Prepared by the
North Carolina Institute for Public Health

North Carolina FOUNDATIONAL CAPABILITIES Executive Summary 2026

NORTH CAROLINA FOUNDATIONAL CAPABILITIES

Gillings School of Global Public Health

Why Focus on Public Health Workforce?

Public Health Workforce

North Carolina's public health system consists of an interconnected web of government, hospital and healthcare systems, nonprofits, and other community organizations. Together, they address complex health challenges and work to ensure that all North Carolinians have the opportunity to live healthy lives. The focus of this report is the governmental public health workforce, including at the NC Department of Health and Human Services Division of Public Health (DPH) and 86 local health departments (LHDs).

Approximately 9,400 dedicated professionals work to protect the health of North Carolina's 11 million community members. From as few as 6 staff members in our most rural counties to over 1,400 at our state office, the governmental public health workforce focuses on prevention, response, and partner-ships in ways that go beyond individual clinical care.

Getting input from the public health workforce is vital for strengthening the public health system. The NC Foundational Capabilities Assessment described in this executive summary focuses on perspectives from the governmental public health workforce, including DPH and LHDs, both of which are essential in protecting and improving community health across the state.

"I feel like there is maybe not a full culture shift, but I see more proactive, continuous improvement thinking. More of a willingness to, you know, think outside the box."

- DPH Interview, 2026

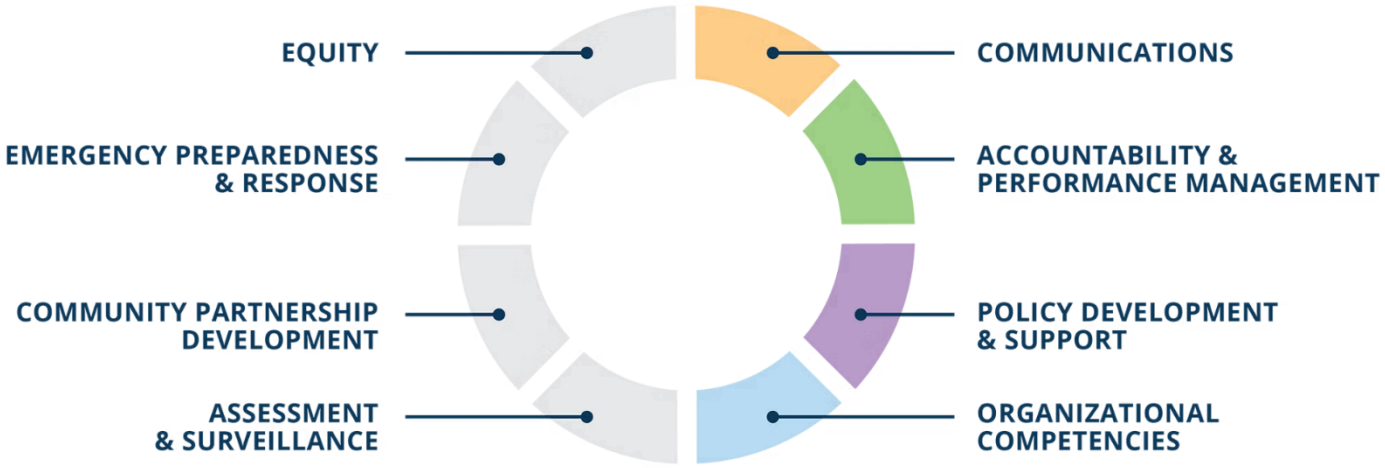
NCFC Annual Assessment

Purpose

The North Carolina Foundational Capabilities (NCFC) Assessment examines the North Carolina governmental public health system's capacity to deliver on the Foundational Public Health Services. This annual assessment was commissioned by DPH to provide actionable, state-wide and region-specific data to public health leaders as they plan their work to improve public health infrastructure in North Carolina.

Foundational Public Health Services Framework

The Foundational Public Health Services were developed in 2013 by the Public Health Leadership Forum to define the minimum set of services that every governmental public health jurisdiction should provide. They include five Foundational Areas, which represent the core public health services for all communities, and eight Foundational Capabilities (shown below, with NC's priority capabilities highlighted), which reflect the essential skills and capacities needed to support and sustain those services. A full list of definitions for the eight Foundational Capabilities can be found in Appendix A.



"I feel like [the Foundational Public Health Services framework] has kind of helped me connect the dots a little bit better. [...] I feel like it really answers the 'Why do we do this work? Why is it important?'"

