



## CHAPTER 3

WHERE WE WANT TO GO





## Task Force on the Future of Local Public Health

The North Carolina Institute of Medicine (NCIOM) recognizes the importance of forging a strong future for local governmental public health so that North Carolinians may live long, healthy, and meaningful lives. Despite challenges, health departments across the state have persevered for decades to maximize available resources to improve the well-being of their communities through programs, services, and partnerships. The COVID-19 pandemic drew widespread attention to the work of local public health and the challenges it faces. While the pandemic was not the cause of these challenges, it provides an opportunity to examine and highlight the important and quality work of local public health, as well as the ongoing resource needs and opportunities for improvement. To develop a vision and path for achieving a strong future for local public health in North Carolina, 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 (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, 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. Work group members included members of the task force as well as additional experts and interested persons. Work group discussions and ideas for recommendations were brought to the full task force for consideration. The task force made seven recommendations and detailed 25 action-oriented strategies for accomplishing them. See Pages 32-33 for a list of recommendations and strategies.

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” will be used throughout this report in reference

to local governmental public health and local health departments. Other sectors are called upon in connection with strategies throughout this report related to their potential as partners, supporters, and promoters in the future vision for local public health in North Carolina.

## Other State and National Action

The NCIOM Task Force on the Future of Local Public Health is one of many state and national conversations and action plans to strengthen the capacity of local public health and help ensure we all live in strong and healthy communities.

### National initiatives include:<sup>A</sup>

- Institutions like **The Centers for Disease Control and Prevention** (Data Modernization Initiative and Strengthening US Public Health Infrastructure, Workforce, and Data Systems grant)<sup>B,C</sup> and the **Office of the U.S. Surgeon General** (Addressing Health Worker Burnout)<sup>D</sup>
- Organizations like the **Trust for America’s Health** (The Impact of Chronic Underfunding on America’s Public Health System),<sup>E</sup> **The Robert Wood Johnson Foundation** (Charting a Course for an Equity-Centered Data System),<sup>F</sup> the **Commonwealth Fund** (Meeting America’s Public Health Challenge),<sup>G</sup> and the **Bipartisan Policy Center and de Beaumont Foundation** (Public Health Forward: Modernizing the U.S. Public Health System).<sup>H</sup>

### North Carolina initiatives include:

- State agencies like the **North Carolina Department of Health and Human Services Division of Public Health** (NC Governmental Public Health: Workforce and Infrastructure Improvement in Action).<sup>I</sup>
- Public health trade organizations like the **North Carolina Association of Local Health Directors**, which is leading strategy and action planning to address priority improvements within the existing local public health system.
- Non-governmental public health non-profits like the **Western North Carolina Health Network** and **Foundation for Health Leadership and Innovation**, which have convened listening sessions with local public health agencies and participants in Community Health Assessment processes to understand challenges and needs.

In parallel with the Task Force on the Future of Local Public Health in North Carolina, the NCIOM and the South Carolina Institute of Medicine and Public Health convened the Carolinas Pandemic Preparedness Task Force from July 2021 to May 2022. While the scope of that task force extends beyond the actions of local public health, there are several shared or similar recommendations between the two task forces that will be noted throughout this report.

<sup>A</sup> Recommendations from these initiatives will be referenced throughout this report where they are similar to recommendations from the task force.

<sup>B</sup> The Centers for Disease Control and Prevention. Data Modernization Initiative. <https://www.cdc.gov/surveillance/data-modernization/index.html>

<sup>C</sup> The Centers for Disease Control and Prevention. Strengthening US Public Health Infrastructure, Workforce, and Data Systems. Accessed June 28, 2022. <https://www.cdc.gov/workforce/resources/infrastructuregrant/index.html>

<sup>D</sup> U.S. Department of Health and Human Services – Office of the U.S. Surgeon General. Addressing Health Worker Burnout. <https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>

<sup>E</sup> The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations, 2021. Trust for America’s Health. May 7, 2021. <https://www.tfah.org/report-details/pandemic-proved-underinvesting-in-public-health-lives-livelihoods-risk/>

<sup>F</sup> The Robert Wood Johnson Foundation. Charting a Course for an Equity-Centered Data System: Recommendations from the National Commission to Transform Public Health Data Systems. October 2021. <https://www.rwjf.org/en/library/research/2021/10/charting-a-course-for-an-equity-centered-data-system.html>

<sup>G</sup> The Commonwealth Fund. Meeting America’s Public Health Challenge. Recommendations for Building a National Public Health System That Addresses Ongoing and Future Health Crises, Advances Equity, and Earns Trust. June 2022. <https://www.commonwealthfund.org/sites/default/files/2022-06/TCF-002%20National%20Public%20Health%20System%20Report-r4-final.pdf>

<sup>H</sup> Armooh T, et al. Public Health Forward: Modernizing the U.S. Public Health System. Bipartisan Policy Center. December 2, 2021 <https://bipartisanpolicy.org/report/public-health-forward/>

<sup>I</sup> The work of these groups will be discussed as context for task force recommendations throughout this report.

<sup>J</sup> North Carolina Department of Health and Human Services. NC Governmental Public Health: Workforce and Infrastructure Improvement in Action. May 2022. <https://www.ncdhs.gov/media/15401/download?attachment>





### **A Vision for Local Public Health**

The task force set out to identify opportunities for effective action, focusing on system changes that could have a noticeable impact across the state. The task force's vision for the future of local public health in North Carolina was developed over a series of facilitated discussion. The vision reflects the outcomes sought by the task force through the recommendations and strategies detailed in subsequent chapters of this report.

