NCIOM
North Carolina Institute of Medicine

NOVEMBER 2022

Foundations of Health and Opportunity:

INVESTING IN THE FUTURE OF LOCAL PUBLIC HEALTH IN NORTH CAROLINA

North Carolina Institute of Medicine

The North Carolina Institute of Medicine (NCIOM) is a nonpolitical source of analysis and advice on important health issues facing the state. The NCIOM convenes stakeholders and other interested people from across the state to study these complex issues and develop workable solutions to improve health care in North Carolina.

The full text of this report is available online at http://www.nciom.org/publications

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Any opinion, finding, conclusion, or recommendations expressed in this publication are those of the Task Force and do not necessarily reflect the views and policies of the Kate B. Reynolds Charitable Trust and the North Carolina Department of Health and Human Services Division of Public Health. The North Carolina Institute of Medicine recognizes the broad range of perspectives, priorities, and goals of the individuals and organizations who have contributed to the process and report of the Task Force; while we strive to reach and reflect consensus, participation in the Task Force does not indicate full endorsement of all final recommendations.

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The task force was co-chaired by Leah McCall Devlin, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill; Lisa Macon Harrison, Health Director, Granville-Vance Public Health; John Lumpkin, President, Blue Cross Blue Shield of North Carolina Foundation and Vice President, Drivers of Health Strategy for Blue Cross and Blue Shield of North Carolina; and Vicki Lee Parker-High, Executive Director, North Carolina Business Council. Their leadership and experience were important to the success of the task force's work.

The NCIOM also wants to thank the members of the Task Force and Steering Committee who gave freely of their time and expertise to address this important topic. The Steering Committee members provided expert guidance and content, helped develop meeting agendas, and identified expert speakers. For the complete list of Task Force and Steering Committee members, please see Page 2-3 of this brief.

The Task Force on the Future of Local Public Health heard presentations from multiple experts through the course of the task force work. We would like to thank the following people for sharing their expertise and experiences with the task force (positions listed are as of the date of their presentation):

Erin Braasch, Executive Director, WNC Health Network; Jo Bradley, Data Manager and Improvement Specialist, WNC Health Network; Brian Castrucci, President & Chief Executive Officer, de Beaumont Foundation; Helen Chickering, All Things Considered Host, Reporter, Blue Ridge Public Radio, WCQS & BPR News; Joe Coletti, Oversight staff Director, House Majority, North Carolina General Assembly; Kathleen Colville, President & CEO, North Carolina Institute of Medicine; Sandy Cothern, Nutrition and WIC Director, Columbus County Health Department; Bonnie Coyle, Health Director, Cabarrus Health Alliance; Honey Estrada, Public Health Strategist, Catawba County Public Health; Kelly Garrison, President & CEO, Emtiro Health, Network Director, Northwest Community Care Network; Heather Gates, Owner & Consultant, Human-Centered Strategy, LLC; Julie Ghurtskaia, Vice President, Population Health, Carolina Complete Health; Jennifer Green, Health Director, Cumberland County; Jennifer Greene, Health Director & CEO, AppHealthCare – Appalachian District Health Department; Katye Griffin, Executive Director, The Public Health Associations of North Carolina; Kimberly Hardy, Director of Nursing, Pitt County Health Department; Rodney Jenkins, Health Director, Durham County Department of Public Health; Susan Kansagra, Senior Deputy Director, Division of Public Health, North Carolina Department of Health and Human Services; Genie Komives, Chief Medical Officer, WellCare of North Carolina; Rob Lamme, President, Rob Lamme and Associates; Jeffrey Levi, Professor of Health Policy and Management, Milken Institute School of Public Health at the George Washington University; Tom Linden, Glaxo Wellcome Distinguished Professor in Medical Journalism, Director, MA in Media and Communication, UNC Hussman School of Journalism and Media; Ulva Little-Bennet, Health Educator, Hoke County Health Department; Beth Lovette, Deputy Director, Division of Public Health, North Carolina Department of Health and Human Services; John Lumpkin, President, Blue Cross Blue Shield of North Carolina Foundation, Vice President, Drivers of Health Strategy, Blue Cross Blue Shield of North Carolina; Lisa Macon Harrison, Health Director, Granville Vance Public Health; Laura Marshall, Assistant Professor of Strategic Communication, High Point University Nido R. Quebin School of Communication; Jennifer McCracken, Health Director, Catawba County Public Health; Karen Minyard, CEO, Department of Public Management and Policy, Georgia Health Policy Institute; Jill Moore, Associate Professor of Public Law and Government, School of Government, University of North Carolina at Chapel Hill; Zo Mpofu, CHA/CHIP Program Manager, Buncombe County Department of Health and Human Services; Ashley Perkinson, Attorney, Perkinson Law Firm; Lauren Powell, Vice President, US Health Equity & Community Wellness, Takeda, President & CEO, The Equitist; Jeneen Preciose, Business Director, North Carolina Department of Health and Human Services; Stacie Saunders, Public Health Director, Buncombe County Health Department, President, North Carolina Association of Local Health Directors; Beverly Scurry, Manager of Health Equity Training and Education, UNC Health; Steve Simandle, Environmental Health Director, Surry County Health Department; Alecia Smith, Communications and Public Relations Manager, Durham County Department of Public Health; Ashley Stoop, Director of Policy, Planning, & Preparedness, HIPAA Privacy & Security Officer, Albemarle Regional Health Services; Amy Underhill, Public Information Officer, Healthy Communities Coordinator, and Public Health Education Supervisor; Iulia Vann, Public Health Director; Guilford County Public Health; John Wiesman, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill; Rachel Wilfert, Director, Workforce Training & Education, North Carolina Institute for Public Health, Adjunct Assistant Professor, Public Health Leadership Program, UNC Gillings School of Global Public Health.

