NCIOM *Future of Local Public Health in North Carolina*

Task Force Meeting Summary

Tuesday, December 21, 2021 – 1:30 - 4:00

Attendees:

- NCIOM staff: James Coleman, Kathy Colville, Emily Hooks, Brieanne Lyda-McDonald, Michelle Ries
- *Co-chairs*: Leah McCall Devlin, Lisa Macon Harrison, Vicki Lee Parker-High
- *Steering Committee:* Brian Alligood, Jason Baisden, Tom Linden, Beth Lovette, Stacie Saunders, Beverly Scurry, Doug Urland
- *Task Force Members*: Amy Belflower Thomas, Ronny Bell, Margaret Brake, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Chris Collins, Bonnie Coyle, Sheila Davies, Honey Estrada, Nora Ferrell, Andrea Freeman, Jennifer Green, Kimberly Hardy, Amanda Isac, Don Jonas, Ulva Little-Bennet, Bronwyn Lucas, Susan Mims, Jill Moore, Eric Nietcho, Quinny Sanchez Lopez, Dorothy Rawleigh, Ryan Ray, Susanne Schmal, Steve Simandle, Ashley Stoop, Amy Underhill, John Wiesman
- *Guests*: Steve Cline, Susan Haynes Little, Kaki McNeel, Jessica Meed, Lloyd Michener, Velma Taormina

Co-Chair Welcome
Leah Devlin – Professor, Gillings School of Global Public Health, University of North Carolina – Chapel Hill

Dr. Devlin provided brief remarks about the past two meeting discussions and presented the agenda and goals for the meeting:

1. Discussion – Revisiting Vision
2. Presentation – Other Uses for ARPA Funding in Local Public Health
3. Q&A – Potential Recommendations to General Assembly

Revisiting Vision
Brieanne Lyda-McDonald, Project Director, North Carolina Institute of Medicine

Ms. Lyda-McDonald provided a brief overview of past discussions of the vision for the future of local governmental public health in North Carolina.

From polling during Meeting 3:

- Majority agreed that health departments should collaborate with each other more on administrative functions
- Slight majority disagreed with the statement that local public health should stop providing clinical services.
- Majority disagreed that the variety of governance structures for local public health are working well.

- The biggest split opinion was whether there should be fewer one-county health departments and more district health departments.

When the group reviewed a sample draft of the vision for local public health during Meeting 3, feedback was that the vision should be inspirational, imbed equity, be something that can be communicated to a broader audience, highlight partnerships, and include an appreciation for the potential of data, technology, and innovation.

Small Group Discussion
Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Michelle Ries

Three small groups were asked to respond the following prompts:

- Imagine the best possible future state of local governmental public health… What else do we need to be thinking about and discussing to get there?
- Clinical services - What are innovative solutions to providing clinical services in underserved areas in order to free up local public health to the greatest extent possible to focus on population health?
- Funding - If basic Foundational Public Health Services (FPHS) were funded by the General Assembly, what would that look like for the operations of local public health?
- Regional collaborations - What would a successful regional collaboration look like for the operations of local public health?

<u>Themes of this discussion</u>

- What else do we need to be thinking about?
    - Community must be at the center of the future of local public health.
    - There is a great opportunity to be known, understood, and valued based on work of local public health during the pandemic and we need to determine the best way to capitalize on that going forward.
    - There were partnerships developed from the pandemic that should be carried into the future.
- What are considerations around future of clinical service provision in local public health?
    - Clinical services fund a lot of the work of local public health.
    - Some local health departments may provide clinical services to patients who have been kicked out of other safety net providers for “noncompliance” or missing appointments.
    - Many people only know local public health through the clinical services provided.
    - There are great opportunities to work side-by-side with clinical system as a clinical community intersection. For example, asthma prevention by identifying issues in people’s homes.
    - Public health nurses are not being used to the top of their training. However, decreasing clinical services would remove much of the funding for their current roles.

    - Concept of local public health as eyes and ears of community/county/region to identify needs and how best to implement programs, but not necessarily be the entity to always implement. Possibly direct funding to non-profits to fulfill their mission.
- What would state-level funding of FPHS allow local public health to do?
    - Provide opportunity to improve communications capabilities.
    - With the proper funding, expansion of the non-clinical work areas could become an essential part of the work at local and state level.
    - Would be able to do more long-term planning.
    - Would potentially help with equity of staff pay across areas of the state and decrease competition between health departments for the same staff.
    - Concern about what strings would be attached from General Assembly for funding.
- What would a successful regional collaboration look like and do?
    - Can do more with limited resources by leaning on regional partners.
    - Need a champion to make regional collaboration successful.
    - Not just thinking about regional health departments, but other ways to collaborate to share resources to meet needs (e.g., data, public health epidemiology, communications, policy, finance, health promotion messaging)
    - Data capabilities can be improved with shared capacity.
    - Can be challenging to have multiple counties involved and trusting each other. It takes tremendous time and energy to meaningfully partner across sectors the same way local jurisdictions might.
    - May be useful to look at examples of funding with prosperity zones through Gold Leaf Foundation; also revisit PHRST teams and redesign to meet current needs.

