

NCIOM and SC IMPH Carolinas Pandemic Preparedness Task Force

Meeting VII Summary

February 28, 2022

12:00 pm – 3:00 pm

Virtual Meeting

In Attendance:

Co-Chair/Steering Committee Attendees: Harris Pastides, Machel Baker Sanders, Graham Adams, Cardra Burns, Abdoulaye Diedhiou, Kelly Fuller, Tatyana Kelly, Lillian Koontz, Emily Roach

NCIOM and IMPH Staff Attendees: Yair Centeno, Kathy Colville, Brie Hunt, Emily Hooks, Alison Miller, Maya Pack, Michelle Ries, Brittney Sanderson, Kirsten Siebenga, Hunter Sox

Task Force Members and Interested Parties: Helmut Albrecht, Todd Brown, Morgan Browne, Lori Byrd, Christine Carr, Kimberly Clement, Sam Cohen, Jennifer Copeland, Robin Cummings, Rep. Carla Cunningham, Jamie Dagenhart, Becki Dail, Alma Davis, Ana De la Garza, Katie Gaul, Sara Goldsby, Catherine Guerrero, Elizabeth Harmon, Tessa Hastings, Ivy Jones, Tecoria Jones, , Erika Kirby, Victoria Ladd, Kathryn Lanier, Michael Leach, Ann Lefebvre, Naomi Lett, Michelle Logan-Owens, Karen Lommel, Norma Martí, Kathleen Martin, Melanie Matney, Sel Mpang, Connie Munn, Marcus Plescia, Jacob Parrish, Shannon Pointer, Melissa Potter, Omari Richins, , Ben Rose, Tim Rosebrock, Melissa Ross-Merkel, Stacie Saunders, Ivan Segura, Windsor Sherrill, A. Vernon Stringer, Shawn Stinson, Richele Taylor, Robin Tutor Marcom, Hugh Tilson, Brannon Traxler, Louise Vincent, Franklin Walker, Amanda Whittle, Amy Widderich, Holly Wilson

1. Welcome and Opening Remarks: 12:00 pm – 12:10 pm

Dr. Harris Pastides, Interim President, University of South Carolina
North Carolina Secretary of Commerce Machel Baker Sanders

Dr. Harris Pastides and Secretary Sanders welcomed the task force to the seventh Carolinas Pandemic Preparedness Task force meeting. Dr. Pastides discussed the state of the coronavirus pandemic and shared his hopes that case rates will continue to decrease over the upcoming months. He discussed the role of collaboration at the University of South Carolina in tracking wastewater to support COVID surveillance and concluded by thanking the task force for their engagement. Secretary Sanders then discussed the importance of partnerships. She explained that collaboration leads to innovation and gave examples of successful partnerships in North Carolina. The co-chairs both acknowledged the continued presence of the coronavirus across the two states and the need for effective partnerships to best serve North and South Carolinians.

3. Framing the Discussion: 12:10 pm – 12:30 pm

Kathy Colville, President and CEO, NCIOM
Maya Pack, Executive Director, SC IMPH

Ms. Maya Pack and Ms. Kathy Colville discussed the goals of the task force and the content of the upcoming meetings. Ms. Pack introduced three discrete goals for the meetings, which include: (1) assessing lessons learned during the pandemic; (2) developing consensus on actionable recommendations for a resilient response, (3) and

identifying ways to focus on equity and addressing the needs of historically marginalized communities. After discussing the goals, Ms. Pack reviewed the guiding principles for the task force.

Ms. Colville explained to the task force that this meeting is the final task force meeting that will present new content for consideration. She added that the upcoming meetings in March and April will focus on recommendation development. Ms. Colville elaborated on the upcoming March and April meetings as “synthesis meetings,” which she described as time dedicated to collaborative recommendation development and refinement. Task force members will have a chance to review and provide input on the drafted reports prior to publication in June 2022.

Ms. Pack then introduced the meeting theme – collaboration and coordination. She provided suggestions of topic matter for the discussion including, “what needs to be done to support collaboration” and “identifying needed partnerships that have yet to be developed.” Ms. Colville then asked that the task force members think about ways to use the information gathered in this meeting to move us towards recommendations, with a focus on sustainability, feasibility and collaboration. Ms. Pack concluded the framing part of the agenda with a brief overview of the recommendation development process and components of a strong recommendation using an example from a previous IMPH task force.

