



BOARD OF DIRECTORS (VIRTUAL) MEETING
July 19, 2022, 12-2 pm

BOARD MEETING MINUTES

Members Present:

Vickie Bradley, MPH, BSN, RN
Goldie Byrd, PhD
Lori Byrd, DNP, RN, CRE, LPC
Brian Gwyn, MBA
Cory Hess, MBA
Perrin Jones, MD
Andrew Kaiser
Brian McGinnis, FACHE, FACMPE
Richard Montague
John Morrow, MD, MPH
Lawrence Nycum, MD, MMM
Timothy Norris, MBA, SPHR, SHRM-SCP, CHBC
Carrie Rosario, DrPH, MPH, CHES, TTS
Adam Sholar, JD
Sara Stoneburner, MD
David Sousa, JD
Betsey Tilson, MD, MPH
William Way, MD

Members Absent:

Anita Bachmann, MHS
Reuben Blackwell, IV
Lyndsay Edwards, PA

Staff Present:

Marsha Bailey
Kathy Colville, MSW, MSPH
Jacori Crudup
Emily Hooks, MEd
Brieanne Lyda-McDonald, MSPH
Alison Miller, MA, MPH
Kaitlin Phillips, MS
Michelle Ries, MPH
Ivana Susic



Guests Present:

Amy Bason, JD
Jason King
Kevin Leonard, MPA
Steven Mange, JD

Welcome and Call to Order – Adam Sholar, Vice Chair

Adam Sholar, Vice Chair, brought the meeting to order with opening remarks. Due to COVID-19, the meeting was held via teleconference (Zoom).

Vickie Bradley read the mission of the NCIOM.

April 2022 meeting minutes were brought forward for approval. It was noted that one change was made the morning of July 19th, removing Betsey Tilson as in attendance at the April meeting. John Morrow brought up typo on the top of page 5: “in” instead of “is” and five-year look at what we’ve done, typo should be “our”.

Motion was made by John Morrow to approve the minutes with corrections. Motion was seconded by Brian McGinnis.

Presentation of the Current Financial Position and Fiscal Year 2023 Budget

Presentation by Marsha Bailey, Director of Operations, NCIOM:

Current financial position:

Truist Checking Account	\$ 108,834
Truist Money Market Account	\$1,555,984
PayPal Account	\$ 17,280
Morgan Stanley Investment Account	\$ 906,036
TOTAL	\$2,588,134

Marsha reminded everyone of the appeal Adam Sholar made for board members to make a personal contribution. Marsha shared a slide reflecting the amount that had been given so far and Marsha thanked everyone for their support thus far. Marsha shared a slide showing the increase from 2019 to 2022. Board members agreed this is an important factor to highlight in development and fundraising activities.

Current Upcoming and Proposed Projects

Presentation by Michelle Ries, Associate Director and Kathy Colville, President/CEO NCIOM:



Michelle first acknowledged the Ongoing Task Forces and Projects, including

- County-Level Multi-Sector Planning to Address the Overdose Crisis
- Legislative Health Policy Fellows
- Task Force on Maternal Health (DPH) – ongoing, currently in year 3
- Essentials for Childhood (DPH) - backbone organizational support – ongoing, currently in year 4
- Caregivers' experience with COVID (DAAS) - subcontracting with qualitative researchers at UNC Gillings – to be completed in the Fall of 2022

Michelle directed Board members to review the President's Report for additional information about each of these projects.

A new Task Force on Healthy Aging launched in May 2022 and the fourth meeting was held on July 18, 2022. The Task Force focuses on falls prevention, mobility, nutrition/food insecurity, and social isolation. The Task Force is funded by the Duke Endowment, NC DHHS, and AARP North Carolina.

Michelle also reviewed recently-completed Task Forces:

- Future of Local Public Health – to be published in August
- Carolinas Pandemic Preparedness Task Force – to be published in August, with a media event on August 17, 2022
- BOLD NC/Dementia-Capable North Carolina was completed in April 2022 - NC DHHS/DAAS to publish this summer

Quotes were shared regarding recently completed projects, to emphasize the value of the work to NCIOM partners and task force participants.

Michelle reviewed new Task Forces and Projects:

- Task Force on Oral Health Transformation – joint project with the Foundation on Health Leadership and Innovation, with funding from the Duke Endowment - launching August 2022
- 2023 Child Health Report Card, in partnership with NC Child - publication planned for Spring 2023
- Task Force on the Future of Nursing – Fully Funded by the Duke Endowment, The NC Pandemic Recovery Office, and AARP NC - Meetings will begin December 2022

Michelle reviewed current “thought partner” work of the NCIOM:

- Kathy, Michelle, and staff have been working with NC AHEC and the Sheps Center to develop overall concept, structure, potential tasks, and structure and governance for a forthcoming Center on the Workforce for Health.
- Duke-Margolis Center for Health Policy will be Co-hosts for a July 28, 2022 webinar, “Early Learnings from Healthy Opportunities Pilots.”
- The NCMJ/Legislative Health Policy Fellows Symposium was held on June 6, 2022 and included the graduation of the Legislative Health Policy Fellows.



