

**NCIOM/IMPH Carolinas Pandemic Preparedness Task Force**

**Meeting 2 Summary**

**August 18, 2021**

**12:00 pm – 3:30 pm**

**Virtual Meeting**

**Meeting Attendees**

**Co-Chairs:** Emily Roach (representing North Carolina Secretary of Commerce Machel Baker Sanders)

**Steering Committee Members:** Graham Adams, Angel Bourdon, Cardra Burns, Abdoulaye Diedhiou, Ellen Essick, Kelly Fuller, Lillian Koontz, Danielle Brown Scheurer, Kathia Valverde, Polly Welsh

**Task Force Members/Interested Colleagues:** Tom Allen, Arnold Alier, Steve Ashworth, Melissa Potter, Michelle Bucknor, Jennifer Bailey, Lori Byrd, Lenora Campbell, Christine Carr, Kimberly Clement, Sam Cohen, Jennifer Copeland, Robin Cummings, Carla Cunningham, Melanie Davis, Jordan Desai, Tracy Doaks, Ellen Essick, Chanda Funcell, Iris Green, Sarah Goldsby, Deborah Hardison, Tessa Hastings, Jack Hoke, Ivy Jones, Tecoria Jones, Erika Kirby, Victoria Ladd, Michelle Laws, Mike Leach, Naomi Lett, Roy Lee Lindsey, Norma Marti, Kathleen Martin, Robin Tutor Marcom, Eunice Medina, Pat Michaels, Zack Moore, Sel Mpang, Connie Munn, Jacob Parrish, Shannon Pointer, Omari Richins, Kenneth Rogers, Tim Rosebrock, Ben Rose, Emma Sandoe, Rick Scott, Kathy Schwarting, Ivan Segura, Sym Singh, Windsor Sherrill, A. Vernon Stringer, Shawn Stinson, Janice Somers, Richele Taylor, Betsy Tilson, Hugh Tilson, Brannon Traxler, Erin Tyson, Franklin Walker, Amy Widderich, Cornell Wright

**NCIOM Staff Attendees:** James Coleman, Kathy Colville, Brieanne Lyda-McDonald, Emily Hooks, Alison Miller, Michelle Ries

**IMPH Staff Attendees:** Brie Hunt, Maya Pack, Brittney Sanderson, Hunter Sox

**I. Welcome, Task Force Meeting I Review and Discussion: 12:00 PM – 12:05 PM**

**Alison Miller, MA, MPH**

*Project Director*

North Carolina Institute of Medicine

**Kathy Colville, MSW, MSPH**

*President and CEO*

North Carolina Institute of Medicine

**Emily Roach**

*Director of Policy and Strategic Planning*

North Carolina Department of Commerce

Ms. Alison Miller started the meeting off by sharing welcome slides and housekeeping tips. Ms. Alison Miller then invited Ms. Kathy Colville to say a few words welcoming attendees to the meeting.

Ms. Kathy Colville welcomed the group and acknowledged that COVID case numbers have risen dramatically in August, compared to July. She then discussed the scope of the task force and reflected on the capacity and commitment she sensed from the first meeting. She reviewed the July meeting, including the previously discussed challenges faced regarding data, equity and the workforce. She then acknowledged the strain the Delta variant has had on the workforce and individuals across the states. She recognized the importance of creating space to discuss the current state in addition to centering a retrospective synthesis of the pandemic over the past year.

Ms. Emily Roach, speaking on behalf of Secretary Sanders, then acknowledged the impacts of the virus over the past year and the current surge in cases due to the Delta variant. She discussed the impacts on hospital capacity, the expected impact of school openings and new mandates. She discussed the necessity of vaccination and how vaccination will positively impact economic and health system viability. She concluded by thanking the task force for their dedication.

## **II. Fostering Connections: 12:05 – 12:15 PM**

### **Alison Miller, MA, MPH**

*Project Director*

North Carolina Institute of Medicine

After Ms. Colville and Ms. Roach shared their remarks, Ms. Alison Miller reminded attendees that they would be put into small breakout rooms with 3 – 4 other task force members to provide an opportunity to meet and connect. Meeting attendees were then moved into breakout rooms to meet, connect, and respond to several discussion questions.