In addition to the above individuals, the staff of the North Carolina Institute of Medicine contributed to the task force's study and the development of this report. Kathy Colville, President and CEO, and Michelle Ries, Associate Director, guided the work of the task force, meeting facilitation, and contributed to the writing of this report. Brieanne Lyda-McDonald, MSPH, Project Director, served as Project Director for the task force and was primary author of the final task force report. Emily Hooks, MEd served as a Research Assistant for the project. Kaitlin Phillips, MS, edited the final task force report and provided social media publicity for the task force. Alison Miller, MA, MPH, Project Director, assisted with meeting facilitation. Ivana Susic, Research Assistant, assisted with background research for the final report. Key staff support was also provided by Jacori Crudup, Administrative Assistant and Marsha Bailey, Director of Administrative Operations. Former staff, Michelle Pendergrass, BS, served as Administrative Assistant and James Coleman, MPH, Research Associate assisted with meeting facilitation.

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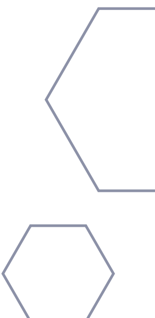

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What is Public Health?

While the field of public health has received much attention throughout the COVID-19 pandemic, the scope of public health's responsibilities and activities ranges far beyond the tasks that are most visible to the public. The accomplishments of public health, sometimes called "quiet miracles" or "silent victories" because public health is both hugely influential and easily taken for granted, add years to our lives, keep us safe, and enhance our well-being and enjoyment of life.[1,2] We are all beneficiaries of the work of public health every day, when we drink clean water or enjoy a meal in a hygienic restaurant; take actions to prevent serious injuries, like wearing a helmet or seat belt; breath pollution-free air; or take a pleasant stroll down a well-lit street on a sidewalk in our community.

While health care focuses on medical treatment for illness and the clinical aspects of health, particularly once we are sick, public health works to keep people and communities healthy by identifying and addressing problems in our environment, social dynamics, and economic systems that influence people's health and their health behaviors.

Local Public Health in North Carolina

North Carolina has a decentralized local governmental public health system with 86 local health departments serving 100 counties, each governed locally rather than at the state level. Each health department is served by a health director and their staff and is responsible for essential public health services codified in state statute (see Figure 1). The Eastern Band of Cherokee Indians has responsibility for public health services within the Qualla Boundary in Western North Carolina and works with health departments serving counties that border Tribal land. In addition, health departments often collaborate on regional initiatives to enhance and expand their reach, while also maximizing resources.

Figure 1. Essential Services that Local Public Health Must Ensure Under North Carolina State Law

1. Monitoring health status to identify community health problems.
2. Diagnosing and investigating health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health care services and ensuring the provision of health care when otherwise unavailable.
8. Ensuring a competent public health workforce and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Conducting research.

Source: NC § 130A-1.1. Mission and essential services. https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_130A/GS_130A-1.1.pdf

Challenges Faced by Local Public Health

The local public health sector is at a crucial inflection point now. Funding cuts and staffing shortages seriously impact the ability of local governmental public health to accomplish its core responsibilities, let alone lead or participate in partnerships that can be effective in addressing many of the social needs that can impact community health. In 2021, state funding for public health in North Carolina was $76 per capita, placing our state 45th in the nation compared to the national average of $116 per capita.[A,3] County-level per capita spending on public health dropped 22% from 2010 to 2018 when adjusted for inflation.[4]

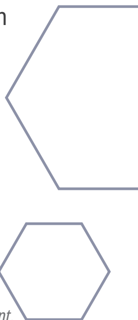
Data from a national survey of public health workers from late 2021 to early 2022 illustrate critical retention concerns for current employees:[5]

- 56% of public health workers report at least one symptom of post-traumatic stress disorder (PTSD).
- More than 1 in 5 public health workers rate their mental health as either "fair" or "poor."
- Nearly 1 in 3 public health workers say they are considering leaving their organization.

