NCIOM *Future of Local Public Health in North Carolina*

Task Force Meeting Summary

Thursday, October 14, 2021 – 9:00 – 12:00 AM

Attendees:

- NCIOM staff: James Coleman, Kathy Colville, Emily Hooks, Brieanne Lyda-McDonald, Alison Miller, Kaitlin Phillips, Michelle Ries
- *Co-chairs*: Leah McCall Devlin, John Lumpkin, Vicki Lee Parker-High
- *Steering Committee:* Brian Alligood, Jason Baisden, Yazmin Garcia Rico, Katye Griffin, Tom Linden, Stacie Saunders, Beverly Scurry, Doug Urland
- *Task Force Members*: Stephanie Baker, Amy Belflower Thomas, Ronny Bell, Kim Berry, Vickie Bradley, Margaret Brake, Jay Briley, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Chris Collins, Sandy Cothern, Bonnie Coyle, Sheila Davies, Nora Ferrell, Andrea Freeman, Julie Ghurtskaia, Jennifer Green, Kimberly Hardy, Sarita Hiers, Amanda Isac, Rod Jenkins, Don Jonas, Eugenie Komives, Ulva Little-Bennet, Gabriela Livas Stein, Susan Mims, Eric Nietcho, Dorothy Rawleigh, Ryan Ray, Quinny Sanchez Lopez, Susanne Schmal, Stephania Sidberry, Ashley Stoop, Betsey Tilson, John Wiesman
- *Guests*: Emily Carrier, Dorothy Cilenti, Steve Cline, Candice DuVernois, Sara Herrity, Karl Johnson, Erin McGee, Zo Mpofu, Deborah Porterfield, Omari Richins, Emma Sandoe, Ellen Stiefvater, Velma Taormina, Lisa Tyndall

Co-Chair Welcome

John Lumpkin – President, Blue Cross Blue Shield of North Carolina Foundation; Vice President, Drivers of Health Strategy, Blue Cross and Blue Shield of North Carolina

Dr. Lumpkin provided a reminder of the topics covered at the previous meeting and presented the agenda and goals for the meeting:

1. Poll of tough questions
2. Framing the Vision for Local Public Health
3. Large Group Discussion – Draft Vision
4. Small Group Discussion – Roles and Responsibilities to Keep, Stop, Transition, and Start
    - Goal of 1, 3, & 4: Use activities and discussion to gather group perspective on the vision for the future of local governmental public health in North Carolina.
5. Health Equity in Local Public Health – An Introduction and Bright Spots in North Carolina Local Public Health Equity Work
    - Goal: Introduce roles and responsibilities of local governmental public health in addressing health equity in communities and provide examples of current work in North Carolina.
6. Small Group Discussion – Local Public Health's Roles in Addressing Health Equity
7. Small Group Discussion – Health Equity in the Ten Essential Services
    - Goal of 6-7: Discuss roles and responsibilities of local public health in the context of addressing health equity in communities.

Poll-Tough Questions
Katye Griffin – Executive Director, The Public Health Associations of North Carolina

Ms. Griffin presented nine true/false questions to gage the opinions of meeting participants on some topics that have a variety of opinions.

1) In my opinion, change is hard.
    - Nearly all agree.
2) In my opinion, local public health infrastructure is pretty good as is and does not need fundamental changes.
    - Nearly all disagree
3) In my opinion, local public health needs hundreds of million more dollars annually to adequately provide foundational public health services.
    - Nearly all agree
4) In my opinion, local public health will need to re-organize and make better use of existing funding.
    - Majority agree
5) In my opinion, local public health should stop providing clinical services and find other community agencies to fill that gap so they can focus on population health.
    - Majority disagree - 37% Yes, 63% No
6) In my opinion, more of the funding for local public health should come from the state budget rather than local sources.
    - Nearly all agree
7) In my opinion, health departments should collaborate with each other on administrative functions (finance, purchasing, communications) with nearby health departments to improve efficiency and effectiveness.
    - Majority agree, 83% Yes, 17% No
8) In my opinion, there should be fewer one-county health departments and more district (combined) health departments in North Carolina.
    - Split opinion with slight majority disagreeing, 44% Yes, 56% No
9) In my opinion, the variety of governance structures for local public health is working well for North Carolina.
    - Majority disagree, 27% Yes, 73% No

Framing the Vision for Local Public Health
Kathy Colville – President & CEO, North Carolina Institute of Medicine

Ms. Colville provided brief framing for the discussion of a proposed vision for local public health.

- Beginning this conversation with the assumption that the system/structure we have now is not sustainable for the future.
- We have the opportunity to build on what we have.

- Asked us not to let thought limiters prevent us from being visionary -- acknowledge them, but we're going to move them out of the way for now. Some thought limiters might be:
    - Certain roles and responsibilities are currently required by law.
    - Nobody else in our community fills this function.
    - There is no way to fund x, y, z.
    - Moving away from offering certain services may reduce a source of funding.
    - We tried x, y, z before and it didn't work.
    - My elected officials will never go for this.
    - People in my community depend on x, y, z and I don't want them to lose that resource.
    - This change will take too long.
    - I could never find the staff to do x, y, z.
    - X, y, z is not feasible given our current structure and funding.

Large Group Discussion

The group was asked to comment on a vision for the future of local public health drafted by NCIOM staff and the steering committee. The group responded to the following prompts:

- What parts sound the most accurate?
- What parts do you disagree with most?
- What is missing?
- What should be removed?

