NCIOM *Future of Local Public Health in North Carolina*

Task Force Meeting Summary

Friday, January 21, 2021 – 9:00 – 12:00

Attendees:

- NCIOM staff: James Coleman, Kathy Colville, Brieanne Lyda-McDonald, Alison Miller, Kaitlin Phillips, Michelle Ries
- *Co-chairs*: Leah McCall Devlin, Lisa Macon Harrison, John Lumpkin, Vicki Lee Parker-High
- *Steering Committee:* Brian Castrucci, Yazmin Garcia Rico, Beth Lovette, Stacie Saunders, Beverly Scurry, Doug Urland, ClarLynda Williams-DeVane
- *Task Force Members*: Stephanie Baker, Amy Belflower Thomas, Kim Berry, Margaret Brake, Vickie Bradley, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Chris Collins, Bonnie Coyle, Andrea Freeman, Jennifer Green, Sarita Hiers, Don Jonas, Susan Mims, Jill Moore, Eric Nietcho, Susanne Schmal, Ashley Stoop
- *Guests*: Battle Betts, Dorothy Cilenti, Steve Cline, Erin Fry Sosne, Heather Gates, Susan Haynes Little, Jennifer McCracken, Kaki McNeel, Gerri Mattson, Jessica Meed, Lloyd Michener, Omari Richins, Jennifer Schroeder Tyson, Kristen Spaduzzi, Velma Taormina, Jason Tyson, Jamie Watts Isley

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 brief remarks about the past three meeting discussions and presented the agenda and goals for the meeting:

1. Q&A – Operations of a Regional Health Department
2. Q&A – Local Health Department Transitions from Clinical Health Services
3. Additional Perspective on Recommendations to General Assembly
4. Update on North Carolina Association of Local Health Directors Grant Work
5. Update on Recommendation Development
6. Small Group Discussion

Q&A – Operations of a Regional Health Department

Battle Betts, Health Director, Albemarle Regional Health Services

Mr. Betts provided background on Albemarle Regional Health Services (ARHS), which is an eight-county public health district that formed in 1942 with four counties. They serve around 160,000 residents. They have around $25 million in the annual budget for local public health services, which comes from state, federal, and local dollars. Mr. Betts noted the efficiencies that a regional model can provide in funding, staffing, and services.

Some of the benefits of their unique structure are not falling under a county structure, giving them more autonomy with pay, budget, HR, IT, billing, etc. They share staff, particularly NPs and RNs across counties. For disaster response, they have resources from all eight counties that can be combined and

amplify response. However, this aspect has been a challenge during the pandemic as all counties have experienced the crisis and resources cannot be directed to one specific location. Communications and connectivity are also challenges.

Regarding considerations for regional partnerships, Mr. Betts notes that there must be open and positive participation amongst all parties, and everyone needs to agree on mutual benefit.

Task force questions and discussion:

- The group discussed the programs/projects ARHS has continued from original public health incubator projects and shared experiences from the incubator program.
- Some single-county health departments have looked to ARHS for guidance on operations and business model.
- Local partnerships are extremely important. Informal work can lead to more formal partnership.
- Local consolidated services model does not necessarily hinder regional collaboration work as long as there are committed partners, but consolidated models do have a loss of autonomy. There can be roadblocks in getting things approved in a timely manner.
- Regional models and partnerships can help with outcomes when they allow a "louder voice" as a group to shine light on problems.

Q&A – Local Health Department Transitions from Clinical Health Services
Jennifer McCracken, Health Director, Catawba County Public Health

Ms. McCracken provided a description of the context for Catawba County Public Health shifting child health, prenatal care, and dental services to other community health system partners. This efforts were unique in how they were developed and specific to the partners and geography involved. Catawba is a single-county health department serving 156,000 people. The health department has not historically offered primary care, but has offered other clinical services.

The child health and prenatal care services were transitioned to partners to avoid creating competitive environment. Dental services were started through an DQHC that came to town and was interested in providing those services. Although these services are now managed by community partners, so are still provided within the physical health department building with the partners as contractors.

