

Public Health Workforce Development Plan North Carolina Public Health Region 1

June 2023



Background

The field of public health is undergoing massive shifts in western North Carolina (WNC), in North Carolina and across the nation. Myriad challenges are converging to contribute to these shifts, including:

- **Chronic underfunding:** In 2021, North Carolina per capita funding for public health was \$76, 45th in the nation (the national average per capita spending was \$116) (America's Health Rankings, 2022).
- **Continued strain** on public health systems, infrastructure and staff due to the COVID-19 pandemic: A 2021-2022 national survey of public health staff found that: 56 percent of public health workers report at least one symptom of post-traumatic stress disorder; more than 1 in 5 public health workers rate their mental health as "fair" or "poor" (de Beaumont Foundation, 2022).
- **Waning public support** and polarized public sentiment toward public health: Local health directors in WNC have identified a lack of recognition of "the need for public health," and even the active antagonization of public health by the community due to the COVID-19 pandemic, as major contributors to staffing loss and inability to re-staff (WNC Health Network, 2022).

These and other challenges are contributing to staff burnout and high turnover, leading to significant current and anticipated staffing and resource shortages for local governmental public health departments.

- A 2021 report estimated that, across the nation, state and local health departments (LHDs) need to hire at least 80,000 full-time equivalent positions (a nearly 80% increase) to provide adequate infrastructure and a minimum set of public health services to communities (de Beaumont Foundation, 2021).
- In North Carolina, nearly 1 in 3 public health workers say they are considering leaving their organization (de Beaumont Foundation, 2022).

At the same time, conversations are happening at the state, national, and global levels about the future of public health and the requisite skills, experience, and capacity that the public health workforce will need to fulfill the promise and vision of a public health sector that is equipped to meet the future.

In 2021, Transylvania County Public Health became the fiscal agent for the \$1 million American Rescue Plan Act (ARPA) COVID-19 Public Health Regional Workforce Agreement Addendum from the NC Department of Public Health. The award provided funding to the NC Region 1 Public Health Departments (Cherokee, Clay, Graham, Jackson, Macon, Swain, and Transylvania Counties) to establish, expand, train and sustain the public health workforce while also filling critical gaps in the Public Health Infrastructure Foundational Capability structure (Figure 1). Through the approval of a no-cost extension, the service period of this funding will extend through May 31, 2024.

In an effort to sustain and expand this critical work, the Region 1 Health Directors came together in March 2023 to create a high-level public health workforce development plan for the region that would identify key assets and gaps and chart a course for longer-term sustainability of a regional public health workforce model that builds capacity at the local level.



Foundational Public Health Services

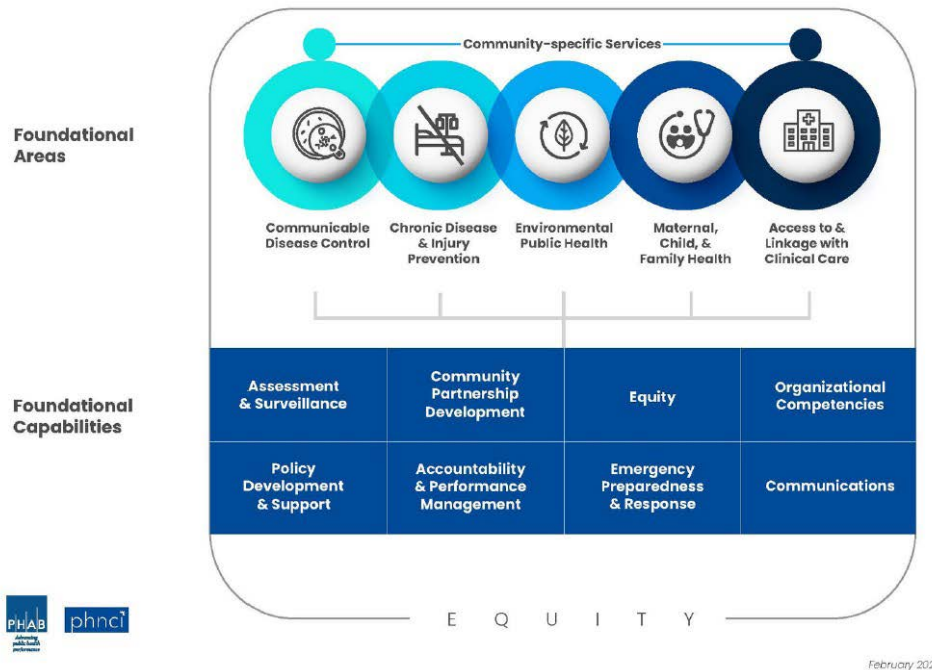


Figure 1: Foundational Public Health Services Framework (Public Health National Center for Innovation). Source: www.phnci.org/transformation/fphs

