

Task Force Meeting Summary

Thursday, December 2, 2021 – 9:00 – 12:00

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, Tom Linden, Stacie Saunders, Beverly Scurry, Doug Urland
- *Task Force Members:* Amy Belflower Thomas, Kim Berry, Margaret Brake, Shelley Carraway, Helen Chickering, Sandy Cothorn, Sheila Davies, Honey Estrada, Andrea Freeman, Jennifer Green, Kimberly Hardy, Amanda Isac, Don Jonas, Ulva Little-Bennet, Bronwyn Lucas, Susan Mims, Jill Moore, Eric Nietcho, Anthony Price, Margarita Ramirez, Althea Riddick, Quinny Sanchez Lopez, Ryan Ray, Susanne Schmal, Stephania Sidberry, Steve Simandle, Ashley Stoop, Betsey Tilson
- *Guests:* Dorothy Cilenti, Katherine Gora Combs, Wes Gray, Jennifer Greene, Sara Herrity, Susan Kansagra, Susan Little, Kaki McNeel, Jessica Meed, Bethany Milford, June Manning, Kristi Nickodem, Deborah Porterfield, Lauren Powell, Omari Richins, Kristen Spaduzzi, Ellen Stiefvater, Velma Taormina, Laura Tocci, Lisa Tyndall, Rachel Wilfert

Co-Chair Welcome

Vicki Lee Parker-High – Executive Director, North Carolina Business Council

Ms. Parker-High provided brief remarks about the past two meeting discussions and presented the agenda and goals for the meeting:

1. Presentation – Who is the Local Public Health Workforce and the National Conversation About Public Health Workforce Development
2. Large Group Discussion
3. Presentation – Who is the Local Public Health Workforce in NC and What Are Their Training Needs?
4. Large Group Discussion
5. Q&A – Recruitment and Retention of Local Public Health Workforce
6. Small Group Discussion

Who is the Local Public Health Workforce and the National Conversation About Public Health Workforce Development

Lauren Powell, PhD, MPA - Vice President, US Health Equity & Community Wellness, Takeda; President & CEO, The Equitist

Dr. Powell discussed her role as a co-chair of the National Consortium for Public Health Workforce Development. Their work looks to quantify and classify public health workforce challenges, who the public health workforce is, what does it look like to integrate CHW as jobs into health departments, challenges with recruitment and retention, and other issues. The consortiums goals are:



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- 1) Achieving health equity – a workforce that understands that health equity needs to be an important part of every part of the work HDs do, how to operationalize health equity, and addressing racism and systemic inequities
- 2) Recruitment and retention - potential to be a leading voice with what's happening in real time, help secure funding, engage private sector

The group engaged in a robust discussion with Dr. Powell about her perspective on student loan forgiveness, top priorities for the public health workforce, integration of public health practice into public health curriculum, and challenges related to internship and practicum availability and supervision.

Who is the Local Public Health Workforce in NC and What Are Their Training Needs?

Rachel Wilfert, MD, MPH, CPH - Director, Workforce Training & Education, North Carolina Institute for Public Health; Adjunct Assistant Professor, Public Health Leadership Program, UNC Gillings School of Global Public Health

Susan Kansagra, MD, MBA - Senior Deputy Director, Division of Public Health, North Carolina Department of Health and Human Services

Dr. Wilfert presented data from a needs assessment conducted in 2019 for North Carolina local public health staff. There was a 25% response rate for the survey. Majority of respondents were nurses. Of staff planning on leaving, 18% were planning to retire, more than 32% of senior leaders said they were planning to retire.

The survey asked about 8 strategic skill set domains. Highest skill gaps were in change management, resource management, and data analytics. Dr. Wilfert suspects these areas may be different now given pandemic experience. Over 50% of respondents indicated importance of skills related to Medicaid transformation. There was low awareness of public health 3.0 concepts. Training opportunities – most said learning about those came from supervisor and barriers to access to training – cost, time off work, and staff coverage.

Dr. Kansagra presented on NC DHHS efforts around workforce development, particularly using funding from the American Rescue Plan Act. Funding is available through Jun 2023 and is available at state and local levels. 65% of 62M must go locally for school health and other workforce needs = \$200k/county per year.

