



NORTH CAROLINA Local Health Department Accreditation

Accreditation Board Meeting
Friday, November 19, 2021
9:30-1:30 p.m.
Zoom

Board Members Present:

Teresa Ellen, Chair
Kevin Austin
Fleming El-Amin
Dr. Calvert Jeffers
Dr. Susan Little
Virginia Niehaus
John Rouse
Dr. Anna Schenck
David Stanley
Dr. Rhonda Stephens
Benjamin Tillett

Board Members Not Present:

Bertadean Baker
Barbara Beatty
Jerry Parks
Dr. Connette McMahon

Staff Present:

Amy Belflower Thomas
Margaret Benson Nemitz
Destiny James
Aaron Carpenter
Maggie Cremin

Welcome

Board Chair Teresa Ellen welcomed everyone to the meeting and thanked everyone for joining before moving into the first agenda item, approving the minutes for the August 2021 board meeting. Accreditation Administrator Belflower Thomas mentioned that no comments to the minutes were submitted via email. No verbal edits were shared.

Board Chair Ellen entertained a motion to approve the August 2021 minutes as presented. Board Member David Stanley made a motion to approve the minutes as presented. Board Member Fleming El-Amin seconded the motion. The motion passed unanimously.

Board Chair Ellen then invited Administrator Belflower Thomas to share program staff updates. Administrator Belflower Thomas reviewed the transition with Ms. Lori Rhew working primarily on training and adult learning while Ms. Margaret Benson Nemitz is assuming day-to-day operations that are strategic in nature. She then introduced a new staff member, Destiny James, who is the North Carolina Institute for Public Health's new Community Engagement Coordinator who will be supporting some efforts on accreditation. Finally, Administrator Belflower Thomas introduced two new Accreditation Graduate Assistant students, Aaron Carpenter and Maggie Cremin, who will be supporting strategic projects this school year. Ms. Benson Nemitz explained that Aaron and Maggie will be joining for part of today's meeting as they balance course schedules.

Remote Site Visit Discussion

Board Chair Ellen then invited Administrator Belflower Thomas to lead the remote site visit discussion. Administrator Belflower Thomas reminded the board that exploring remote site visits was a component of the strategic workplan in 2021-2022. She also reminded the board that the Public Health Accreditation Board (PHAB) does not conduct in-person site visits for their reaccreditation processes, and we are in conversation with PHAB on building consistencies with their program. The program has also learned a lot since releasing the online dashboard in 2019 and conducting our work remotely during COVID-19. Administrator Belflower Thomas also recognized the strategic work that the program and board have been able to move forward in the past year and

a half without having site visits. Now that site visits are resuming, the program is thinking about how to continue strategic projects while supporting the site visits.

Administrator Belflower Thomas explained that program staff originally thought of two options. The first was continuing with the status quo with in-person site visits, recognizing that even before COVID, 80% of health departments were completing their site visit in just one day since implementing the online dashboard across two site visit cycles. This alone built efficiencies into the site visit process. The second option was fully remote site visits, where NCIPH staff would become the site visit coordinators rather than contracting those positions externally. Internal coordinators could provide continuity and quality improvement within the four-year process, and then the site visit would be fully remote with no facility tours. When program staff began discussions with the AAC Advisory Council earlier in the fall, they felt ok with a remote site visit, but they found a lot of value with having that coordinator on site to serve as a liaison between the health department and the site visit team who is assessing evidence. AAC feedback led to the program developing a third, intermediate option where only the coordinator and the lead site visitor would be on site, with the rest of the site visit team staying remote. This way, the lead site visitor can conduct a basic facility tour and the other three site visitors participate remotely via zoom to attend interviews.

Program staff took these three options: fully in-person, partially remote, and fully remote back to the AAC Advisory Council and Site Visitors to discuss and give further information about the pros and cons, which are summarized on an online white board. Administrator Belflower Thomas explained that the main takeaway from that feedback is that there is a little bit of hesitancy to go fully remote, especially from the site visitors, and the AACs liked the idea of having a coordinator on-site. Site Visitors leaned more towards the fully in-person options, where AACs pushed more towards the partially remote option, yet Site Visitors felt comfortable with the partially remote option.