Current Context

Region 1 health directors identified things they know to be true that are helping OR getting in the way of supporting the public health workforce in the region.

What's hurting?

- Challenges to addressing the existing staffing shortages in the region, including challenges with workforce recruitment (which is impacted by factors such as local cost of living, housing, and transportation issues (WNC Health Network, 2021). Other recent reports echo this challenge.
- A need to update the classification system/framework for public health personnel, which is administered by the state. An outdated classification system does not promote growth opportunities. Another recent report also described low salaries in public health make recruiting and retaining staff difficult. It noted that existing salary studies compare public health salaries to other local government positions, but not with private sector jobs (North Carolina Institute for Public Health, 2023).
- Slow hiring pace (“Nothing happens fast to hire people”). Another recent report also described slow HR processes as a roadblock to adequate staffing (North Carolina Institute for Public Health, 2023).
- Lack of expertise in chronic disease & prevention, as well as the overwhelm of being “expected” to also address emerging issues like climate change.
- Lack of understanding among key partners (such as the local consolidated Health & Human Services Board), as well as among new staff, what public health is and does.

- Challenges balancing the expenditure demands of unfunded requirements and needed public health functions with available revenue sources and opportunities.

Another recent report echoed many of these concerns and also described:

- Shortages of qualified applicants for open public health and clinical positions.
- A public health workforce that is not sufficiently diverse or culturally competent to meet community needs.
- Funding that is insufficient to hire and train dedicated staff (WNC Health Network, 2021).

What's helping?

- Region 1 health directors already work well together as a region.
- An existing partnership with an academic institution in the region that supports increasing student recruitment and placements in LHDs throughout the region to build the workforce development “pipeline”.
- The visibility, momentum, and attention at the national level around public health that has grown out of the COVID-19 pandemic.
- Upcoming regional grant opportunities around the health workforce.
- The region has a Regional Finance Officer in place, which demonstrates a regional staffing structure is feasible.
- An existing white paper developed by Region 1 describing the shortcomings of the Social Vulnerability Index (SVI) to use as a model to allocate funding from NCDPH to LHDs and to fully describe “equity” for the region.
- Once staff and interns are hired/brought on locally, they stay on.

Other recent reports focused on Region 1 and statewide echoed many of these and also described:

- The closeness of LHD staff and their ability to pull together under pressure (North Carolina Institute for Public Health, 2023).
- The range of community-based organizations and partners that could be leveraged to address identified gaps related to public health workforce, including a strong nonprofit sector addressing food security, affordable housing, and other resources for families; Community Health Workers; Navigators; and Community Paramedics (WNC Health Network, 2021).

A recent gap analysis explored Region 1’s capacity to deliver on the Foundational Public Health Services. The analysis involved an online survey, individual interviews with LHD leadership, and focus groups with other LHD staff. This analysis was used to help frame the Region 1 workforce planning conversation and found that, within Region 1 LHDs, the number one strength in capacity (within the Foundational Capabilities) was Community Partnership Development, followed by Organizational Administrative Competencies. The number one expertise-related strength was Policy Development & Support, followed by Community Partnership Development. The number one gap in capacity was Communications, followed by Equity. The number one gap in expertise was Equity, followed by Communications (Figure 2). Participants identified Communications and Partnership Development as Foundational Capabilities as critical to public health and in need of additional resources. Participants noted multiple opportunities for regional collaboration and support to supplement capacity in LHDs related to the Foundational Capabilities, specifically Communications and Policy Development. Multiple participants identified a regional collaboration success in the WNC Health Network which provided communication around COVID which was accessible and vetted for accuracy and equity (North Carolina Institute for Public Health, 2023).