Approach – each NCALHD region will be supported by a regional “lead” to be fiscally and administratively responsible for activities. Drafting a DEI strategy – expanding existing HBCU internship program, workforce pipeline, hiring talent, retention by growing careers and creating internal pipeline, improving culture in public health – belonging. Developing capacity strengthening programs – hiring and training plans will be informed by assessments conducted by NCIPH.

Feedback from health directors and other local public health staff in attendance was that the regional coordinator approach will be helpful and they want to be sure there is a way that funding can be sustained. Ellen Steifvater and Doug Urland are conducting a quick gap analysis on the regional level.

[Wilfert presentation](#)



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[Kansagra presentation](#)

Q&A – Recruitment and Retention of Local Public Health Workforce

Jennifer Greene, MPH - Health Director & CEO, AppHealthCare – Appalachian District Health Department

Ms. Greene spoke about her experiences as a Health Director related to recruitment and retention of staff. Her health department serves under 95,000 people across multiple counties.

Related to staff recruitment assets and challenges prior to the pandemic? Population health work is difficult to find a position for, hand tied behind our back with recruiting specifically nurses, environmental health particularly challenging as well. There hasn't been enough thought about career ladders, mostly about specific positions. It is hard to compete in rural areas with urban salaries and private sector for salaries. An asset of working in a health district across multiple counties is that it gives us some flexibility.

An example of challenges hiring nurses was that they had a Bachelor of Public Health grad who pursued an RN, but she doesn't qualify for middle management because she doesn't have a bachelor's in nursing. In environmental health in NC, it's a supply and demand issue with a small number of people qualifying for a position; it also takes on-the-job training. In her health district and region, they're talking about benefits and salaries offered to environmental health specialists. For Nutritionists – not sure that the classification box exactly responds to the needs.

Related to ways the pandemic has affected her ability to recruit, for the first time, they have the funds to hire people. Regarding loan repayment, they have only been able to get loan repayment for clinical staff.

Reasons she has observed for why people want to stay in local public health prior to pandemic were that there was an 8-5 schedule. The pandemic has taken that away, although people have the sense of that it is meaningful work.

Reasons why people have left local public health are salary and often work volumes. There is also inadequate support from middle management because they are short staffed. She feels that workloads are the biggest threat to staffing, unreasonable to continue to work in that environment. Staff also need living wages.

Small Group Discussion

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

Three small groups were asked to respond the following prompts:

- What has your experience of recruitment of local public health staff been?



- What has your experience of recruitment to any type of organization been in the past year?
- What has your experience of retention of local public health staff been?
- What has your experience of retention at any type of organization been?
- What questions do you have for state representatives who work with job classifications and job descriptions?

Themes of this discussion reflected similar experiences as Ms. Greene:

Challenges:

- Pay inequities with other sectors and sometimes surrounding counties
- Hiring process takes too long; often interested people have already found other positions
- Too many roles/hats to wear for staff

Needs:

- Mentorship for new public health staff and also middle management
- Regional coalitions or roles to support LHDs
- Loan forgiveness for non-clinical staff

Small Group Discussion

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

Three small groups were asked to respond the following prompts:

- What other pipeline programs or initiatives are working in North Carolina – both related to local public health or related to other sectors?
- Are local health departments serving as preceptors for public health students?
- What opportunities are there for local health departments to recruit from new graduates of public health or related programs in North Carolina?

Themes of this discussion were:

- Challenges with getting students interested in local public health and offering internship/practicum opportunities
- Need for focus/content on governmental public health within schools of public health
- Intentional internship/practicum positions and mentorship can be helpful for staff pipeline development and retention
- Staff trainings should be offered through different locations and some via remote access to improve number of seats available and geographic access.
- Need to include skills in business, communications, Public Health 3.0.



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Wrap-Up and Next Steps

Brienne Lyda-McDonald - Project Director, NCIOM

***Leah Devlin, DDS, MPH - 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.

- Tuesday, December 21, 1:00-4:00
 - Discussion of local public health funding, legislative asks, and revisiting workforce discussion related to job classifications and descriptions.

Dr. Devlin summarized the meeting themes – needing to staff public health like it matters, needing to compensate staff to keep them in local public health, need to match training to work, and need to modernize and update HR rules and processes.