


CHAPTER 7

SUSTAINING AND SUPPORTING THE CURRENT LOCAL PUBLIC HEALTH WORKFORCE

RECOMMENDATION 4..... 59





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 US needs 80,000 more public health workers in state and local health departments just to fulfill minimum community services.¹ From 2009 to 2019, the public health workforce in North Carolina saw a decrease of 18% in the staffing-per-resident ratio.² Such a large shortfall makes the results of the 2021 Public Health Workforce Interests and Needs Survey (PH WINS) alarming. Conducted by the de Beaumont Foundation, 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.³

“Already, Americans are feeling the impact of staffing shortages across the health system in hospitals, primary care clinics, and public health departments... If we fail to act, we will place our nation’s health at increasing risk”

- US Department of Health & Human Services. *New Surgeon General Advisory Sounds Alarm on Health Worker Burnout and Resignation*. May 23, 2022.
<https://www.hhs.gov/about/news/2022/05/23/new-surgeon-general-advisory-sounds-alarm-on-health-worker-burnout-and-resignation.html>

The task force convened a work group to discuss topics related to workforce and to identify strategies to retain experienced workers already serving in public health. The work group engaged in three conversations to address crosscutting competencies, recruitment and retention, and future workforce.

A Workforce to Support Local Public Health Responsibilities

The Foundational Public Health Services (FPHS) framework (see Pages 21-22 for more information), developed by the Public Health National Center for Innovations, includes the community-specific responsibilities of governmental public health, and identifies capabilities that must be in place in order to effectively carry out these responsibilities.⁴ These capabilities include:

- Health Equity
- Assessment and Surveillance
- Community Partnership Development
- Organizational Competencies
- Policy Development and Support
- Accountability and Performance Management
- Emergency Preparedness and Response
- Communication

The 10 Essential Public Health Services Framework outlines specific responsibilities central to effective public health and prioritizes the role of public health in ensuring health for all members of a community.

“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.
<https://www.ncdhhs.gov/media/15401/download?attachment>

Considering these frameworks, the task force discussed how the local public health workforce could be sustained and supported to effectively fulfill these responsibilities. As the North Carolina Department of Health and Human Services stated in its recent report, *NC Governmental Public Health: Workforce and Infrastructure Improvement in Action*, “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.”⁴

The State of the Public Health Workforce During COVID-19 - Burnout, Morale, Competition, and Wages

The COVID-19 pandemic has been a time of incredible stress on the local public health workforce. Faced with a pandemic that put all communities at risk, local public health was tasked with the enormous challenge of infectious disease control (including testing, contact tracing, and vaccine distribution), as well as the responsibility for communicating with the public about emerging and developing information on the virus, benefits of risk mitigation strategies, safety and efficacy of vaccines and



treatments, and many other related issues. The broad impact of the virus, as well as the length of time engaged in pandemic response, has led to struggles with morale, mental health, and job satisfaction for local public health workers.

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.³

In addition, public health workers often experience low wages compared to others with similar levels of education and experience. Among the employees who reported that they are considering leaving their organization, nearly half listed pay as the top reason for leaving. In North Carolina, the average wage for a worker in public health is \$55,494, placing North Carolina 46th in the nation for public health wages.^{4,5} 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.

Recognizing the importance of a strong public health workforce, the White House announced that the Centers for Disease Control and Prevention will be awarded \$3 billion in 2022 for a “first of its kind American Rescue Plan-funded grant program to strengthen the future public health workforce, including offering community health workers and others hired for COVID-19 response support in continuing their careers as public health professionals beyond the pandemic.”⁶ While funding is essential and will help to address some challenges, there are other important strategies to support the existing public health workforce. With these needs and challenges in mind, the task force recommends the following:

RECOMMENDATION 4

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

Five strategies are recommended by the Task Force on the Future of Local Public Health to move to a future vision of a sustained and supported local public health 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.