4. Collaboration, Coordination & Partnerships During the Pandemic: 12:30 pm – 1:35 pm

Dr. Marcus Plescia, Chief Medical Officer, Association of State and Territorial Health Officials (ASTHO)

Ms. Brie Hunt commenced the presentation section of the agenda by introducing Dr. Marcus Plescia, Chief Medical Officer at the Association of State and Territorial Health Officials (ASTHO). Dr. Plescia discussed his role as the director of the Mecklenburg County, North Carolina County Health Department before he discussed the importance of collaboration and coordination in pandemic response. Dr. Plescia provided examples of effective partnerships he witnessed during the pandemic with a specific focus on healthcare providers, FQHCs and collaborations within states. Dr. Plescia explained that the ability to collaborate directly with community organizations, FQHCs and policymakers is a necessary component of a comprehensive emergency response. He also provided examples of effective cross-state collaborations and FQHC partnerships in rural areas.

Dr. Plescia also described several opportunities to strengthen pandemic response and coordination efforts in the future, including:

- Prioritizing race/ethnicity data to address equity issues by establishing requirements for baseline surveillance data that would require providers, technicians, and nurses to report race and ethnicity data for all community members who test positive for the virus, receive a vaccination, or are hospitalized.
- Examining current data systems and data governance challenges and considering interoperability requirements to support immunization tracking.
- Increasing access to de-identified hospital data on infectious diseases. Data sharing by hospitals is voluntary in some states, including South Carolina, but these data are critical for decision-makers.
- Discouraging legislative initiatives that limit the authority of public health agencies during an emergency. Efforts to reduce public health authority by requiring legislative approval could delay response efforts significantly.
- Scaling back vending and contractual requirements for community-based organizations to increase the amount of funding distributed to groups who are active in the community and have existing relationships with community members.
- Considering the health of travelers by providing wraparound services for isolation.

Naomi Lett, President & CEO, United Way Association of South Carolina

At the conclusion of Dr. Plescia’s presentation, Ms. Hunt introduced Naomi Lett, President and CEO, United Way of South Carolina. In her presentation, Ms. Lett discussed the importance of funding community-based organizations

(CBOs) and refining the grant funding process to limit competition among CBOs. She discussed the OneSC Fund and the framework they use to allocate funding more effectively to CBOs and grassroots organizations with ties to their community. Ms. Lett also discussed the United Way's ongoing partnership with the NAACP of South Carolina and how collaboration with the NAACP is a key component of reaching "hard to reach" populations. Key takeaways from Ms. Lett's presentation include:

- Partner with CBOs to develop appropriate messaging and interventions.
- If possible, work with organizations who already have a presence in the communities you are trying to reach. Identify the existing CBOs in an area and be willing to form new partnerships with grassroots groups; these organizations are not always resourced or invited to the table to the detriment of their community.
- Identify ways to certify community leaders to work on behalf of state organizations (DHEC, NCDHHS) to improve levels of trust and intervention efficacy.
- Involve grassroots organizations in the design and dissemination of public health efforts.
- Develop relationships with CBOs and advocacy groups such as the NAACP. Ms. Lett provided an example of the importance of partnering with CBOs to reach marginalized communities that described Marion Co., South Carolina and how a lack of trust was detrimental to state-led public health efforts.

Catherine Guerrero and Ana De la Garza, North Carolina Department of Health and Human Services

Ms. Hunt then introduced Ms. Catherine Guerrero and Ms. Ana De la Garza from the North Carolina Department of Health and Human Services to discuss the Healthier Together – Health Equity Action Network and the Community Health Worker initiative in North Carolina. Ms. Guerrero provided an overview of the Healthier Together initiative, which represents a public/private partnership with NC Counts, and their efforts to support vaccine equity during the COVID-19 pandemic and advance health equity long-term. Ms. Guerrero shared that the current focus areas of Healthier Together include: (1) serving as a bridge between local health departments and communities; (2) increasing funding and building capacity of community-based organizations; and (3) considering long-term strategies around both equity and vaccinations. As part of this work, the initiative examined existing relationships that were already strong, and considered the climate to assess how mobilizations could be helpful. Ms. Guerrero described the impact of the CHW initiative and explained that their success is predicated on relationships with existing CBOs with relationships in the community. Ms. Guerrero then introduced Ms. Ana De la Garza, who discussed the factors that lead to a successful CHW program. Key takeaways from their presentations include:

- As frontline health workers and trusted partners, community health workers can be used to form reciprocal relationships with others working in the community. Representation matters and community health workers can be a bridge to build trust in a community.
- Selective relationships and investment are detrimental to community health.
- The CHW initiative, which reflects a regional approach based on Medicaid regions, has diverse representation from all 100 counties in North Carolina (91% identify as Hispanic/Latinx or African American).
- The NCCARE360 application was the first platform in the country to connect community members with community health workers for services, and has been used to close the loop between request for services and available resources.
- Food assistance, income, and individual/family services represent the top requested services.