CNBC ranked North Carolina as the best state for business in 2022 and highlights per capita public health spending as a lagging area compared to other states.[6] With North Carolina ranking 32nd in health outcomes compared to other states in 2021, revitalizing local public health could be an important aspect of improving all of the factors that impact our health outcomes — social and economic, environmental, health behaviors, and clinical care — whether through direct services, policy change, or collective action with community partners.[7]

The COVID-19 Pandemic and Local Public Health

The COVID-19 pandemic has been difficult and exhausting on all levels of society, regardless of political perspective or work sector. It has meant massive disruptions in lives, businesses, and incomes. Federal, state, and local public health and health care responses were necessarily fast and often changing, which led to confusion, frustration, and subsequent distrust by many in the public. Yet, while the pandemic has brought extensive challenges and exposed serious societal issues, it now provides an opportunity to "recharge the system" — to inject new energy and new vision into sectors that have been taken for granted for so long. The opportunity is clear for local governmental public health to draw attention to the spectrum of roles it plays in helping create healthy communities and fully realize the value it holds in ensuring that all members of our communities have an opportunity to be healthy.



A Per-capita funding in 2020-2021 increased due to COVID-19 pandemic funds from the federal government.

Task Force on the Future of Local Public Health in North Carolina

The North Carolina Institute of Medicine (NCIOM) recognizes the importance of forging a strong future for local governmental public health to attain better health in our state's diverse communities. To develop a vision and path for achieving a strong future for local public health, the NCIOM, with funding from the Kate B. Reynolds Charitable Trust and the North Carolina Department of Health and Human Services, convened the Task Force on the Future of Local Public Health in North Carolina (the task force).

The task force was co-chaired by Leah McCall Devlin, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill; Lisa Macon Harrison, Health Director, Granville-Vance Public Health; John Lumpkin, President, Blue Cross Blue Shield of North Carolina Foundation and Vice President, Drivers of Health Strategy for Blue Cross and Blue Shield of North Carolina; and Vicki Lee Parker-High, Executive Director, North Carolina Business Council. They were joined by 65 other task force and steering committee members, including representatives from local public health, public health nonprofits, state and Tribal health and human services, state and local government, academia, health care, business, and other sectors. The task force met 11 times between August 2021 and May 2022. In addition, two work groups were convened for in-depth discussions on the topics of public health data and workforce. The task force made seven recommendations and detailed 26 action-oriented strategies for accomplishing them.

Although the work of public health encompasses a broad spectrum of sectors — including academia, non-governmental organizations, community-based organizations, philanthropy, health care, and state governmental public health — the scope of this task force was specifically focused on goals for the future of local governmental public health. The term "local public health" is used here in reference to local governmental public health and local health departments. Other sectors are called upon in connection with strategies related to their potential as partners, supporters, and promoters in the future vision for local public health in North Carolina.

THE NCIOM TASK FORCE ON THE FUTURE OF LOCAL PUBLIC HEALTH ENVISIONS A FUTURE WHERE:

All people in North Carolina will experience the benefits of living in communities served by well-supported and highly effective local public health agencies. They will live longer and healthier lives — no matter their location, income, race, ethnicity, or other characteristics — because of the prevention-focused and health-promoting programs and policies that skilled public health professionals support or bring to their communities. They will be protected from preventable disease by a strong environmental health program that ensures safe food, water, and air. They will have access to convenient health care services. Their communities will work together to maximize opportunities to attain safe and affordable housing, high-quality education, healthy food, strong economic opportunities, and other important drivers of health. They will have knowledge about, and trust in, the work of their local health department.

This future will be attained when local public health, along with community partners:

Promotes and participates in **strong partnerships** to improve health and well-being **with community organizations and members.**

Has trusted relationships and **shared power** with community members most impacted by public health programs and policies.

Collects, uses, and shares **data to drive improvements and address disparities** in health outcomes and health department services.

Has a variety of strong tools, skills, and relationships with community leaders to **effectively communicate** with community members and other partners.

Adapts quickly to serve urgent needs, including for emergency preparation and response.

Is staffed with a **skilled and respected workforce** that earns competitive compensation and reflects the diversity of the communities served.

Is **sought after and trusted** by local governments to develop programs and policies that promote health.

Receives **sufficient and reliable funding from local and state sources** and is **accountable** for program and service goals.