⁴ Average wage for public health workers includes those in roles outside of local public health, including the state health department.





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 (e.g., the North Carolina Association of Local Health Directors, North Carolina Alliance of Public Health Agencies, and North Carolina Institute for Public Health) should develop a permanent statewide organizational structure to be attentive to the needs and challenges of North Carolina’s governmental public health workforce. This structure should sustain, or evolve from, the North Carolina Public Health Workforce Regional Hubs and continue to pursue needs and opportunities for shared regional services and staff.

- i. To inform the permanent statewide structure, the North Carolina Department of Health and Human Services Division of Public Health should prepare an interim and final report on the outcomes of the Public Health Workforce Projects conducted through the North Carolina Public Health Workforce Regional Hubs.

Desired Result

A statewide organizational structure will oversee the workforce needs of local governmental public health, including identifying trends in open positions, competitive salaries and benefits, competencies, and burnout. This organizational body will evaluate and analyze ongoing needs and identify and implement effective strategies for addressing them.

Why does the task force recommend this strategy?

As a de-centralized public health system with local governance, there is currently no group in North Carolina that is monitoring the current and future workforce needs for local public health as a whole and there is no state-level entity with data on the current workforce statistics in North Carolina local health departments, including demographics and salary. The North Carolina Department of Health and Human Services and the Division of Public Health do not have responsibility or oversight requirements for the local public health workforce in the state. Therefore, a collaborative body is needed for ongoing data collection, convening, and strategic discussions about the current and future local public health workforce in the state. The North Carolina Public Health Workforce Regional Hubs, funded through the American Rescue Plan Act (ARPA), provide a natural basis from which to develop a permanent structure for this purpose.

Additional Context

The **North Carolina Public Health Workforce Regional Hubs** were developed by the North Carolina Division of Public Health (DPH) with over \$20 million from the ARPA. The Regional Hubs are housed across the 10 public health regions in the state to pursue projects and activities that they have prioritized for their workforce.⁴ Projects include:⁷

- Planning communication, resilience, leadership, and other trainings;
- Recruiting post-doctoral fellows related to epidemiology and/or communications;
- Developing and hiring a support team that will work to tie together services across the region, including epidemiology and communications;
- Developing a recruitment campaign for environmental health workers; and
- Implementing HIV Navigators to support multiple counties within one region.

The ARPA funds for the Regional Hubs are a short-term funding allocation. Long-term funding will be required to sustain and build the workforce development collaboration into the future.

DPH and health departments have also collaborated on a Rapid Needs Assessment in late 2021 to identify immediate staffing and training needs.⁴ Results of a deeper gap analysis and a Regional Workforce Development Plan are expected in Spring 2023.⁴

The North Carolina Association of Local Health Directors Workforce Work Group is working closely with the North Carolina Office of State Human Resources, the North Carolina Association of Public Health Nurse Administrator Governing Board, and other relevant parties to update job classifications that are relevant for local health departments. They have also been engaged with DPH to champion plans to field the Public Health Workforce Interests and Needs Survey (PH WINS) to gather data from all health departments to inform local and regional workforce initiatives.⁸

The **NC Alliance of Public Health Agencies** is a 501(c)(3) nonprofit that provides services to local health departments and state partners, including financial consulting and staffing.⁹ The Alliance posts job openings on its website and assists local health departments with other methods of filling open positions.