Other Uses for ARPA Funding in Local Public Health

Karen Minyard, CEO, Department of Public Management and Policy, Georgia Health Policy Institute
Jeffrey Levi, Professor of Health Policy and Management, Milken Institute School of Public Health at the George Washington University

Drs. Minyard and Levi discussed the American Rescue Plan Act (ARPA) funding, as well as other federal funds available to states and localities and possible framework for determining use of funds. ARPA funds are available for 3-5 years and if Build Back Better bill is passed, that funding would be around for 5 years. Smaller units of funding to localities have fewer restrictions, which provides great opportunities. Funds can be used for administration of programs, for example fiscal intermediaries. Given timeframe of funding, it's important to slow down and consider best uses and planning for that. Also important to include building trust as part of the timeline and work.

The Georgia Health Policy Institute is developing a funding navigator training program to help better understand the various opportunities through this funding. Their advice is that the clearer you are with how to use the money, the better position you will be in to ask for future money. Also need to be able to show outcomes, otherwise future funds would be in jeopardy.

Examples of states where funding is being used specifically for local public health include Indiana, where a commission created by the governor is rethinking what the public health system should look like, starting with a vision then plugging funding streams into that vision. In Ohio, they have an annual review of their public health system. In Missouri, the Missouri Foundation for Health are working through capabilities and creating an accreditation standard.

If considering using funds to update data systems, make sure that is not done in a silo. Include social services, Medicaid eligibility, etc.

Minyard and Levi presentation

Q&A – Potential Recommendations to the General Assembly
Ashley Perkinson, Attorney, Perkinson Law Firm
Rob Lamme, President, Rob Lamme and Associates
Jill Moore, Associate Professor of Public Law and Government, School of Government, UNC Chapel Hill

Ms. Moore shared her observations of potential recommendations to the General Assembly based on her participation in the task force and her expertise in local governmental public health structures and statutes. Her observations fall into three categories:

1. Organization and Governance - State law allows for a variety of structures and governance of local public health. Sometimes people in local government have a motivation for consolidated social services structure to move employees out from under the OSHR act. This has created an unusual incentive to create an entirely different structure solely to make this change for employees.
    - Possible solution - Consider making it optional to be under State HR or adopt county policies that meet federal personnel standards.

2. Regionalization - In 2012, we had legislation to encourage regionalization but there was no funding for this.
    - Possible solution - An idea is to say “fund the program.” An alternative for those who do not prefer regionalization is to revise and provide funding to support interlocal agreements for things like environmental health, nursing programs across counties, etc.

3. Other Funding – Did not discuss

Another area of importance to address is protection of local public health workers from harassment. This issue warrants study to have recommendations. There are currently issues with unreasonable public records requests to get employee contact information.

Ms. Perkinson and Mr. Lamme discussed legislative priorities of the North Carolina Association of Local Health Directors. Funding was at the top of the list for the previous General Assembly session. Learned a

lot about how legislators don't understand the role of local public health. Also, HB 799, which was not passed, would have hampered health department's ability to get work done.

Regarding areas where the General Assembly may be ripe for action, there is a lot of skepticism in the General Assembly about how public health has responded to the pandemic, mainly at the state level. Mr. Lamme believes the short session in 2022 will be short and fast and suggests that waiting until after the 2022 elections is better timing for larger asks.

Priority should be on showing how critical the funds have been and will be in 2022. Local public health and other sectors need to be diligent in sharing with legislators how the additional funds are being used and how they are helping. Also need to find supporters outside of public health to talk with legislators.

Wrap-Up and Next Steps

Brieanne Lyda-McDonald - Project Director, NCIOM
Lisa Macon Harrison, Public Health Director, Granville Vance Health District

Ms. Macon Harrison left the group with the final thought shared by Dr. Minyard to think about the notion that we keep "curb jumping" top of mind to be creative and visionary.

Ms. Lyda-McDonald gave a reminder of the next meeting - Friday, January 21, 9:00-12:00.