Has strong relationships with philanthropy to **promote innovation.**

RECOMMENDATIONS FROM THE TASK FORCE ON THE FUTURE OF LOCAL PUBLIC HEALTH

Partnering Through Collective Impact

Community partnerships are vital to the work of local public health. It is impossible for public health alone to address all issues that impact the health and well-being of a community, as influences on social and economic factors, the physical environment, health behaviors, and clinical care span a wide range of sectors. While the work of partnering to address these issues is vital to improving community health, funding is often inadequate for these efforts, with federal and state dollars typically designated for specific diseases or public health programs rather than cross-cutting community improvement projects.

In the role of "Chief Health Strategist," local public health is called on to engage in cross-sector partnerships to address the root causes of health outcomes. Despite limited resources, local health departments have worked in this role to foster partnerships across sectors that make important changes and improvements in the communities they serve to positively impact health. And yet, long-standing policy and system factors make it a continuing challenge to address unequal opportunities to live in healthy environments and make healthy choices. Evolving these partnerships through the collective impact framework can build a shared plan of action. This framework shifts the paradigm of partnership from working on the same issue to working ***toward the same outcome*** and shares power among all members of the partnership.[8] The collective impact framework involves a long-term investment of time and energy, calling on partners to:[9,10]

- Develop a common agenda for change.
- Measure the same things to understand results.
- Align activities to the common goal.
- Engage in open and continuous communications.
- Identify a coordinating organization(s).

"Improvements in our nation's health can be achieved only when we have the commitment to move even further upstream to change the community conditions that make people sick. The demand for social needs interventions won't stop until the true root causes are addressed."

Castrucci B, Auerbach J. Meeting individual social needs falls short of addressing social determinants of health. Health Affairs. January 16, 2019.

RECOMMENDATION 1

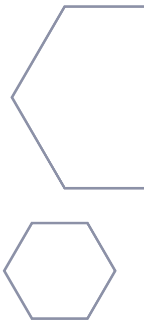
Evolve local public health's role as Chief Health Strategist by implementing a collective impact framework to address community health priorities

Strategy 1a. Growing Skills and Shared Vision for Collective Impact Local health departments should grow staff roles, skills and knowledge of: the Collective Impact framework; group and partnership facilitations; and health equity, risk assessment, and strategic partnerships.

Strategy 1b. Partnership Learning Collaborative
The North Carolina Public Health Association and North Carolina Institute for Public Health should develop a learning collaborative, or support existing collaboratives, focused on opportunities for those in local public health to gain knowledge and share best practices for engaging in the activities listed in Strategy 1a.

Who is responsible?

- Local health departments
- North Carolina Public Health Association
- North Carolina Institute for Public Health



Modernizing Public Health Data Use and Systems

The collection, access, and use of public health data needs modernization and investment to enable improved health outcomes. Public health must thoughtfully address what information is collected; how it is collected, analyzed, interpreted, and shared; and develop the capacity for efficient data collection, analysis, and dissemination. To fully address the root causes of poor health outcomes, public health must integrate relevant datasets on topics such as housing, education, and transportation.

Within and interconnected with these topics are issues related to workforce capacity and competencies, using data to make decisions and talk about the issues affecting the health of communities, sharing data with communities, cross-agency data connectivity and partnerships, and developing necessary technology and tools for collecting and sharing data. The technology and methodologies to address these issues are available, but to achieve data modernization public health must enhance workforce and infrastructure capacity and build connectivity between data systems and across partners.

Streamlined and accessible public health data systems will allow users to share and access data more easily, reducing inefficiencies and redundancies in staff time and resources. A modernized public health data system will also enhance a health department's ability to concentrate on using data to track community health outcomes, monitor agency performance, identify emerging threats to health, and act quickly. Enhanced staff knowledge of data use and communication will increase their ability to:

- help community members understand the factors that can impact their health and empower them to engage in healthy behaviors,
- develop strategies to improve community health, and
- advocate for changes to policies.

There are also significant strengths to build upon in North Carolina. Data systems and infrastructure could be (and are being) leveraged to strengthen local public health capacity in data collection, analysis, and dissemination.

> **"This nation has failed to invest in the core capabilities of public health data, data analytics, predictive data analysis. We really need to make that investment."**
>
> *- Robert Redfield, former CDC Director (2018-2021)*
> *A Conversation with Robert Redfield. Council on Foreign Affairs.*

RECOMMENDATION 2

Transform local public health's capacity to collect, share, use, and communicate data to drive continuous improvement in programs, agencies, and whole communities

Strategy 2a. Drive Improvement and Strengthen Connectivity The North Carolina Department of Health and Human Services Division of Public Health should strengthen the public health data ecosystem in North Carolina by supporting and investing in the creation of a strong statewide structure to prioritize, advance, and create collective accountability for improvement opportunities, with a shared set of values, across public health and other relevant data partners.

