



*Future of Local Public Health in
North Carolina*

Task Force Meeting Summary

Monday, November 8, 2021 – 2:00 – 5:00 PM

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, Lisa Macon Harrison, Vicki Lee Parker-High
- *Steering Committee:* Jason Baisden, Brian Castrucci, Yazmin Garcia Rico, Katy Griffin, Beth Lovette, John Morrow, Stacie Saunders, Doug Urland, ClarLynda Williams-Devane
- *Task Force Members:* Amy Belflower Thomas, Ronny Bell, Kim Berry, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Chris Collins, Sandy Cothorn, Bonnie Coyle, Sheila Davies, Nora Ferrell, Misty Fields, Andrea Freeman, Jennifer Green, Kimberly Hardy, Sarita Hiers, Don Jonas, Ulva Little-Bennet, Gabriela Livas Stein, Bronwyn Lucas, Susan Mims, Jill Moore, Eric Nietcho, Dorothy Rawleigh, Quinny Sanchez Lopez, Stephania Sidberry, Steve Simandle, Ashley Stoop, Amy Underhill, John Wiesman
- *Guests:* Erin Braasch, Jo Bradley, Dorothy Cilenti, Steve Cline, Candice DuVernois, Laura Edwards, Divine Earth-Dowd, Tim Gallagher, Heather Gates, Karl Johnson, Amanda Khalil, Lloyd Michener, Devon Noonan, Deborah Porterfield, Omari Richins, Kristen Spaduzzi, Velma Taormina, Lisa Tyndall, Iulia Vann

Co-Chair Welcome

Lisa Macon Harrison - Health Director, Granville Vance District Health Department; President, Board of Directors, National Association of County and City Health Officials

Ms. Macon Harrison provided brief remarks about data use and needs from the local public health perspective and from her perspective at NACCHO. She also presented the agenda and goals for the meeting:

1. Presentation – Framework and Common Language for Data and Local Public Health Discussion
2. Presentation – Perspective from National Level – Robert Wood Johnson Foundation National Commission to Transform Public Health Data Systems
3. Large Group Discussion
4. Presentation – Exploration of Data Movement and Roles for North Carolina Local Public Health
5. Small Group Discussion
6. Presentation – Innovation and Opportunities in Local and Regional Public Health Data
7. Small Group Discussion

Framework and Common Language for Data and Local Public Health Discussion

Heather Gates – Owner & Consultant, Human-centered Strategy, LLC

Ms. Gates discussed what we mean when we talk about data - more than “the numbers,” includes the story, includes population indicators and performance measures. We need to think about:



Future of Local Public Health in North Carolina

- A sustained skilled workforce - who collects, accesses, analyzes, interprets, uses, and communicates data to support decision-making and accountability
- Partnerships and connectivity - data collection, access, aggregation, and sharing across agencies and with the community
- Data infrastructure - technology and tools for data access, sharing, and communication (including data security and privacy considerations)

When we talk about data, we need to think about what the data is for – accountability, identifying disparities/inequities, and quality improvement and service design. Population accountability relates to the well-being of whole populations – communities, cities, counties, states, nations, world. These indicators include health assessment data, surveillance (health status and factors for whole populations); quantitative data and numbers; story and listening in community. Performance accountability relates to the well-being of customer populations – governments, multi-agency service systems, agencies, organizations, programs, units. These indicators include local health department overview stats (as part of the public health system) – funding, services, staffing, etc. + agency and program performance measures.

There will be separate work groups convened to discuss four levels of data:

1. Community and population health
2. Epidemiology, preparedness, and surveillance
3. Local public health service system performance
4. Public health agency and program performance

Perspective from National Level – Robert Wood Johnson Foundation National Commission to Transform Public Health Data Systems

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 spoke about the recommendations of the National Commission to Transform Public Health Data Systems. The problems that need to be solved include siloed information, outdated skills, heavy burdens for providers, older technologies, and public health not being a part of the health care data ecosystem. There is data modernization funding in the CARES Act, American Rescue Plan, and Consolidated Appropriations. The commission developed recommendations for a broad spectrum of stakeholders, including state government, federal government, business, health care systems, and local public health. Please see list of recommendations in Dr. Lumpkin's presentation and the published report of the commission.

Dr. Lumpkin's overall recommendation from the work of the commission is that the transformed public health data system must first and foremost meet the needs of those on the frontlines of public health – public health agencies.

[Lumpkin presentation](#)

[Report from the Robert Wood Johnson Foundation National Commission to Transform Public Health Data Systems](#)



*Future of Local Public Health in
North Carolina*

Large Group Discussion

The group was asked to respond to the following prompts:

- What have you heard so far that has brought up questions about your current work or your role with local public health related to data?
- What have you agreed with?
- What has made you feel uncomfortable?

Some themes from the discussion were:

- COVID experience has revealed that sometimes we think we are dealing with the same data, but that data can tell different stories depending on who is looking at it. Stories behind the data are important.
- Need to see ongoing commitment to funding for upgrades to public health data systems.
- Data collection often depends on the demands of funders for different work and projects.
- Data needs to be bi-directional so that local health departments can analyze data in real time.
- Challenge of having consistent data systems across geographies when delays sometimes lead to better-resourced areas developing their own systems.

Exploration of Data Movement and Roles for North Carolina Local Public Health

Stacie Turpin Saunders - Public Health Director, Buncombe County Health and Human Services

Beth Lovette – Deputy Director, Division of Public Health, North Carolina Department of Health and Human Services

Ms. Turpin Saunders presented a graphic depiction of the different types of data that flows in and out of local and state public health. The system is complex, involves many partners, platforms, paths, and particulars. Local health departments (LHDs) are charged with both population and performance pieces – gathering, monitoring, reporting, sharing data. LHDs collect data from their communities for CHA/CHIP purposes – not just the quantitative, but also qualitative through listening sessions, focus groups, etc. LHDs provide this data to the Division of Public Health and also back to the community as a living document that drives work at the local level (boards of health, elected officials, other funders, etc. in addition to the community itself) and so progress can be measured. LHDs aren't the only ones putting data into CHAs – hospital partners are providing some of these data as well.