## **III. Economic and Social Stability – Key Perspectives: 12:15 – 12:45 PM**

### **Discussion Moderator:**

#### **Iris Green, JD**

*Supervising Attorney, Disaster Recovery Project*

Disability Rights North Carolina

### **Key Perspectives:**

#### **Steve Ashworth**

*Owner*

Ashworth's Clothing

#### **Pat Michaels, MS**

*CEO*

Goodwill Industries of Upstate/Midlands South Carolina

Ms. Alison Miller introduced the discussion moderator and panelists. Ms. Iris Green began by asking Mr. Steve Ashworth when he realized that he would be significantly impacted by the pandemic. Mr. Steve Ashworth discussed the impact the pandemic has had on his business. Mrs. Iris Green then asked Mr. Pat

Michaels when he realized that he would be significantly impacted by the pandemic, to which he replied that it became clear once he recognized the internal difficulties around maintaining staffing and managing inventory at Goodwill.

Mr. Steve Ashworth explained that the mandatory shut down negatively impacted their inventory and ability to continue paying taxes, rent, and their vendors. He explained that there was a great deal of uncertainty during that time, but they were able to open again in May. He explained that their business is contingent on formal events, and that the impact of the pandemic on the wedding industry also negatively influenced their business.

Ms. Iris Green asked what changes are needed to address the negative impact of the pandemic, and Mr. Steve Ashworth explained that without life returning to normal, their business will continue to be impacted. Ms. Iris Green asked what federal supports would have been helpful, and he responded that the PPP loans were beneficial, but ultimately represented a “band aid on a chainsaw wound.”

Ms. Iris Green asked about any changes that were helpful to maintain Goodwill Industries, to which Mr. Pat Michaels responded by discussing the internal policies regarding social distancing and cleaning measures, and stated that clear guidance and simple messages regarding safety protocols elevated investment among staff. He explained that Goodwill was not eligible for a PPP loan, so securing additional financing was challenging. He also explained that they did what they could to minimize disruption by creating an open forum and a flexible workplace.

Ms. Iris Green asked Mr. Pat Michaels if he was currently at full staffing capacity, and he responded with an anecdote about the Goodwill’s Job Connection and shared that the number of people utilizing the Job Connection services has not completely bounced back. He explained that South Carolina policies surrounding reopening were risky, but facilitated a quicker economic recovery.

Ms. Iris Green asked what lessons Mr. Pat Michaels learned, to which he responded that simple, consistent messages are the most effective. He explained that employers have an opportunity to send a compassionate message to employees that they are worth more than what they can do for their employers, and that employers are able to encourage vaccination.

Mr. Steve Ashworth responded to the question by stating that he hopes policymakers recognize that small businesses are essential and are able to operate with safety measures similar to large businesses, should we reach another lockdown.

Ms. Norma Marti asked in the chat: “[m]arket places are just so DIFFERENT now...how will these ‘businesses’ who’s services are no longer as ‘needed’ be morphed to something that is? People are working from home, maybe big ‘events’ are going to be smaller and fewer?”

Mr. Steve Ashworth responded by saying that he anticipates a shift in the future of work, and Mr. Pat Michaels explained how the shift to e-commerce allowed flexibility and growth at Goodwill Industries. Mr. Pat Michaels explained that some job roles became obsolete while others became more needed, such as cleaning services and e-commerce roles. He explained that the reallocation of human capital to meet market needs provided an impetus for retraining of current staff.

Ms. Iris Green asked Mr. Steve Ashworth if he was able to pivot to e-commerce, to which he responded that Ashworth’s Clothing has a brick-and-mortar model as a business that has existed for many decades, and would not shift to an e-commerce market. He then explained that he is curious about how policymakers can determine who is essential and who is non-essential, and stated that the economic impact on retail businesses must be considered in future conversations.

Ms. Alison Miller asked Mr. Pat Michaels based on a question in the chat: “Mr. Michaels, you mentioned being ‘hungry for information’ at the beginning - what kind of information, methods of communication, agencies info was coming from, etc., would have been most helpful?” Mr. Pat Michaels responded that the challenges in navigating and communicating data with employees were difficult, which resulted in challenges facilitating a chain of accurate information in the beginning of the pandemic.

