NCIOM *Future of Local Public Health in North Carolina*

Task Force Meeting Summary

Thursday, August 19, 2021 - 2:00 – 5:00 PM

Attendees:

- NCIOM staff: James Coleman, Kathy Colville, Emily Hooks, Brieanne Lyda-McDonald, Alison Miller, Michelle Ries
- *Co-chairs*: Leah Devlin, John Lumpkin, Lisa Macon Harrison, Vicki Lee Parker-High
- *Steering Committee:* Brian Alligood, Jason Baisden, Yazmin Garcia Rico, Katye Griffin, Tom Linden, Beth Lovette, Stacie Saunders, Doug Urland, ClarLynda Williams-DeVane
- *Task Force Members*: Stephanie Baker, Amy Belflower Thomas, Ronny Bell, Mark Benton, Vickie Bradley, Margaret Brake, Jay Briley, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Sandy Cothern, Bonnie Coyle, Sheila Davies, Shannon Dowler, Honey Estrada, Nora Ferrell, Misty Fields, Andrea Freeman, Mary Furtado, Jennifer Green, Kimberly Hardy, Amber Harris, Sarita Hiers, Amanda Isac, Rod Jenkins, Don Jonas, Eugenie Komives, Ulva Little-Bennet, Gabriela Livas Stein, Bronwyn Lucas, Jill Moore, Natalie Murdock, Dorothy Rawleigh, Quinny Sanchez Lopez, Susanne Schmal, Edelmira Segovia, Stephania Sidberry, Steve Simandle, Robert Spencer, Ashley Stoop, Betsey Tilson, Amy Underhill, John Wiesman, Jean Willoughby,
- *Guests*: April Bragg, Susan Little, Kristi Nickodem, Virginia Niehaus, Omari Richins, Emma Sandoe, Velma Taormina, Damon Tweedy

Introductions:

Each co-chair introduced themselves and described why the task force work is important to them. Co-chairs for this task force are:

- Leah McCall Devlin, DDS, MPH – Professor, Gillings School of Global Public Health, UNC-Chapel Hill
- John Lumpkin, MD, MPH – President, Blue Cross Blue Shield of North Carolina Foundation; Vice President, Drivers for Health Strategy, Blue Cross and Blue Shield of North Carolina
- Lisa Macon Harrison – Health Director, Granville Vance Public Health; President, National Association of City and County Officials
- Vicki Lee Parker-High – Executive Director, North Carolina Business Council

Dr. Lumpkin presented the agenda and goals for the meeting:

1. Introduction to NCIOM and Task Force – Kathy Colville, President & CEO, NCIOM
   Goal: Gain common understanding of task force purpose and goals, timeline, topics to be covered, and expectations of task force members.
2. Structures and Governance of Local Public Health in NC – Jill Moore, Professor, UNC School of Government
3. The Story of Local Public Health in NC – Stacie Saunders, Health Director, Buncombe County Health and Human Services

Goal of these two presentations: Provide a broad overview of governmental local public health roles, structures, and governance in North Carolina.

4. Small and Large Group Discussion
   Goal: Discuss initial thoughts of task force members on strengths and challenges of current system of governmental local public health in North Carolina and vision for the future.
5. Perspectives from outside NC

Introduction to NCIOM and Task Force
Kathy Colville, President & CEO, North Carolina Institute of Medicine

Ms. Colville provided an introduction to the North Carolina Institute of Medicine, the task force process, and the purpose of the Task Force on the Future of Local Public Health. Key points include:

- The NCIOM serves as unbiased source on health policy issues and brings together stakeholders from across the state.
- NCIOM work is nonpartisan, consensus driven, evidence based, and solution focused.
- Your perspective and backgrounds are valued and are critical to this process
- We strive for consensus in the task force process of developing recommendations.
- This task force will examine the work that local public health should be doing in the future and the structures, investments, and policies needed to get there.
- The task force will discuss local public health roles and responsibilities, workforce, data modernization, funding, partnerships, advocacy, health equity, governance, and communications.
- NCIOM staff will draft recommendations based on task force discussion and present to task force for review and revision.
- A final report will be published around May 2022.
- Additional work of the North Carolina Association of Local Health Directors is being funded through the Kate B. Reynolds Charitable Trust to develop complementary strategy and action planning and identify opportunities for collective action.

Colville presentation here.

Structures and Governance of Local Public Health in NC
Jill Moore, Professor, UNC School of Government

Ms. Moore presented an overview of the various structures and governance for local public health in North Carolina. Key points of her presentation include:

- There are a variety of ways that public health services are provided in NC but every county has a local health department (LHD), local board of health, local health director, although they may have different names or titles

- The most common department type (47) is a county health department; 21 operate in a mult-county district; 31 in a consolidated human services agency. A public health authority is another mechanism, however there are none at the moment. Cabarrus County has a unique structure operated through a hospital that is no longer an option for other counties.
- The type of health department determines the type of board of health. There are four types of NC Boards of Health. All have categories of professionals and members of the public. The body serving as the board of health is responsible for protecting and promoting public health. If county commissioners serve as board of health, every county (except Mecklenberg) have to have an advisory committee on health.
- NC Local Health Directors are appointed by the board unless it is a consolidated human services agency. There are minimum education requirements and significant legal powers and duties
    - Tom Linden - Under the mandated powers of local public health boards, can a county public health board institute a vaccine mandate for specific bodies within that respective county?
        - Conversations are underway, can't answer that right now

Question: With politicization of public health and public health practice during COVID, have we seen changes in public health governance structures?