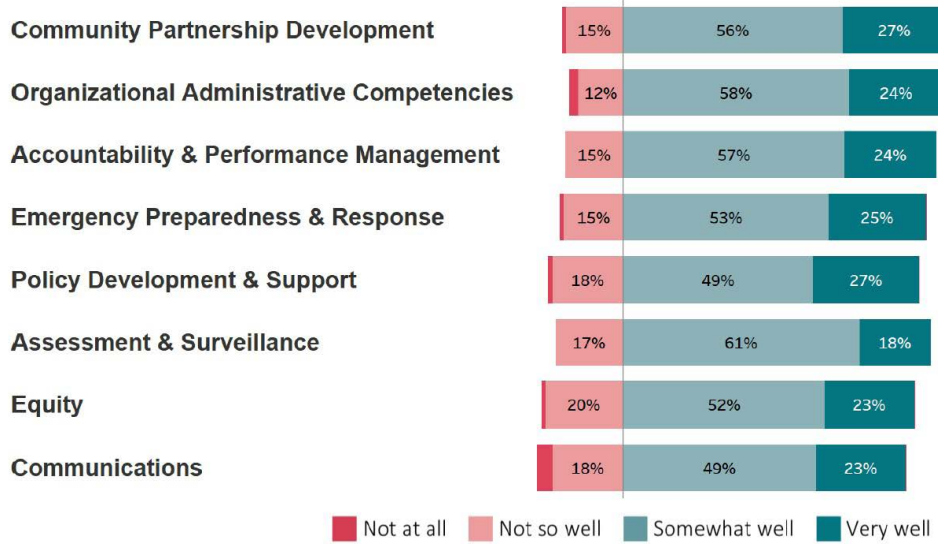


Figure 2: Region 1 Workforce Capacity by Foundational Capability (North Carolina Institute for Public Health, 2023)

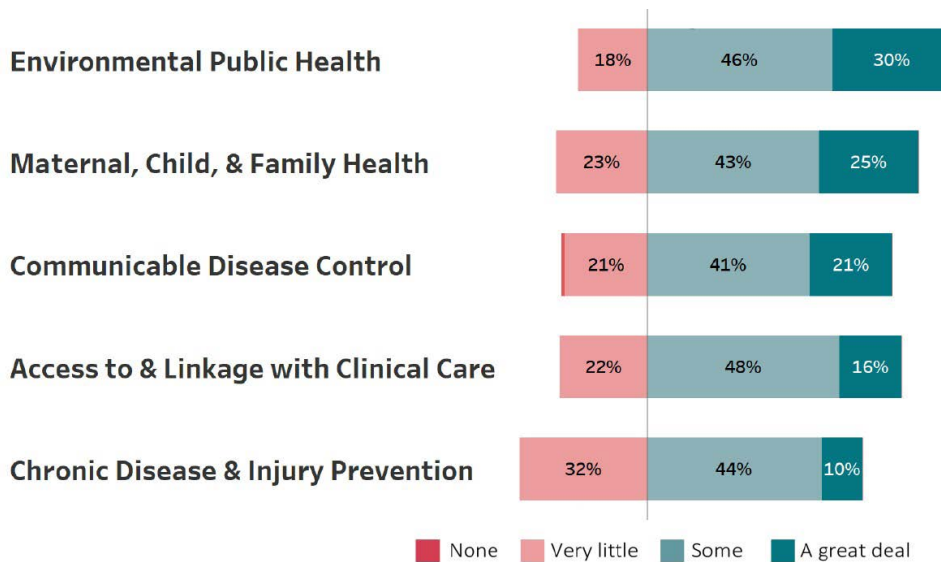


Figure 3: Region 1 Workforce Capacity by Area (North Carolina Institute for Public Health, 2023)

The analysis also found that, for the Foundational Areas (Figure 3), the number one strength in both capacity and expertise was Environmental Public Health, followed by Maternal, Child, and Family Health. The number one gap was Chronic Disease and Injury Prevention, followed by Access to and Linkage with Clinical Care.