**IV. Economic and Social Stability Synthesis Groups: 12:45 – 1:10 PM**

South Carolina Small Group Discussions: Key Takeaways	North Carolina Group Small Group Discussions: Key Takeaways
<p>The term “essential worker” is an alienating term and, if this was to happen again, there should be more discussion on how to support small businesses during a mandatory shut down.</p> <p>More flexibility should be given in who is and who is not considered an “essential” worker.</p> <p>There is a need to build out the tracking and data system across the state.</p> <p>There should be more community engagement to facilitate trusted information sharing.</p> <p>Schools have been asked to utilize their ESL teachers to connect with parents on issues such as vaccine adherence to build a bridge of trust.</p> <p>Rural communities faced a disproportionate number of challenges acquiring PPE and other financial supports during the pandemic.</p> <p>Balancing an employee’s needs (bills, etc.) and their safety is a difficult task for employers.</p> <p>The politicization of the virus has impeded our ability to respond; specifically in the ways that South Carolina government mandates</p>	<p>Our system was overwhelmed with all the changes, I think we can now take more reasonable approaches. I think there are a lot of lessons learned. The number of applications we received in Durham with food and nutrition were up 40% in two months, a lot of new clients. How we can prevent that going forward will be important.</p> <p>In sending all children home, it feels like we left an entire generation behind because of lack of connectivity. Trying to go online to fill out those nutrition forms online isn’t possible if you don’t have internet access, you’re going to want to come in person. If the delta variant sends people home again, it impacts kids K-20 not just 12. Needs continued focus – the education, the health care, ability to get funding that you need to get the help you need.</p> <p>Even now we see people not being vaccinated, think it shows a lack of trusted community voices connected to public health, not part of infrastructure, really needs to be thought about.</p> <p>In the health system arena, the regulatory aspect and the waivers and lifting of red tape allowed us to shift so quickly, things that would have previously taken years. Hoping that not all of those waivers come back. It’s also not just a funding related issue</p>

<b>South Carolina Small Group Discussions: Key Takeaways</b>	<b>North Carolina Group Small Group Discussions: Key Takeaways</b>
<p>surrounding how government employees can or cannot work from home.</p> <p>Minority groups were faced with additional challenges to secure PPP and other financial supports from the federal government.</p> <p>The South Carolina Department on Aging ombudsman program cannot operate remotely, leading to difficulties responding to allegations of abuse or neglect.</p> <p>Legislatures and other governmental bodies should use the non-profit and private resources available in the state such as IMPH, SCMA.</p> <p>The inconsistencies across school districts negatively impacted the response.</p> <p>Affluent parents were able to provide more resources for their children than less privileged parents, including the ability to send their children to private schools so that they could be in-person, further exacerbating already existing educational inequities across the state.</p>	<p>for public health – there is plenty of funds out there right now.</p> <p>Consistent theme of access and hunger for information. Is there an opportunity to create more funnels for more information for different kinds of business so we aren't being forced to hunt and find all the wide variety of information we need?</p> <p>We want our citizens to be willing to buy into the common goal and part of what is necessary is to understand where those people are coming from economically, emotionally. Need to be able to communicate that common goal. It isn't sufficient to have only certain groups we communicate with. Easy to say, hard to do to get a message out to all the groups. Didn't have all the stakeholders at the table or at least didn't listen.</p> <p>At the onset of the pandemic, it was really a very public health and medical response. Moving through that, small businesses, mom and pop stores, bars, restaurants, etc. were told to shut down. We did not tie recovery indicators or how this would impact business into the response. So we had businesses being really vocal and protesting from the very beginning. We talk about the whole person in health care, which means their livelihood, ability to make a living, so if you impact their employer, that trickles down to the workers. So the response can't be siloed at the onset in the next pandemic. With the public health and medical response we used the fire house on that house, but neglected the one next door for mental illness and social needs.</p> <p>Getting the right data to the right groups is key. How do we filter good data collected from state agencies to the people who need it.</p>

## **V. Education – Key Perspectives: 1:10 – 1:40 PM**

### **Discussion Moderator:**

#### **Ellen Essick, PhD**

*Section Chief, NC Healthy Schools*

North Carolina Department of Public Instruction

### **Key Perspectives:**

#### **Victoria Ladd, MSN, RN**

*State School Nurse Consultant*

South Carolina Department of Health and Environmental Control

#### **Jack Hoke, MS**

*Executive Director*

North Carolina School Superintendents Association

Ms. Alison Miller introduced the moderator and panelists. Dr. Ellen Essick moderated the discussion with Ms. Victoria Ladd and Mr. Jack Hoke surrounding education and issues impacting schools early on in the COVID-19 pandemic.