Board Member Dr. Susan Little asked a clarifying question about the partially remote option. Administrator Belflower Thomas explained that it is only the Site Visit Coordinator and the Lead Site Visitor, typically the health director representative, who would be on site.

Board Chair Ellen expressed that if fully remote site visit is the ultimate goal, then the middle, partially remote option would give health departments and site visitors some time to sort of grow into a fully remote site visit. Administrator Belflower Thomas shared that she did a breakdown of the three options by the impact on the health departments, considering pros, cons, and costs associated with an added proposal for a phased process: starting with the same gold standard/normal, fully on-site process while piloting a partially remote option to evaluate, with the hopes of moving more towards partially and potentially fully remote depending on evaluations. This will lessen some of the costs of site visits which will allow the program to continue some more strategic efforts. Administrator Belflower Thomas explained that given the pause in the program, program staff and AACs gave feedback that now feels like the time to start introducing these changes in a phased process. The program can do a couple of partially remote site visits with health departments who are willing to pilot the option, evaluate how it worked, and then decide how to proceed in Fall 2023 if we want to pilot a fully remote option. Administrator Belflower Thomas also shared that this concept was presented in committee to the Health Directors on Wednesday, and she received no pushback. Board Chair Ellen said that in discussions, most people liked the middle road for now at the Health Directors meeting. Board Chair Ellen explained that people are nervous about getting back into accreditation after two years of nothing but COVID, so too much change would be difficult.

Board Member Stanley asked if these changes might cause concern with losing some site visitors. Administrator Belflower Thomas pulled up notes from the meeting with Site Visitors and explained that their feedback focused on seeing facility tours as a gold standard, especially from the Environmental Health Site Visitors. Site Visitors also worried that all staff might not feel as engaged in the process without a physical visit, but when that point was brought up with AACs, they didn't necessarily agree that in-person site visits help with staff engagement. Administrator Belflower Thomas acknowledged that many NCLHDA Site Visitors have been doing this for a long time, so change can be a challenge, especially when being in person is an enjoyable experience for them, yet she also named that the program has a solid cohort of experienced and new Site Visitors, so she doesn't feel worried about losing too many Site Visitors if the board decided to move forward with this change to partially remote.

Board Member Stanley agreed that change is hard, while also acknowledging that he likes the way things are and stated that he would be supportive if the board moves towards looking at a phased approach, which lets the program tweak things if problems arise.

Administrator Belflower Thomas also mentioned that this phased approach would coincide with the phase three revision timeline and revisions to administrative code, so we can make sure that those revisions fit in with where we're moving in the pilot process.

Board Member Dr. Little asked a question regarding a shared comment about how to justify honors if you didn't fully inspect in person if just a site visit coordinator is on site. Administrator Belflower Thomas clarified that the Lead Site Visitor would also be on site to inspect and verify any in-person evidence. Board Member Dr. Little responded that she doesn't have a problem with justifying honors in the partially remote option then, because if the lead site visitor were there, she would consider evidence fully inspected.

Board Chair Ellen asked Board Member Stanley if he would like to put his proposal in the form of the motion. Board Member Stanley asked for more information about where the program is in terms of what a phased approach would look like for operational policies.

Administrator Belflower Thomas shared context that Board Member Stanley is referring to our next agenda item. If we move to remote site visits, the team discussed if the term "site visit" is still appropriate. The term that was drafted for consideration in its place was Evidence Review Team, and the AAC Advisory Council shared that they would prefer that term over Site Visit regardless of what the decision was regarding in person vs remote. Administrator Belflower Thomas shared that she didn't know how much this decision will impact policies and procedures.

Board Member Virginia Niehaus spoke up to ask if there has been a review to see whether the proposals mesh with administrative rules. Board Member Niehaus shared that there is a rule on site visits that says the site visit team shall visit the health department to review the self-assessment and supporting documentation, interview local health department staff and other persons necessary, to evaluate compliance with standards, and inspect facilities in accordance with the standards. She asked how this would be satisfied if site visits go fully remote.

