



**BOARD OF DIRECTORS (VIRTUAL) MEETING
Jan 18, 2022, 12-2 pm**

BOARD MEETING MINUTES

Members Present:

Carrie Rosario, DrPH, MPH, CHES
Vickie Bradley, MPH, BSN, RN ***per 4.19.2022 correction via email
Lori Byrd, DNP, RN, CRE, LPC
Brian Gwyn
Brian McGinnis, , FACHE, FACMPE
Lawrence Nycum, MD, MMM
Adam Sholar, JD
David Sousa, JD
Sara Stoneburner, MD
Andrew Kaiser
Anita Bachmann, MHS
Betsy Tilson, MD, MPH
Goldie Byrd, PhD
Cory Hess, MBA
Richard Montague
Timothy Norris, MBA, SPHR, SHRM-SCP, CHBC

Members Absent:

Reuben Blackwell, IV
Lyndsay Edwards (Formally Jensen), PA
Perrin Jones, MD
Richard Montague
William Way, MD
John Morrow, MD, MPH

Staff Present:

Marsha Bailey
Kathy Colville, MSW, MSPH
James Coleman, MPH
Emily Hooks, MEd
Brieanne Lyda-McDonald, MSPH
Alison Miller, MA, MPH
Kaitlin Phillips
Michelle Ries, MPH
Michelle Pendergrass

Welcome and Call to Order – Carrie Rosario, Chair

Dr. Rosario, Board Chair, brought the meeting to order with opening remarks. Due to COVID-19, the meeting was held via teleconference (Zoom).

Dr. Lori Byrd read this mission of the NCIOM.

November 2021 Meeting minutes were brought forward for approval. Motion from Anita Bachman to approve and 2nd by Brian McGinnis to approve as written.

Dr. Rosario welcomed new board members, Cory Hess, Timothy Norris, Andrew Kaiser, and Vickie Bradley, as well as welcoming back reappointments.

Dr. Rosario talked about coming off the momentous remembrance of MLK Day.

Presentation by Blackman and Sloop - 2021 audit results and communications

Andrea Eason and Katie Ledford of Blackman and Sloop:

Noted that we have accounting policies that are prescribed per industry standard. There were no disagreements or difficulties. A shoutout was made to Marsha, for her work on the audit, especially as a new team member. A new requirement regarding revenue from contracts was discussed. There were no significant audit adjustments. There were some unrecorded time adjustments, which are too be expected and not of concern. Assets have increased almost \$116,000 and investments have increased \$148,000 partially due to more favorable market conditions in 2021. Grant revenue is up approximately \$450,000. Contributions has decreased by \$48,000 due to there only being 1 cosponsor of the NCMJ, as opposed to 2 in the past. Accounts receivable was lower due to the timing of payments. Annual meeting revenue decreased by \$37,000 due to the meeting being virtual, but expenses also decreased. There was a shift in expenses due to Michelle Ries serving as the temporary President and CEO, followed by Kathy Colville taking over the position. We were more heavily dependent on grants and contributions this year. Katie shared contact information for Blackman and Sloop, and instructed to contact them with any questions. Brian McGinnis raised the motion to accept the audit report as presented, Adam Sholar Seconded.

Morgan Stanley Authorized Persons and Enabling Resolutions for Corporations

Kathy Colville stated that there is ongoing work to ensure that we have the right names on documents, removing Adam Zolotor and Don Gula, Adding Kathy and Marsha Bailey.

There was a motion to except this change on the Morgan Stanley Investment Account brought forward by David Sousa and seconded by Adam Sholar.

Audit and Finance Committee Report

Brian McGinnis welcomed Anita Bachman to the committee and thanked her for volunteering to serve. The committee now consists of Anita, Brian, and Adam Sholar.

Marsha Bailey gave a current financial report. We are now at 2.5 million, which is a good place to be. We are excited to have a clean audit, Blackman and Sloop were great to work with! Marsha is working on cleaning up the accounts, due to the transition of leadership. Carrie Rosario and Brian McGinnis now have access to the Suntrust account. Marsha is working on developing a project progress and financial dashboard. This will serve as a running record for where we are each month (one stop shop), assists in reporting to funders, and will be beneficial in the future.

Kathy Colville added that we want to ensure that we are not under running contracts and take advantage of any opportunity we might have to bring on more staff. The fiscal year 2023 budget will be presented at the April board meeting. Sponsorship letters will be sent in March 2022.