The NCIOM 2022 Annual Meeting will be held in person on November 15, 2022. It will focus on health care workforce. Sue Hassmiller, PhD, RN, FAAN, former RWJF Sr. Advisor for Nursing Emeritus, is the keynote speaker.

Michelle also discussed the 2022 NCIOM Membership Process; per the Bylaws it is time to begin the membership process for identifying new NCIOM Members. Michelle shared goals for the 2022 NCIOM membership process:

1. Revise criteria for selection and implement nomination/selection process
2. Select and invite 2022 NCIOM members and
3. Identify and expand informational and networking opportunities for NCIOM members—what is the value of membership?

Michelle shared the process timeline and asked for Board members to reach out to her if they are interested in serving on the membership committee of the Board.

Dr. Stoneburner made a note of the unrestricted donation from Curi made in honor of David Sousa in the amount of \$75,000.

North Carolina Opioid Settlement

Kathy introduced invited guests, Steven Mange (Office of the Attorney General), Kevin Leonard (North Carolina Association of County Commissioners), Amy Bason (North Carolina Association of County Commissioners), and Jason King (North Carolina Association of County Commissioners). NCIOM has been working with these partners on the “County-Level Multi-Sector Planning to Address the Overdose Crisis” project and invited them to discuss the status of the opioid settlement and work within the counties to plan for its disbursement.

Presentation by Steven Mange, Senior Policy Counsel & Interim Legislative Counsel:

Steven Mange shared that there has been a wonderful partnership between the counties, municipalities, states, and the NCIOM.

Steven clarified financial details, including:

- current settlement that has been made so far, for distributors plus Johnson & Johnson: National - \$26B over 18 years, North Carolina - \$750M over 18 years.
- State Level/Allocation: Overall Allocation - Allocation 15% to be allocated by the General Assembly and 85% is allocated to local governments (100 counties and 17 municipalities.)

Under the settlement, counties have two options for use of the settlement funds:

Option A

- Shorter list of high-impact strategies
- Treatment, recovery, naloxone, etc



Option B

- Engage in collaborative strategic planning
- Then pick from shorter or longer list

North Carolina is considered a leader in the high level of transparency with respect to the use of funds. Steven encouraged attendees to look at the Community Opioid Resources Engine for North Carolina (CORE-NC) at ncopioidsettlement.org or the NC Department of Justice opioid settlement webpage: morepowerfulinc.org

Kathy Colville shared the NCIOM role and activities in this work, including progress in discussions of best practices in inclusion of people who use drugs, and in serving as “connective tissue” for state and local partners.

Presentation by Kevin Leonard, North Carolina Association of County Commissioners, Amy Bason and Jason King:

Kevin expressed that there has been a wonderful partnership between the counties, municipalities, states and the NCIOM.

Kevin also acknowledged foundation partners, including the Duke Endowment and Dogwood Health Trust (including specific effort with western counties).

Kevin acknowledged that the reason for specific county-level work on these collaborations is because the counties are on the frontlines; agencies including EMS, foster care, DSS, emergency services, jails, etc., are all heavily impacted by and involved in response efforts to address the opioid crisis.

Kevin showed a slide that demonstrated the NCACC role in settlement talks. In September 2019, Steven Mange reached out about including the NCACC in the discussions. Kevin acknowledged that working together allowed for everyone to get on the same page. NCACC work group known as The 5-5-5, consists of 5 commissioners, 5 county attorneys and 5 county managers. The 5-5-5 became the core group providing guidance and serving an advisory function to the development of the plans for the settlement.

Kevin addressed the settlement funds and allocations estimates: The national settlement and Purdue Pharma bankruptcy could provide up to \$850 million to NC for opioid remediation, to be allocated over the course of 18 years with the funds being front-loaded. The funds would be allocated proportionally. The MOA developed with the states offers two options for local governments in regard to funding.

Under current legislation, a coordination group will be established which consists of five local government representatives, four experts appointed by NC DHHS, one expert appointed by the Attorney General, and two experts appointed by NCGA members. The NCIOM will have one representative serving on this group. Kevin emphasized that the



settlement was the beginning of this process, and the next step is planning for the future; counties need a model for how to begin this planning.