Following the presentation by Ms. Guerrero and Ms. De la Garza, Ms. Hunt opened the floor for questions.

Ms. Sel Mpang asked Ms. Guerrero in the chat, "Catherine – What was your process for sharing data with communities, and how did you make the data accessible for them (the ability to see them and understanding it's impact)." To which Ms. Guerrero responded, "The HT leadership attends briefings at DHHS. I also brief the regional leads on a regular basis, and upon request when things change. We walk through vaccine trends, treatment, testing, etc. Also monthly, we meet with all the funded CBOs, along with a medical doctor, and answer questions about trends, trials, and they have open question time. Our focus is on preparing these folks to go into communities as

ambassadors and share knowledge and data. They also facilitate listening sessions and community meetings to directly engage community members.”

Ms. Hunt asked the group to elaborate on challenges they face surrounding partnership and collaboration. Ms. Lett responded that stakeholders are often reluctant to work outside of typical group operations or develop new partnerships. Dr. Plescia voiced support for Ms. Lett’s statement and elaborated that limited funding restricts the development of community health partnerships. He also stated that we should be reimbursing community volunteers for their work. Ms. Guerrero concluded the discussion by describing the need to be more conscious about allocating funds to community organizations. She explained that public health entities should be more focused on how to support CBOs.

Ms. Colville synthesized the key takeaways in the chat by commenting, “Noting the connection between Naomi’s comments and what Norma just mentioned – the need to sustain this infrastructure that reaches deep into communities and is trusted. Capturing Catherine Guerrero’s framing of the partnership between institutional PH and community-based orgs: ‘Public Health can’t be behind the curtain pulling the strings or asking people to do our bidding. Public Health needs to think of ourselves as being in service to those people and orgs that have been doing this for many years and identify the structures and supports to make them effective.’”

5. Break: 1:35 pm – 1:40 pm

6. Breakout Sessions: 1:40 pm – 2:30 pm

When the task force reconvened, Mr. Yair Centeno placed members into their respective break out sessions by state to discuss state-specific topics.

South Carolina: Workforce and Behavioral Health

Workforce

*Ann Lefebvre, Executive Director, South Carolina Area Health Education Consortium
Katie Gaul, Director, South Carolina Office for Healthcare Workforce*

In this discussion, South Carolina task force members focused on workforce and behavioral health issues during the pandemic. To begin, Ms. Ann Lefebvre, Executive Director, South Carolina AHEC, discussed efforts to build out existing data sources to track the South Carolina workforce and how the pandemic worsened existing workforce shortages. At the conclusion of her discussion, she introduced Ms. Katie Gaul, Director, South Carolina Office for Healthcare Workforce, SC AHEC, who discussed workforce trends in the state with a focus on registered nurses (RN), licensed practical nurses (LPN) and respiratory therapists. To conclude their discussion, Ms. Lefebvre asked the group to consider how natural career trajectories affect the number of entry-level positions (LPNs, CNAs) and how to build a sustainable workforce. She also discussed the need to incentivize healthcare workers to stay at the bedside and the need for better data to project the workforce needs in the future.

Michelle Logan Owens, Chief Operating Officer, McLeod Regional Medical Center of Florence

Ms. Hunt then introduced Ms. Michelle Logan-Owens, Chief Operating Officer, McLeod Regional Medical Center of Florence who presented on the daily challenges of working in a hospital and how they can impact recruitment and retention. She discussed the trauma providers and nurses have encountered throughout the pandemic and the need for hospital leadership to acknowledge that trauma and create a supportive work culture. As we navigate the pandemic, Ms. Logan-Owens explained that health care systems found themselves competing with less stressful roles in retail and food services which pay comparable wages. To address this, she explained that we need to identify ways to be competitive with other sectors and how to recruit and retain diverse providers.

Lara Hewitt, Director of Education, South Carolina Hospital Association

Following Ms. Logan-Owens' presentation, Lara Hewitt, Director of Education, South Carolina Hospital Association discussed additional challenges related to recruitment, retention, engagement, burnout and recovery. She explained that McLeod Healthcare System is in the process of developing a peer support network for providers to address those issues. She also discussed the impact the popularity of travel nursing has had on the bedside workforce. Ms. Hewitt explained that travel nursing has shifted the workforce composition and has impacted the number of nurses working at the bedside. Her discussion culminated in an overview of how health systems are competing with the mobility and increased compensation that comes with travel nursing, the need for cross-training and the need for increased surge capacity.

