build support for what we do here. In his county, they've worked extensively with outreach and have not had the kind of success they would have hoped for. Generating measures based on equity puts people in a difficult position so he wants to be careful about that.

Board Chair Ellen asked Administrator Belflower Thomas about what kind of motion she had in mind and what kind of language. Administrator Belflower Thomas clarified some sort of language around updating the ten essential public health services, but she wasn't sure who the statement would be directed towards. Board Member Niehaus wondered if it could be more of a statement from the board in support of updating the ten essential public health services.

Administrator Belflower Thomas offered to draft something that she could also share to the Health Director's Association next week.

While Administrator Belflower Thomas drafted the language, Ms. Benson Nemitz summarized changes she had heard so far to the document. The group decided to add accreditation language to both the mission and vision statements.

Administrator Belflower Thomas shared a statement with the board in support of updating the statute to reflect the revised ten essential public health services: The NCLHDA Board supports and requests updating of the 10 Essential Public Health Services listed in GS 130A-34.1(3)(2) and GS 130A-1.1(a) to the 2020 framework. **Board Member Stanley made a motion to approve the statement and Board Member McLeod seconded the motion. The motion passed unanimously.**

The Board continued discussing core values and practices. Ms. Benson Nemitz shared context about AACs specifically named Quality Improvement as a value, but she thinks that calling the value quality and defining the practice as improving quality would still satisfy their request. Dr. Stephens expressed support for calling the value Quality.

Board Member Niehaus mentioned that the mission statement focuses on quality and the vision focuses on equity, and she wondered if quality needs to be included in the vision statement. Board Member Dr. Little mentioned that equity is already a value so it's already stated clearly. Ms. Benson Nemitz gave context as to why equity language was drafted in both vision and value language based on feedback. Dr. Little suggested removing "quality" and "for all" from the mission statement so that the mission statement doesn't reference any of the core values. Board Member Austin shared that these should be presumed – anything less would be unacceptable. Board Member Niehaus and Chair Ellen supported these changes.

Administrator Belflower Thomas brought up the language around health and racial equity, acknowledging that there are many types of inequities underlying health equity. She asked if we are leaving out other types of equity in the statement by being more specific, suggesting that we could instead say something like "to address inequities" instead of "assure and enhance health and racial equity." Chair Ellen shared that health equity implies other types of equity. Board Member Austin suggested "enhance health equities." Board Member Stanley shared that this was the first thing that crossed his mind that we may need to remove racial equity or add others in fear of leaving others out.

Board Member Dr. Little asked if it the statement should read ensure or assure. Board Member Dr. Schenck suggested replacing ensure/assure with "promote." Ms. Benson Nemitz responded that an ensure/assure word would help address the role of accreditation to set standards and measures. Dr. Little shared definitions of ensure and assure, with the definition for ensure better aligning.

Pending Board Member Dr. Schiffel shared that his experience in public health is and he assumes that no health department excludes special interest groups. He feels that we do carve outs when it should be everyone. He can't imagine any scenario when anyone is excluded, so he wonders what the feeling of this board is to carve out different groups and identify them, which assumes that those groups are not taken care of by the local public health entity which he doesn't believe is the case, unless anyone can tell him a specific case where any group is excluded, which he doesn't think exists. He has an issue with carving out specific groups. He shared that if you carve out a specific group, to him it is sort of discriminatory that this group doesn't get enough attention or isn't taken care of, which is foreign to him.

Pending Board Member Dr. Stephens highlighted how what Pending Board Member Dr. Schiffel described is definitely ideal, yet the unfortunate reality is that a lot of communities if they're marginalized will now show up. What we're trying to say is bring to light

populations where we have to make a more active engagement effort, and probably not everyone understands that.

Pending Board Member Dr. Schiffel shared that what Pending Board Member Dr. Stephens shared sounds more like recruitment, and he thinks that health departments do a really good job at that. Everybody in a community who wants to know, knows that a good place to go is a health department. He shared that for some people, the health department is the only place they go. If we feel we need to get the word out, then go, but he thinks that in almost every community people know that if they can't go to other places, they can for sure go to the health department and not be discriminated against or marginalized. He shared his thought process as a pending board member, and also shared that he heard what Dr. Stephens was saying, but he doesn't like the special carve outs. He wondered how saying that we promote equity and include carve outs helps the board as a group. To him, it feels like stating the obvious about what the health departments are already doing.