Answer: Not a lot, if any, changes in the last 12-18 months because there has been so much going on, but there's been a lot of questions around Local Health Director authority around abatement, isolation, and quarantine measures, including authority that has been around for a very long time.

Question: Given the social determinants of health, is there a movement to diversify Boards of Health to include community leaders across other domains?

Answer: Not aware of this, but there is language that requires the makeup to match counties that they serve.

Question: Under the mandated powers of local public health boards, can a county public health board institute a vaccine mandate for specific bodies within that respective county?

Answer: Conversations are underway, can't answer that right now.

Moore presentation here.

The Story of Local Public Health in NC
Stacie Turpin Saunders, Health Director, Buncombe County Health and Human Services

Ms. Turpin Saunders presented on the services that local health departments are required to provide or are ensure are provided in the community, as well as the variety of funding sources for local public health. Key points of her presentation include:

- Some services are programs that local health departments have because they have determined that the community needed to meet the needs not covered in statute.
- Funding sources vary greatly. Federal dollars have decreased $580M across the US and have remained stagnant for several years. COVID was eye opening for federal government and highlights need for robust investment, not just during crisis. North Carolina was 41st in per-capita spending as of 2016.
- Local appropriations vary greatlyacross the state, with some health departments receiving less than 10% of their budget from local government, while some receive as much as 70%.
- The NC Commission of Public Health establishes standards for the scope of work for local health departments.
- There is no funding stream for vital records registration
- Local health departments are required so complete a Community Health Assessment that includes multiple partners, community engagement, primary and secondary data sources. This assessment helps to determine health needs of the community and must be performed every 4 years. Many are now conducting assessments every 3 years in conjunction with local health systems.
- A State of the County health report is required yearly and details progress made between the community health assessment.
- The Local Health Department accreditation process was mandated in 2006
- Important to remember that local public health is charged with the health of all the people living, learning, visiting, and working within that jurisdiction.
- Health equity has been centered as the "north star" for the 10 essential public health functions
- Even in the absence of a pandemic, local public health carries out foundational public health to prevent and protect, and brings together partners to convene and bridge communities.

Saunders presentation here.

Presentation of Results of Local Health director Survey
Brieanne Lyda-McDonald, Project Director, North Carolina Institute of Medicine

Ms. Lyda-McDonald briefly summarized results of a survey of local health directors in North Carolina.

- Thirty-one health directors participated, with 10 representing populations of less than 50,000 and 20 representing populations of between 50,000-499,999.
- Health directors were asked to identify their level of competency with the foundational capabilities of public health with an indication of whether that capability was a strength, opportunity, or challenge for their health department.
    - The top-rated capabilities were community partnership development, emergency preparedness and response, and organizational administrative competencies.
    - The lowest-rated capabilities were policy development and support, accountability/performance management, and assessment/surveillance.

- Health directors identified the top three foundational capabilities they would like to be able to devote more resources to as assessment/surveillance, accountability/performance management, and organization administrative capabilities.

Lyda-McDonald presentation here.

Breakout Discussion

Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Alison Miller, Michelle Ries

Questions for discussion:

- What are the assets and challenges of the current structures of local public health across NC in helping to fulfill their roles and responsibilities?
- What are major functions of local public health that nobody else in your communities currently does?
- What are major areas of community well-being that could most benefit from stronger public health leadership and influence?

Table 1. Assets and challenges of the current structures of local public health across NC in helping to fulfill their roles and responsibilities

Asset	Tally of Mentions	Challenge	Tally of Mentions
Opportunities for partnership and collaboration	3	Funding	6
Eye on range of activities	1	Telling the story	1
Autonomy of local health departments	1	Staffing recruitment and retention (structural barriers, pay, burnout, outdated job descriptions)	7
Workforce	1	Minimal staffing means staff cannot use vacation time	1
Knowledge to take evidence-based programs and tailor for community	1	Decentralized structure	1
		Varying abilities of localities to fund services	2
		Politics	1
		Appearance of reactive mode rather than proactive	1
		Grant requirements (e.g., matching funds)	1
		Capacity for effective communications	1

Table 2. Major functions of local public health that nobody else in your community currently does

Major Functions Nobody Else Does	Tally of Mentions
Environmental health (e.g., permitting septic systems and wells, restaurant inspection)	3
Family planning and maternity care	2
WIC program	1
Community Health Assessment	2
Local policy recommendations to commissioners	1
Health director hearing concerns of community	1
OB services	1
Advocacy for community	1
Communicable disease	1
Partnerships with schools, court systems, and other sectors	1
Animal control	1
Health education	1
Childcare coordinators	1
Postpartum health visiting	1
Navigator to community resources	1