Some common points and themes from the discussion were:

- The draft sounds alright but needs to be more inspiring/aspirational.
- Need to think through how to communicate vision to broader audience.
- Need to highlight partnership aspect of public health.
- Appreciation for, and interest in, language related to data, technology, & innovation.
- Make sure equity is clearly embedded in all aspects of vision and is itself the vision.
- Challenge of balancing desire to be systems-level change leaders with needs to provide direct services, particularly in rural areas.

Small Group Discussion – "Keep, Stop Start, Transition" Activity
Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Michelle Ries

Participants selected one of three breakout rooms based on the size of the health department or area that they identify with – "smaller," "medium," or "larger." Each group reviewed services offered by local public health and discussed whether those services should be kept, stopped, started, or transitioned to community partners.

Key themes from small group discussion included:

- Clinical services
    - Agreement that primary care should transition to other providers, but difficult to disconnect the current need for some clinical services
    - Don't want to keep doing things just because they are important for funding
- Prenatal health services and dental services are important and should be kept or carefully transitioned to community partners
- Home health could be an area to stop
- Consensus that vital records work should be reviewed, and data should be used in new ways
- Additional/uncommon services that should be made norms (group discussed):
    - Data analytics (voiced in group representing smaller areas)
    - Universal home visiting (voiced in group representing medium areas)
    - Evolved cancer outreach and prevention (voiced in group representing medium areas)

Health Equity in Local Public Health – An Introduction and Bright Spots in North Carolina Local Public Health Equity Work
Beverly Scurry, Manager of Health Equity Training and Education, UNC Health
Zo Mpofu, CHA/CHIP Program Manager, Buncombe County Department of Health and Human Services

Ms. Scurry and Ms. Mpofu presented on the areas of influence that local public health has in addressing health equity in communities and provided examples of this work from Orange and Buncombe Counties.

- Evaluation of current community health status and needs
    - Buncombe County has focused on Results Based Accountability
- Partnerships
    - Buncombe County has been focusing on collective impact work. An example is Buncombe County COVID Health Equity Collaborative; established in May 2020 and has been an important catalyst for a grassroots response
- Current programs and services
    - Emerging resources – health equity impact assessment through NC Child and the health impact assessment toolkit – connecting and aligning partners to address disparities; helps to judge the potential and unintended consequences of policies on populations.
- Needed programs and services
    - Example from Buncombe is their diabetes program to implement CDC's T2. This has been a catalyst for equitable implementation of their COVID response. It includes lifestyle coaches, has been instrumental in connecting COVID testing and vaccine opportunities to HMP. The program has helped to elevate the emerging CHW workforce in WNC as well.
- Local public health workforce
    - Example from Buncombe is working with smaller jurisdictions (Knox County) and partnering with them on TA/coaching (city match). Training in equitable planning, implementation, and evaluation to support the Buncombe County workforce. Building

this work into community health assessment (CHA) process to support capacity and strengthen equity muscles within the workforce.

- Communications/public awareness
    - Example from Orange is their website where people can get more health equity information. They have started translating website into Spanish for accessibility. Wanted to make sure they got feedback from various community groups on the content of the webpage, which took many months to get it up and running.
    - Example from Buncombe is leaning into historical truths, language justice/CLAS, equity style guide. They created a forum called "let's talk COVID-19" where they feature local influencers, community health workers, etc. They have included Spanish-language translation.
- Local policy
    - Example from Buncombe is public health and public safety crisis declared in August 2020. There are data on injustice at the community and population level – grassroots engagement, information on disproportionate outcomes. The CHA/CHIP has been used to support action on this, too. Nondiscrimination ordinance was approved by the Board of Commissioners in April 2021, and the racial equity action plan was subsequently approved in June 2021.
- Governance
    - Example from Buncombe is Buncombe County Health and Human Service Board health equity champions. Frank Castelblanco as an example – he works for MAHEC and was chair of the HHS board.

Small Group Discussion – Local Public Health's Roles in Addressing Health Equity
Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Michelle Ries

Three small groups were asked to evaluate a draft description of local public health's roles in addressing health equity across areas of influence - Evaluation of current community health status and needs, Partnerships, Current programs and services, Needed programs and services, Local public health workforce, Communications/public awareness, Local policy, and Governance.

Key themes from small group discussion included the following areas of consideration for inclusion in local public health's roles related to addressing health equity:

- Evaluation
    - Include more about data, collecting demographic data, how can data be more useful to communities
    - Identifying barriers to health
- Partnerships
    - Highlight partnership/relationship building
    - Avoid authoritative language, needs to be collaborative
- Workforce

  - High priority, needs more resources
  - Add more about standards and competencies
  - Should be inclusive of broad public health workforce – community health workers, peer navigators, doulas, etc.
  - Should have dedicated staff for equity, but it is also everyone's work
- Communications
  - Two-way street with community
- Local Policy
  - Need to amplify voices of community beyond community health assessment
  - Requires earning trust in community
  - Identify partners as champions for policy

Small Group Discussion – Health Equity in the Ten Essential Services
Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Michelle Ries

Three small groups were asked to discuss health local public health should address health equity through some of the ten essential services.

- Assessment: Investigate, diagnose, and address health hazards and root causes
- Policy Development: Strengthen, support, and mobilize communities and partnerships
- Policy Development: Communicate effectively to inform and educate
- Policy Development: Create, champion, and implement policies, plans, and laws
- Assurance: Enable equitable access

Themes of this discussion were consistent with the themes from the small group discussion of local public health's roles in addressing health equity.

Wrap-Up and Next Steps

Brieanne Lyda-McDonald, Project Director, NCIOM
Leah Devlin, Professor, Gillings School of Global Public Health, University of North Carolina – Chapel Hill

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

- Monday, November 8, 2:00-5:00
  - Discussion of data in local public health

Dr. Devlin thanked everyone for attending and summarized the meeting.