One of the **North Carolina Institute for Public Health’s missions** is to provide education, training, and professional development services and programs for the state’s public health workforce. Related to this mission is their publication of the **North Carolina Public Health Workforce Assessment**, “a statewide training needs assessment of the local-level public health workforce, to help identify current and future critical training needs for professionals across North Carolina local health departments.”⁹ The last assessment was conducted in 2019, prior to the COVID-19 pandemic, and the upcoming statewide PH WINS survey will provide an updated and detailed workforce assessment.^c

^b “In an effort to support public health in a more general way, the Alliance entered into an agreement with the NC Association of Local Health Directors and the NC Public Health Association in 2007. Under this agreement the Alliance provides the staff and general operating funds to operate all three organizations.”
- http://www.ncapha.org/about_us

^c The de Beaumont Foundation conducts the Public Health Workforce Interests and Needs Survey nationally, however few North Carolina health departments are included in the data collection.
https://sph.unc.edu/wp-content/uploads/sites/112/2019/07/LHD_Survey_FINAL.pdf



Strategy 4a aligns with the initial action recommendations from **The Future of Public Health: Lights, Camera, Action** series that was a collaboration between the CDC Foundation, the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, and Big Cities Health Coalition (see Figure 9).¹⁰

Figure 9. Excerpt of Initial Actions Informed by the National Summit on Workforce

- Identify opportunities for creation of commissions or task forces.
- Create strategic workforce development plans that include hiring practice and salary incentive needs and enhancements.
- Identify the supports needed for optimal mental health of public health staff.
- Share successes in workforce development from planning, partnerships, and pipelines.
- Report to their communities about efforts to diversify the workforce and what diversity, equity, and inclusion looks like to the health department.

Source: <https://futureofpublichealth.org/wp-content/uploads/2022/05/December-2021-Lights-Camera-Action-Summit-1-Accelerating-Action-Report.pdf>

How would this impact the health of communities?

The availability of a strong local public health workforce has a direct impact on health department ability to serve the needs of the community. An active statewide structure that is attentive to public health workforce issues in North Carolina will help to proactively address current needs and future challenges and ensure adequate capacity to fulfill local public health's roles and responsibilities.

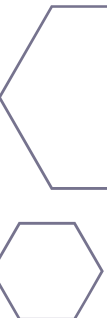
Who is responsible?

- North Carolina Department of Health and Human Services Division of Public Health

Who are the partners?

- North Carolina Public Health Workforce Regional Hubs
- North Carolina Association of Local Health Directors
- North Carolina Alliance of Public Health Agencies
- North Carolina Institute for Public Health
- Local health departments
- Tribal public health

This recommendation is related to Recommendation 5.1 supported by the Carolinas Pandemic Preparedness Task Force. Please see the final report from the Carolinas Pandemic Preparedness Task Force for additional details and information at <https://nciom.org/carolinas-pandemic-preparedness-task-force/>.





Strategy 4b - Value the Public Health Workforce

The North Carolina Association of County Commissioners, the North Carolina Association of County Managers, and the University of North Carolina at Chapel Hill 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.

This education should focus on issues including:

- i. Roles and responsibilities of local public health workforce,
- ii. Threats and harassment experienced by local public health workers,
- iii. Competitive compensation,
- iv. Acknowledgement of efforts during the pandemic,
- v. Retention incentives,
- vi. Professional development, and
- vii. Flexible workplace policies.

Desired Result

Local government officials will develop a nuanced understanding of the roles and responsibilities of local public health and will allocate adequate resources and support updated policies to maintain the necessary local public health workforce.

Why does the task force recommend this strategy?

Local government officials have an important role in overseeing the staffing policies and budgets of local health departments. As such, it is essential that they have a comprehensive knowledge of the roles and responsibilities of local public health and an understanding of the staffing needs and challenges that may impact the ability to effectively carry out those duties. Task force and workforce work group participants identified several ways that compensation and workplace policies could improve retention of the current local public health workforce.

Additional Context

Public health is facing extensive challenges to retaining the current workers who have experienced poor mental health, threats, harassment, and undermining of their authority over the years of the COVID-19 pandemic. The task force and workforce work group member discussions identified an opportunity for local government officials to address some of the issues the workforce is experiencing. These challenges exist within a broader ecosystem of workforce challenges experienced in other sectors, such as health care and education, where burnout and retention issues were a struggle prior to the pandemic and are now exacerbated.