Strategy 2b. Identify Funding Needs for Data Modernization The statewide structure recommended in Strategy 2a should identify funding needs and potential funding sources, and a plan to secure resources for continued public health data use and system modernization, that are outside of the capacity of the Division of Public Health to support.

Strategy 2c. Evolve Health Department Data Capabilities Local health departments should evolve internal and external capabilities in data collection, sharing, and use by pursuing trainings for staff, developing capabilities around data sharing with community partners, creating a culture of learning, and adopting a shared set of values around intentional data development, use, sharing, and communication.

Strategy 2d. Support for Data Capacity and Modernization North Carolina public health philanthropies and nonprofit organizations, as well as partners in academia, health care, and the private sector should support developing work in local public health data capabilities by collectively investing in or collaborating on prioritized improvements and innovations related to workforce capacity, skill development, technical assistance, system improvement, and filling gaps in available data.

Who is responsible?

- North Carolina Department of Health and Human Services Division of Public Health
- Statewide structure recommended in Strategy 2a
- Local health departments
- Public health philanthropies
- Public health non-profits

Strengthening Local Public Health Communication

Effective public health communications strategies often have one or more primary goals: to increase population awareness about specific health issues or solutions; to describe and encourage healthy behaviors (and/or discourage risky behaviors); and to shift social norms about health issues to encourage healthier behaviors or reduce stigma about health conditions.[11] Successful public health communications can improve the health of the whole population by achieving these goals.

Trust is key to effective public health communications, and yet a survey by the Robert Wood Johnson Foundation found that nearly a quarter of adults (23%) nationally think the information provided by their local health department about the health of people in their communities is unreliable.[12] Only 44% of adults said they have "a great deal" or "quite a lot" of trust in the recommendations made by local health departments to improve health.[12] To address concerns about community trust, public health communicators often partner with established and respected community members who can successfully convey key information about health behaviors, risk factors, and other public health messages in ways that demonstrate understanding of and experience with the many community- and individual-specific factors that impact health.

The development of these relationships is both an opportunity and a challenge for local health departments. To implement effective communications strategies, local health departments must have capacity to develop relationships with these trusted community messengers, work with them to craft compelling and effective messages, evaluate their impact, and maintain and evolve their relationships over time.[13] Yet, many local health departments have few staff with primary roles specific to communications. Due to resource constraints, staff with communications responsibilities often have varied amounts of training and skills in public health communications to implement strategies for both crisis communications and ongoing health promotion needs. Frequently, the primary roles of these staff members are not in communications positions.

> "The ability to communicate clearly, concisely, and persuasively to the public is both a challenge and a fundamental responsibility of health departments."
>
> *– National Association of City and County Health Officials. Communication and Marketing: A Foundational Capability for Local Health Departments. November 2015.*

RECOMMENDATION 3

Strengthen capabilities and build trust to communicate effectively with diverse community members, media, and policymakers

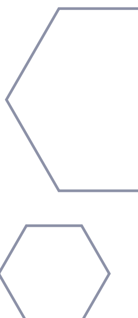
Strategy 3a. Build a Community of Practice
Through the North Carolina Public Health Workforce Regional Hubs, the North Carolina Division of Public Health should work to build a Public Health Communication Community of Practice with representatives of local and Tribal health departments.

Strategy 3b. Create a Public Health Communication Certificate Program The North Carolina Public Health Association, Division of Public Health, and academic programs at the university and community college level should collaborate to create a training certificate program in governmental public health communications to build communication capabilities at the regional and/or local level and to promote best practices in communications across the state.

Strategy 3c. Raise Public Awareness and Knowledge of Public Health Issues, Services, and Strategies
North Carolina health- and public-health-related philanthropies should invest in the development of a robust strategic communications framework that clearly identifies messengers, messages, and strategies for increasing public and legislative knowledge of public health's roles, and opportunities to champion development in local public health.

Who is responsible?

- North Carolina Department of Health and Human Services Division of Public Health
- North Carolina Public Health Association
- Public health academic programs at the university and community college level
- North Carolina health- and public-health-related philanthropies



Sustaining and Supporting the Local Public Health Workforce

Recruitment and retention of the current local public health workforce will be the most fundamental determining factor in achieving a strong future for local public health departments. While careers in public health offer meaning, purpose, and growth, a confluence of factors contributes to strain on the public health workforce, including the wide range of responsibilities and required expertise, the need for training and skills related to a broad variety of health issues, a competitive workforce environment, and ongoing mental health needs and burnout in local public health exacerbated by the COVID-19 pandemic. The pandemic has also contributed to increasing politicization of public health policies, polarization about the roles and responsibilities of public health, and mistrust in governmental authority, all of which have led to a particularly difficult environment for local public health workers.