- LHD Interview, 2026

67%

of survey respondents reported either a basic or thorough understanding of the Foundational Capabilities framework in 2026.

The NCFC Task Force

Findings from the assessment drive statewide public health investment priorities overseen by the North Carolina Foundational Capabilities Task Force. Launched in 2024, the NCFC Task Force brings together local and state public health leaders, and statewide organizations to help strengthen North Carolina's public health system. The Task Force is facilitated by the North Carolina Institute for Public Health (NCIPH) and has members representing each of the 10 North Carolina Association of Local Health Directors regions (see map below), the Division of Public Health, the North Carolina Public Health Association and other strategic partners.

> *"The discussions [are the most valuable]: having DPH, NCIPH, LHDs and regional folks all together to work towards collaborative work."*
>
> - NCFC Task Force Member, 2024

Using results from the NCFC Assessment, the NCFC Task Force identifies priorities, guides investments, and supports efforts that improve public health capacity and expertise across the state. Together, this work ensures North Carolina's public health system remains strong, equipped, and responsive to community needs.

More information about the NCFC Task Force is available at: www.ncfoundationalcapabilities.org.

NCFC Assessment Analysis

Analyses examine the NC governmental public health system's coverage of the Foundational Capabilities (FCs) in two domains:

- **Capacity**: Having the tools, people, and time to cover the FC
- **Expertise**: Having the training, experience, and skill to cover the FC

In 2026, the NCFC Assessment also evaluated the public health workforce's use and perceptions of Artificial Intelligence (AI).

Focus group and interview themes were summarized by FC to provide depth and nuance to survey data findings.

Survey summary findings were generated and communicated by FC in the following categories:

- **Strengths**: Capabilities with a higher proportion of positive responses related to coverage ("very well", "somewhat well").
- **Gaps** (or opportunities for improvement): Capabilities with a higher proportion of negative responses related to coverage ("not so well", "not at all").
- **Wishes**: Capabilities respondents most frequently wished their agencies, or the state, could dedicate more resources to.

Each year (2022-2026), about **one in three** staff members of the governmental public health workforce have participated in this assessment. Engagement included:

11,199
survey responses, averaging 2,799 per year*

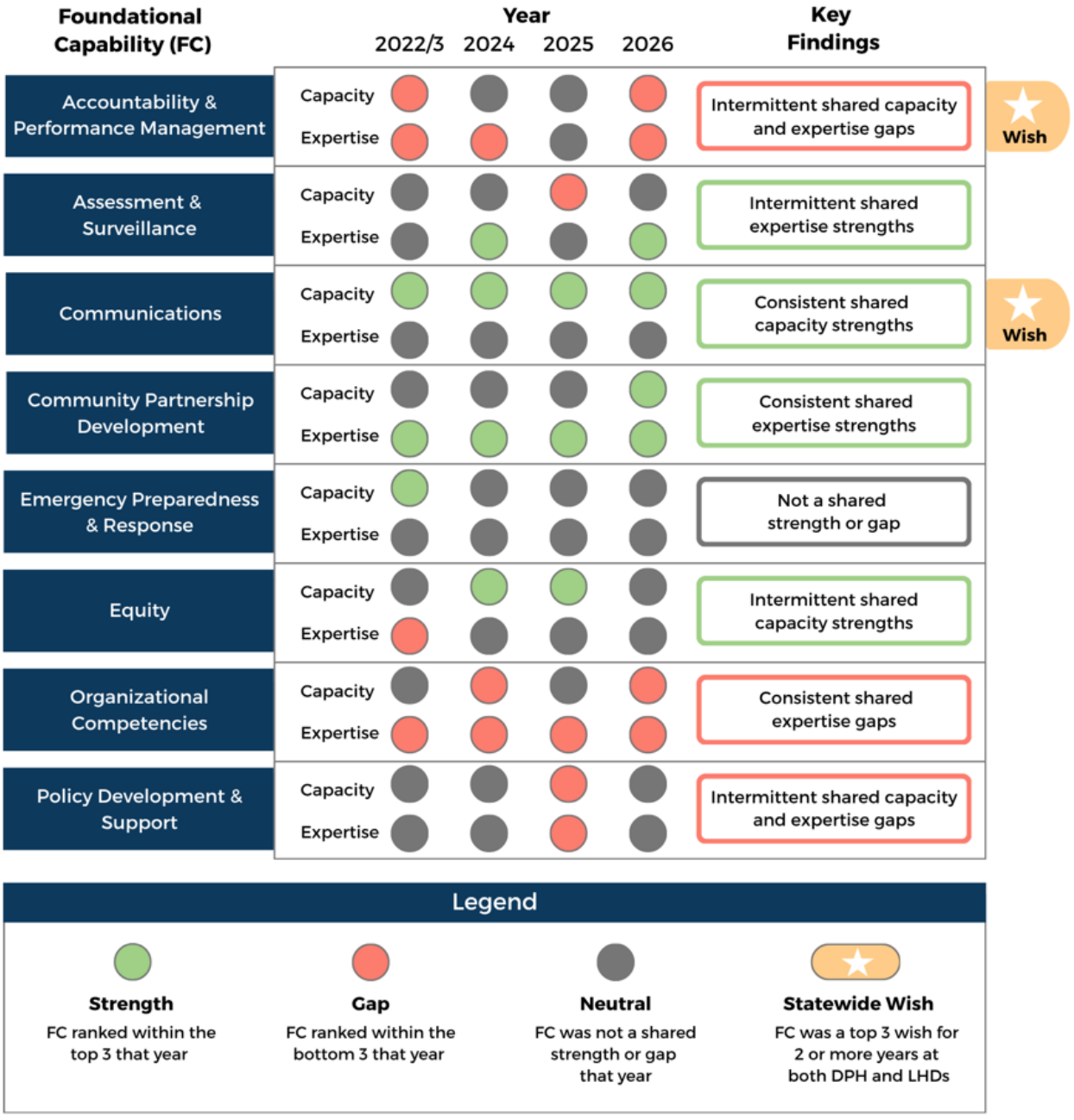
66
interviews with local and state leadership