Table 3. Major areas of community well-being that could most benefit from stronger public health leadership and influence

Areas of Community Well-Being that Could Benefit from Stronger PH Leadership/Influence	Tally of Mentions
Understanding connection between health community and economy	1
Critical influence of public health in K-12, correctional facilities, and higher education	2
Coordinate efforts to work with health educational partners	1
General connectivity	1
Establishing relationships with key partners to build momentum for important public policies	1
Working with historically marginalized populations – building "sustainable and authentic relationships"	1
Policing and criminal justice system (e.g., violence prevention, gun use, injury prevention)	1
Population health	1

Large Group Discussion

Facilitator: Brieanne Lyda-McDonald

Questions for discussion:

- What does public health need to keep doing, start doing, stop doing?
    - PH needs to do a better job of telling our story.

    - More of the assurance role
    - Create partnerships so that we get everyone engaged in the work so the public recognizes the work we do.
    - Get better at defining the role of public health - right now we are everything to everyone.
    - Hold build on existing relationships and the systems we have in place (e.g., School of Government and Institute for Public Health).
    - Continue to build conversations with communities of color. We know there are disparities that exist, but we need to continue to offer a brave safe space for historically marginalized populations.
    - Partnerships with public schools are so important and provide opportunities to stay connected with families and stay engaged with surveillance. This can be improved in North Carolina.
- What were some "Aha!" moments today?
    - New realization that there are many counties with county commissioners as the Board of Health.
    - Levers that can be pulled on local policy change can impact so much, but it does take partnerships.
    - There is a lot related to local public health in statutes.
- What is our vision of an ideal future state for local public health?
    - Strong public support for the public health system.
    - Elimination of health disparities.
    - Public health more accessible and less siloed.
    - Time for quality improvement and marketing of programs.
    - Think transformationally with public/private partnerships. Data systems are a great example and highlighted by COVID.

Perspectives from Outside North Carolina
Facilitator: Brieanne Lyda-McDonald; Speakers: Jennifer Green, Health Director, Cumberland County; John Lumpkin, President, Blue Cross Blue Shield of North Carolina Foundation; Vice President, Drivers for Health Strategy, Blue Cross and Blue Shield of North Carolina; John Wiesman, Professor and Director of Executive Doctoral Program in Health Leadership, UNC Gillings School of Global Public Health

Dr. Green spoke about her experience as a Local Health Director in Kansas, which also has decentralized local public health system.

- KS Bboard of Health structure is a bit different from NC. Most county health departments are governed by county commissioners with a strong suggestion to have a public health advisory committee. This created a lot of challenges because some commissioners didn't have experience in public health.
- Funding in KS was flat like NC.

- Most KS health departments don't oversee lodging, wastewater, or vital records.
- Similar unfunded mandates in KS.
- One of the big differences is accreditation. In KS, health departments are not required to be accredited.
- Lessons from Kansas – working statewide to make a dollar ask, in order to modernize public health, what is the dollar amount we need to ask legislature for? Levering health directors and collective voices in local public health to make that ask.

Dr. Wiesman spoke about his experience serving as Washington State Secretary of Health for seven years.

- Comparing WA structure to NC, there are several similarities. There are only 39 counties, and 35 local health departments, but same kind of variety in geography as North Carolina. They are governed mostly by local elected officials. Most not doing clinical services, switched more to population based services.
- Important that we don't forget about tribes in this process.
- Key outcomes of the work were reviewing foundational health services and costing those out - $450 million needed. Clearly identified what the gap was.
    - Opened. the state statute and included tribes as one of the entities who could receive funding.
    - Restructuring local boards of health – now not a majority of local officials – community members, health care professionals, historically marginalized populations community members
    - Created regional health officer requirements
    - This can't just be about local health dept, also needs to include state health too

Dr. Lumpkin spoke about his experience serving as Illinois Director of the Department of Public Health for nearly 13 years.

- Illinois is a similar size as NC with 97 health departments, several multi-county.
- No requirements for Board of Health in IL
- Illinois Public Improvement Plan – state health dept and local health dept
    - Created a council associated with variety of organizations
    - State health department agreed not to make any changes for local public health without the agreement from that group
- Local public health protection grant
    - No restrictions on funding, but each health department provides metrics on restaurant inspections, communicable disease outbreaks, etc.
    - Enables health departments to carry out public health needs

Wrap-Up and Next Steps
Brieanne Lyda-McDonald, Project Director, NCIOM

Lisa Macon Harrison, Health Director, Granville Vance Public Health

Ms. Lyda-McDonald gave a reminder of the next meeting and what will be discussed.

- Thursday, September 9, 2:00-5:00
    - Deeper discussion of programmatic responsibilities of local public health, how local public health is funded in NC, and future needs
- At future meetings we will discuss:
    - Health Equity
    - Governance
    - Data
    - Workforce
    - Funding

Ms. Macon Harrison thanked everyone for attending and summarized the meeting. Reminder that this work is being done to improve local public health to serve the community and those who work in the field.