Policy / Procedure Changes for Board Review

Kathy Colville stated that in order to contract with the state we have to sign a document stated that proper policies are in place. After with discussing with David Sousa, a conflict of interest and certification statement has been provided for all board members to sign. This will be sent to members via email.

We are subject to university policy on receiving gifts. Employees must sign off that have read policies and procedures.

Current Upcoming and Proposed Projects

Michelle Ries listed the current projects. We are working with the Attorney General's office on county level multi sector planning to address the overdose crisis to plan processes for opioid settlement funds. We plan to conduct interviews and focus groups including community members to evaluation subjective perceptions.

We are in year 4 of Essentials for Childhood. We are working with NC Early Childhood Foundation, NC Child, Prevent Child Abuse NC, and Moms Rising. We are making sure the organizations are connected, with the goal of child maltreatment prevention.

We just completed the 3rd cohort of Legislative Health Policy Fellows. We are working on data collection for recommendations. We have included 50 legislators so far in the program.

We are working with the DHHS department of Aging and Adult Services to the 2016 Dementia Capable Plan to align with the Health Brain Road Map initiative.

Next, Michelle Ries gave an update on current taskforces.

The Future of Local Public Health taskforce is focusing on issues of governance, structure, equity, workforce, sustainable funding, to develop a vision for public health on a local level. The report is due in late May.

The Carolinas Pandemic Preparedness task force is focusing on lessons learned during the first year of covid, and how to apply those lessons to current and future issues, in partnership with South Carolina. The taskforce has 4 more meetings, with a report due in late June.

We're in year 3 of the Maternal Health Task Force. Recommendations have been developed and being passed to workgroups. Issue briefs are being developed and will be published throughout this year.

Michelle Ries discussed upcoming projects next.

The Healthy Aging Task Force is beginning steering committee meetings. They will discuss social isolation, nutrition/food insecurity, mobility, and transportation. Task force meetings will start in April.

The Oral Health and Managed Care Task Force is in the planning stages. This task force is in partnership with the Foundation for Health Leadership and Innovation. The task force will focus on the integration of oral health into Medicaid managed care, as well as applying primary care lessons to oral care.

An application to The Duke Endowment for a Nursing Workforce Task Force is in progress. The Task Force would begin in Fall of 2022.

North Carolina Medical Journal

Kaitlin Philips gave an update on the NCMJ. The most recent issue was focused on American Indian Health in November/December of 2021. This issue received a lot of positive attention on social media and in our networks. The January/February 2022 issue will focus on social and economic factors of health in North Carolina. We are newly including interviews in the NCMJ, which has been very popular. Through September, issues will be focused on different facets of Healthy NC 2030. These will include the physical environment, clinical care indicators, health behaviors, and life expectancy. We are considering a supplemental issue on original research.

We are working on a podcast with a similar focus to HNC 2030, but more broad. It should be ready in the first quarter. It will include some of the audio from the interviews we're publishing in the NCMJ. David Sousa noted that we should be sure to let the NC Chamber of Commerce know when the podcast is ready.

Many people began discussing the healthcare worker shortage. Kaitlin and Kathy noted that this topic will be covered in future issues of the NCMJ, as well as throughout task forces. Kathy noted that we are focusing on a strategic approach, but don't have much to add to solving the urgent staffing shortages, we are feeling the pinch of something that has been long in the making. David noted that this was covered in the Sheps Center Report on Nursing Shortage. Adam Sholar noted that all of the people under nurses (CNAs, etc) are important, but frequently not mentioned in research. Goldie Byrd mentioned that these employees are some of the worst paid people, with the hardest jobs, and asked if there is a plan to address that. Kathy mentioned that there is money in the budget for one time bonuses under Medicaid, and expressed a desire to understand what in addition to pay would incentive folks to come and stay in direct care positions. David mentioned that Dr. Fraher gave a presentation at the last LHPF meeting, including this topic, and 2 or 3 legislators, seemed to get it, but many seemed to be hearing it for the first time. One solution that was discussed was better funding of junior/community college medical programs. The NCIOM could play an important role in keeping the conversation going with legislators.