Yet, even prior to the pandemic, public health was a sector with immense workforce challenges. Analysis by the de Beaumont Foundation and the Public Health National Center for Innovations found that the United States needs 80,000 more public health workers in state and local health departments just to fulfill minimum community services.[14] From 2009 to 2019, the public health workforce in North Carolina saw a decrease of 18% in the staffing-per-resident ratio.[15] Such a large shortfall makes the results of the 2021 Public Health Workforce Interests and Needs Survey (PH WINS) alarming. PH WINS found that 32% of state and local public health workers are considering leaving their jobs in the next year and 44% say they are planning to leave in the next five years. Those with intentions to leave cited inadequate pay (49%), work overload/burnout (41%), lack of opportunities for advancement (40%), stress (37%), and organizational climate/culture (37%) as their main reasons.[5]

The 2022 PH WINS found that more than half of US public health employees report at least one symptom of post-traumatic stress disorder, and one-quarter reported three or more symptoms. In addition, more than 40% of public health executives reported feeling "bullied, threatened, or harassed by individuals outside of the health department" during the pandemic. Nearly 60% of these executives reported feeling that their public health expertise had been undermined or challenged by people outside of the health department.[5]

The challenges of the pandemic, combined with the already existing challenges of low wages and worker responsibilities spread thin, have combined to create an urgent need for additional support of the local public health workforce.

> "The ability of a public health agency to possess infrastructure of 'foundational capabilities' and provide 'essential services' relies on the skill of the people who comprise the workforce."
>
> *- North Carolina Department of Health and Human Services, NC Governmental Public Health: Workforce and Infrastructure Improvement in Action, May 2022.*

RECOMMENDATION 4

Bolster local public health's capacity to promote community health and well-being by sustaining and supporting the current workforce

Strategy 4a. Develop Statewide Accountability for the Public Health Workforce The North Carolina Department of Health and Human Services, North Carolina Public Health Workforce Regional Hubs, and other relevant organizations should develop a permanent statewide organizational structure to be accountable to the needs and challenges of North Carolina's governmental public health workforce.

Strategy 4b. Value the Public Health Workforce
The North Carolina Association of County Commissioners, the North Carolina Association of County Managers, and the UNC School of Government should implement more comprehensive education for county commissioners and managers about the role of local public health and issues affecting burnout, retention, and recruitment for local governmental public health employees.

Strategy 4c. Support the Development of the Public Health Workforce Local health departments should pursue available staff trainings to develop competencies, develop opportunities to supplement tuition fees for professional development, and review staff development and hiring practices.

Strategy 4d. Support Updates to Job Classifications
The North Carolina General Assembly should support the development of the local governmental public health workforce by increasing funding for the Office of State Human Resources to provide additional support and resources dedicated to the ongoing work to review and update job classification specifications and salary grades in public health.

Strategy 4e. Address Threats and Harassment
The UNC School of Government, North Carolina Institute for Public Health, North Carolina Public Health Association, and North Carolina Association of Local Health Directors should work together to address threats and harassment of members of the local public health workforce by raising awareness of current laws that address threats and harassment and developing support tools.

Who is responsible?

- North Carolina Department of Health and Human Services Division of Public Health
- Association of County Commissioners
- Association of County Managers
- University of North Carolina at Chapel Hill School of Government
- Local health departments
- North Carolina General Assembly
- North Carolina Institute for Public Health
- North Carolina Public Health Association
- North Carolina Association of Local Health Directors

Building the Future Local Public Health Workforce

The pandemic has seen an increased interest in earning a degree in public health, with a 23% increase in applications from March 2019 to 2020, then another 40% increase from 2020 to 2021.[16] Capitalizing on this increased interest, and attracting new workers into local governmental public health, will require new efforts to create attractive opportunities for the future workforce.

While new public health graduates report interest in working in local public health and identify positive aspects of the sector, such as the opportunity to do fulfilling and meaningful work, they also report barriers to working in local public health. These barriers include perceptions of local public health departments as bureaucratic and lacking innovation, as well as a lack of resources that would impact employees' earning potential and career development.[17]

The task force identified the need for intentional and dedicated development of a diverse workforce within local public health. Public health departments that employ a racially, ethnically, and culturally diverse workforce can bring different perspectives and experiences to their work and are more likely to provide culturally relevant programs and services. Training in principles of health equity and the application of these principles to the practice of public health also enhances the health department's ability to identify and engage in policy and service development to improve health outcomes.[18]