Amy Bason shared her appreciation for the ongoing partnerships that will help ensure that the settlement funds are used effectively and efficiently in North Carolina. Amy thanked Kathy and Michelle for encouraging the NCACC to leverage additional funding, recently received from the Duke Endowment, to continue this planning and assistance work with the counties.

Jason King shared how the funds would be used. The NCACC Director of Strategic Health and Opioid Initiatives will begin on August 1st and there will also be additional staff hired to assist with strategic planning in various counties.

Kevin Leonard shared that NCACC held a summit in March 2022 that brought together county leaders to share plans and strategies for ongoing opioid response and settlement planning. The goal is to hold a summit again in the future.

A question was raised with concern that the infusion of settlement money may prompt the legislature to decrease state appropriations. Steve Mange replied that funding information for each county can be found online at www.ncopioidsettlement.org. Currently, it is not expected for the state share of the funding to be offset, and it is anticipated that there will be a net gain at the local and state level.

Kevin Leonard shared that county officials are being encouraged to plan for long-term use of the funds. Steve commended the efforts toward greater collaboration and partnerships between the county commissioners.

Adam Sholar thanked the presenters for their hard work and their time with the NCIOM Board of Directors.

President's Report

Presentation by Kathy Colville, President/CEO, NCIOM:

Celebrations

- Dr. Rosario's birthday
- A donation received in honor of David Sousa
- Hard work on report writing by Brieanne, Alison, Emily, and Michelle
- Funding from The Duke Endowment for projects on Opioids and nursing
- Full funding for the *Future of Nursing Task Force*
- Collaboration with Duke-Margolis Center for Health Policy



- The *NCMJ* received an award for publication excellence – Kaitlin Phillips shared details of the five national awards in excellence for COVID publications. The guest editors were Dr. David Weber, Tish Singletary, and Dr. Susan Mims

Organizational Assessment

Kathy reviewed key results from the NCIOM Organizational Assessment, which has been previously presented in full to this board. Four focus areas were shared, along with their respective goals and next steps; Mission Clarification, Communications, Legislative Relationships, Evaluation and Impact.

Kathy discussed the goals of preserving and building on our assets, including reputation, trust, and unique contribution.

The NCIOM is working with a Communications Specialist and reaching out to a consulting firm to help up understand how to navigate the General Assembly in order to hone some strategies.

Kathy shared the central goal of our communications strategy development: The *NCMJ* and NCIOM will be top sources of trusted, accurate, timely, relevant, non-partisan information and analysis for those who care about improving the health and well-being of all North Carolinians. Kathy shared information about taking a project-based approach to Task Force communications. Evaluation of communications will be essential in order to know if our message is effective.

Kathy shared a slide addressing evaluation, reflection, and learning, which NCIOM is using to discuss our team and how we interact/operate as part of ongoing culture improvement.

Kathy noted that the purpose of implementing ongoing evaluation processes is to ensure that we are improving the quality of our work.

Board Appreciation

- Reuben Blackwell & Carrie Rosario for their participation as panelists at the *North Carolina Medical Journal* Inaugural Symposium
- Carrie Rosario for serving as *North Carolina Medical Journal* guest editor
- Adam Sholar for leading the charge in the Board of Directors request to donate to the NCIOM
- Lori Byrd, Adam Sholar, Cory Hess for being NCIOM Annual Meeting 2022 “Thought Partners”

Excellent Work



- Kaitlin Phillips on an amazing week, month, quarter and year for the *North Carolina Medical Journal*
- Emily Hooks for team and organizational development
- Jacori Crudup for jumping in and staying ready for anything
- Thank you to Brienne and Alison for report writing

Strategic Discussion

Kathy's presentation focused on a strategic discussion on high conflict health policy issues. The purpose of the discussion is for Board members to reflect and share their insights and ideas concerning the NCIOM's mission and resulting implications for how the NCIOM addresses high-conflict health policy issues. Kathy also emphasized the importance of addressing these issues in ways that preserve trust in the NCIOM and are true to our values and mission, Kathy shared the NCIOM mission and a quote from the organizational assessment was shared.

Kathy shared a list of examples of "high conflict health policy issues" in order to clarify the types of topics and issues at hand, such as abortion, firearms violence, medical marijuana, systemic racism, sexual and gender identity, climate change, scope of practice, and certificate of need laws.

Kathy shared questions developed by NCIOM staff:

- What are our organization's vulnerabilities and responsibilities in addressing these issues?
- What approaches to addressing these issues would you support as a board member of the NCIOM?
- What guidance would you offer the staff of the NCIOM as they thoughtfully contemplate our engagement with these issues?

Kathy launched a poll through Zoom, asking Board members to respond to ten questions, using the following response choices:

1. "I support this approach"
2. "I do not support this approach, or it depends"
3. "I am in the middle"

How do we approach these issues?