52
focus groups with local and state staff

Note: Learn more about how strengths, gaps, and wishes were calculated in Appendix B. Response rates by level and year can be found in Appendix C.

Strengths, Gaps, and Wishes from 2022–2026

The figure below highlights shared findings between local and state assessment participants from 2022 to 2026. Shared findings are results that overlap between DPH and LHD in the same year, meaning both groups identify a capability in the same way (e.g., as a strength, gap, or wish). FC capacity and expertise are classified as consistent when a strength or gap appears in shared findings across multiple consecutive years. They are classified as intermittent when DPH and LHD identify the same strength or gap across multiple years that are not consecutive. Shared findings from this chart are repeated on each FC's respective summary page.



Prioritizing Foundational Capabilities Investments

Following the 2024 assessment, the NCFC Task Force reviewed the findings and identified four Foundational Capabilities (FCs) as priorities for investment and improvement based on workforce needs and opportunities for growth.

The four priority FCs are:

- **Organizational Competencies**
- **Policy Development & Support**
- **Accountability & Performance Management**
- **Communications**

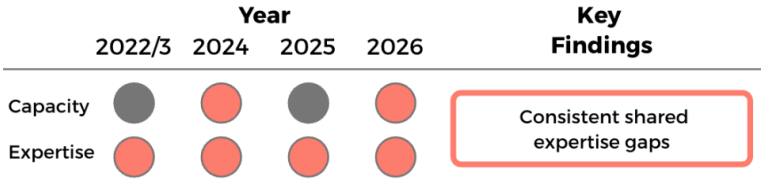
In May 2024, the NCFC Task Force defined desired outcomes for each priority area. To strengthen these capabilities, the NCFC Task Force launched **13 pilot initiatives in 2025**, **engaging 418 public health professionals across all 10 regions of North Carolina**.

These initiatives provided training, peer learning opportunities, tools, and resources to strengthen the workforce. Participant feedback and evaluation data have been used to improve and expand these efforts in 2026.

Organizational Competencies

What are Organizational Competencies and *why does it matter?*

Organizational Competencies are how we manage people, finances, technology, facilities, and daily operations to support public health work. Strong organizational systems serve as the backbone to support the workforce, provide efficient operations, and ensure communities receive effective, coordinated public health services.



Key Survey Findings

Organizational Competencies continues to rank as a capacity and expertise gap across NC.

- *Communication between agency leadership and staff*, a key component of Organizational Competencies, remains the top observed improvement among state and local staff, with **27%** of respondents reporting progress.
- *Recruitment and hiring* is the **#4** most-observed area of improvement (**24%**), down from the #2 most-observed area of improvement (28%) in 2025.

