



PUBLIC HEALTH INFRASTRUCTURE FOR STRONGER EQUITABLE NC COMMUNITIES:

Application for Local Health Departments (LHD)

Section 1: Background and Context

As the public health system in North Carolina shifts to a new payment model, many residents continue to suffer disproportionately from a lack of access to care. The COVID-19 pandemic exacerbated health disparities and highlighted the chronic underfunding of the public health infrastructure in NC. It also demonstrated the tendency for public health funding to be reactive in nature. Consequently, NC's public health departments lack the capacity – staffing, funding, and technical assistance – to do deeper planning in collaboration with their local community leaders toward truly equitable outcomes for all in rural NC.

The Foundation for Health Leadership & Innovation (FHLI) is looking to partner with local health departments (LHD) and community members in eastern North Carolina to

1. *Identify funding challenges and other barriers towards building the support and capacity needed for effective public health infrastructure.*
2. *Understand how public health in rural NC might become the chief health architects for their communities; and*
3. *Engage in health protection and promotion in ways that reduce health care utilization and improve quality of life, while also being ready to respond to urgent demands.*

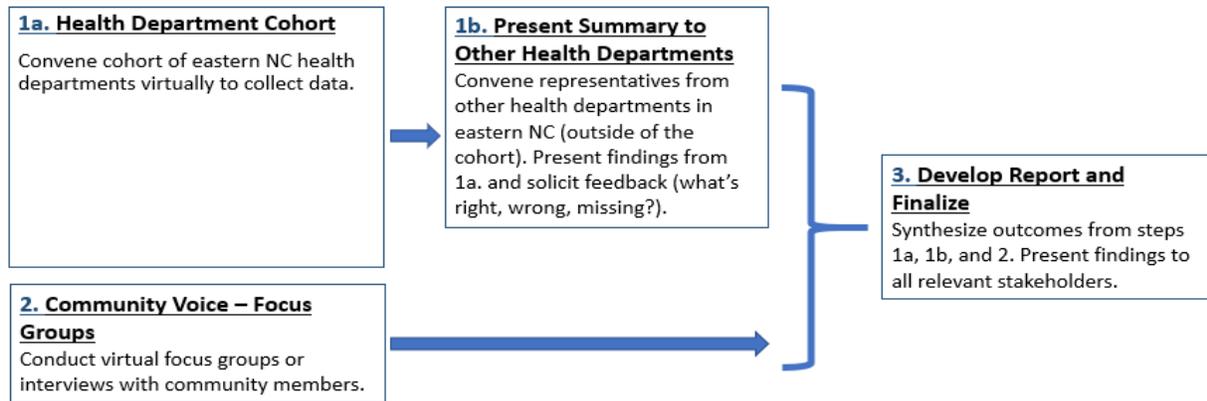
Section 2: Proposed Project Overview

FHLI will convene and engage relevant stakeholders in the local public health system to understand barriers and strengths towards improving public health and equitable health outcomes.

Please note that this is the initial plan and is subject to change based on feedback and gaps in data.

1. **Virtually convene a cohort of 8 local health department representatives** in eastern NC Tier 1 and Tier 2 counties. Participants are expected to meet once a month for two hours over three months. Participating LHDs will be given \$10,000 to compensate their staff time and engagement. Health Departments participating in the initial cohort will be required to sign a Memorandum of Understanding (MOU).
2. **Conduct key informant interviews as well as virtual focus groups with community members** from those same communities regarding their lived experiences with gaps/needs in the local health care safety net.
3. **Synthesize results** to share back to key stakeholders. **Virtually reconvene** the cohort of LHDs community stakeholders, and other eastern NC local health department representatives to solicit feedback on a draft report.
4. **Develop a final report** with findings and takeaways from implementing a participatory model.





Section 3: Proposed Project Timeline

<i>May 30, 2021</i>	Start recruiting health departments for the cohort Schedule regional health department meetings
<i>July 15th, 2021</i>	Confirm names of Cohort Representatives to the Project Leads
<i>July 31, 2021</i>	Hold first cohort meeting. Recruit for community focus groups and interview candidates
<i>August 31, 2021</i>	Hold second cohort meeting Hold first community focus group and interviews
<i>September 30, 2021</i>	Hold third cohort meeting Hold second community focus group and interviews Initial Presentation with NC Institute of Medicine (NCIOM) Task Force on the Future of Local Public Health
<i>October 31, 2021</i>	Key Informant Interviews Completed (Possibly statewide and/or policy perspectives)
<i>November 30, 2021</i>	Draft Report completed
<i>December 31, 2021</i>	Draft Report Shared with Other Health Departments for Feedback
<i>January 31, 2022</i>	Feedback from All Constituents for Feedback and Organizing
<i>February 28, 2022</i>	Final Draft Completed





Section 4: Application Process

As detailed in Section 2 of this application document, FHLI seeks to convene and engage relevant stakeholders in the local public health system to understand barriers and strengths towards improving public health and equitable health outcomes for the communities served. FHLI will use this application to equitably select eight local health departments/district (LHD) to be a part of the main cohort where each participating department will be given \$10,000 to compensate their staff time and engagement.