1. Avoid these issues (do not engage)
 - "I support this approach" - **6%**
 - "I do not support this approach, or it depends" - **44%**
 - "I am in the middle" - **50%**
2. Integrate these issues into larger discussions of related health issues
 - "I support this approach" - **67%**
 - "I do not support this approach, or it depends" - **0%**

"I am in the middle" - **33%**

3. Focus on health outcomes/healthcare rather than legal/moral/ethical debates

"I support this approach" - **61%**

"I do not support this approach, or it depends" - **0%**

"I am in the middle" - **39%**

4. Present competing sides of an issue without weighing in on which has stronger evidence

"I support this approach" - **44%**

"I do not support this approach, or it depends" - **39%**

"I am in the middle" - **17%**

5. Provide data on the "current state" of the issue

"I support this approach" - **50%**

"I do not support this approach, or it depends" - **11%**

"I am in the middle" - **39%**

6. Provide information and analysis in response to media inquiries

"I support this approach" - **28%**

"I do not support this approach, or it depends" - **28%**

"I am in the middle" - **44%**

7. Provide information and analysis to advocacy groups

"I support this approach" - **39%**

"I do not support this approach, or it depends" - **28%**

"I am in the middle" - **33%**

8. Engage with these issues during less high conflict times

"I support this approach" - **28%**

"I do not support this approach, or it depends" - **22%**

"I am in the middle" - **50%**

9. Present potentially challenging but well-supported evidence to support policy recommendations

"I support this approach" - **56%**

"I do not support this approach, or it depends" - **6%**

"I am in the middle" - **39%**

10. Be "responsive" rather than "proactive" on these issues

"I support this approach" - **39%**

"I do not support this approach, or it depends" - **6%**

"I am in the middle" - **56%**



Board members discussed the survey results and questions. Board responses and discussion points included:

- “Having data based on the current landscape of NC as it relates to various issues the data in one place is very valuable. Taking more of a public health approach could be valuable.”
- “Staying focused on the science is critical. Some issues are philosophical and not scientific. Unless there is new science, how do we justify restudying an old issue? We don’t need to hide from what the science says and if there isn’t a clear line, we state that.”
- “There is not a singular right answer to any question, and we will never have the right answer to everything. Acknowledging that can be helpful. We need to stay above the emotions of issues. For question #10, it can be a double-edged sword; we should not seek the questions.”
- “How we engage in certain issues can imply the importance of the issue. As a Board and Institute, it needs to be clear how we address all issues, regardless. How do we identify statewide problems for all North Carolinians and if we have a process, we should be applying and examining all aspects to put together constructive solutions. Having a good process that applies to all issues is important.”
- “When we look at issues, it is incumbent on the Board to search GS.90-470 to look at the purpose of the Institute of Medicine. Some poll responses may be based on personal feelings, however, need to remind ourselves that *the NCIOM is declared to be under the patronage and control of the State*. Statute allows us to be concerned/involved with a lot of issues. We should do a gut check before we get too creative with responses”
- “The Mission should be our guiding principle. By the nature of our Mission we have an obligation to seek solutions to issues that impede the improvement of health. In my opinion we have an obligation to have an opinion.”

Kathy requested postponing the Executive Session in order to ensure time for a brief meeting evaluation. She stated that the feedback suggests that we need to take all issues into account and additional feedback from the Board about how to approach these discussions would be welcome.

Regular +/-Δ conversations

Presentation by Emily Hooks, Program and Evaluation Manager, NCIOM:

Emily discussed the value of “solution-focused” as a priority value of the NCIOM, and the ongoing conversation with NCIOM staff about how to build evaluation and solutions into all of our work. Emily defined the use of the plus/delta review as a new strategy.

Discussion points included:



- The plus/delta review normally occurs during the last ten minutes of a meeting
- Pluses defined as:
 - o Aspects that are working
 - o Aspects that the individual or team wants to maintain and build upon
- Deltas (opportunities for improvement) defined as:
 - o Identifying the opportunities for improvement
 - o Aspects that can be changed so that the individual or team may be more effective
 - o Action-oriented and begin with a verb
 - o Specific
 - o Things that should be reviewed and acted upon

Emily shared a Jamboard link that listed plus and delta so that participants could add sticky notes to the board with their reflections on the Board meeting.

Kathy noted that the link for the Jamboard was shared in the chat, and asked members to complete as they are able to.

Meeting Closure

As a challenge, Adam stated that no group (based on who appointed them to the Board – the Governor, the President Pro Tem and the Speaker of the House) has had 100% contribution. He issued a friendly competition amongst the three groups.

David Sousa moved to adjourn. John Morrow seconded.

Adam Sholar adjourned the meeting at 2:01 pm.