### **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  
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**.
- ◆

\* Foundational capabilities are assessment, community partnership development, equity, organizational competencies, policy development and support, accountability and performance management, emergency preparedness and response, and communications; and the community-specific services foundational to local public health encompassing these capabilities are communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child, and family health, and access to and linkage with clinical care. See Chapter 10 for more details.



### ***Structure of this Report***

The remainder of this report details the task force's seven overarching recommended actions and strategies for achieving desired outcomes.

- **Recommendation 1:** Enhance local public health's role as Chief Health Strategist by implementing a collective impact framework to address community health priorities
- **Recommendation 2:** Transform local public health's capacity to collect, share, use, integrate, and communicate data to drive continuous improvement in programs, agencies, and whole communities
- **Recommendation 3:** Strengthen capabilities and build trust to communicate effectively with diverse community members, media, and policy makers
- **Recommendation 4:** Bolster local public health's capacity to promote community health and well-being by sustaining and supporting the current workforce
- **Recommendation 5:** Build local public health's future capacity to serve the community by growing a diverse and skilled workforce
- **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
- **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

The following pages contain a table of recommendations, strategies, and responsible parties whose participation is needed to achieve the vision. Each chapter of the report details a recommendation and its related strategies.



Table 1. Responsible Parties and Partners for Recommendations and Strategies of the NCJOM Task Force on the Future of Local Public Health

RECOMMENDATIONS AND STRATEGIES	PAGE #	LHDs	NCDHHS DPH	PH ASSOCS. & BOARDS	NCGA	NCIPH	ACADEMIA	PHILANTHROPY	TRIBAL PH	STATE DATA STRUCTURE	PH/ NON-PROFITS	HEALTH CARE PROVIDERS & PAYERS	REGIONAL HUBS	LOCAL GOVERNMENT ASSOCIATIONS	BUSINESS LEADERS
<b>RECOMMENDATION 1:</b> Evolve local public health's role as Chief Health Strategist by implementing a collective impact framework to address community health priorities															
<b>Strategy 1a -</b> Growing Skills and Shared Vision for Collective Impact	Page 37	X										O			
<b>Strategy 1b -</b> Partnership Learning Collaborative	Page 39			X		X					O				O
<b>RECOMMENDATION 2:</b> Transform local public health's capacity to collect, share, use, integrate, and communicate data to drive continuous improvement in programs, agencies, and whole communities															
<b>Strategy 2a -</b> Drive Improvement and Strengthen Connectivity	Page 43	O	X						O		O				
<b>Strategy 2b -</b> Identify Funding Needs for Data Modernization	Page 44				O			O		X					
<b>Strategy 2c -</b> Evolve Health Department Data Capabilities	Page 45	X		O			O				O		O		
<b>Strategy 2d -</b> Investment to Support Data Capacity and Modernization	Page 46						O	X			X	O			O
<b>RECOMMENDATION 3:</b> Strengthen capabilities and build trust to communicate effectively with diverse community members, media, and policymakers															
<b>Strategy 3a -</b> Build a Community of Practice	Page 51	O	X	O			O		O						
<b>Strategy 3b -</b> Create a Public Health Communication Certificate Program	Page 53	O	X	X		O	X		O						
<b>Strategy 3c -</b> Raise Public Awareness and Knowledge	Page 54	O	O					X	O						
<b>RECOMMENDATION 4:</b> Bolster local public health's capacity to promote community health and well-being by sustaining and supporting the current workforce															
<b>Strategy 4a -</b> Develop Statewide Accountability for the Public Health Workforce	Page 60	O	X	O		O			O				O		
<b>Strategy 4b -</b> Value the Public Health Workforce	Page 62						X							X	
<b>Strategy 4c -</b> Support the Development of the Local Public Health Workforce	Page 63	X									O				
<b>Strategy 4d -</b> Support Updates to Job Classifications	Page 65			O	X									O	
<b>Strategy 4e -</b> Address Threats and Harassment	Page 66			X		X									
<b>RECOMMENDATION 5:</b> Build local public health's future capacity to serve the community by growing a diverse and skilled workforce															
<b>Strategy 5a -</b> Network of Public Health Programs	Page 71	O					X								
<b>Strategy 5b -</b> Funded Internship Opportunities	Page 73	O	X	X			O	X							
<b>Strategy 5c -</b> Awareness of Public Health Careers	Page 74	O		X											
<b>Strategy 5d -</b> New to Public Health Training	Page 75	O	X												
<b>RECOMMENDATION 6:</b> Pursue innovative strategies to address broader population health and meet the organizational, funding, and workforce challenges that local governmental public health currently faces															
<b>Strategy 6a -</b> Support Accreditation Flexibility and Modernize Standards	Page 81			X											
<b>Strategy 6b -</b> Evaluate Innovative Models and Best Practices	Page 82			O		X									
<b>Strategy 6c -</b> Support Opportunities for Innovation	Page 84	O			X										
<b>RECOMMENDATION 7:</b> 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															
<b>Strategy 7a -</b> Structure for Determining Funding Needs	Page 94	O	O	O	X		O	X	O			O		O	O
<b>Strategy 7b -</b> Predictable Funding for Local Public Health	Page 96	O	O	O	X				O						
<b>Strategy 7c -</b> Local Funding to Support Community-Specific Needs	Page 98	O												X	
<b>Strategy 7d -</b> Collaborative Funding for Innovation	Page 99	O	O	O			O	X			O	O			O

LHD = Local Health Department; NCDHHS DPH = North Carolina Department of Health and Human Services Division of Public Health; PH = Public Health; NCGA = North Carolina General Assembly; NCIPH = North Carolina Institute for Public Health

X = Responsible party; O = Partner