Ms. Victoria Ladd explained that South Carolina used school buses as hotspots to allow students and their parents to access the internet during the pandemic. She explained that some families received individual hotspots, some families received financial assistance to help with broadband fees and some received financial assistance to expand broadband in their home. She also explained that nurses were embedded in hotspot areas to maintain safe distancing protocols.

Dr. Ellen Essick asked Mr. Jack Hoke about lessons learned, to which Mr. Jack Hoke explained that school superintendents learned a great deal surrounding challenges teaching virtually and in-person, and that North Carolina education administrators spent a lot of time training teachers in blended learning. He also explained that they are seeing more vacancies for teachers than ever before because people are burned out and the pay for teachers is not competitive. He also explained that the politization of masking has created an issue and has divided boards and communities. He said that high school football has been impacted by the coronavirus as well.

Ms. Victoria Ladd added that the proviso that makes mask mandates at publicly funded institutions in South Carolina unenforceable without the loss of funding is placing a critical disadvantage on South Carolina schools. She explained that we are already seeing outbreaks in school districts only a week since schools have begun, and that school-based contact tracing is difficult because of the many contacts children make during a day.

Dr. Ellen Essick asked what strategies we can use to protect special needs students. Ms. Victoria Ladd explained that the mask proviso in South Carolina makes protecting special needs students very challenging. Mr. Jack Hoke explained that last year superintendents spent a lot of time with staff to try and meet the needs of this population.

Dr. Ellen Essick asked about the retention of school nurses, to which Ms. Victoria Ladd explained that it is a challenge because schools pay significantly less than other settings for nurses. She also explained that COVID funding is available to support school nurses and school health services that hasn't been utilized to its full ability.

Ms. Norma Marti asked about graduation rates in the chat; in response, Mr. Jack Hoke explained that he is afraid there is going to be a spike in the dropout rate. Ms. Victoria Ladd agreed with this statement and explained that some of the children that were "lost" to the schools were finding employment to support their family.

**VI. Education Synthesis Groups: 1:40 – 2:05 PM**

<p align="center"><b>South Carolina Small Group Discussions Key Takeaways</b></p>	<p align="center"><b>North Carolina Group Small Group Discussions Key Takeaways</b></p>
<p>All South Carolina schools should have an embedded school nurse.</p> <p>The disproportionate access to broadband across rural South Carolina worsened already existing educational inequities during the pandemic.</p> <p>Teachers took on an extraordinary task the past year. To address this, we should invest in education that is standardized across districts that embeds IT professionals in virtual education.</p> <p>More than 3,000 students across certain school districts were unaccounted for and, should this happen again, we need better protocols for locating and engaging these students.</p> <p>There needs to be more comprehensive supports for grandparents raising grandchildren during an emergency, specifically in terms of how to help them help their grandchildren engage fully with school. The South Carolina Department on Aging provides tutors for children being raised by their grandparents to help address this gap.</p> <p>There was a decrease in calls to child protective services over the past year because of the shift to virtual learning.</p> <p>The pandemic exacerbated already existing inequities in education among the Hispanic/Latino</p>	<p>Youth going to work in agriculture to help parents financially is an ongoing concern that may have been exacerbated by COVID. We are working to assess that now. We know that lack of day care in rural areas has increased the number of children going to work on the farm with their parents because they have no other place to be.</p> <p>How we're going to address the academic achievement gap that was worsened or exacerbated by the pandemic is a key issue. There were also kids who saw school as a respite from chaotic home environments. That is one of the most pressing issues for me. 10,000 kids unaccounted for in data. Some people think that could be an undercount. The 95% EOC tested statistic, what is the denominator?</p> <p>Impact on students with disabilities. Often from marginalized areas, homes with food insecurity, housing insecurity. They have been left behind. What are the solutions to get them back on track? Challenges for remote learning for these kids because of issues with computer learning, how to monitor providing education.</p> <p>View from private sector and business, thinking about the lunch ladies, highlights that educational professionals are there because it is as much a calling as it is a career. What I think about lunch ladies turning onto food service</p>