Chair Ellen asked if there were further comments and directed the conversation back to Ms. Benson Nemitz.

Ms. Benson Nemitz summarized what she has heard specifically about the roadmap language, sharing that the two current options that she had heard were "enhance health equity" or "enhance health equities for all." She also mentioned that it's important to clarify what the board means by equity, and that the program staff can draft language to discuss around this in the summer.

Board Member Niehaus lifted up a comment that Board Member Dr. Schenck made in the comments that "equity is more than 'getting services' – equity needs to be 'realized' and that means people need to feel welcomed, facilities accessible and accommodating, having workforce that represents the community." Board Member Niehaus asked if we wanted to include diversity in the statement to be a little broader to address representation and issues of accessibility. She suggested replacing "health equity" with "diversity, equity, and inclusion for all."

Board Member Dr. Jeffers shared that the revised language was good, as we know that there are disparities in information getting out to communities which the inclusion language helps address.

Board Member Austin asked if we need ensure and enhance in the statement, sharing that it is hard to ensure these things. Ms. Benson Nemitz shared that ensure can help get at the potential role of accreditation to lift up equity if we want to commit to that. Board Member

Austin went back to the lead-the-horse-to-water example. He's had a hard time getting Latinx community to show up for vaccinations. He wonders how do you ensure that?

Chair Ellen mentioned that sometimes it's bringing resources directly to the community. Board Member Austin agreed with this, and also shared that to ensure something you almost need to force it, and he doesn't feel like we should be in that business.

Board Member Dr. Little mentioned that one of the accreditation requirements is ensuring diversity in the workplace. She's not sure beyond that how we ensure equity. Board Member Austin mentioned that we can ensure the activities, but we can't ensure the outcomes.

Pending Board Member Dr. Stephens mentioned that we can ensure the low hanging fruit of training and workforce development, but anything bigger and broader than that can be difficult to ensure. Board Member Dr. Little shared that she would be fine without the word "ensure."

Chair Ellen lifted up Board Member Dr. Little's chat to use the word promote rather than ensure. Board Member Austin thought this was a good idea

Board Member Stanley thinks promote is good. From a board director perspective, when we lost the word health, he went to the word ensure to see what he was looking to do. He agreed that from someone carrying this out on a local level, the ensure word becomes more confusing without the health word. We all promote, and we can all do better at promoting.

Ms. Benson Nemitz pointed out where the promote or ensure word exists within the larger sentence structure, following "work with partners to advance and improve system-level changes to..."

Pending Board Member Dr. Stephens likes promote, and that the core values and practices are broad and the activities will get more specific. There was no further discussion about equity practice language or other core values and practices.

Ms. Benson Nemitz moved onto strategic priorities. She explained that they had ordered the priorities to help with administration, starting with more specific programmatic priorities and ending with broader, more partner-focused priorities.

Board Member Austin brought up since we just addressed equity in the values, we will need to address it in priorities too since it is similar language. Board Member Dr. Little suggested replacing the language with the same language we used in the value and practice.

Ms. Benson Nemitz pointed out that this language does not necessarily have to be the same as the value and practice language, pointing out that the priority states that we will lead efforts to improve these items through the accreditation program, so this language suggestion broadens our responsibility. She asked the group if they feel we can sufficiently lead efforts to address diversity, equity, and inclusion.

Pending Board Member Dr. Stephens clarified that there is a standard that addresses diversity in the workforce, so we're already addressing diversity, equity, and inclusion through that standard. There was no further comments and the Board landed on diversity, equity, and inclusion language.

Board Member Niehaus then made comments about priority number five, making Boards of Health plural and adding Commission for Public Health to the list of partners, as they are integrally a part of the rules change process. Board Members Stanley and Austin discussed what language around County Commissioners should be in this priority, pointing out that the partnership would likely happen through the North Carolina Association for County Commissioners (NCACC). Ms. Benson Nemitz mentioned that this sentence is trying to capture the audiences we will want to engage, and it does not necessarily have to address the manner in which we will reach those populations, as that can be addressed in the workplan steps. With this, the Board decided that NCACC can be mentioned in the workplan rather than the priority itself.