The University of North Carolina at Chapel Hill School of Government

conducts trainings for various city and county officials to educate them on their roles and responsibilities and the operations of city and county government. The School's existing trainings can be built upon, or new trainings potentially could be developed, to address the workforce-related issues that are relevant to local public health as well as other local government human services workers.

How would this impact the health of communities?

Well-informed elected officials with the power to address some of the workforce challenges facing local public health could help to retain more current workers in their positions. The institutional knowledge and experience of current public health workers is an important resource for the efforts needed to improve the health and well-being of communities through public health programs and services.

Who is responsible?

- North Carolina Association of County Commissioners
- North Carolina Association of County Managers
- University of North Carolina at Chapel Hill School of Government

Who are the partners?

- County commissioners
- County managers

PUBLIC HEALTH WORKERS ARE STRUGGLING:



22% report their mental health is "fair" or "poor"



56% report at least one symptom of post-traumatic stress disorder, **25%** report three or more symptoms



41% say they have felt "bullied, threatened, or harassed by individuals outside of the health department"



59% of public health executives say they have had their public health expertise "undermined or challenged by individuals outside of the health department"



32% of state and local public health workers are considering leaving their jobs in the next year, **44%** say they are planning to leave in the next five years

Source: de Beaumont Foundation, 2021 Public Health Workforce Interests and Needs Survey (PH WINS), https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf



Strategy 4c – Support the Development of the Local Public Health Workforce

Local health departments should sustain and support the current workforce by encouraging engagement in competency-building and professional development activities. To accomplish this, health departments should:

- i. Pursue available trainings for current staff to enhance or develop competencies in health equity, data collection and analysis, and communications relevant to staff roles.
- ii. Develop opportunities to supplement tuition and fees for professional development.
- iii. Review staff development and hiring practices to support and grow leadership representative of the community from within the organization and externally.

Desired Result

A diverse and competent local public health workforce will have opportunities for professional development and leadership roles within health departments and will be reflective of the communities they serve.

Why does the task force recommend this strategy?

Experienced health department employees are an asset to effectively fulfilling the roles and responsibilities of local public health. Hiring new workers takes time, resources, and energy and the loss of current staff means the loss of institutional knowledge and experience. Task force and workforce work group participants shared experiences that highlight the need for more career development opportunities, including trainings to enhance public health competencies and opportunities for furthering education. Funds for tuition reimbursement or other incentives to seek additional degrees or certifications are very limited, leading some to find employment elsewhere. Other members noted challenges experienced by people of color in some health departments where they experienced fewer opportunities for mentorship by leaders or were passed over for positions with increased responsibility.

Additional Context

Responses to the 2019 **Driving the Future**^D survey “suggest that the North Carolina public health workforce is predominantly white (80%)... and female (90%), with more than 60% of the workforce over age 45.”¹¹ This indicates much room for improvement in the diversity of the workforce and leadership of North Carolina’s health departments (see also, Chapter 8 – Workforce for the Future). A more diverse public health workforce is essential to reflect the background and experiences of the communities being served. Program and policy development impacts people with a variety of identities and should therefore be informed by individuals of diverse races, ethnicities, linguistic backgrounds, genders,

and abilities. Similarly, in the delivery of public health services, “A diverse workforce is essential for the adequate provision of culturally competent services because it can more easily address cultural and linguistic barriers. For example, health departments with a diverse workforce are more likely to employ strategies to serve culturally and linguistically diverse clients (e.g., using interpreter services and having materials translated into languages other than English).”¹²

The Driving the Future survey also identified the top areas of interest for training needs as data analytics, policy engagement, change management, resource management, and diversity and inclusion. See Figure 10 for the top-rated skill gaps identified across the strategic domains. While this data is useful for indicating self-reported skill gaps, it is notable that this survey was fielded prior to the COVID-19 pandemic, and it is possible that the experience of the pandemic and other cultural events may lead future respondents to place priority on other skills. For example, the need for competencies around advancing health equity has received more attention due to health disparities highlighted by the pandemic and national movements to address systemic racism in recent years. A survey of North Carolina local health directors in summer 2021 indicated that there are varying levels of understanding of local public health’s role in addressing health equity and consensus that additional knowledge and tools are needed.^E This survey also indicated that 61% of health directors felt that health department communications was an area of challenge or area of opportunity for growth for their health department, indicating a possible knowledge or capacity gap that was not identified in the Driving the Future survey (see also, Chapter 6 – Communications).