> "Public health agencies that employ a diverse workforce are better positioned to implement targeted approaches in communities where they are needed, create systems to support those needs, and supply a greater variety of effective solutions to address health disparities."
>
> *Coronado, F, et. al. Understanding the Dynamics of Diversity in the Public Health Workforce. Journal of Public Health Management and Practice: July/August 2020 - Volume 26 - Issue 4 - p 389-392*

RECOMMENDATION 5

Build local public health's future capacity to serve the community by growing a diverse and skilled workforce

Strategy 5a. Develop A Network of Public Health Programs The Gillings School of Global Public Health at the University of North Carolina at Chapel Hill should convene a Network for North Carolina Programs of Public Health to: (1) support academic partnerships with local public health agencies; (2) identify opportunities for collaboration with other academic programs that train professionals in emerging fields relevant to local public health; and (3) advocate for tuition payment or loan forgiveness for those who commit to serving in local public health.

Strategy 5b. Funded Internship Opportunities North Carolina Public Health philanthropies, the North Carolina Association of Local Health Directors, the North Carolina Department of Health and Human Services, and other relevant stakeholders should work together to support sustainably funded internship opportunities to develop a public health workforce that: (1) is racially and ethnically representative of communities served; (2) serves rural communities; and (3) includes professions that are less represented in local public health (e.g., data science, communications).

Strategy 5c. Raise Awareness of Public Health Careers The North Carolina Public Health Association should work with local health departments and community partners to identify opportunities to introduce careers in local public health to students at middle and high school levels to begin developing the workforce pipeline.

Strategy 5d. Support New to Public Health Training The Division of Public Health should support training for new public health professionals to improve understanding of roles, strengths, and challenges of local public health (e.g., New to Public Health Program through University of Wisconsin-Madison) and encourage local health departments to enroll staff new to public health for participation.

Who is responsible?

- University of North Carolina at Chapel Hill Gillings School of Global Public Health
- Academic degree and certificate programs in public health and related fields
- Public health philanthropies
- North Carolina Association of Local Health Directors
- North Carolina Department of Health and Human Services Division of Public Health
- North Carolina Public Health Association

Strengthening Structure and Innovation in Local Public Health

Local public health departments face constant change because they are rooted deeply in the communities they serve. They must adjust to demographic shifts in the local population, gains and losses in the local economy, changes in political power, and emerging research in public health that illuminates new paths forward. These realities demand that successful local health departments become adept at implementing innovative strategies to improve the health of our communities in collaboration with many other important partners. Several foundational elements of public health—accreditation standards, governance models, regional resource sharing, and funding mechanisms—are necessary structures to drive innovation and improve the health and well-being of entire populations. When these foundations are strong, health departments have the necessary structure, flexibility, resources, and resilience to develop new approaches to accomplishing their goals.

North Carolina was an early adopter of accreditation for local health departments and in 2005 became the first state in the nation to require accreditation at the local level.[19] Accreditation establishes uniform standards across all health departments and provides assurance to the public that a local agency meets baseline standards and competencies in service provision, oversight, and administrative processes. It also strengthens accountability and credibility and aims to promote quality improvement within local health departments.[20]

The leadership team at each local health department is responsible for achieving accreditation, and is accountable to a local governing board that sets local rules and agency policy, appoints the local health director (often in consultation with the County Board of Commissioners), and that serves as the adjudicatory body for public health in that community.[21] At their best, and no matter their form, the governing authority of a local health department provides the leadership team and staff with support, guidance, and accountability. Effective governance in local health departments is a key element of innovation, providing strategic direction and support to the agency as a whole and advocating for resources to address priority issues.

Lastly, public health focuses on population-level initiatives such as policy and system change, infrastructure improvements, and community education, while health care focuses on clinical services and individual health. However, in practice there are many public health departments that provide both population-level and individual health services. This stems in part from public health's obligation under North Carolina General Statute § 130A-1.1 to "link[] people to needed personal health care services and ensur[e] the provision of health care when otherwise unavailable."[22] Because of the need to fill in these health care service gaps, health departments —particularly in rural areas—face dilemmas and obstacles to focusing on the core mission of public health (i.e., to address the health and well-being of whole communities). In places where access to health care is limited, health departments serve as vital health care safety net providers, and the payments they receive for providing health care services are an essential resource for their limited budgets.

RECOMMENDATION 6

Pursue innovative strategies to address broader population health and meet the organizational, funding, and workforce challenges that local governmental public health currently faces

Strategy 6a. Support Accreditation Flexibility and Modernize Standards The North Carolina Local Health Department Accreditation (NCLHDA) Board should support health departments as they pursue best available options to modernize their workforce, data capabilities, partnership development, and activities to address broader population health in communities by (1) exploring options to incorporate reciprocity for accreditation through the Public Health Accreditation Board (PHAB) in lieu of accreditation through NCLHDA and (2) restructuring the rules for accreditation to ensure the process is reflective of evolving standards for the new 10 Essential Public Health Services and/or the Foundational Public Health Capabilities.