These links were shared in the chat:

Here is a blog post that Brienne Lyda-McDonald wrote that also links to the Nursecast data <https://nciom.org/the-oncoming-nurse-workforce-shortage-in-north-carolina/>

There may be some answers to your questions in this recent issue of the NCMJ <https://www.ncmedicaljournal.com/content/82/5>

Link for Dr. Fraher's presentation: <https://drive.google.com/file/d/1KODa7sieyrsAINZjdx8fFofPlqdz0EI/view?usp=sharing>

This report from the Task Force on Serious Illness Care has a section focused on workforce development for serious illness care: https://nciom.org/wp-content/uploads/2020/06/NCIOM_Improving-Serious-Illness-Care-in-North-Carolina_Full-Report_April-2020.pdf

NCIOM Organizational Assessment and Our Path Forward

Kathy Colville underscored that we are coming into this assessment from a place of strength. Kathy went on to speak on our charter, mission, and programs. We are non-partisan, evidence based, consensus driven, equity and solutions focused. The mission was written by and agreed on by the board, do we have any language concerns? Nowhere in our charter do we see the word advocate, we are not an advocacy organization. Kathy discussed the multiple streams theory. Within any policy sector there is a problems stream, a solutions stream, and a influencers stream. The intentional work of the NCIOM is to bring these 3 streams together in a non-biased and non-partisan way. A disaster, such as Covid-19, may bring these streams closer together. We do this by convening taskforces, creating issue briefs, and publishing the NCMJ. Legislative Health Policy Fellows is a bipartisan group, where subject matter experts can answer questions, and legislators from both sides can talk together without judgement. It is important that we don't isolate ourselves from people with differing opinions. The work that takes place after us (bill drafting, lobbying, campaigning, etc.) is considered advocacy, which we don't participate in.

The organizational assessment survey showed a very favorable view of the NCIOM, as a convening body across sectors. People believe that no other organization does as good of a

job at this. People across the political spectrum have a core trust in our taskforce recommendations, even if they don't agree. The first recommendation of the organizational assessment is that our mission needs further clarification (are we informing or shaping policy?). Most stakeholders do not want us to go further into advocacy, they want us to present data and recommendations, so we do not lose the ability to convene. The metrics we report (whether our recommendations are reflected in legislation) are on the other side of advocacy. Are we reporting the right metrics, is there another way to report more accurate impacts? Our key vulnerability is that some think we just write reports that sit on shelves. The second recommendation is focused on diversifying revenue and disseminating information. We can go from good to great, by delivering superior performance (results and efficiency), distinctive impact, and achieving lasting endurance.

Initial thoughts were then discussed by the group. Timothy Norris mentioned that he didn't have an elevator speech for the NCIOM mission, he didn't know how to explain what we do to someone on the street. He brought up the need for a condensed version of the mission for communication. Sara Stoneburner, emphasized that we should remain nonpartisan, and said that we should not be judged on what bills are passed. Adam Sholar thinks it is relevant what percentage of recommendations are adopted, but we should stay in the realm of informing. Betsey Tilson agrees, but spoke on the perspective that there is an element of advocacy in what issues we take on and who we bring to the table. We should not go beyond that. Betsey and Kathy Colville emphasized the importance of relationship building with legislators from both sides. Brian Gwyn, brought up the idea of going beyond what recommendations were adopted, to what kind of positive impact we are having on the real world.

Forming Relationships with Legislators and Legislative Health Policy Fellows

Brienne Lyda-McDonald gave an update on LHPF. She plans on providing county health data and primers. We should continue connecting and become a trusted resource for the NC General Assembly, as well as facilitating across the aisle relationships. The funding came from the Blue Cross Blue Shield Foundation, the Duke Endowment, and Cone Health. This cohort had 3 sessions, transitioning to remote due to Covid. The next steps are issue brief top determination, scheduling a reception, and determining ongoing engagement. Discussion brought to the group on how we can build momentum and cultivating NCIOM champions among LHPF alumni. Timothy Norris mentioned that we should never discount the value of stories, along with data. Dr. Nycum said that legislators approve of the approach where they gain a broader thought experience.

Meeting Closure

Kathy Colville mentioned convening a group to look further at the mission. Kathy also mentioned the fund development committee, that we have had in the past, and whether it should be a part of the audit and finance committee. We entertained the possibility of a board retreat in the future. Carrie Rosario made a motion to close the meeting. Dr. Nycum seconded.