Administrator Belflower Thomas shared that the changes that go into effect in the HDSAI in January do not require an in-person inspection of anything, so she doesn't feel that it will conflict directly with the phased approach, and we wouldn't be looking at a fully remote option for a couple of years, which will give us time to consider rules changes. The rule referenced still has the old ten essential services referenced, so we will need to make changes anyways.

Administrator Belflower Thomas wondered if we could make a statement in operational guidelines that the terminology of site visit in rule is equivalent to our term of evidence review team. Board Member Niehaus expressed that modifications to the guidelines will need to align with existing statutory and rule requirements, while the Board determines next steps on pursuing changes. Administrator Belflower Thomas shared that we could add some terminology into the proposal regarding time frames or even language to not implement the pilots on fully remote until we make administrative code changes.

Ms. Margaret Benson Nemitz mentioned that it might be helpful for the board to think through what the pilot component looks like, whether health departments have a choice or if we select a certain number. She shared that the health departments she has spoken with have expressed a lot of excitement about the partially remote option, so there may be a lot of interest, and would the board want to have a cap on the number of health departments participating in the pilot.

Board Chair Ellen shared that she would like to open it to whoever wants to participate, and Board Member Stanley agreed. Board Member El-Amin shared that if it's open, it's in compliance with a volunteer effort so it gives us better leverage going forward.

Board Chair Ellen summarized that the board is currently considering moving forward with giving health departments with Fall 2022 site visits the option of the current on site visit option and the partially remote, and they can volunteer for whichever they prefer.

Administrator Belflower Thomas shared that the only complication is the difference in cost between the options, but that's a complication that the program can work around by asking health departments at their notification in March about which option they would prefer.

Board Member Dr. Calvert Jeffers asked about how to physically assess facilities in a fully remote option. Administrator Belflower Thomas explained that in the partially remote option currently on the table, there is still a lead site visitor on-site to inspect. The beauty of the site visit team is that they're a group, so if the lead site visitor seems something of concern, they can get on Zoom with other site visitors and discuss options and make that a part of the discussion.

Board Member Dr. Little pointed out that Board Member Jeffer's question was regarding the fully remote option. Administrator Belflower Thomas acknowledged that facility inspection would be a concern for fully remote site visits, and Board Member Dr. Little mentioned that we can learn more about this through piloting the partially remote option, pointing out that if PHAB is doing fully remote site visits, it must work.

Administrator Belflower Thomas shared more information about PHAB's reaccreditation, sharing that initial accreditation has an in-person element, but reaccreditation is fully remote unless a health department wants to pay an additional fee for an in-person visit. Administrator Belflower Thomas does not feel that North Carolina Health Departments would choose to pay a large fee just to have site visitors in person.

Ms. Benson Nemitz shared that PHAB currently sort of has a remote option for their initial site visit, and they are considering removing that option, but that decision has not been made yet. They have seen that in-person review is important for that initial accreditation step. For North Carolina, Ms. Benson Nemitz pointed out that all health departments have had in person site visits multiple times by now, so the question is how many times is enough. Do you want to always be in person, or is

there a point where the program feels comfortable moving to virtual? Her take way from the AAC Advisory Council is that maybe they're not there yet, so the pilots can help the program build up to that.

Administrator Belflower Thomas shared draft potential motion language in the chat to summarize the board's discussion.

Board Member Kevin Austin raised a question about if a health department were to go into conditional accreditation through a partially remote site visit, would the board want to consider requiring a full on-site visit for any follow up to conditional accreditation. Administrator Belflower Thomas pointed out that in Policies and Procedures Committee Chair David Stanley's report, there is a discussion to establishing an ad hoc committee to look at conditional and unaccredited processes, which could consider this scenario.

Board Member Stanley proceeded to make a motion that local health departments are given an option for a partially remote or on-site visit starting in Fall 2022 whereby the NCLHDA program would evaluate success of the pilot; as changes are made in the future with administrative code, potential for piloting and implementing a fully remote visit consistent with changes may be considered. Board Member John Rouse seconded the motion. The motion passed unanimously.

Policy and Procedure Committee Report

Board Chair Ellen introduced Board Member Stanley as the new chair of the Policy and Procedure Committee, thanking him for his willingness to serve in that capacity.

