Fortifying North Carolina's Workforce for Health to Meet Current and Future Challenges

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Two new North Carolina Institute of Medicine task force reports make recommendations for bolstering the state's public health workforce through new funding and partnerships in an effort to prepare for future health crises, achieve health equity, and support the growing economy.

Introduction

In the midst of the COVID-19 pandemic, the North Carolina Institute of Medicine convened two task forces: the Task Force on the Future of Local Public Health in North Carolina and the Carolinas Pandemic Preparedness Task Force, the latter being a joint effort with the South Carolina Institute of Medicine and Public Health. Published in fall 2022, reports of the work and recommendations of both task forces include substantive proposals for bolstering North Carolina's health care and public health workforces. Based on months of research and hours of meetings with stakeholders from various sectors and parts of the state, these recommendations call on state and local lawmakers, health officials, professional associations, and other interested parties to take swift action to address health workforce shortages, gaps in emergency preparedness, and inequitable health outcomes in our state.

Future of Local Public Health in North Carolina

The COVID-19 pandemic has demonstrated the extraordinary commitment and innovation of local public health departments, as well as the threadbare nature and precarity of the structures that support them. These organizations are responsible for many vital activities that keep our communities safe, healthy, and functioning daily, but they are working within outdated systems with inefficient data infrastructure and inadequate staffing. These foundational concerns existed long before the pandemic, but the local governmental public health sector is at a crucial inflection point now, particularly with regard to the public health workforce.

On the one hand, schools of public health around the country have reported steep increases in applications (an effect of attention during the pandemic) [1], yet local public health departments are not yet benefitting from this attention and need strategies for attracting motivated talent to their workforces. Data from a national survey of public health workers from late 2021 to early 2022 illustrate critical retention concerns for current employees: 56% of public health workers report at least one symptom of post-traumatic stress disorder (PTSD), more than 1 in 5 public health workers rate their mental health as either "fair" or "poor," and nearly 1 in 3 public health workers say they are considering leaving their organization [2]. These data reflect sentiments shared through a survey of North Carolina health directors in Summer 2021 regarding workload, staffing, and recruitment.[a]

To realize a brighter future, North Carolina will need to address local public health's unstable foundation of inadequate and unreliable funding and its shrinking workforce. In 2021, combined state and federal funding for public health in North Carolina was $76 per capita, placing our state 45th in the nation compared to the national average of $116 per capita [3]. County-level per capita spending on public health dropped 22% from 2010 to 2018 when adjusted for inflation. From 2009 to 2019, the public health workforce in North Carolina saw an 18% decrease in staff per resident [4]. A confluence of factors contributes to strain on the public health workforce, including the multiple activities this workforce is responsible for, the need for specific training and skills related to a broad variety of health issues, a competitive workforce environment with other sectors and amongst geographic areas of the state, and ongoing mental health needs and burnout at this point in the COVID-19 pandemic. The pandemic has also contributed to increasing politicization of public health policies, polarization about the roles and responsibilities of public health, and mistrust in governmental authority, all of which have led to a particularly difficult environment for local public health workers. The

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[a] The North Carolina Institute of Medicine conducted an informal, voluntary survey of North Carolina health directors at the start of the Task Force on the Future of Local Public Health in North Carolina to understand current strengths, challenges, and needs related to the Foundational Public Health Capabilities.

Public Health Workforce Interests and Needs Survey (PH WINS) found that more than 40% of public health executives reported feeling "bullied, threatened, or harassed by individuals outside of the health department" during the pandemic [2]. Threats and harassment of public health workers took place during the pandemic as members of the public became frustrated by lockdown and quarantine measures. Indeed, a survey of US adults found that 25% believed harassment of public health officials related to pandemic business closures was justified, while 21% felt that threats to public health officials were justified [5].

To develop a vision and path for achieving a strong future for local public health, the NCIOM, with funding from the Kate B. Reynolds Charitable Trust and the North Carolina Department of Health and Human Services, convened the Task Force on the Future of Local Public Health in North Carolina between August 2021 and May 2022 [6]. The task force was co-chaired by Leah McCall Devlin, DDS, professor at the Gillings School of Global Public Health at UNC-Chapel Hill; Lisa Macon Harrison, MPH, health director at Granville-Vance Public Health; John Lumpkin, MD, MPH, president of the Blue Cross Blue Shield of North Carolina Foundation and vice president of Drivers of Health Strategy for Blue Cross and Blue Shield of North Carolina; and Vicki Lee Parker-High, MBA, executive director of the North Carolina Business Council. One of the most significant topics the task force addressed is the current and future local public health workforce.

Moving Forward to Strengthen the Local Public Health Workforce

As a decentralized public health system with local governance, there is no state-level group monitoring the current and future workforce needs for local public health or current workforce statistics in North Carolina local health departments, such as demographics and salary.