If a LHD or district in eastern North Carolina is interested in applying to be part of the cohort, they should fully complete this application and submit a PDF file of their application to Will Broughton (Results NC Program Manager, FHLI) via email (will.broughton@foundationhli.org).

The deadline for submission is July 9th, 2021 by 5pm.

Section 5: Selection Criteria

FHLI will use the following criteria to inform the selection of eight local health departments/district (LHD) to be a part of the main cohort as well as the completion of an application:

Criteria prerequisites

1. LHD is located in eastern North Carolina as defined by NC Association of Local Health Directors Regions 8,9, and 10 in addition to counties that border these regions. (<https://www.ncalhd.org/map/>)
2. County served classified as Tier 1 or 2 based on 2021 NC Department of Commerce County Distress Rankings
3. Letter of support from Health Department Director indicating willingness to devote staff time to attendance of meetings as outlined, review of findings, and identification of potential community member participants for focus groups.

Section 6: Monetary Incentive

As encouragement for participation in this project, FHLI will incentivize selected LHDs with \$10,000 to compensate their staff time and engagement. Participating health departments will be required to sign a Memorandum of Understanding (MOU) upon selection. Funds will be unrestricted and given at the completion of the cohort data collection process.





Section 7: Expectation for Local Health Departments

If selected to participate in the cohort, LHDs will:

1. Select staff representatives (1-3) from their health department to participate in a virtual cohort of 8 local health departments. Staff selected for participation should have experience/knowledge to speak about the health departments capacity and barriers – staffing, funding, technical assistance, policy, community engagement, etc.
2. Participants are expected to attend meetings once a month for two hours over three months as detailed in Section 6 of this application with an anticipated start month of July 2021. Once all eight LHDs are selected, FHLI will work with participants to identify meeting times that will work for everyone’s schedules. If a representative is unable to attend one of the sessions for any reason, they are expected to identify a representative to take their place.
3. Participating health departments will be required to sign a Memorandum of Understanding (MOU) with FHLI prior to funds being released at the completion of the cohort data collection process.
4. As part of their participation in this project, health departments will also help FHLI to identify members of the community/key stakeholders outside of the health department to participate in focus groups. They may be asked to facilitate an introduction if appropriate.
5. Participating health departments have the opportunity to provide feedback on the summary of the findings from this project prior to FHLI finalizing the report.

Section 8: Role of Foundation for Health Leadership & Innovation (FHLI)

For the cohort data collection process, FHLI will:

1. Coordinate, schedule, and organize meetings with cohort of participating health departments.
2. FHLI will present and share preliminary findings from the cohort with the NC Institute of Medicine (NCIOM) Task Force on The Future of Local Public Health.
3. FHLI will host a webinar for other health departments in eastern North Carolina at which findings from the cohort will be presented. This webinar will be an opportunity for these other health departments to respond to the summary and provide additional insight/feedback.





4. FHLI will compare data gathered from the cohort to feedback gathered from community members.
5. FHLI will compile data from all three sources (cohort, other health departments, and community focus groups) into a report summarizing the key finds. Once this process is complete, the final report will be submitted to Kate B. Reynolds Charitable Trust.

Section 9: Application

If your local health department/district (LHD) would like to be considered to be a participant in this FHLI project as part of the cohort data collection, please submit answers to the questions below along with a signed letter of support via email to Will Broughton (will.broughton@foundationhli.org) by 5pm on July 9th, 2021. Please type answers directly into this document and limit your responses to **250 words each**.

1) Please list the following contact information:

Name, address, phone, email of the 1-3 staff participating in the cohort discussions

Name of health department

Short bios of participants and name of role or position

Headshot of each person

2) Please attach a letter of support from the Health Department Director indicating willingness to devote staff time to the following: attendance of meetings, review and response to findings, and identification of potential community member participants for the focus groups.

3) How do you define your community?

4) What would you hope to gain/learn from participating in this cohort project?

5) What are the factors that make you prime to participate in this cohort?