Key lessons have been that county support was essential in navigating challenges along the way. Keeping services (in their case prenatal, dental) in the building to keep people coming through their doors and able to link them to other PH services – they didn't want people to lose access to services in their physical space.

Task force questions and discussion:

- Address access for uninsured by meeting with partners on a quarterly basis so they have a good understanding of the work happening and that uninsured and underinsured are continuing to receive services.

- Partners that are providing services have a shared responsibility to report agreement addendum data, but the health department is ultimately responsible for the data.

Additional Perspective on Recommendations to General Assembly
Joe Coletti, Oversight Staff Director, House Majority, North Carolina General Assembly

Mr. Coletti discussed his personal perspective on the potential recommendations to the General Assembly based on his role and experience in the Speaker's Office. He noted the importance of messaging and communicating with Republicans in the General Assembly as they are the majority. People should go into conversations with anyone in the General Assembly, from any party, assuming that they have good intentions and they do not want to make things worse.

Mr. Coletti believes there could be interest in looking for broader flexibility in the State Human Resources Act. There is growing interest among some Republicans to revisit Medicaid eligibility. There may opportunity during this calendar year to begin conversations at the General Assembly, but next year may still need conversation to build towards 2025 session.

To help engage policy makers, people need to share their personal story that flips the script from trade associations story/lobbying. When telling stories think of good combination of story and compelling, digestible data. Potential champions could include Gale Adcock and Donna White.

Update on North Carolina Association of Local Health Directors Grant Work
Heather Gates, Owner & Consultant, Human-Centered Strategy, LLC

Ms. Gates discussed structural changes within the NC Association of Local Health Directors (NCALHD) to advance improvement work. She described opportunities for improvement and further dialogue that fall within three timeframes for NCALHD action:

1. Collective LHD action (now)
    - Promote virtual access for meetings
    - Learning about Medicaid transformation
    - Learning about new data sets, like social vulnerability index
    - Promote continued and consistent state-local meetings
    - Building awareness of local public health
2. Collaborative process improvements (next)
    - Data systems
    - Workforce recruitment and retention
    - State-level reporting
3. Transformational dialogue, alignment, and investment needs (later)
    - Shifts within Medicaid transformation
    - Roles and capacity of local health departments
    - Local health department structure/consolidation

The NCALHD strategy and structure is laid out in five priorities:

- Priority 1 – increase awareness of the role and value of LPH
- Priority 2 – identify and develop priority LHD performance measures and enhanced data systems
- Priority 3 – enhance workforce recruitment and retention
- Priority 4 – streamline state reporting for efficiency and value
- Priority 5 – promote and enhance health director knowledge and alignment around emerging issues and opportunities

Jason Tyson is the group's new communications director, highlight the importance they are placing on communications. They are also revising the NCALHD committee structure to be more workgroup focused. Workgroups have leads and they are putting clear structure in place to receive the recommendations that come from the task force.

Update on Recommendation Development
Brieanne Lyda-McDonald, Project Director, NCIOM

Ms. Lyda-McDonald presented initial areas for recommendations based on task force discussions to date. The process for recommendation development is:

1. Discussions with task force
2. NCIOM staff draft recommendations based on task force discussion
3. Present draft recommendations to steering committee
4. Edit/adjust/add as needed
5. Present draft recommendations to task force
6. Edit/adjust/add as needed

Number 3-6 above are an iterative process with an initial outline recommendations scheduled to go to the steering committee at the beginning of February and initial draft of recommendations (to date) presented to task force members at the end of February.