Figure 10. Top 10 Skill Gaps Across Strategic Domains Identified in the Assessment of North Carolina Local Public Health Workforce

1. Use economic evaluation methods to identify, measure, and value costs, quality, and outcomes of public health interventions and programs
2. Familiarity with and use of problem-solving models such as design thinking
3. Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services
4. Address legal, policy, fiscal and other barriers to collaboration
5. Understand and address barriers to implementation of new programs and services
6. Monitor and evaluate results of new and ongoing interventions and strategies
7. Access public health data systems
8. Document processes for making decisions and taking collective action
9. Identify gaps in data
10. Find supportive professional and personal networks

Source. North Carolina Institute for Public Health. Driving the Future: Assessment of the North Carolina Local Public Health Workforce. July 2019. https://sph.unc.edu/wp-content/uploads/sites/112/2019/07/LHD_Survey_FINAL.pdf

^D The North Carolina Institute for Public Health published *Driving the Future: Assessment of the North Carolina Public Health Workforce in 2019*. It is “a statewide training needs assessment of the local-level public health workforce, to help identify current and future critical training needs for professionals across North Carolina local health departments.” https://sph.unc.edu/wp-content/uploads/sites/112/2019/07/LHD_Survey_FINAL.pdf

^E The North Carolina Institute of Medicine conducted an informal, voluntary survey of North Carolina health directors at the start of the Task Force on the Future of Local Public Health in North Carolina to understand current strengths, challenges, and needs related to the Foundational Public Health Capabilities, which enable achievement of the 10 essential services each health department should provide.



The Public Health Workforce Interests and Needs Survey, which found that 27% of public health workers are considering leaving their organization in the next year and 41% are considering leaving in the next five years, cites some of the top reasons as lack of opportunities for advancement (40%) and organizational climate/culture (37%).³ These reasons indicate a desire for career advancement opportunities and improvements in workplace culture that could be addressed through Strategy 4c.

The Bipartisan Policy Center’s **Public Health Forward: Modernizing the US Public Health System** report also recommends actions along these lines to improve knowledge development and workplace culture, including:

- ‘Assess[ing] organizational culture and mak[ing] changes as needed to ensure the workplace is culturally competent and supportive of all staff.
- Provid[ing] professional development opportunities, giving public health workers the skills and knowledge needed to meet modern public health challenges (e.g., change management, data science skills, and cultural and linguistic competencies).’¹³

How would this impact the health of communities?

A public health workforce that represents the racial and ethnic diversity of communities and that has strong knowledge and tenure at the health department will be an asset to ensuring effective public health programs and services. A representative workforce will be best equipped to understand the health issues of the community and work with community partners toward solutions.

Who is responsible?

- Local health departments

Who are the partners?

- Public health nonprofits that offer training topics of health equity, data collection and analysis, and communications



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 staffing support and resources dedicated to the ongoing work to review and update the local government classification system to include job classification and salary expectations.

Desired Result

Job classification and salary grades for the local public health workforce will be modernized and flexible to allow for timely hiring and onboarding of new staff.

Why does the task force recommend this strategy?

Task force and work group members consistently highlighted outdated job classifications as a challenge for recruitment and retention as many do not reflect the modern needs of local health departments. Some of the most vital roles in local public health 3.0, including data analytics, multi-sector community health strategic leadership, and public health communications are not adequately reflected in existing job descriptions, which were developed decades ago and represent an earlier state of local public health practice. The North Carolina Office of State Human Resources (OSHR) local government program has been working with relevant parties to update some of these classifications, however with a small staff and limited resources this work has moved slowly. Additional resources for OSHR would enhance its ability to update and add necessary job classifications.