Ms. Hunt opened the floor for questions. She asked the group to identify short-term solutions to increasing workforce capacity in the state. Ms. Hewitt responded that South Carolina would benefit from expanding apprenticeship programs and examining ways to improve alternative staffing models. Ms. Lefebvre added that South Carolina needs to prioritize expanding the number of clinical site placements in rural and underserved areas in the state. Ms. Logan-Owens proposed creating pipeline programs that funnel nursing students who are not accepted into the upper division nursing programs at larger universities to smaller universities in the state to keep nursing students in state and in the field.

Behavioral Health

Sara Goldsby, Director, South Carolina Department of Alcohol and Other Drug Abuse Services

Following the workforce discussion, Ms. Hunt shifted the focus to behavioral health issues which were illuminated by the pandemic. She introduced Dr. Sara Goldsby, Director, South Carolina Department of Alcohol and Other Drug Abuse Services, who discussed the increase in substance use to cope with the effects of COVID-19 and how this negatively impacted people with current and past substance use disorders (SUD). Ms. Goldsby shared slides detailing the increase in SUDs and overdoses during the pandemic and discussed the increase in fentanyl in drug supplies and how that impacted overdoses. Key takeaways from her presentation include:

- Lack of flexibility in the delivery of SUD counseling negatively impacts people who are in stable long-term recovery.
- The need for behavioral telehealth parity.
- The fact that isolation drives addiction and the need for innovative solutions to social isolation to mitigate the incidence of SUD.
- Introduction of the COVID-19 Crisis Response Initiative and the development of the national Suicide Prevention and Mental Health Crisis Lifeline (988).
- Challenges regarding telehealth accessibility and the need to provide individuals who are battling SUD the technology required to access services.
- Challenges associated with the surge in private telehealth service providers, such as Talkspace, and how their expansion impacts the states behavioral health workforce.

Amanda Whittle, State Child Advocate, South Carolina Department of Children's Advocacy

Ms. Hunt then introduced Ms. Amanda Whittle, State Child Advocate, South Carolina Department of Children's Advocacy, who discussed the importance of collaboration and coordination in addressing mental health issues in children and adolescents. Ms. Whittle explained that South Carolina would benefit from a prioritized, coordinated plan of action that acknowledges that we will encounter another pandemic in the future. She discussed the importance of collaboration as a key to progress in services dedicated to the seriously ill, justice involved and mentally ill adolescents such as PRTF and rehabilitative health facilities. She concluded with a slide surveying broad vision for reform in the state and explained that South Carolina is approving a significant increase in compensation

rates for PRTF workers. She also mentioned that DSS recently passed the Family First Prevention Services Act to address gaps in service delivery.

North Carolina: Building and Sustaining Partnerships to Support Resilience

Ms. Alison Miller thanked the North Carolina task force for their participation and introduced Ms. Kimberly Clement and Mr. Todd Brown to present on the long-standing partnership between the North Carolina Department of Health and Human Services (Office of Emergency Medical Services) and the North Carolina Division of Emergency Management. Key information from their presentation is outlined below:

NCDHHS and NCDPS/EM: Coordination on the COVID-19 Response

Ms. Kimberly Clement, Program Manager, NCDHHS/OEMS

Mr. Todd Brown, Assistant Director, Operations, NCDPS/Emergency Management

- State Emergency Response Team (SERT) doesn't only exist during an emergency – the team meets throughout the year to coordinate and strategize incident management
- SERT represents Emergency Support Function (ESF) 8
 - Activation entails Voluntary Organizations Active in Disaster (VOAD), public health, fire/rescue, EMS, and other partners
 - Mobile disaster hospital may be deployed nationally
 - Activation occurs in response to hurricanes, other natural disasters, and COVID-19
- The partnership involves planning together on “blue sky days,” and relationship building is key to assess and understand weaknesses
- Ongoing partnership opportunities include quarterly leadership meetings, continued preparedness – planning, training, and exercises
- Keys to success:
 - Establishing and maintaining relationships – ongoing maintenance is essential
 - Frequent and clear communication
 - Honesty and transparency
 - Finding a way to “yes” – openness about bandwidth/capabilities
 - Creating pathways to trust

Ms. Miller thanked Ms. Clement and Mr. Brown for sharing their perspectives and information on the partnership between their organizations before and during the COVID-19 pandemic and moving forward. She then introduced Mr. Jacob Parrish to present on the work of Vidant Health and their partners on the CHAMP program.

