The Division of Public Health Should Remain in the Department of Health and Human Services

A presentation to the Joint Legislative Program Evaluation Oversight Committee

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Program Evaluation Division



Handouts

The Full Report

The Division of Public Health Should Remain in the Department of Health and Human Services Unit of the Service of the Service

Today's Slides



Handout



Program Evaluation Division



Evaluation Team

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Jim Horne, Senior Evaluator Carol H. Ripple, Principal Evaluator Pamela Taylor, Statistician





Our Charge

Session Law 2012-126 directed the Program Evaluation Division to study the feasibility of the transfer of all functions, powers, duties, and obligations vested in the Division of Public Health in the **Department of Health and Human Services** to the University of North Carolina Health Care System and/or the University of North Carolina School of Public Health

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Overview: Findings

- North Carolina's public health system is an intricate network of partnerships
- The Division of Public Health should remain in the Department of Health and Human Services
- North Carolina's public health system is seen as a model, but ranks in the bottom half of states for health outcomes
- Organizational models could improve public health delivery



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Overview: Recommendations

- The Division of Public Health should remain in the Department of Health and Human Services
- The General Assembly should
 - Establish the North Carolina Public Health Council
 - Direct the Division of Public Health to strengthen the public health system by exploring ways to increase regionalization, improve the use of data, and strengthen quality improvement activities



Background







Public Health

The science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases





Division of Public Health

- In the Department of Health and Human Services (DHHS)
- Charged with improving and protecting the health of North Carolinians
- Ensures that public health services are available across the State
- State law and administrative rules grant the Division of Public Health (DPH) the power and authority to compel people to act to ensure the health of the public

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Decentralized Public Health System

- DPH administers and monitors state public health programs, makes and enforces statewide public health rules, and allocates funding to local public health agencies
- Local health departments promote and protect public health in their jurisdiction
- State Health Director delegates authority to local health departments

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Findings





Finding 1

North Carolina's public health system is an intricate network of partnerships among the Division of Public Health and local health departments, state agencies and universities, and other entities



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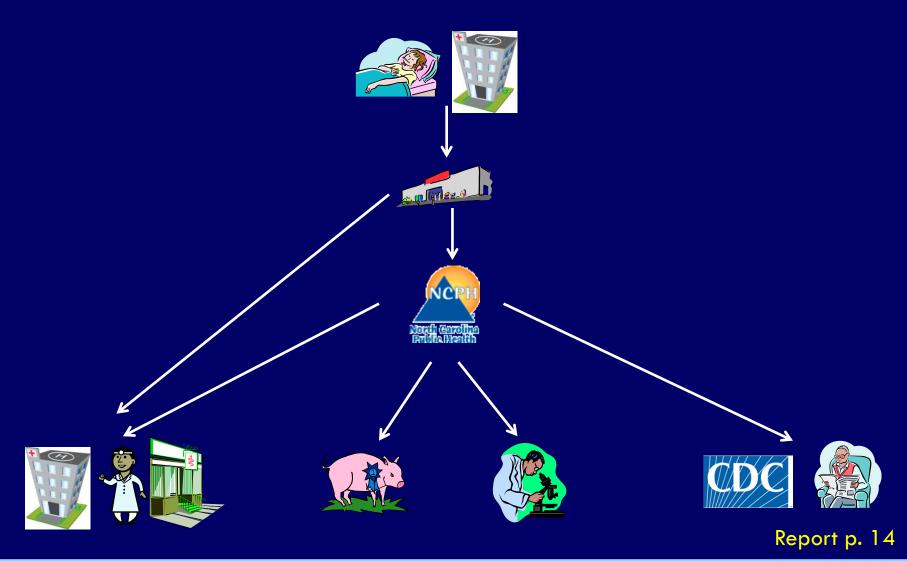
Network of Partnerships

 Division of Public Health works closely -within the division -with other divisions in DHHS -with other state and non-state entities

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Response to E. Coli Outbreak





Finding 2

The Division of Public Health should remain in the Department of Health and Human Services and should not be transferred to the University of North Carolina Health Care System or School of Public Health



DPH Should Remain in DHHS

- Police power function under the 10th amendment
- Official voice of the State
- Aligned relationship with the Governor's office