Key pieces of context to take into account in a regional public health workforce plan:

- Health directors perceive a regional difference in what “equity” means in Region 1
- Funding to address long-term public health issues is often short-term—there’s a need for sustainable funding sources
- Public health leaders are retiring, increasing the need to retain current staff and preserve institutional knowledge that is being lost
- Public health staff are tired
- Region 1 doesn’t “do a good job telling our story”
- There is a current lack of capacity to support linkages to clinical care

What do we need to learn more about?

- What can be done to solidify fiscal support for additional staff, in the long term?
- What is the feasibility of the local tax base supporting public health efforts?
- What are the legal ways to bring in funding to support the public health workforce from “outside the system”? (for example, scholarships, stipends, bonuses, school loan repayment)
- What are the revenue generating opportunities?
- What will help public health staff to stay and be satisfied?
- How do we create opportunities for staff to grow?

Strategies

Together, the health directors identified a range of strategies to support and develop the local public health workforce, across the public health foundational capabilities. *(Strategies were loosely grouped under the foundational capabilities. Strategies in orange text were prioritized for action planning.)*

Communications	Assessment & Surveillance	Equity	Accountability & Performance Management	Policy Development & Support	Emergency Preparedness & Response	Community Partnership Development	Organizational Competencies
<p>Educating local county leadership, regionally</p> <hr/> <p>More marketing about careers in public health –inspire people to go into public health</p> <hr/> <p>Communications: build skill w TA; marketing comp. develop materials</p> <hr/> <p>Everyone understands what public health is and does</p>		<p>Expand on SVI white paper to describe equity for region</p> <hr/> <p>State to understand our regional challenges and take into consideration</p>	<p>QI/QA training for existing local staff (@ onboarding)</p>	<p>Student loan repayment (one regional expert)</p> <hr/> <p>Develop Framework. Work with attorney. National Health Service Corps</p>	<p>Tuition reimbursement for existing staff to support retention. Helps when people skill-up and supports succession planning.</p> <hr/> <p>Develop opportunities to supplement tuition fees for professional development (e.g., RN to FNP)</p> <hr/> <p>Bring public health work structure/ environment “more consistent with health care field” (e.g., advocate for 36-hour/4 day work week, address burnout, support work/personal life balance)</p> <hr/> <p>Review staff development and hiring practices</p> <hr/> <p>Boost/rebuild staff morale</p>	<p>Environmental health recruitment effort (paid internships through WCU): gets people trained and in field faster; helps people know “what this really looks like;” intern across multiple counties (new)</p>	<p>Training (public health legal): COVID and legal issues-related: record requests; public health laws; be able to respond to public questions; local attorney knows real estate law; School of Government can’t help everyone; losing institutional knowledge</p> <hr/> <p>Cross-training staff</p> <hr/> <p>Succession planning</p> <hr/> <p>Trainings (various, e.g., management, supervision training at Chapel Hill): in person in Raleigh doesn’t work; costly to bring here</p> <hr/> <p>Investigate what we could regionalize</p> <hr/> <p>Regional hub (trainings; staffing)</p> <hr/> <p>(4) Region 1 Workforce/Training Hub</p> <hr/> <p>Scholarship specific to public health workers in WNC</p> <hr/> <p>Regionalized staffing: BT/preparedness coordinator; Regional epidemiologist; Quality assurance regionally; Regional grant writer (could result in monies to workforce/sustainability); Professional recruiter (regional?); (2) Recruiting/ retention specialist; Applicants; Region 1 communications team; Regional PIO; Regional medical director (standing orders; supervision); Regional attorney; Telehealth in region; As much regionalization of staff as possible; Grant app to DHT for above</p>

Prioritized Strategies

The health directors prioritized strategies to develop action plans that...

- *Are in service of the whole region and are feasible to scale to the regional level (allow for regional consistency); and*
- *Stand a reasonable chance of making real progress around public health workforce locally.*

STRATEGY: Describe “Equity” for the Region

Why does this matter?

North Carolina Health Departments in Region 1 face economic and social challenges unique to rural Southern Appalachia. The majority of the counties in Region 1 rely on state and federal funding to provide core public health functions and the local governments do not have the tax base to offset costs. Providing the community with core public health functions require that our local public health departments have the capacity, infrastructure, and readiness to do so.