Focus Group & Interview Insights

Workforce Strain

Long, complex hiring processes and persistent staff shortages leave teams stretched thin, with little time for strategic thinking about process improvements or succession planning.

Workforce Support and Onboarding Progress

While challenges remain, some agencies increased compensation, modernized performance evaluations, and explored creative benefits to support their workforce. Onboarding support for new employees also improved in some agencies, with additional feedback surveys, orientation checklists, and dedicated staff to manage processes.

Growing Staff Voice in Shared Decision-Making

Some agency leadership report creating more explicit opportunities for staff feedback, with an emphasis on soliciting input from staff directly affected by decisions. Staff who engage in these opportunities often feel more empowered.

Evolving Organizational Communication Culture

Internal communication issues persist, but some leadership teams have engaged in deeper reflection and critical conversations, leading to improvements such as weekly organizational updates, increased in-person engagement, and opportunities for shared dialogue between leadership and staff.

"I think it's modeling [...] that really goes a long way. I mean, actions speak louder than words, right? And that is especially true for leaders."

- LHD Interview, 2026

Responding to Needs in North Carolina

In 2025, statewide workforce development initiatives supported **138 participants from all 10 regions of NC** in strengthening Organizational Competencies. Evaluations of these initiatives found that participants valued opportunities to learn from peers, build leadership skills, and connect with colleagues across the state. They also identified a continued need for practical training in areas such as management, budgeting, supervision, and organizational operations.

Key initiatives included:

- **Your Impact on the NC Foundational Capabilities Webinar and eLearn**: Helps public health staff understand how their day-to-day work supports North Carolina's public health system and contributes to community health outcomes. Participants learn how their role connects to the Foundational Capabilities and the broader public health mission, regardless of job title or program area.
- **Executive Leadership Short Course**: Supports current and emerging public health leaders through leadership development, peer learning, and practical problem-solving. Participants highlighted the value of learning from peers and building connections across agencies, which helped them apply leadership strategies and navigate real-world challenges.
- **NC Public Health Pathways Program**: Supports early-career growth and broadens entry into governmental public health careers across the state through internships, practicums, fellowships, and professional development experiences.
- **PHuture Leaders Program**: Provides leadership development, networking, and skill-building opportunities for early-career public health professionals.

Key Considerations Moving Forward

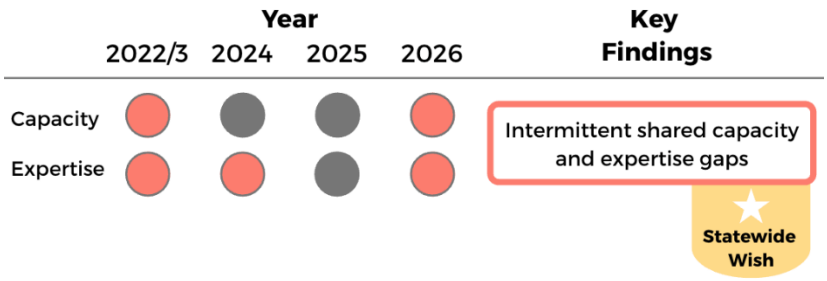
Continued investments in workforce support, leadership development, and operational systems will be important to strengthening Organizational Competencies across North Carolina. As agencies continue navigating staffing shortages and turnover, strategies that support staff retention, succession planning, clearer communication, and stronger onboarding practices may help strengthen long-term organizational capacity.

The need for practical training and peer-learning opportunities in areas such as supervision, budgeting, and management is ongoing. Expanding regional collaboration and statewide learning opportunities may help agencies share solutions, strengthen leadership skills, and better support the public health workforce moving forward.

Accountability & Performance Management

What is Accountability & Performance Management and *why does it matter?*

Accountability & Performance Management is how public health agencies track progress, measure results, and use data to improve programs and services. Strong performance management supports better decision-making, more effective use of resources, and improved community health outcomes.



Key Survey Findings

Accountability & Performance Management ranks as a capacity gap, expertise gap, and top wish for more resources across all phases.

- Every year, Accountability & Performance Management has been one of the most frequently selected areas for additional resources, with more than 1 in 4 respondents (**30%**) identifying it as a need.
- Among respondents reporting improvements since 2025, **21%** reported progress in *implementing quality improvement processes* and **18%** reported improvements in *tracking and reporting performance and impact*.