Categories for recommendations are:

<u>Roles of Local Public Health</u>

- Updating state statute to reflect new essential services language
- Developing supports for regional collaboration/shared services, where applicable (e.g., data analytics, communications, epi)
- Encouraging development of other safety net providers
    - Ensuring reliable funding for non-clinical services
    - Role of health systems
    - Filling the Medicaid coverage gap
    - Best practices and learning collaboratives
- Amplify community voice beyond community health assessment

<u>Workforce</u>

- Office of State Human Resources

    - Update outdated position descriptions
    - Increase dedicated staff to improve speed of position approval
- General Assembly
    - Consider making it optional under state HR to adopt county policies that meet federal personnel standards to allow counties to manage hiring locally
- Expanding scope of practice for clinical staff
- Expanding loan forgiveness for non-clinical staff
- Supporting opportunities for regional collaboration/shared services or staffing
- Incorporating "new" areas of the workforce (e.g., dedicated health equity position, community health workers, data analysts, community organizers, communications specialists)
- Increase funding to support staff positions and raise wages
- Addressing burnout and threats
- Registry of public health positions in the state
- Staff trainings offered in variety of locations and via remote access to improve availability and geographic access
- Training opportunities for leaders on culture of change, building stability, sustainability
- Mentorship programs for all levels of staff
    - Developing leadership reflective of communities served
- Curriculum in schools of public health that addresses the future needs of local public health (e.g., data analytics, communications, business)
- Coordination of internship opportunities for students
    - Including mentorship and funding for preceptors
- Developing a diverse public health workforce pipeline
    - Increasing awareness of the field
    - Opportunities to engage in the field

<u>Data</u>

- Ensure equitable approach to collecting and sharing data with community partners
- Incorporating community story with quantitative data
- Improve bi-directional data flow with state systems for local analysis and quality improvement as close to real time as possible
- Identify DPH/DHHS group to review overlaps in administrative data requirements
- Review of vital records process
- Ensure local public health voice is included in federal and state data modernization discussions
- Data security
- Workforce training and competencies around data use
- Strengthening capabilities to communicate outcomes and program effectiveness
- Partnership opportunities for data analytics capabilities (e.g., with health systems, regional partnerships with other health departments)

<u>Partnerships</u>

- Sustaining partnerships developed during COVID

- Learning from best practices of successful partnerships
- Earning and sustaining trust with community members

Funding

- Funding from state budget to support and sustain Foundational Public Health Services
- Local funding to support programs and services specific to needs of community
- Philanthropy
    - Funding related to robust strategic communications, public and legislative education/knowledge of public health's roles, champion development
    - Hospital community benefit funds

Communications

- Developing workforce capabilities
- Developing public awareness of roles of local public health
- Developing opportunities for media learning and awareness and cross-training with local public health staff on media relations
- Ongoing work to sustain and improve communications, commitment, and awareness of local public health
    - Convening of a Governor's Council or Secretary of DHHS advisory board
- Enlisting stakeholders outside of local public health as champions
    - E.g., business/economic development, health care, education

Small Group Discussion

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

Three small groups were asked to respond the following prompts:

- How well do the topics and areas for recommendations align with what you have heard during your participation in task force meetings so far?
- What thoughts or specific recommendations do you have to add to this list?
- Do you have disagreements or concerns with what you have heard so far regarding recommendations from the task force?
- What lingering questions or concerns do you have about the topics we have covered with the task force so far (e.g., health services in local public health, regional collaboration, workforce, data, governance)
- In our next meeting we will discuss communications and Medicaid transformation's impact on local public health. What are some initial thoughts or questions you have on these topics?

Themes of this discussion

- Want to ensure we aren't duplicating other work and processes to strengthen public health with our task force recommendations. Need to align and complement these other efforts.

- Desire to see funding for Foundational Public Health Capabilities, which are currently not funded from the state level. What are new ideas for how to fund this work that could appeal to the General Assembly? Also need to connect funding request to outcomes measures for buy-in.
- Align recommendations with current work to update accreditation standards.
- Need to think about how will this time be different. Many recommendations made in the past in the state and nationally, what will make the difference this time?
- Interest in whether some recommendations should be prioritized. Consider relative impact of some recommendations compared to others. Or is it up to others to identify priorities from the recommendation?

Wrap-Up and Next Steps
Leah Devlin, DDS, MPH, Professor, Gillings School of Global Public Health, University of North Carolina – Chapel Hill

Dr. Devlin summarized key points of the meeting and Ms. Lyda-McDonald gave a reminder of the next meeting – Wednesday, February 9, 9:00-12:00.