Committee Chair Stanley proceeded to share that the board has already spoken about a lot of the report, which was shared in the Board packet. On October 20, the committee met to review operational guidelines which were approved by committee and recommended to the board for consideration. The Committee also asked the team to submit a second set of operational guidelines that reflected the remote site visit option for review depending on what the board would decide today. The Committee also recommended setting up an ad hoc committee to look at the conditional and un-accredited process, which ties back to Board Member Austin's questions. Per operational guidelines, ad hoc members would be appointed by the Chair.

Administrator Belflower Thomas mentioned that Board Member Dr. Little brought up the need to hot wash Pamlico's unaccredited process and asked if she had additional comments to share. Dr. Little had none to share at the time.

Board Chair Ellen entertained volunteers for the ad hoc committee. Administrator Belflower Thomas specified that per guidelines, there's not an established number, though our smallest number is typically five, with one representative from each constituent seats to ensure wide representation. Administrator Belflower Thomas also encouraged Board Chair Ellen to think about who is passionate about the work when appointing committee members, potentially even bringing in people from outside the board, perhaps an AAC or another health director. Board Member Stanley brought up that at the point where the board makes policy changes, the board certainly wants to have a legal opinion represented.

Board Chair Ellen asked if Board Member Niehaus would be willing to serve on the committee. Board Member Niehaus agreed. Board Member Dr. Little offered to sit on the committee as well.

Board Chair Ellen agreed that Dr. Little's expertise would be appreciated on the committee. Board Member El-Amin also volunteered. Board Chair Ellen thanked Board Member El-Amin and asked volunteers to let her know or she may be reaching out.

Board Member Niehaus asked whether, since the Board remains under a consent order with Pamlico, it might be best to hold convening the first meeting of this committee until after that matter is resolved. Administrator Belflower Thomas agreed that this is a good idea, sharing that Board Chair Ellen can work to form the committee together for the March 11 meeting and wait to start until after the next board meeting.

Board Chair Ellen asked Committee Chair Stanley if further action was needed from the Policies and Procedures Committee Report. Committee Chair Stanley consulted with Administrator Belflower Thomas regarding the approval of the operational guidelines. Administrator Belflower Thomas expressed that based on the decision about remote site visits, the board should consider the version with fewer changes, but hold onto the second set as a reference for the pilot process, noting that it's hard to say because the program does not want conflicting guidelines based on which option health departments select.

Board Chair Ellen asked Ms. Benson Nemitz to share the operational guideline changes, starting with the version without the remote language changes to be recommended for January 1, 2022. Ms. Benson Nemitz then brought up the version with remote changes included, which includes the same content changes with additional edits changing Site Visit language to Evidence Review language and adjusting weather guidelines. Most of the changes in this version are geared towards a fully remote version. Administrator Belflower Thomas suggested approving the more conservative version without remote changes and keeping this other marked up version to consider making a one- to two-page document for health departments that choose to do partially remote next year to summarize how that decision impacts guideline interpretation.

Ms. Benson Nemitz raised a question regarding feedback from the AAC Advisory Council and the intention to move forward with partially remote pilots, if it makes sense to consider changing the language to evidence review team now and starting with consistent word use in 2022.

Board Member Niehaus brought up that administrative code uses the terminology "site visit team", which doesn't necessarily mean we can't call it something else, but the guidelines would need to state that the site visit team is referred to in the guidelines as an evidence review team. She suggested that we wait and make that change when we make changes to the administrative code.

Board Chair Ellen summarized Administrator Belflower Thomas's recommendation to accept the more conservative version of the operational guidelines, the first set that was presented. Since there was a motion from committee, Board Chair Ellen entertained further discussion. The Committee's motion to approve all three operational guidelines was approved unanimously.