Additional Context

Agencies that receive funding from the federal government must have a personnel system that uses merit principles. To ensure compliance with this rule, in the 1970s the North Carolina General Assembly placed local health departments and social services under the State Human Resources Act.¹⁴ Today, any local health department or region that is not part of a consolidated health and human services department is subject to limited authority from the OSHR. In this capacity, OSHR assures that health department employees meet minimum education and experience standards of the state classification system, provides consultative services related to employee relations, and has authority over job classification of all posted health department positions.¹⁴ This authority can often become a challenge for health departments to post new positions in a timely manner and with position descriptions that meet modern needs due to OSHR's limited staff and the state's outdated position descriptions and job specifications.¹⁴ Some position descriptions in the state classification system are over 40 years old and do not meet modern needs of local health departments.

The local government support team within OSHR has worked closely with representatives from the North Carolina Association of Local Health Directors (NCALHD) Workforce Work Group to prioritize positions for updated job classification based on challenges in recruitment. The NCALHD work group surveyed health directors and found that nurses, environmental health specialists, public health educators, and preparedness coordinators have been most difficult to recruit.⁸ OSHR worked with work group members and representatives from the North Carolina Department of Health and Human Services Division of Public Health to adjust public health nurse classifications and will continue to make additional updates as capacity allows.

In August 2022, NCALHD membership voted to request that OSHR commit additional staff and resources to the local government program that works with local health departments to support personnel issues and continuing education. In a formal memo to the OSHR Director, NCALHD leadership praised current program staff and requested additional support to alleviate delays in position approvals, position reallocations, and job candidate verifications.¹⁵ Additional staff capacity at OSHR with direct knowledge of local government operations would help begin to address some of the challenges that local health departments face in recruiting new employees. Their work must also include a thorough review and revision of local government job classifications to meet modern needs.

How would this impact the health of communities?

Timely recruitment of new staff and retention of existing staff is important to serve the needs of community health, particularly during public health emergencies. Updating job classifications and salaries for local public health workers will improve the ability of health departments to fulfill their roles and responsibilities for community health.

Who is responsible?

- North Carolina General Assembly

Who are the partners?

- Office of State Human Resources
- North Carolina Association of Local Health Directors
- North Carolina Association of County Commissioners

This strategy is related to Recommendation 5.2 supported by the Carolinas Pandemic Preparedness Task Force. Please see the final report from the Carolinas Pandemic Preparedness Task Force for additional details and information at <https://nciom.org/carolinas-pandemic-preparedness-task-force/>.





Strategy 4e – Address Threats and Harassment

The University of North Carolina at Chapel Hill 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 the local public health workforce by:

- i. Raising awareness among local public health workers, county managers, commissioners, county attorneys, and boards of health of current laws to address threats and harassment and appropriate times to bring actions against perpetrators.
- ii. Developing support tools or technical assistance for local health directors to understand rights and laws related to threats, harassment, public records requests, and access to health department property.

Desired Result

Local public health workers will be equipped with knowledge and tools to support them in addressing threats or harassment they receive from members of the public.

Why does the task force recommend this strategy?

The task force and workforce work group identified threats and harassment as among the biggest challenges to retention of the local public health workforce. Existing laws could be used to address certain threats and harassment, and awareness is needed regarding appropriate times to do so. Health directors and other health department employees would benefit from resources and tools to help them understand their options for addressing these issues.

