North Carolina’s Local Health Departments

Dennis Joyner, MPH
President, NCALHD

Union County Public Health Director

February 28, 2018
• There are 85 Local Health Departments representing all 100 counties in NC

• Working in conjunction with the NC Division of Public Health, local health departments seek to promote and contribute to the highest possible level of health for the people of NC.

• Three Core Functions of Public Health
  ■ Assessment – (monitor / diagnose)
  ■ Policy Development – (partnership / educate)
  ■ Assurance – (provide care / public health workforce)
Common public health focus areas include:

- Community Health Assessment
- Communicable Disease Control
- Environmental Health
- Public Health Preparedness
- Family Planning
- Maternal & Child Health Promotion
- Chronic Disease Prevention
Primary Care in Local Health Departments

- 51 - Adult Primary Care
- 72 - Child Primary Care
- 50 - Both Adult & Child Primary Care

Dental Clinics in Local Health Departments

- 39 – Adult and/or Children
In 2016, Local Health Departments provided care for 500,000 unduplicated patients in our clinics.

- 40% Medicaid
- 47% Uninsured
- Over 3.1 million services provided
Communicable Disease Funding at the Local Level

John Morrow, MD, MPH
Pitt County Public Health
February 2018
Over the past 10 years, the number of reportable disease lab reports and cases managed by Local Health Departments has increased significantly.
The number of communicable disease cases has doubled and the number of laboratory reports Public Health Nurses must review has increased 10-fold over the past 10 years.
Communicable disease nurses are responsible for complex disease investigation requirements.
Public Health manages communicable diseases every day
North Carolina Outbreaks By County, 2017

Note: 1 Dot = 1 Outbreak
Outbreaks are also increasing

Communicable disease outbreaks in North Carolina

Number of outbreaks

2012 141
2013 159
2014 197
2015 185
2016 199
2017 320
State funding for communicable disease has not kept pace with the increase in disease.

<table>
<thead>
<tr>
<th>Year</th>
<th>State Funding for Communicable Disease</th>
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<tbody>
<tr>
<td>06/07</td>
<td>12,000,000</td>
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<tr>
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<td>16/17</td>
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State funding for communicable disease has not kept pace with the increase in disease.
INFLUENZA SURVEILLANCE, NC 2015-2018
Influenza-Like Illness in ILINet Outpatient Visits,

Week Ending Date

Note: Week ending displayed is for 2017-18 influenza season. Flu seasons for previous years may have different week ending dates, but these only vary by a few days.
Questions ?
NCALHD Legislative Priority

• Increase funding to Local Public Health to Address Rapidly Emerging Infectious Disease (e.g. ZIKA, Hepatitis C, Escherichia coli (E. coli) O121 or E. coli O26, Antibiotic Resistant Infections, Coronavirus (MERS), Meningitis, Drug Resistant Tuberculosis, Influenza, etc.).

• In light of recent national and international concern around communicable disease outbreaks, it is imperative that local health departments have a minimum set of resources available to perform local communicable disease control and community and public health surveillance activities, and to communicate clearly about disease threats within their jurisdictions.

• Support for the basic core functions of local public health departments is waning, along with infrastructure funding, impacting local public health ability to accomplish mandated services. Local control of communicable diseases is a well-recognized core public health function here in NC and nationally, a role comparable to the public safety mission of law enforcement.
Budget Pressures for North Carolina’s Local Health Departments

Lisa Macon Harrison, MPH
Local Public Health Director
Granville Vance District Health Department
February 28, 2018
Public health works every day to promote and protect health, and prevent disease. Overall, Local Health Departments are the only community entities concerned with protecting the health of the entire community...advocating for and promoting health in its broadest form.
### Required local public health services include:

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<tr>
<th>Provide:</th>
<th>Provide/contract/certify:</th>
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<tbody>
<tr>
<td>Food, lodging &amp; institutional sanitation</td>
<td>Adult health</td>
</tr>
<tr>
<td>Individual on-site water supply</td>
<td>Home health</td>
</tr>
<tr>
<td>Sanitary sewage collection, treatment &amp; disposal</td>
<td>Dental public health</td>
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<tr>
<td>Communicable disease control</td>
<td>HIV/STD</td>
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<tr>
<td>Vital records registration</td>
<td>Maternal health</td>
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<td></td>
<td>Child health</td>
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<td></td>
<td>Family planning</td>
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*These required services do not even touch on the basic Community Health Assessment or Health Education and Health Promotion needs within a community. Moving forward, the work of the LHD as a community health strategist for public health 3.0 will require addressing determinants of health and connecting partners.*
A Resilient Public Health System is more than just the sum of its parts, but to date, in the US, we have funded mainly just parts.

“... the vast majority of government health spending in the United States is for individual illness care and treatment for disease; a far smaller and inadequate proportion is provided, ineffectively, to support governmental public health’s efforts to improve population health. The current financing system for health in the United States is profoundly misaligned.”

—National Academy of Sciences
Funding for public health today is cobbled together at federal, state and local levels with a diverse and ephemeral stream of program-oriented dollars attached to expectations and deliverables that form, in one way of looking at it, a game of Jenga.

Piecing it together well relies on a strong foundation.
The Title V Maternal and Child Health Services Block Grant to States Program ("MCH Block Grant") is a formula grant under which funds are awarded to 59 states and jurisdictions upon their submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes children with special health care needs (CSHCN), and their families. Through the MCH Block Grant, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population, which are family-centered, evidence-based, community-based and culturally appropriate.
In FY11-12, The NC General Assembly (NCGA) began to carve out Maternal & Child Health Block Grant money for specific programs removing critical support for the local public health system.

- Since 2011, the number of programs and amount of money set aside by the NCGA has increased to 39% of the entire MCHBG in 2017.

- Because of the redirection of these funds for public health, Local Health Departments will take a $2.2M reduction in 2018
  - This impacts LHDs ability to offer medical services as a safety-net provider and removes critical programs for maternal and child health.
  - County by county, these carve-outs may mean the reduction of services including successful programs that improve pregnancy outcomes, reduction in programs that have led to the lower teen pregnancy rates as well as essential prenatal care services.
  - As a result of the cuts, local county governments are left to make difficult decisions to either supplant the funds lost by these reductions made to the federal grant or lay off staff and reduce or eliminate programs.
Today, the demands on the public health system are greater than ever. Health of a community drives the economy. Poor community health translates into a reduction in community growth, loss of existing or future industry, and ultimately reduced tax revenue.

Each level of government has different but important responsibilities for protecting the public’s health. Unpredictable and steadily decreasing federal and state funds puts our local public health system at risk.
NC Ranks #44 out of the 50 states in Public Health per capita state spending

North Carolina has consistently fallen in the bottom portion of the rankings that list per capita funding for public health by state. The 2016 TFAH report puts NC at #44 out of 50 states for state public health funding levels which reflects a $14.30 investment per person.

The median for comparison is $35.77 in South Dakota ranked on the list at #25. If we were to move up in the rankings and reach only for that midline, we would pass Georgia (at #39), Louisiana (#38), Florida (#37) and South Carolina (#36) along the way – and we don’t like to be ranked behind our southern brethren very much.

-Trust for America’s Health (2016)
Visual Interpretation of LHD Budgets in NC
“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.” -Benjamin Disraeli
Closing Remarks

Dennis Joyner, President, NCALHD
Union County Health Director

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