Focus Group & Interview Insight

Lack of Standardized Metrics

Inconsistent data systems and the absence of standardized population health metrics make it difficult to compare outcomes across counties.

Difficult to Showcase Impact

Some participants expressed a desire to develop core public health measures that can better demonstrate impact and return on investment.

Need for Performance Management Training

Participants want clearer guidance and training on performance management plans, including how to use the resulting data for improvement.

Improve Data Literacy

Increasing data literacy across the workforce is seen as essential for effective performance management, agency evaluation, and decision-making.

"One of the things I like about considering Accountability and Performance Management is that I think we should be able to represent the value of our work. That said, can I do it for my team right now? Not very effectively [...] but I hope we can get there."

- DPH Focus Group, 2026

Responding to Needs in North Carolina

To strengthen Accountability & Performance Management, statewide initiatives engaged **104 participants from all 10 regions of North Carolina in 2025**. Participants explored strategies for measuring performance, evaluating impact, and using data to support decision-making. Focus groups and interviews highlighted a need for more standardized measures, better access to shared data, and additional opportunities for hands-on learning and peer exchange.

Key initiatives included:

- Culture of Quality Improvement Learning Sessions: Helps public health staff strengthen continuous quality improvement efforts through practical tools, discussion, and real-world examples.
- Aligning Reporting Requirements Technical Assistance Sessions: Supports staff in streamlining accreditation and reporting processes through tools, examples, and collaborative learning opportunities. Participants valued the opportunity to review resources, share feedback, and strengthen their understanding of reporting requirements.

Key Considerations Moving Forward

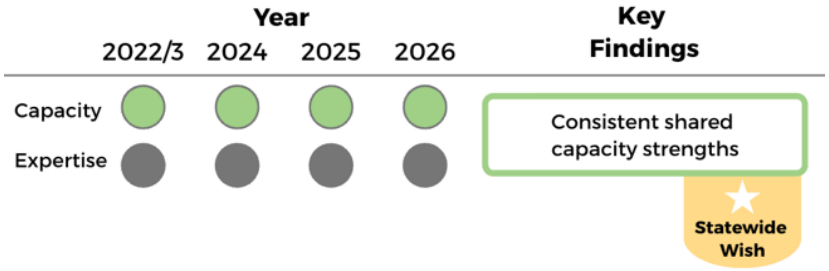
Advancing Accountability & Performance Management will require sustained investment in data systems, workforce support, and aligning performance measures. Navigating complex systems and reporting requirements remains a common challenge. Clearer guidance, alongside improved tools and supports, could help reduce workload burden and increase consistency.

Findings also highlighted the value of practical support, with participants expressing continued interest in performance measurement, data literacy, evaluation, and outcome tracking. Opportunities for statewide shared learning may help strengthen confidence in data use and support agencies in demonstrating noticeable impact over time.

Communications

What is Communications and *why does it matter?*

Communications is how public health agencies share information with communities in clear, accessible, and meaningful ways. Effective communication helps people make informed decisions, builds trust, and strengthens community engagement.



Key Survey Findings

Communications continues to be one of the strongest capabilities statewide, though it remains a top wish for additional resources.

- More than three-quarters (**78%**) of respondents reported that Communications expertise is covered *very well* or *somewhat well*, highest relative to other FCs at the state and local level.
- Communications has been a capacity strength across all phases of data collection. More than two-thirds (**69%**) reported communications capacity is covered *very well* or *somewhat well*.
- About one-third (**32%**) of all respondents wish their agency and DPH could devote more resources to Communications.

Focus Group & Interview Insights

Communications Staff are Spread Thin
Several participants expressed a desire for a role dedicated to communications. Currently, many struggle to balance these responsibilities with their existing workloads.

Public Trust and Messaging
Participants stressed the importance of positioning public health professionals as a trusted, stabilizing source of truth amid widespread misunderstandings.

Clear, Data-Driven Communication
Participants face the challenge of responding to health rumors and emphasized the need for better integration of data into communications and more accessible ways to present complex information.

Advancing Multilingual and Accessible Efforts
Although progress has been made in culturally tailored messaging, internal translation capacity remains insufficient.

"A lot of times when we receive [Communications] resources from the state, there may be some gaps to address specific local issues, or guidance on how to localize that specifically to our region [...] For other staff in our region that have 2 or 3 or even 4 other job responsibilities, it could be difficult for them to have the time to do so."