Additional Context

The 2021 Public Health Workforce Interests and Needs Survey found that 41% of public health workers have felt “bullied, threatened, or harassed by individuals outside of the health department.”³ Threats and harassment of public health workers began during the COVID-19 pandemic as members of the public became frustrated by pandemic lockdown and quarantine measures. Indeed, a survey of US adults found that 25% feel that harassment of public health officials related to pandemic business closures was justified, while 21% feel that threats to public health officials were justified.¹⁶ Among many examples, public health workers have experienced members of the public shouting at them during public meetings, threats to call law enforcement while conducting environmental health inspections, and direct threats of violence against them and their family members.^{F,G}

^F These examples were shared anonymously by task force members and are similar to experiences of many public health workers throughout the country. <https://khn.org/news/public-health-officials-face-wave-of-threats-pressure-amid-coronavirus-response/>

^G Public health authority has also been called into question by members of the public and elected officials. Negative feelings about measures taken during the pandemic, such as lockdown and quarantine requirements, led some state legislatures to change long-standing laws around public health authorities. See Chapter 6, Page 55 for more details.

“25% of US adults feel that harassment of public health officials related to pandemic business closures was justified, while 21% feel that threats to public health officials were justified.”

- Topazian, R.J, et. al. US Adults’ Beliefs About Harassing or Threatening Public Health Officials During the COVID-19 Pandemic. JAMA Network. July 29, 2022. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794789>

While there are no specific legal protections for public health workers in North Carolina law, there are other state criminal laws that could be used to prosecute individuals who threaten or assault public health officials or employees.¹⁷ One of the options that is already available to North Carolina’s public health workforce is to press charges under one of those existing laws when the facts of a situation support the charge. See Figure 11 for current laws that could be applicable in certain situations of threats or harassment of public health workers.

Figure 11. North Carolina General Statutes Related to Threats and Harassment

Specific to government officers/employees:

- **G.S. 14-34.2** – Assaulting a state or local government officer or employee with a firearm or other deadly weapon while the officer/employee is performing official duties (felony)

Applicable regardless of occupation:

- **G.S. 14-277.1** – Communicating threats (class 1 misdemeanor)
- **G.S. 14-196** – Making harassing telephone calls, using threatening language on the telephone, repeated telephone calls to harass (class 2 misdemeanor)
- **G.S. 14-196.3** – Cyberstalking; includes using e-mail or other electronic communication to threaten bodily harm or physical injury; repeated use of e-mail/other electronic communication to harass (class 2 misdemeanor)
- **G.S. 14-277.3A** – Stalking (class A1 misdemeanor) and repeat stalking (felony)

Source: Personal communication with Jill Moore, Associate Professor of Public Law and Government, University of North Carolina at Chapel Hill School of Government, January 13, 2022

The University of North Carolina (UNC) at Chapel Hill School of Government, North Carolina Institute for Public Health, North Carolina Public Health Association, and North Carolina Association of Local Health Directors each have a role to play in providing education about best practices, rights, and responsibilities related to threats and harassment of public health workers as these organizations are sources of trainings for the public health workforce, county boards of health, and elected officials. The UNC School of Government began this work at the Legal Pre-Conference of the North Carolina Public Health Association Conference in April 2022, which featured presentations titled “You Want What? Extensive Public Records Requests” and “Harassment of Public Health Officials: Emerging Legal Issues.” Additional trainings, resources, and tools would help public health workers in the state understand their rights and address threats or harassment they face in the future.



How would this impact the health of communities?

Maintaining a strong and resilient workforce is essential to providing effective public health programs and services. Trainings, resources, and tools related to threats and harassment will help public health workers feel supported if they experience these issues in the future.

Who is responsible?

- University of North Carolina at Chapel Hill School of Government
- North Carolina Institute for Public Health
- North Carolina Public Health Association
- North Carolina Association of Local Health Directors

Who are the partners?

- Local health department employees

This strategy is related to Recommendation 5.2 supported by the Carolinas Pandemic Preparedness Task Force. Please see the final report from the Carolinas Pandemic Preparedness Task Force for additional details and information at <https://nciom.org/carolinas-pandemic-preparedness-task-force/>.

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