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<p>population, solutions to this issue require a more nuanced approach than simply providing materials translated directly from English to Spanish.</p> <p>Food insecurity was a serious issue either introduced or exacerbated by school closures during the pandemic. Although many agencies and food hubs were able to scramble to address this need, there should be protocol in place to make sure that these resources are being used to their full potential and that isolated communities are not forgotten.</p> <p>Graduate medical and other health profession students have also been negatively impacted by the virus, and resident medical students placed in rural areas have had difficulty being housed.</p>	<p>professionals to feed kids during a pandemic is people who want to be in those jobs, feel a calling, and the adaptability of people. Empowering management to invite people to step into new and different roles. Seen this at my company and elsewhere. If there is something about solution there, how do we help leaders of organizations and institutions empower change and adaptability.</p> <p>Difficulty with broadband in rural areas. A real concern for all students and for telehealth as well. I know we touched on this briefly during the last task force meeting. If children are going to work with their parents in the field, for example, they wouldn't necessarily have remote connection unless they are able to use a parent's cell phone (if there is signal in the area). Those children, if they are in the field, would also not be available for food service or other services. The goal is for children not to be in the field (it's actually against the law unless they are on their own family farm).</p> <p>Pandemic has given opportunity to look at ways some of our middle and high schools can be designated as night school learning areas for kids who have to work on farms during the growing season. Or some kids that won't want to return because they have become contributors to household income. Now is the time to think about and look at innovations in some of the charter schools and elsewhere that I hope we will consider as a part of our school system now. Where we were failing kids before, we shouldn't go back in and continue doing the same thing.</p>

**VII. Break: 2:05 – 2:10 PM**

## **IIIX. Health – Key Perspectives: 2:10 – 2:50 PM**

### **Discussion Moderator:**

#### **Cardra E. Burns, DBA, MPA, CLC**

*Deputy Secretary for Operational Excellence*

North Carolina Department of Health and Human Services

### **Key Perspectives:**

#### **Danielle Bowen Scheurer, MD, MSCR**

*Hospitalist and Chief Quality Officer*

The Medical University of South Carolina

#### **Chanda Funcell, PhD, LMSW**

*Director, Charleston Center*

South Carolina Department of Alcohol and Other Drug Abuse Services

#### **Michelle Laws, PhD, MA**

*Associate Director, Consumer Policy and Community Engagement*

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

North Carolina Department of Health and Human Services

#### **David Priest, MD, MPH**

*Infectious Disease Physician*

Novant Health

Ms. Alison Miller introduced the moderator and panelists. Dr. Cardra Burns asked the panelists when they realized that the pandemic would seriously impact their lives. Dr. David Priest explains that he knew early on but couldn't anticipate that it would last this long.

Dr. Michelle Laws explained that she knew that the pandemic would seriously impact both her personal and professional life when the governor of North Carolina issued a state of emergency. She shared her screen to share a picture of an 84-year-old woman wrapped in an American flag during the Katrina crisis because it represented her greatest fears; namely that key demographic variables would determine the burden and disproportional impact of the pandemic. She explained that this knowledge and the response required that she shift from behavioral health to public health as a focus in her professional role.

Dr. Danielle Bowen Scheurer explained that she knew when the first patient was identified in South Carolina in Kershaw County. She explained that the PPE shortages and the subsequent shuttering of outpatient services further reinforced her belief that the pandemic would seriously impact both her professional and personal life.

Dr. Chanda Funcell explained that she was at a county council meeting in January and suggested pulling out Ebola protocols early on. She then explained that she became very sick in March and that the nurses

and patients at her facility were scared, and that’s when she became even more aware of the impending challenges.

Dr. Cardra Burns asked the panelists about the most difficult immediate challenges faced. Dr. Chanda Funcell explained that balancing responding to the opioid epidemic during the pandemic was extremely challenging in the beginning. She explained that she needed excess Narcan as they began sending people home with daily doses of opioid inhibitors. She explains that as the pandemic progressed, they had to navigate workforce shortages as well.

Dr. Priest explained that, from the hospital perspective, there were challenges navigating the evolving science and guidance regarding testing, PPE and communications. He also explained the difficulties continuing to provide care for other acute illnesses such as heart attacks during the early COVID surges and discussed the burn out among providers. He then discussed the challenges managing misinformation on social media, even among physicians.

Dr. Cardra Burns asked about the changes that were enacted to address the challenges faced. Dr. Danielle Bowen Scheurer discussed diversifying staffing, diversifying PPE suppliers and maintaining an effective chain of communication was a challenge. Dr. Laws explained that their testing strategy informed their vaccine strategy and was created to invest resources in communities and partnering with community leaders to encourage testing and, later on, vaccination.