HDSAI Version Discussion

Administrator Belflower Thomas opened the HDSAI version discussion reminding the board of the many transitions that health departments are going through, including many AAC transitions. She reminded the board that administrative code lists all activities and benchmarks, language that the program cannot change without changing administrative code; however, the board can make

changes to documentation requirements and interpretation. She also reminded the board that significant changes to requirements and interpretation don't happen frequently. The 2022 Interpretation Document changes looked at what the program could adjust based on feedback from a large Standards and Evidence Review group and Health Directors Association feedback before beginning a Phase 3 process to change administrative code. She explained the challenge now is that health departments are in a six-year site visit cycle right now, they have to navigate extra HDSAs with significant changes. The program never wants to hold a health department in jeopardy for having to do something in 2016 that they didn't know about until 2022, for example. In the past, procedures have been that whatever year you're providing evidence for, you're in compliance with that year's HDSAI. For health department staying on top of evidence, they will always be using the current version for that year's evidence. Yet this approach creates challenges looking across multiple HDSAs, which we expect to be further complicated by the number of years and the number of changes in this year's HDSAI. That has led the program to suggest that the board consider a new option for agencies to have a choice to either use the standard option like they have in the past or choose to use the new HDSAI 2022 for all years. She explained that the program feels comfortable with this option since many 2022 changes were cutbacks rather than additions to requirements to create less administrative burden. Administrator Belflower Thomas then acknowledged that this is further complicated by the 2020-2021 executive orders and HDSAI Interpretation Document edits. If an agency chose to use 2022 for all years, they would then not receive the benefit of the 2020-2021 changes. She then presented a third, final option that they can use the 2020-2021 and 2022 versions. Administrator Belflower Thomas acknowledged that these choices are confusing and asked if anyone needed clarification.

Board Chair Ellen expressed that her ideal option is the third option since it is less restrictive but still includes exemptions for 2020 and 2021 when health departments were knee deep in COVID response and was curious about other people's thoughts.

Administrator Belflower Thomas gave an example that the HDSAI Interpretation Document 2020-2021 specified that, while personnel records are still an annual activity, the program would not select personnel records from the year 2020 or 2021 during the site visit review process.

Board Member Rouse mentioned that in talking to health directors, option three was more appealing. Board Member El-Amin also expressed support for option three as well. Board Member Stanley expressed that the feedback he has received is that given the turmoil that health departments are still in, the option that provides the most flexibility puts health departments in the best place. He offered to make a motion if the board felt ready.

Board Chair Ellen entertained Board Member Stanley's motion to choose option three which would allow health departments to use the 2022 HDSAI with the 2020-2021 exemptions still in place. Board Member El-Amin seconded the motion. The motion passed unanimously.

Administrator Belflower Thomas thanked the board for making these hard decisions and shared that the program would share the board's decisions next week prior to the Thanksgiving holidays. She also shared that the program will hold a webinar in December to answer specific questions regarding the board's decisions.

Board Chair Ellen asked if the board would like to take the scheduled break or continue. The Board wished to move forward without taking the scheduled break.

Pamlico Update

Administrator Belflower Thomas shared that Pamlico County did sign the consent order that the board reviewed and approved. She shared that their AAC seems extremely on top of what the county needs to submit and prioritize to meet requirements. Administrator Belflower Thomas also shared that according to our operational guidelines, Pamlico will have their full accreditation site visit next fall, and their AAC is fully aware of and preparing for that as well. They have until December 15 to add information to the dashboard. At that point, the dashboard will be locked for review by the site visit team until January 7, just like the normal site visit process. The dashboard is then unlocked on January 11 in preparation for the January 13 site visit. She explained that the site visit will be virtual since the team is only looking at non-facility requirements given what they have already met. The board will then adjudicate the site visit recommendation at the next board meeting on March 11.

Business Update

Program Updates

Administrator Belflower Thomas shared that program's annual report is now live, encouraging Board Members to view and share the report.

Administrator Belflower Thomas then reviewed the budget summary, where the program had many personnel expenses which is indicative of the strategic projects rather than typical site visit expenses. Administrator Belflower Thomas also explained that the program intentionally did not spend its full budget last year to preserve anticipated training costs that were put on hold during COVID. What we did not spend stayed with the Health Director's Association and we asked for a kind of savings account for the future that we can tap into if other unexpected things happen. Administrator Belflower Thomas then explained that 2021-2022 is projected to again be heavy on strategic project personnel costs and training for site visitors.