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DPH Should Remain in DHHS

- Missions of UNC Health Care and UNC School of Public Health do not match the work of DPH
- Moving DPH could provide an unfair competitive advantage
- UNC Health Care and UNC School of Public Health do not support transferring DPH

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DPH Should Remain in DHHS

- Local health departments and other stakeholders do not support transferring DPH
- Recent changes to the public health system may be affected by transferring DPH
 - Environmental health moved to DPH
 - Counties can create consolidated human services agency
 - Incentives for multi-county departments

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Finding 3

North Carolina's public health system is seen as a model, but the State ranks in the bottom half of states for health outcomes because of high risk factors



N.C.'s Model Public Health System

- North Carolina has a strong decentralized public health system
- Model practices
 - -Accreditation
 - -Partnering
 - -Surveillance data

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N.C. Ranks 32nd in Overall Health

- United Health Foundation analyzes data for 23 measures
- Determinants actions that will affect the future health of the population
- Outcomes what has already occurred

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N.C. Ranks 31st in Determinants

Measure	Ranking
Behaviors	
Binge drinking	8
Obesity	30
High school graduation	36
Smoking	36
Community and Environment	
Infectious disease	15
Occupational fatalities	22
Violent crime	27
Air pollution	35
Children in poverty	47
Public and Health Policies	
Immunization coverage	6
Lack of health insurance	38
Public health funding	42
Clinical Care	
Early prenatal care	18
Preventable hospitalizations	24
Primary care physicians	26
All Determinants	31



N.C. Ranks 38th in Outcomes

Measure	Ranking
Geographic disparity	20
Poor physical health days	26
Poor mental health days	30
Cardiovascular deaths	31
Cancer deaths	35
Diabetes	36
Premature deaths	36
Infant mortality	46
All Outcomes	38



N.C.'s Health Rankings

- Improvement in health outcomes requires the efforts of many partners and state agencies
- DPH can encourage stakeholders, but can not compel other organizations to act
- Federal government has created a cabinet-level council to bring focus, coordination, and leadership to public health issues

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Finding 4

There are organizational models that could improve public health delivery in North Carolina

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Organizational Models

- Increase regionalization
 - Strongest predictor of performance is size of jurisdiction of a public health department
- Use data to focus resources
 - Georgia used data and mapping to target interventions to improve infant mortality rates
- Continue quality improvement training
 - Lowers costs, improves health outcomes, and find more efficient processes with a focus on patient satisfaction

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Recommendations

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Recommendations Overview

The Division of Public Health should remain in the Department of Health and Human Services and not be transferred to either UNC Health Care or UNC School of Public Health



Recommendation 1

Establish the North Carolina Public Health Council

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North Carolina General Assembly

Establish N.C. Public Health Council

- Develop a government-wide action plan for improving the overall health in North Carolina
- Membership includes department heads of state agencies with a role in the State's health and wellness
- Create a dashboard showing progress meeting health objectives

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Recommendation 2

Explore ways to increase regionalization, increase the use of data, and strengthen quality improvement activities



Strategies to Improve Public Health

- DPH should determine how to increase regionalization, increase the use of data, and continue quality improvement activities
- Create an action plan with UNC School of Public Health, local health departments, and other stakeholders

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Summary

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- North Carolina's public health system is seen as a model, but ranks in the bottom half of states for health outcomes
- Organizational models could improve public health delivery



Summary

- The Division of Public Health should remain in the Department of Health and Human Services
- The General Assembly should
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 - Direct the Division of Public Health to strengthen the public health system by exploring ways to increase regionalization, improve the use of data, and strengthen quality improvement activities



Legislative Options

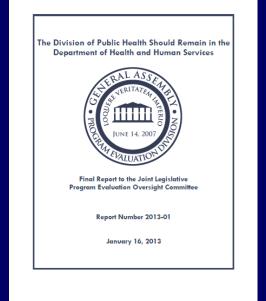
- Accept the report
- Refer it to any appropriate committees

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 Instruct staff to draft legislation based on any of the report's recommendations



Report available online at www.ncleg.net/PED/Reports/reports.html



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