Dr. David Priest explained that the diversity and inclusion work at Novant went a long way to apply those principals to the pandemic, which is how they came to the decision to require data on race/ethnicity and sexual orientation so that they can recognize which communities and populations were the most impacted and needed the most resources. He also discussed the importance of faith-based vaccine initiatives. He then discussed challenges associated with vaccine mandates in the hospital system and that the politicization of the virus has exacerbated these challenges.

Dr. Chanda Funcell stated that the only way forward is through collaboration.

**IX. Health Synthesis Groups: 2:50 – 3:25 PM**

South Carolina Small Group Discussions Key Takeaways	North Carolina Group Small Group Discussions Key Takeaways
<p>The behavioral health burden on physicians needs to be addressed; however, the current requirement that physicians must report any interactions with mental health care providers is limiting.</p> <p>Flexibilities surrounding telebehavioral health services, such as the virtual medication-assisted treatment (MAT) provision, was incredibly valuable and should be extended following the pandemic.</p>	<p>Common theme heard and seen is that citizens that are disadvantaged were the most impacted. Makes sense if we think about it. Need to not wait for the next pandemic or disaster. We know that challenges are coming in one way or another and we would see the same outcomes if nothing is done differently. Also heard the challenge and the debt we owe to the people who day after day fought the good fight. They had the same problems we all had but they also had to go to work every day and make things safe for us.</p>

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<p>Pharmacists could also play a role in expanding access to behavioral and physical health services given extended flexibilities.</p> <p>A study should be conducted that reviews claims data from the past eighteen months to determine if vulnerable populations were more likely to access services via telehealth.</p> <p>Retaining quality mental health providers requires an investment in telemedicine; otherwise, providers may move to national and private organizations that give them the option to work remotely.</p> <p>We need to be more aware of how we marshal our resources across the state, specifically in the way that state organizations partner with nonprofits. A standing committee of all health and human service organizations across the state could help lead this effort.</p> <p>More needs to be done to standardize emergency messaging; the disruption in health communication early on has negatively impacted levels of trust across the state.</p> <p>More must be done to address the spread of misinformation by community leaders, providers and health care support staff, specifically regarding pregnancy and vaccination.</p> <p>More needs to be done to triage our response based on need; for example, seniors should be elevated in conversations surrounding food insecurity.</p> <p>We need to expand technology and bandwidth to increase telemedicine and educational opportunities.</p>	<p>One thing that struck me was the preparedness of our local health departments/community health services. Our community health department is very small. It was a real stretch and they worked extremely hard. We need to pay a little more attention to that and the services that we have through our community health departments.</p> <p>Have been happy about the work done with DHHS, Communicable Disease, Farmworker health program, community health center association, etc. to be able to reach our farms and farm workers. The model that was set up for the local teams pairing cooperative extension with health departments, community health centers, that was a brilliant idea. Pairing that with communications from trade groups, in 30 minutes or less we can reach the inner workings of agriculture. Setting up vaccine hubs where workers came into the state, there is a 97% vaccine acceptance rate there. Perfect example of working across siloes and reaching marginalized populations</p> <p>The disparity issue is clear. The other piece is the trust factor. How do we get people to trust the system when historically it has betrayed their trust. Think creatively about ways to earn trust and keep trust. We do that a little through faith communities, but not everyone identifies with a faith community. Need to be able to break through those echo chambers.</p> <p>On the workforce side, what COVID did was brought to the forefront issues that already existed. We've known that we have a nursing and primary care shortage. Urban areas aren't hit as hard with those shortages. Behavioral health and burnout issues haven't even been seen. We don't have the people to staff which is leading to shortages.</p> <p>The rapidity that Medicaid adopted telehealth was remarkable. That should be recognized, celebrated,</p>

South Carolina Small Group Discussions Key Takeaways	North Carolina Group Small Group Discussions Key Takeaways
<p>Communication is key to make sure that community members are getting the right message. However, this can be difficult to manage when there are so many different chains of communication and knowledge shared across the state.</p> <p>Provider grand rounds were very useful.</p>	<p>and emphasized going forward. We can do telehealth better. But that is one of the policy solutions that is remarkable.</p>

**X. Next Steps and Closing: 3:25 – 3:28 PM**

**Alison Miller, MA, MPH**  
*Project Director*  
 North Carolina Institute of Medicine

Ms. Alison Miller brought the meeting to close by thanking the task force for their participation and providing an update on next steps.

**Adjourned 3:28 PM**