Task force members consistently highlighted outdated job classifications as a challenge for recruitment and retention, as many do not reflect the modern needs of local health departments. The NCIOM Task Force on the Future of Local Public Health recommends five strategies to sustain and support the existing local public health workforce:

Strategy 4a. Develop statewide accountability for the public health workforce. A statewide organizational structure should be developed to oversee the workforce needs of local public health. This organizational body would evaluate and analyze ongoing needs and identify and implement effective strategies for addressing them.

Strategy 4b. Value the public health workforce. Local government officials should develop a nuanced understanding of the roles and responsibilities of local public health, allocate adequate resources, and support updated policies to maintain the necessary local public health workforce.

Strategy 4c. Support the professional development of the public health workforce. Health departments should ensure that a diverse and competent workforce has opportunities for professional development and leadership roles.

Strategy 4d. Support updates to job classifications. The North Carolina General Assembly should allocate more resources to the Office of State Human Resources (OSHR) to continue modernizing job classifications for the local public health workforce.

Strategy 4e. Address threats and harassment. Local public health workers should be equipped with knowledge and tools to support them in addressing threats or harassment they receive from members of the public.

Creating a Local Public Health Workforce for the Future

While new public health graduates report interest in working in local public health and identify positive aspects of the sector, such as the opportunity to do fulfilling and meaningful work, they also report barriers to working in local public health. These barriers include perceptions of local public health departments as bureaucratic and lacking innovation, as well as being underresourced in ways that impact earning potential and career development [7]. Public health departments that employ a racially, ethnically, and culturally diverse workforce can bring different perspectives and experiences to their work and are more likely to provide culturally relevant programs and services. An internship can often be a public health student's first exposure to local public health and, therefore, a vital source for building student knowledge and interest in a career serving in a local health department. With limited budgets and staff responsibilities already stretched, these internships may be unpaid or paid at low wages, making it challenging for students from low-income families to participate. This potentially limits the pool of future local public health workers, particularly those who represent rural and low-income communities. The task force recommends four strategies to grow a diverse and skilled workforce:

Strategy 5a. Develop a network of public health programs. North Carolina programs that train public health professionals should collaborate to provide support to local health departments, grow connections with emerging fields for the public health workforce, and increase opportunities for those committing to work in local public health to have their education loans reduced or eliminated.

Strategy 5b. Fund internship opportunities. More enriching and paid internship opportunities should be available to encourage students to pursue careers in local public health and build a public health workforce that represents the communities being served.

Strategy 5c. Raise awareness of public health careers. More attention should be placed on building awareness among middle- and high-school-aged children in the field of public health as a potential career choice.

Strategy 5d. Support New to Public Health training. New public health employees in local health departments should be empowered to be successful in their careers through a deeper orientation process.

Other opportunities include modernizing data infrastructure and developing greater capacity to communicate with the communities being served.

Carolinas Pandemic Preparedness Task Force

In addition to demonstrating gaps in support for local public health, the COVID-19 pandemic has exposed long-standing vulnerabilities in the health care and frontline essential workforces. As demand for health care services increased, it became apparent that providers did not have access to adequate personal protective equipment (PPE) and other protective supplies. Meanwhile, high case rates strained both health systems and individual workers in health care and other industries to—and beyond—their capacity. Workers in a variety of fields also found themselves feeling increasingly endangered and demoralized, despite risking their health and safety daily [8, 9].

Alongside high rates of burnout and exhaustion, health care workers and some other members of the frontline essential workforce have experienced moral injury and compassion fatigue. Clinicians who are "repeatedly expected, in the course of providing care, to make choices that transgress their long-standing, deeply held commitment to healing" may experience long-lasting impacts on health and well-being [10, 11].

Guided by a focus on equity, cross-sector collaboration, and attention to the needs of the most vulnerable, the Carolinas Pandemic Preparedness Task Force convened between July 2021 and May 2022, funded by The Duke Endowment, the Kate B. Reynolds Charitable Trust, the BlueCross BlueShield of South Carolina Foundation, and the North Carolina Department of Health and Human Services. The task force included more than 90 experts from North and South Carolina representing providers, health systems, communities, philanthropy, social services, and other sectors. The task force was co-chaired by North Carolina Department of Commerce Secretary Machelle Baker Sanders and Harris Pastides, PhD, MPH, president emeritus at the University of South Carolina.

A task force report was produced by each state that reflects a shared vision. North Carolina's report includes dozens of recommendations, including five specifically focused on addressing the needs of the health care and frontline essential workforces, and the individual workers who comprise these workforces. The following are brief descriptions of strategies for implementing these recommendations. See the full task force report for more detail on these and other strategies [12].

Recommendation 5.1: Develop and Implement an Action Plan to Respond to Urgent and Long-term Health Care Workforce Needs

Strategy 5.1a. The North Carolina General Assembly, the North Carolina Department of Health and Human Services (NCDHHS), and/or philanthropic organizations should provide sustained, ongoing funding to establish and resource the new North Carolina Center on Workforce for Health.

Strategy 5.1b. The Center on Workforce for Health should develop an action plan that focuses on: 1) recruitment and retention of the health care workforce and 2) pathways into health professions and opportunities to strengthen the health care workforce pipeline.