CHAMP: Community Testing in High-Priority and Marginalized Communities

Jacob Parrish, Vice President, Systems and Procedures, Vidant Health

Key information from Mr. Parrish's presentation is outlined below:

- Overview of the region served by Vidant Health
 - Primary employer within the eastern region of North Carolina
 - Region is [distressed per the North Carolina Department of Commerce](#) – eastern NC is essentially all Tier 1
- Partnership – outreach: one of the most significant achievements has been information flow
 - Launched *Vidant Verified* designation to increase the public's trust in information
 - Bus wrapping, door-to-door, engagement with faith-based leaders
- Process involved registration, educational materials – Vidant has had the fastest turnaround for COVID-19 testing in the Southeast
 - Between July 8 – August 18: 141 testing events
 - Statewide goal was 300 sites – Vidant contributed 47% toward that goal

- Added 17 additional sites over time, including a high throughput vaccine clinic at the Greenville Convention Center – reflects the power of collaboration
 - Used nursing students, state resources, and volunteers from community-based organizations for this effort
- Elevating and prioritizing equity
 - Provided 135 organizations with iPads to help sign people up to receive COVID-19 vaccine
 - Church greeters at the door of vaccination sites
 - Reaching low trust communities – finding physicians/providers who reflect the communities served
 - Pivoted to community pop-up events

Ms. Miller thanked Mr. Parrish for his presentation on the role of the CHAMP program in providing testing and vaccine services and introduced Ms. Amy Widderich to speak on the collaboration between the Alamance-Burlington School System and the Alamance County Health Department.

Collaboration with Alamance County Health Department on Testing, Vaccination, and Other Health Services

Amy Widderich, School Nurse, Alamance-Burlington School System

Key information from Ms. Widderich’s presentation is provided below:

- The relationship between Alamance-Burlington School System (ABSS) and the Alamance County Health Department (ACHD) existed long before the COVID-19 pandemic – previously partnered to address H1N1 and whooping cough outbreaks
- March 2020 – schools were quickly closed
 - Important consideration: students with chronic health conditions who keep their medication at school – how can we protect these students when they aren’t in the building?
 - Addressing the social determinants of health
- NCDPI issued the Strong Schools Public Health Toolkit – Lighting Our Way Forward
 - ABSS and ACHD met to make sure the toolkit definitions were understood and coordinate on how notifications would occur
 - ABSS could not have applied the guidelines without the help of ACHD
- Challenges included student and staff screening, PPE supplies and training, classroom arrangements, isolation rooms, contact tracing, and general isolation/quarantine confusion – also fear among staff, students, and families
- ABSS had a specific contact at ACHD – an expert that helped ABSS navigate and maintain consistency in the schools
- November 2020 – COVID-19 testing pilot training
- December 2020 – March 2021 – coordination and collaboration around vaccine distribution
 - Securing vaccines for teachers through Cone Health, health departments
- March 2021 – June 2021 – balancing the need to send kids home from school when they had possible COVID-19 symptoms with needing to keep them in school
- Masks are now optional as of last week (week of February 21st)

Ms. Miller thanked Ms. Widderich for sharing her perspective and experiences on the partnership between ABSS and ACHD, and providing insights on the challenges experienced by staff, students, and families throughout the COVID-19 pandemic. Ms. Miller then introduced Ms. Stacie Saunders, Public Health Director for the Buncombe County Department of Health and Human Services, to moderate a brief discussion with the presenters.

Ms. Saunders asked the presenters to describe any challenges that may have arisen in nurturing and maintaining partnerships during the pandemic. Ms. Widderich shared that the health department had to trust the information that ABSS provided when a close contact occurred and quarantine was required, which may have been challenging for the health department. Ms. Clement shared that the length of the pandemic has contributed to diminished relationships with partners outside of the COVID-19 response. Mr. Parrish then added that partnerships are easy when there is a shared goal, but more challenging when shared goals don’t exist. He added that COVID-19 ripped

the band-aid off and exposed the lack of infrastructure – in some counties, the health department doesn't have the ability to do what is needed and they rely heavily on hospital systems to do the work due to a lack of resources.

Ms. Saunders then asked what partnerships should continue, and how we should continue them in between surges or in between events. Mr. Parrish responded by sharing that their partnership with the main campus at ECU did not previously exist, but now data sharing is taking place that didn't exist before, representing an ongoing commitment to shared work together. Ms. Clement added that the COVID-19 pandemic has presented her organization with the opportunity to work with the National Guard like never before.

At the end of the meeting, Ms. Miller thanked the presenters and Ms. Saunders for sharing their invaluable insights on partnerships and collaboration and concluded by sharing next steps.

7. Adjourn: 3:00 pm