Related to performance data, consolidated and agreement addenda (between LHD and NCDPH) require LHDs to report back to NCDPH. LHDs don't necessarily have enough coordinators per service area to adequately relay information/data back to NCDPH. LHDs may also have funder requirements to comply with. Information doesn't always come back to the LHDs from the state.

Ms. Lovette provided an overview of data flow from the state perspective. Key assumption is that we should consider all instances where documentation information is provided to NCDHHS/DPH as data and assure bi-directional reporting between federal/state/local partners. A non-exhaustive list of required or recommended reporting systems is provided in Ms. Lovette's presentation slides. Interoperability can be



increased between these systems – CVMS and NCIR became interoperable 11/8/2021 – may also be an opportunity for interoperability between LHD EHRs.

Ms. Lovette also provided an overview of the various agreement addenda between the state and LHDs as background for understanding the reporting requirements for LHDs. From the state perspective, the next steps are to:

- Evaluate common documentation platform for fiscal and program reporting
- Evaluate funding allocation methodology for state/federal funds to discern and plan changes for future years
- Evaluate across federal funding silos to identify opportunities to prioritize deliverables to maximize impacts to improve public health

[Lovette presentation](#)

Small Group Discussion

Facilitators: Kathy Colville, Brienne Lyda-McDonald, Michelle Ries

Three small groups were asked to respond the following prompts:

- What strikes you as opportunities for improvement in the current mechanics of data movement in and out of local public health?
- How have you used data in ways that were game-changing in your work – both related to public health and not?

Themes of this discussion were:

Opportunities for improvement

- Reducing complexity - How do we simplify the process so we can do more?
- Building a better system - let's not just fix what we have but also build a system for a better future
- NCCARE360 – can be used to help identify community needs
- Workforce development - getting the workforce in a position where we can actually use the technology we have
- Decreasing demand for data from LHDs for administrative reporting - Is there an opportunity to shrink the demand, prioritize data that is requested from the state level?
- Using learning from COVID – should use COVID resources to build something that lasts

Game-changing data use

- Drivers of health – identifying and measuring need
- Communicating outcomes and needs - using data to show program effectiveness is important for making argument for more funding and additional staff
- Identifying service use and needs
- Community voice - paying attention to what communities say they want to know
- Equitable services - used data for equitable distribution of vaccines



*Future of Local Public Health in
North Carolina*

Innovation and Opportunities in Local and Regional Public Health Data

Erin Braasch, Executive Director, WNC Health Network

Jo Bradley - Data Manager and Improvement Specialist, WHNC Health Network

Iulia Vann – Public Health Director, Guilford County Public Health

Ms. Braasch and Ms. Bradley discussed their work with WNC Health Network, which works with regional partners in western NC. WNC Health Network is a non-profit organization serving 16 counties. Focus more on community health in the last 10 years. WNC Healthy Impact project is a collaboration of hospitals, CHA leaders, Western Carolina, mountain AHEC, and specific agency partners. Look at population metrics to see how they are doing as counties and as a region. Co-design data products with stakeholders and community members. They collect qualitative data to understand the story behind the quantitative data. This has helped local public health be able to better describe the populations they serve.

Dr. Vann discussed the work of Guilford Public Health related to data during the pandemic. A COVID-19 app was built in-house in the last two weeks of March 2020 with help from county staff. It calculates risk scores, what has been the response to case investigations, creating workflows for staff. Daily dashboards also helped with understanding equity issues.

Working with partners outside of the local health department has been useful for bi-directional data sharing (cases, vaccinations), modeling and projections, policy decisions, operations planning. They have been working with Cone Health, which has capacity and expertise that they don't necessarily have at the health department. Together, they were able to collaborate on operations planning using data – strategically sending mobile units to certain areas, distribution of tests and vaccine.

For the future, they are working with SAS to develop a system to consolidate existing data systems. County leadership is interested in extending this work across other county agencies.

Small Group Discussion

Facilitators: Kathy Colville, Brienne Lyda-McDonald, Michelle Ries

Three small groups were asked to respond the following prompts:

- How scalable are the examples that you heard about?
- What else is happening in NC around data and local public health or data and health that we should know about?
- Do you have recommendations for the work groups to consider or look into further?

Themes of this discussion were:

Scalability

- Challenge of balancing need/desire for quick action with attempting to have uniform systems across the state
- Anything is expandable or scalable if there is sustainable funding and support for it
- For rural counties, something similar to WNC would work. Having an epi at local health departments is a big ask for some health departments



*Future of Local Public Health in
North Carolina*

- All this is scalable depending on the workforce availability. Data modernization equals staff modernization
- There are some communities and counties that may not be able to hire the higher end positions, but there are opportunities at the regional level to leverage resources to hire this high salary positions

Other work in NC to note

- FHLI receives grant dollars from the Duke Endowment to create a database with secondary data for LHDs
- Clear impact scorecard – CHIP and other reports. Submit documents this way instead of using paper

Potential recommendations

- Starting place is to look at the overlaps of requirements. Data systems may overlap more than we recognize. Maybe need a working group at state level that starts by looking at requirements.
- Make sure local level voice is included in data modernization discussions at state and federal levels.
- Workforce training and competencies around data use are needed.

Wrap-Up and Next Steps

Brienne Lyda-McDonald, Project Director, NCIOM

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

- Thursday, December 2, 9:00-12:00
 - Discussion of local public health workforce.