In order for the health departments in Region 1 to provide these functions, adequate funding is required to meet the needs of some of the most vulnerable communities in North Carolina. North Carolina Department of Public Health (NCDPH) has begun using the Social Vulnerability Index (SVI) to allocate funding based on SVI score in each county. When the SVI ranking is used, most of the counties in Region 1 experience a significant reduction in funding. Reducing the region’s funding undermines the region’s ability to provide critical access to services in agencies that already lack the infrastructure to succeed. Health directors in Region 1 have previously worked together to describe this challenge, and have identified the need to further describe “equity” in the region.

Who will be better off, and how?

SVI drives funding allocations from NCDPH. When the SVI metric is used, counties in Region 1 receive less funding than comparable rural counties in the east. If we’re able to articulate and define equity for the region, funding will then become more inclusive and equally distributed. People in Region 1 will have access to better-funded public health services when “equity”-based funding also takes into account social and economic barriers.

What are some key action steps to move this strategy forward?

- Within 3 months, find the talking points in the SVI formula and spotlight concerns (LHD)
- Within 6 months, lift up the issue through legislation

STRATEGY: Provide Public Health Workforce Capacity-Building Trainings

Why does this matter?

Health directors in Region 1 have identified training as an important strategy to support ongoing staff development for existing staff (for example, management & supervision training). A North Carolina Institute of Medicine report recommends that LHDs pursue available staff trainings to develop competencies, develop opportunities to supplement tuition fees for professional development, and review staff development and hiring practices (North Carolina Institute of Medicine, 2022).

The early planning stages of the ARPA Workforce Development grant funds identified the need for comprehensive NC Public Health Legal training in particular. The Region contracted with Teague, Campbell Law Firm to facilitate courses throughout 2023 for all staff in Region 1 Health Departments. Course content was developed to educate LHD staff in the most relevant public health legal topics and was designed to prepare staff to respond to a variety of legal situations ranging from Communicable Disease Law to Litigation and Court Subpoena.

Who will be better off, and how?

Local public health staff/workforce will have increased knowledge and job skills, confidence in their role, and will save time and money for the agency.

What will we need to keep in mind?

Things that are true or in place that will support implementation:

- Existing regional staff approaches
- Legal trainings that are already planned
- State support
- Region 1 health director buy-in
- Learning from other regions' work

Things that might need to be overcome to implement:

- County level buy-in
- Time away from work
- Funding

Potential partners with roles to play:

- MAHEC
- UNC School of Government

What are some key action steps to move this strategy forward?

- Within 3 months: Identify training needs; and align trainings with requirements outlined in contracts with North Carolina Department of Health (Agreement Addendum)
- Within 1 year: Hire a training coordinator; and complete paperwork for Continuing Education Units

STRATEGY: Develop Region 1 Workforce & Training Hub***Why does this matter?***

Region 1 health directors enthusiastically support development of a regional approach to hiring, staffing for specific positions and competencies, and training. Other recent reports highlight other opportunities for regional collaboration and resource sharing, including standardizing Environmental Health policies, inspections and pay to be able to share staff and streamline training, or for communicable disease nurse positions to do follow-up calls and input data (North Carolina Institute for Public Health, 2023).

Who will be better off, and how?

LHD staff will have access to shared knowledge and consistent training at a central location that increases ease of training and collaborative coordination, and that allows for incorporation of competency review.

What will we need to keep in mind?

Things that are true or in place that will support implementation:

- Existing regional efforts (regional agreement addenda)

Things that might need to be overcome to implement:

- Funding

Potential partners with roles to play:

- MountainWise
- Western Carolina University
- MAHEC

What are some key action steps to move this strategy forward?

- Within 3 months: Develop a planning time (business plan) and look for funding
- Within 6 months: Look for partners

What's next?

The NC Public Health Region 1 Health Departments will pursue these regional objectives through continued alignment with other regional, statewide, and national efforts and will seek to leverage and diversify funding for these objectives through opportunities with NCDHHS, NC health foundation fundings, CDC, HRSA, ASTHO, NA-CCHO, and collaborations with NC University systems. The region will continue to develop multi-sectoral partnerships that build on existing relationships and expand upon new partnerships.



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Prepared by WNC Health Network