Board Member Niehaus mentioned that priority number five was missing another key partner, health directors. Ms. Benson Nemitz wondered if the team who created this was originally thinking of this priority as being focused on partners external to a local health department, though we want to make sure health directors are included as well. Board members supported this inclusion. Board Member Stanley also wondered if we should mention other state boards that we commonly partner with such as the Medical Society. Board Member Dr. Schenck expressed worry in the chat that we may leave someone out, and Board Member Niehaus suggested adding "including, but not limited to,..." language. Ms. Benson Nemitz expressed that the original list in this priority was intended just to give reference to the type of partners we expect to engage with this priority area. She reminded the board that this priority area will exist for four years, so it may adjust over time.

The Board then clarified the timeframe of the strategic roadmap, adding the four year sfy 2022-2025 timeframe to the top of the roadmap document, adding in July 2021-June 2025.

The Board had no further comment on priorities and began discussing one-year milestones. Ms. Benson Nemitz incorporated Board Member Niehaus's earlier comment about "starting the process of rules changing." Administrator Belflower Thomas brought

back up the need to decide what we will do about remote site visits. Chair Ellen suggested “Explore options for sustainable remote site visits,” which board members expressed support of. Board Member Niehaus suggested adjusting the rules changing milestone to “initiate the process of reviewing administrative rules” to clarify that we are not intending to trigger the rules changing process this year.

After a short break, Ms. Benson Nemitz shared next steps that she would clean up the document from all of the revisions the board made at the meeting and shared that if the board is comfortable approving this today, we will move forward with sharing this document at the April 22 webinar. She clarified that we see this process as iterative, so things can change overtime, yet we are excited to release something so our partners know where we are headed as a program. Ms. Benson Nemitz mentioned that we will talk more about a potential summer meeting to review a strategic workplan, and that we see strategic planning as a standing board meeting agenda item moving forward.

Administrator Belflower Thomas asked if there were any final questions.

Chair Ellen asked for a motion to accept the strategic roadmap document with suggested changes and thanked everyone for their work on this document. Board Member Stanley made a motion to accept the document with suggested revisions and Board Member McLeod seconded the motion. The motion passed unanimously.

Other Business

Annual Survey Update

Administrator Belflower Thomas reintroduced the annual survey that we do every year and shared how excited NACCHO was to hear about the data the program has. She shared that we are thinking about moving the annual survey back so that we can receive this data before we finish drafting the strategic workplan.

Site Visit Team Training

Administrator Belflower Thomas shared that we were going to train a new cohort last May. Now with a new extension, it doesn't make sense to train people this May. That will be put on hold and put in the budget next year, which makes a lot of sense given the new HDSAI Interpretation Document. Site Visitors will be trained right before the next site visits which will be Fall of 2022.

Board Meetings

Administrator Belflower Thomas mentioned a few items related to board meeting scheduling. First, she brought up when the board would be interested in getting back to in-person meetings. Second, she proposed rather than two meetings a year for each site visit cycle, the board meets quarterly. This year the board has been very involved especially with strategic planning and policy changes. Since there are not site visits this year either, Administrator Belflower Thomas proposed four shorter meetings – perhaps three hours each – that could touch on strategic planning and updates. She opened these two points up for discussion.

Board Member Dr. Little asked a clarifying question of when we would come back in person. Administrator Belflower Thomas shared that this is up to the board and could happen as soon as the board wanted. Chair Ellen asked when would the next meeting be scheduled, and Administrator Belflower Thomas shared that late-June or July would be beneficial to strategic planning efforts, and then quarterly after that. She also mentioned that as we schedule quarterly, we may be able to move a quarterly meeting rather than call a special meeting.

Chair Ellen asked if Administrator Belflower Thomas had a physical space in mind for in-person meetings. Administrator Belflower Thomas shared to new board members that we used to use the Cardinal Room in Building 3 at Division of Public Health in Raleigh, which isn't the biggest room for social distancing if we have guests in attendance. Since we don't expect as many guests this year, we could use this space if the Division is accepting reservations. Board Member Niehaus speculated that the Division may not be accepting reservations yet. Dr. Little shared that they are in line with the governor's rules. You can get a meeting in there, but you must meet capacity limits. Board Member Niehaus suggested we defer on this until we get a little closer and then see what it looks like. Administrator Belflower Thomas asked if we want to set dates and decide that the next meeting will be virtual, and then decide from there, for which there was support. Administrator Belflower Thomas acknowledged some of the benefits that have come with remote site visits.