- LHD Focus Group, 2026

Responding to Needs in North Carolina

Communications-focused initiatives connected **52 participants from 9 of NC's 10 regions in 2025**. Participants valued opportunities to access communication tools, learn from peers, and share effective practices. They also identified ongoing challenges in translating complex data, developing clear messages, and sharing communication strategies across agencies.

Key initiatives included:

- Communications Collaboratives: Brings public health communicators together to share resources, learn from peers, and strengthen communication practices across North Carolina.
- Health Communicators Short Course: Provides training, peer learning, and practical tools to help participants strengthen health communication and messaging skills in their organizations and communities.

Key Considerations Moving Forward

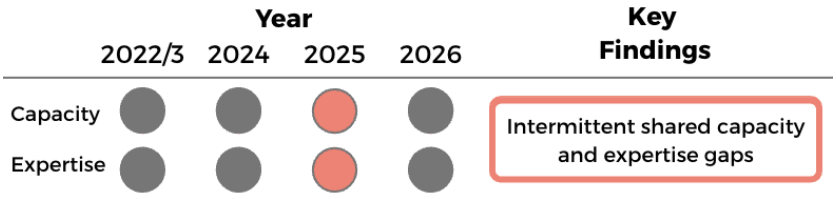
Maintaining and building upon Communications strengths will require continued attention to staffing capacity, language access, and coordinated messaging support across agencies. Focus group and interview participants noted the importance of communication approaches that are timely, accessible, culturally responsive, and data-informed, and many advocated for dedicated Communications roles to help support day-to-day work.

Participants expressed interest in continued emphasis on practical training, shared tools, and opportunities for statewide collaboration. Expanding peer learning and resource sharing could help strengthen the consistency of communication, support community engagement, and maintain public trust.

Policy Development & Support

What is Policy Development & Support and *why does it matter?*

Policy Development & Support is how public health agencies help create, shape, and implement policies that improve community health. Strong policy work helps organizations address community needs, build partnerships, and create lasting improvements in health outcomes.



Key Survey Findings

Policy Development & Support continues to rank as a capacity and expertise gap in local health departments.

- Similar to last year, engagement with policymakers remained the least-reported area of improvement (**13%**).
- Nearly half of LHD respondents (**44%**) reported spending "none of my time" on Policy Development & Support activities, higher than the other FCs.
- More than one-third (**34%**) of supervisors wish DPH could dedicate additional resources to Policy Development & Support, higher than non-supervisors.

Focus Group & Interview Insights

Limited Policy awareness

Some participants feel disconnected from policy activities, discussions, or training opportunities, leaving them less aware of ongoing policy work.

Declining Policy Prioritization

Leadership changes and the heavy workload of health directors have reduced focus on policy-related work in some agencies.

Collaborative Policy Engagement

Participants emphasized the importance of transparent communication and cross-department collaboration to increase policy engagement and participation.

"But day in, day out, we don't [talk to policy makers]. And when I started [at DPH] [...], we were more engaged, [...] not just at the section level, but at a division level, on a department level. We went to legislative briefings. We don't have those opportunities [anymore] and that's not just been now, that's been [...] over the last 10 years."

- DPH Focus Group, 2026

Responding to Needs in North Carolina

Two initiatives focused on Policy Development & Support brought together **66 participants from 8 of NC's 10 regions and fostered collaboration across local and state public health settings in 2025**. Participants valued opportunities to connect with peers, learn from real-world experiences, and explore different perspectives on policy-related work. Focus groups and interviews highlighted a need for greater awareness of available resources and more interactive learning opportunities focused on policy processes and engagement skills.

Key initiatives included:

- Public Health Policy Forum: Brings together public health leaders, policymakers, and partners to discuss emerging policy issues, share strategies, and strengthen collaboration across North Carolina. Participants reported that the forum provided valuable opportunities to learn from different perspectives, explore real-world policy applications, and build connections with partners across the state.
- Policy Skill-Building Seminar Series: Provides hands-on training in policy processes, communication, and engagement strategies, helping participants build confidence and skills for policy-related work.

Key Considerations Moving Forward

Increasing visibility of policy activities and expanding opportunities for engagement may help strengthen Policy Development & Support efforts. While staff balance competing priorities and demands, stronger communication about policy-related work could support greater awareness and participation.