Ms. Benson Nemitz then shared a strategic planning update, explaining that under About the NCLHDA Program part of the website, there is a Strategic Direction tab that contains all the documents that the Board has approved, the strategic roadmap and the strategic work plan. Ms. Benson Nemitz shared a Quarter 1 update document, explaining that this is something the board will review each meeting. She shared that the program is doing well staying on top of strategic progress timelines, specifically moving forward with PHAB relationships, training components, dashboard integration, and quality improvement efforts. She shared a heads up that Board Members should expect to receive a demographic survey prior to the March board meeting so that the program does not have to make assumptions about how Board Members identify so that we can better represent the full board.

Board Member Dr. Anna Schenck shared excitement about the strategic work and progress.

Administrator Belflower Thomas then brought up the legislative priorities that the program drafted to align with the strategic workplan's focus on building collaboration with stakeholders. The workplan considers whether the board would like to suggest any items to the North Carolina Public Health Association, Citizens for Public Health, and North Carolina Association of Local Health Directors for their legislative agendas. She explained that this would be the first time the board has done something like this. She proposed two items. The first to update the 10 Essential Public Health Services listed in legislation, and the second regarding restoring the original funding available for

local health department accreditation of \$700,000, especially considering the currently available public health funding.

Board Chair Ellen expressed willingness to forward these priorities to the Local Health Director's Association, bringing up the only concern that if by asking for funding, if we will put the entire program in jeopardy. Administrator Belflower Thomas shared that we certainly do not want to ask for this in Accreditation in a way that would take it away from somewhere else in public health. Board Member Stanley expressed that his thoughts are along the same lines – that it seems any time we try to make any changes, we're immediately met with needing to justify accreditation and starting from scratch.

Board Member Austin shared that he hears that concern, but he is not sure if it is still well founded. He expressed interest in adding the North Carolina Association of County Commissioners to the list to appeal to. He shared that the threat to abolish accreditation is passed, and that the value is now understood by those in legislature and that our way of doing it is far superior to seeking federal accreditation, so he is not fearful of picking a scab and starting a downward spiral. He thinks there is a real opportunity to succeed.

Board Chair Ellen expressed agreement that if legislators don't understand the value now, they never will, and that they understand our value more since the pandemic, so now may be the moment to move forward with requests.

Board Member Dr. Little asked where Medicaid is in requiring proof of accreditation for Medicaid reimbursement. Board Member Niehaus clarified that this issue is unrelated to the accreditation process. NC Medicaid has been using an accreditation letter as a proxy to confirm local health department providers, but the Division has been working with NC Medicaid on a new way to obtain this confirmation.

Board Chair Ellen asked what the pleasure of the board was. Board Member Austin made a motion to proceed with the written priorities with the \$700,00 requests with a full explanation of how it was originally because most of our legislators were not around when this started. Board Member Niehaus pointed out that the 10 Essential Public Health Services appear in two places in statute, and that if we propose a modification to NCGS 130A-34.1(e)(2), she recommends adding that NCGS 130A-1.1(b) be updated as well, so that the statutes are consistent.

Board Chair Ellen summarized the motion to move forward with the suggested legislative priorities to make those a recommendation to the Local health Director's Association. Board Member Dr. Rhonda Stephens seconded. Board Member Stanley expressed that with Board Member Austin's view, if we can add the County Commissioner's Association there and get the support, it would be a much more favorable proposal. **The motion to move forward with the suggested legislative priorities, with the addition of NCGS 130A-1.1(b) and added audience of the County Commissioner's Association, was approved unanimously.**

Administrator Belflower Thomas asked if she could add one more business update to the agenda regarding the North Carolina Institute for Medicine Task Force for Local Public Health just to keep everyone up to date. Administrator Belflower Thomas explained that she has participated in two or three meetings as a member of the task force where the group is looking at where public health should be moving. She shared that there are some real opportunities that are excellent for accreditation to be connected with right now that are really moving the program forward. Specifically, they are discussing topics like trainings for Board of Health members, which is a topic

that accreditation already covers, so as we revise our program, we can align with what comes out of the taskforce. There are similar opportunities with current American Rescue Plan Act funds and workforce development work to align with phase three changes.