Ms. Benson Nemitz shared that for the next June/July meeting, the Board will be discussing the strategic workplan; however, the thoroughness of that workplan may depend on how much time needs to be devoted to the Pamlico judicial review and FOIA request.

Administrator Belflower Thomas shared that we will send out a Doodle Poll for people's availability for late June/early July and get the other meetings on the calendar. She asked that if there are any days of the week that don't work well for people, to let us know via email so we can try to schedule around that. We may still try to schedule around the Health Director's monthly meetings in case both groups go back in person some time.

Extension Updates

Administrator Belflower Thomas shared that all health departments have been updated about the extensions and received an updated memo about their accreditation schedule. The website has been updated as well, and this month's webinar will include additional updates about what that extension practically means for health departments

Budget

Administrator Belflower Thomas called the board's attention to a two-page document in their packet with the proposed budget. If approved, she will share this with the Health Director's Association next week. She shared that the top of the document shows core operation expenses, regardless of extensions and site visits. She shared that while we aren't planning to hold a skills-building workshop this August, we are thinking about holding a three half-day workshop in Spring 2022 in its place. Because of these core expenses, the program is asking for the full budget this year. In the place of site visits, the program can then continue working on strategic planning efforts, which align with the one-year milestones from the strategic roadmap and for which Administrator Belflower Thomas provided updates.

Administrator Belflower Thomas shared that, since we did not have site visits this year, she believes that the program will be giving back the Health Directors Association an estimate of \$9200 of this year's contract. She shared that we will ask for a savings account.

For next year's budget, Administrator Belflower Thomas shared one area of difference is partnering with Population Health Improvement Partners, which is also supported through NACCHO funding. There is also some funding available if Pamlico decides to conduct an additional site visit.

Chair Ellen opened the meeting for budget discussion.

Board Member Stanley asked about the unexpected expenses for Pamlico County, noting that there may be discussion among health directors about a county going back and forth. He asked if there had been any discussions or ideas about a counties in the future who are having trouble being able to go back. He predicts that counties may feel they are paying the freight for other counties who haven't done the best. Having thoughts prepared of what that may look like could be helpful. Administrator Belflower Thomas mentioned that the program has thought about, and PHAB has too, that after the initial unaccredited, every additional site visit has a fee. Administrator Belflower Thomas requested any other thoughts. Board Member Stanley asked what would be needed to put a plan like that into place, and Administrator Belflower Thomas mentioned that it would need to go into the

Board's Operational Guidelines for next year. Board Member Dr. Little asked and Administrator Belflower Thomas clarified that year would align with the calendar year.

Chair Ellen asked that with the Pamlico appeal, if we were to win, would we ask that they cover our legal expenses. Board member Niehaus deferred this question to the Board's legal counsel, which could be shared with Ms. Brown via email, since she was no longer in the meeting.

Chair Ellen entertained a motion to approve the proposed FY2022 budget. Board Member Dr. Jeffers moved to accept the motion, and Board Member Tillett seconded the motion. The motion passed unanimously.

Administrator Belflower Thomas shared that she would share the approved budget and some of the other issues discussed today with the Health Director's Association next week.

Chair Ellen asked if any other board members had other announcements. Board Member Stanley shared a reminder about the SEI and ethics training. Administrator Belflower Thomas shared that SEI is due April 15 and that board members should have been notified if they are not up-to-date on their ethics training. If board members have questions, they can send an email to the program.

Board Member Niehaus wished everyone a happy National Public Health Week.

Chair Ellen asked if there was a motion to adjourn. Board Member Stanley moved to accept the motion and Board Member Dr. Little seconded.

Next meeting: to be determined, via Zoom

Respectfully submitted,

Amy Belflower Thomas, MHA, MSPH, CPH
Administrator | NC Local Health Department Accreditation Program
UNC Gillings School of Global Public Health
221-C Rosenau Hall, CB#8165
Chapel Hill, NC 27599-8165
919-843-3973
Amy.B.Thomas@unc.edu