Strategy 5.1c. NCDHHS should work with leadership of the Center on Workforce for Health to identify areas of alignment.

Strategy 5.1d. The North Carolina Healthcare Association, North Carolina Healthcare Facilities Association, Association for Home & Hospice Care of North Carolina, North Carolina Medical Society, North Carolina Nurses Association, Old North State Medical Society, North Carolina Medical Group Management Association, Western North Carolina Medical Managers Association, and other clinical associations from across the state should work with local coalitions and partners to assess workforce shortages facing hospitals and health systems and develop short, medium, and long-term solutions.

Recommendation 5.2: Assess Workforce Shortages and Other Needs of Frontline Essential Workers to Support Continuity of Operations Planning

Strategy 5.2a. North Carolina county commissioners should conduct a study of the issues facing the frontline essential workforce to understand shortages and needs and ensure continuity of operations in cities and counties during public health emergencies.

Strategy 5.2b. The North Carolina Association of County Commissioners should provide guidance and technical assistance to county commissioners in their efforts to study issues facing the frontline essential workforce described in Strategy 5.2a.

Strategy 5.2c. The offices of human resources for the University of North Carolina system, the North Carolina community college system, and North Carolina's independent colleges and universities should conduct a study to ensure adequate staffing levels for essential personnel.

Recommendation 5.3: Prioritize the Health, Well-Being, and Safety of the Health Care and Frontline Essential Workforces

Strategy 5.3a. The North Carolina Society for Human Resources Management (NCSHRM), North Carolina Office of State Human Resources (NCOSHR), and employers should continuously evaluate evidence-based strategies to address burnout, compassion fatigue, and other mental and behavioral health needs, and consider opportunities for expansion of these strategies.

Strategy 5.3b. NCSHRM, NCOSHR, and employers should develop and update policies and procedures to establish clear expectations and channels of communication between employees, managers, and human resources; provide

employees with tools and resources to manage stress and conflict; and increase employee awareness of the resources available to help manage stress and conflict.

Strategy 5.3c. The North Carolina General Assembly should amend relevant statutes to include an add-on criminal charge or other penalty for harassment of a health care worker and/or frontline essential worker in relation to action(s) undertaken in furtherance of state-of-emergency policies.

Strategy 5.3d. NCDHHS should convene representatives of health care associations to develop and implement other strategies to protect health care and frontline essential workers from threats, harassment, and other forms of violence before, during, and after public health emergencies.

Strategy 5.3e. The UNC School of Government, North Carolina Institute for Public Health, North Carolina Public Health Association, and North Carolina Association of Local Health Directors should work together to address threats and harassment of the local public health workforce.

Recommendation 5.4: Strengthen Workforce Recruitment and Retention

Strategy 5.4a. The North Carolina Department of Commerce (NCDOC), NC Chamber, NCSHRM, and NCOSHR should work together to develop tools, resources, and guidance for employers on managing remote work, offering flexibility during public health emergencies and other crises, and creating staff development and training opportunities that are accessible remotely.

Strategy 5.4b. The North Carolina General Assembly should consider statewide approaches to paid sick leave to help workers maintain financial stability during public health emergencies.

Strategy 5.4c. The NCDOC, NC Chamber, Economic Development Partnership of North Carolina, and other partners should study the potential impact of providing wage supports such as retention bonuses, hazard pay, and other monetary rewards to increase retention.

Strategy 5.4d. Hospitals across the state should establish policies and procedures to promote the inclusion of bedside clinicians and practitioners in decision-making processes.

Strategy 5.4e. NCDHHS, in partnership with historically minority-serving institutions, should consider strategies to increase the accessibility and affordability of educational opportunities with the goal of improving diversity and economic stability across the health care workforce.

Strategy 5.4f. The North Carolina Area Health Education Centers should consider strategies to increase the accessibility and affordability of educational opportunities with the goal of improving diversity and economic stability across the health care workforce, including promoting access to mentorship beginning in middle grades.

Strategy 5.4g. University of North Carolina system schools, community colleges, and independent colleges and universities across the state should apply findings from Recommendation 5.1 to the development of curricula, recruitment efforts, and other strategies to illuminate workforce pathways into health care.

Recommendation 5.5: Provide Flexibility to Health Care Workers to Increase Surge Capacity During Public Health Emergencies

Strategy 5.5a. The North Carolina Medical Board, North Carolina Board of Nursing, North Carolina Healthcare Association, North Carolina Medical Society, Old North State Medical Society, North Carolina Medical Group Management Association, Western Medical Group Managers Association, and other health care associations across the state should work together to 1) identify potential areas of flexibility for health care providers during declared public health emergencies and 2) consider criteria that must be met before flexibilities can be used by providers during declared public health emergencies.

Strategy 5.5b. The North Carolina General Assembly should provide immunity from medical malpractice liability and address other vulnerabilities associated with practicing under unusual circumstances to encourage providers who have met the criteria identified as part of Strategy 5.5a to exercise their flexibilities with the goal of increasing surge capacity. NCMJ

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