Strategy 6b. Evaluate Innovative Models and Best Practices The North Carolina Institute for Public Health should (1) collaborate with the UNC School of Government, and/or identify other organizations as needed, to analyze innovative models and best practices for local governmental public health governance structures and partnership models and provide recommendations to guide future discussions around improving population health of North Carolinians and (2) collaborate with the North Carolina Association of Local Health Directors, and/or other organizations as needed, to evaluate and provide a report on overarching themes and lessons learned from health departments that have partnered with health care entities in their communities to shift health service provision from health department responsibility.

Strategy 6c. Support Opportunities for Innovation The North Carolina General Assembly should support innovation and efforts to address population health in local public health by (1) allocating significant funds to sustain existing and developing regional local public health capabilities in workforce, data, and communications and incentivize additional regional collaboration to realize opportunities for efficiencies across local public health jurisdictions and (2) supporting the development of rural safety net providers by filling the Medicaid coverage gap.

Who is responsible?

- North Carolina Local Health Department Accreditation Board
- North Carolina Institute for Public Health
- North Carolina General Assembly

Sustaining Local Public Health Through Sufficient and Reliable Funding

Current funding for local public health is inadequate, unreliable, fragmented, decreasing, and marked by periodic injections of resources for emergency response that subsequently dissipate. Current funding is also heavily directed toward service provision rather than building strong and sustainable organizations, leading to chronic neglect of foundational capabilities, which are critically important to improving health.

For years, per capita funding — that is, dollars per person — for local public health has been decreasing at both the state and local levels as the population has increased.[B,4,15] During times of crisis, federal and state funds are temporarily injected into the system to fight a specific disease or challenge. Yet, the fundamental structures and capacity of local health departments have been neglected, making these funding increases during public health emergencies less effective than they could be. Even large amounts of "crisis funding" cannot mitigate these challenges as there is limited ability to stand up the technology and workforce to effectively handle the crisis.

To fulfill the task force's urgent and inspiring vision for the future of local public health, the strategies laid out in this report — building on partnerships, modernizing data capabilities, improving public health communications, retaining and building the workforce, and implementing innovative solutions with clear accountability — must be realized through strong leadership backed by sufficient and well-stewarded resources. Public health leaders commit the energy and passion to take these bold actions and work toward healthier communities for everyone; yet this work will take time and a significant increase in financial and human resources. To that end, local public health will require sustained funding and accountability for its vital role in improving the health of North Carolinians.

> "We are so limited in what we can do and purchase [with grants] and none of it is sustainable. All of the [COVID-19] response money is structured this way and while it helps for maybe a fiscal year or two, there is nothing longer term that can truly help us solve any problems."
>
> *- Local Health Director in North Carolina*

RECOMMENDATION 7

Ensure governmental local public health is sufficiently and consistently funded to carry out Foundational Public Health Services and meet the unique needs of communities across the state

Strategy 7a. Structure for Determining Funding Needs The North Carolina General Assembly, North Carolina public health philanthropies, and leaders from relevant sectors most affected by the success of local governmental public health should actively collaborate in the creation of a public-private commission to provide leadership in the development of a per capita and baseline cost to counties and federally recognized Tribes to carry out Foundational Public Health Services and other public health activities required in state statute in North Carolina. In the interim, the General Assembly should raise annual state appropriations for public health funding to a minimum of the national average of $116 per capita.

Strategy 7b. Predictable Funding for Local Public Health The North Carolina General Assembly should ensure predictable and recurring funding at the level recommended by the Commission named in Strategy 7a for local governmental public health to carry out Foundational Public Health Services and any other public health activities required in state statute on a per capita basis with an adequate baseline level for all counties and federally recognized Tribes.

Strategy 7c. Local Funding to Support Community-Specific Needs The North Carolina Association of County Commissioners should identify opportunities for technical assistance to county commissioners in maintaining ongoing funding of local public health beyond what is recommended for state-level funding of Foundational Public Health Services.

Strategy 7d. Collaborative Funding for Innovation North Carolina public health philanthropies—in partnership with state and local health departments, public health nonprofits, academia, health care systems, business leaders, and others—should develop a collaborative process and ensure a consistent statewide strategy that aligns with existing federal, state, Tribal, and local funding strategies and helps local public health test innovative programs, structures, and operations.

Who is responsible?

- North Carolina General Assembly
- North Carolina public health philanthropies
- North Carolina Association of County Commissioners
- Health philanthropies and innovation funders

B Analysis by the News & Observer indicated that, in most counties, the change in public health spending decreased dramatically at the same time the county population increased.

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