Administrator Belflower Thomas and Board Chair Ellen also spoke to the funds that are becoming available to local health departments through the governor's budget and state budget, and DPH is taking a strong look at how to use COVID funds in a sustainable way to build public health infrastructure. There is \$36 million available over the next two years for local health departments to support communicable disease efforts, which is a huge win that the field hasn't seen in a long time. She emphasized the importance of evaluating the use of funds to secure continuing funding. Board Chair Ellen further emphasized this point of needing to decide how to spend the money wisely and evaluate it well to show the legislature that the funding was needed and implemented as it should be. Administrator Belflower Thomas also mentioned the state worker income increases that are also in the budget and how that is a huge win as well.

2022 Schedule

Board Chair Ellen transitioned the board to the final piece of the agenda. Administrator Belflower Thomas mentioned that we already have a meeting scheduled on March 11 from 9:30-1:30 which we will keep virtual. She explained that during the March meeting, the board will primarily cover Pamlico's adjudication from their January site visit and review next fiscal year's proposed budget along with a strategic plan update. She brought up that the next thing to think about are the fall cycle adjudications. Administrator Belflower Thomas shared a reminder that we have to schedule the November/December meeting based on the expiration dates for that cycle of counties so that the board can approve before their expiration date hits. This means that the board will need to meet prior to December 9 for this upcoming cycle. She also reminded the board that we typically try to schedule meetings for the third Friday of a month since that aligns with the Health Director's Association monthly meetings in Raleigh. This means we could schedule the Fall board meeting for November 18 if we wanted to align with the Health Director's Association, or we could go with December 2 or 9, explaining that this may also depend on the pleasure of the board regarding in-person versus virtual meeting format.

Board Member Austin shared that he prefers the November 18 date and prefers meeting in person but recognized that there are other factors to consider. He wondered if anything is likely to change between the proposed November and December dates.

Board Chair Ellen and Board Member Rouse agreed. Board Chair Ellen mentioned that December 2 could conflict with the Alliance for Public Health Agency strategic planning retreat which is typically the first week of December.

Administrator Belflower Thomas mentioned that the Cardinal Room has been working ok and that a hybrid meeting format would be possible. There was general hope in the room that a year from now, we could be back in person. There were no objections to proceeding with November 18 as the Fall board meeting date.

Administrator Belflower Thomas reminded the Board that they used to have two big meetings a year focused on adjudications, but now with strategic work, the Board decided to move towards more of a quarterly meeting schedule. She recognized that November to March is not quite perfect quarters. She suggested that between March and November, the board has two shorter, virtual

meetings in June and September, maybe two hours long. She presented date options of June 17, June 24, September 16, and September 23.

Board Members Austin, Dr. Jeffers, and Stanley all expressed availability for all dates. Many additional Board Members nodded their heads, expressing no conflicts at the proposed options. Administrator Belflower Thomas shared that she and Ms. Benson Nemitz would look at the calendar, decide which dates are better from a program perspective, and share calendar holds. She confirmed that 9:30 am – 11:30 am would be a suitable timeframe for the board.

Board Chair Ellen closed by acknowledging what a challenging year it has been, thanking Administrator Belflower Thomas and the accreditation staff for completing a significant amount of work, even without site visits, navigating Pamlico and moving forward with strategic planning. She also thanked the board for dealing with many difficult decisions and being present and engaged throughout. She wished the board a happy Thanksgiving, Christmas, and New Year.

Board Member Dr. Jeffers shared with the board for everyone's information that there is a good article published in the New York Times titled Public Health Officials Under Siege that he encouraged the board to listen to as it highlights the issues that public health officials across the United States are facing.

Board Chair Ellen expressed that it certainly has been a stressful 20 months for everyone.

Board Member Dr. Schenck named that Monday is Public Health Thank You Day, and she thanked the board for all the hard work that they do.

Board Chair Ellen entertained a motion to adjourn. Board Member Benjamin Tillett made a motion, seconded by Board Member Fleming El-Amin.

Next Meeting: March 11, 2022, from 9:30-1:30

Respectfully submitted,

Amy Belflower Thomas, MHA, MSPH, CPH
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