Focus group and interview participants also expressed interest in practical skill-building opportunities related to policy communication, partnership-building, and engagement strategies. Continued learning and collaboration in these areas could help strengthen confidence and support broader participation in policy-related activities moving forward.

Use of Artificial Intelligence in Public Health

Artificial Intelligence (AI) is playing a growing role in public health practice across North Carolina. Health departments and state partners are exploring how AI can support day-to-day work, improve efficiency, and help staff manage increasing demands with limited capacity. For the 2026 NCFC assessment, new survey questions were added to enhance understanding of how generative AI is being used statewide, in an effort to identify emerging opportunities, challenges, and areas where additional guidance or support may be needed as health departments adopt AI.

Awareness of AI Policies

The workforce has limited awareness of agency AI policies.

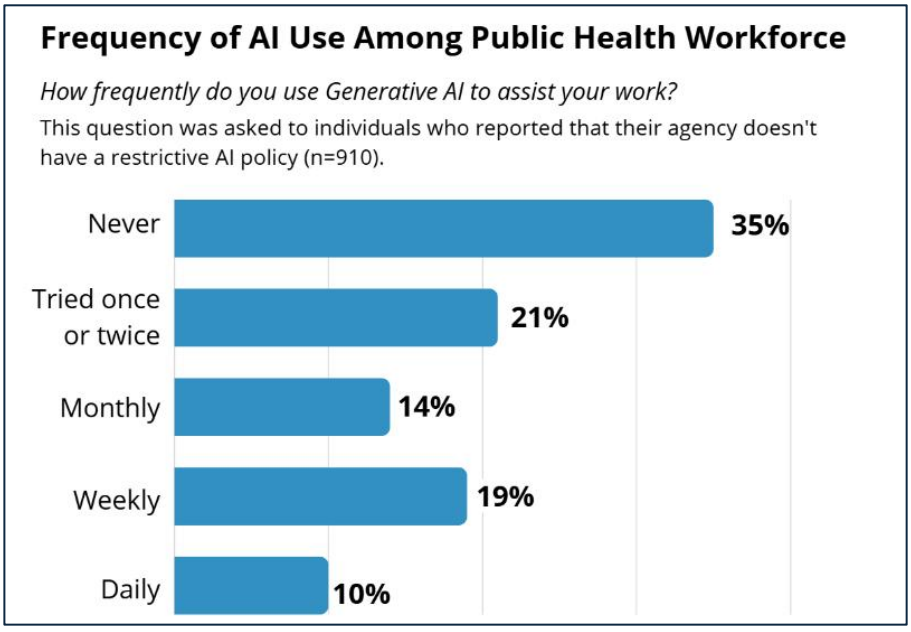
- More than half of respondents (**53%**) reported they are unsure if their agency has an AI policy.
- Non-supervisors were more likely than supervisors to report they are unsure whether their agency has an AI policy (Non-supervisors **61%**; Supervisors **30%**).

Respondents who were unsure whether their agency has an AI policy or reported working under a policy prohibiting generative AI use were not presented with additional questions about AI use and AI concerns. Full AI questions were presented to the remaining 910 (**43%**) respondents.

AI Use in Practice

The workforce is using AI to support existing tasks and workflows.

Over a third of respondents (**43%**) report using AI regularly (daily, weekly, or monthly). Among respondents using AI, the two most reported uses of AI are writing/proofreading emails (**31%**) and brainstorming new ideas or planning (**29%**).



Specific use cases of AI:
Respondents highlighted using AI to support accessibility and compliance standards (captions, alt-text, ADA assessments), data and analytical tasks (Power BI and Excel assistance), and content development (grant writing and presentations). Many also described using AI to refine and improve existing work, suggesting it is primarily used to enhance quality and clarity rather than replace key work outputs.

Concerns About AI

The workforce expressed concerns about data privacy and the accuracy of AI outputs.

- **Data privacy** was the top concern surrounding AI use. **66%** of respondents fear the use of sensitive data by AI tools without user knowledge or permission.
- **Accuracy of AI-generated content** was the second most cited concern. **64%** of respondents noted the need for human review and questioned whether AI tools actually improve quality or efficiency.
- **Pressure and mistrust around adopting AI** was also a key concern. In the open-ended questions, respondents reported experiencing pressure to keep pace with AI adoption, as well as a lack of trust in corporations and policymakers surrounding AI.

