Update on Recommendation Development

Questions to Keep in Mind

- 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?

Process and Timeline

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

- This is an iterative process - begins with draft outline of recommendations to steering committee beginning of February
- Initial draft recommendations sent to task force members end of February
- Ongoing data and workforce work groups will contribute additional recommendations as they conclude end of February/beginning of March

Categories of Recommendations Heard So Far

Roles of Local Public Health

- 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

Categories of Recommendations Heard So Far

Workforce

- 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  - Update outdated position descriptions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

Categories of Recommendations Heard So Far

Workforce, cont.

- 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

Categories of Recommendations Heard So Far

Data

- 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

Categories of Recommendations Heard So Far

Data

- 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)

Categories of Recommendations Heard So Far

Partnerships

- Sustaining partnerships developed during COVID
- Learning from best practices of successful partnerships
- Earning and sustaining trust with community members

Categories of Recommendations Heard So Far

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

Categories of Recommendations Heard So Far

Communications

- Developing workforce capabilities
- Developing public awareness of roles of local public health (supported by pandemic preparedness report?)
- 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