Looking Ahead

As AI technology evolves, continued data collection through future NCFC assessments will be essential for tracking how public health professionals' use and perceptions shift over time. This year's findings highlight data privacy and accuracy as key concerns, presenting an opportunity for public health leaders to take targeted action to address these concerns. The use of AI to clarify and refine existing work, rather than replace final outputs, reflects the public health workforce's cautious approach. Continued engagement with the public health workforce is essential to ensure that AI integration is practical, effective, and responsive to their needs.

Future Outlook

The 2026 NCFC Assessment highlights both continued workforce needs and meaningful progress across the public health system.

While staffing and capacity challenges remain, improvements in several capability areas suggest that workforce development efforts and targeted investments are making a positive impact. Staff continue to emphasize the need for practical support, strong communication, peer learning opportunities, and clear systems and processes.

In 2027, the NCFC Assessment will be repeated to measure changes in capacity and expertise, monitor progress, and identify emerging workforce needs. By continuing to connect data to action, North Carolina is building a stronger, more resilient public health workforce and system.

The NCFC Task Force is focused on building on this momentum by evaluating current initiatives, gathering participant feedback, and identifying opportunities to strengthen and expand successful efforts. As the focus shifts toward long-term sustainability, the NCFC Task Force is exploring ways to strengthen partnerships, integrate effective programs into existing systems, and support continued investment in priority areas.

More information about public health investments and NCFC initiatives is available at:

www.ncfoundationalcapabilities.org

NORTH CAROLINA FOUNDATIONAL CAPABILITIES

Acknowledgements

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NORTH CAROLINA FOUNDATIONAL CAPABILITIES

Gillings School of Global Public Health

Appendix A.

Foundational Capabilities Definitions

- **Assessment & Surveillance**: How we figure out what's happening in community health, collecting information, tracking diseases, analyzing data, and identifying what needs attention most.
- **Community Partnership Development**: How we build and maintain relationships with other organizations, community groups, and residents to work together to improve health.
- **Equity**: How we make sure all community members, regardless of race, income, location, or other factors, have fair opportunities for good health and equal access to services.
- **Organizational Competencies**: How we run our organization effectively, managing our people, money, technology, facilities, and operations so we can do our public health work well.
- **Policy Development & Support**: How we create, influence, or carry out rules, laws, and procedures that protect and improve community health.
- **Accountability & Performance Management**: How we track our work, measure our results, and continuously improve what we do to serve the community better.
- **Emergency Preparedness & Response**: How we get ready for our health emergencies, respond when they happen, and help the community recover afterward.
- **Communications**: How we share health information with the community in ways people can understand and use to make good decisions about their health.

More information can be found at The Foundational Public Health Services - Public Health Accreditation Board.

Appendix B.

Analysis Notes

How were strengths and gaps identified?

In the survey, participants were asked to rate organizational capacity and expertise in each of the FCs using a four-point scale: “very well,” “somewhat well,” “not so well,” and “not at all.” Using these responses, we calculated a score for each FC. More positive weight was given to the most positive responses (“very well” and “somewhat well”), and more negative weight was given to the most negative responses (“not so well” and “not at all”).

A score was calculated for each FC within each region/section. We then ranked the FCs within each region/section by putting the scores in descending order. Higher scores reflect more positive overall responses, while lower scores reflect more negative responses. Next, we averaged the rankings across regions/sections for each FC. These averages were then ranked to produce an overall ranking. This method was used to ensure that each region (for LHDs) or section (for DPH) had equal representation in the final ranking. In cases where there were ties, we used the average score across regions/sections to break the tie.

The top three ranking FCs were considered a strength (for expertise and capacity). The lowest three ranking FCs were considered a gap (for expertise and capacity).

How were wishes identified?

In the survey, participants were asked to identify the three FCs they wish the state could dedicate more resources to.

For each region/section, FCs were ranked from the most frequently selected to the least frequently selected. Next, we averaged the rankings across sections/regions for each FC. These averages were then ranked to produce an overall ranking. This method was used to ensure that each region (for LHDs) or section (for DPH) had equal representation in the final ranking. In cases where there were ties, we used the average score across regions/sections to break the tie.

The top three ranking FCs were considered the top statewide wishes.

Appendix C.

Survey Response Rates by Year

	Response rate (%)	
Year	**DPH Overall**	**LHD Overall**
Baseline	51.4% (2023)	33.2% (2022)
Year 2 (2024)	41.4%	34.3%
Year 3 (2025)	37.1%	20.2%
Year 4 (2026)	44.7%	23.0%