Backup Information for
Local Health Department Messages and Talking Points

What do local health departments do for North Carolina?

Public health works every day to promote and protect health, and prevent disease. Overall, Local Health Departments (LHDs) are the only community entities concerned with protecting the health of the entire community...advocating and promoting health in its broadest form. Today, the demands on the public health system are greater than ever. Microbes are mutating and adapting (i.e., new influenza strains, vector borne diseases, multi-drug resistant TB, salmonella, etc.); serious infectious diseases are a plane-flight away, and chronic diseases are epidemic and growing. Currently, nearly three quarters of our healthcare costs are directly attributable to chronic illnesses. Health of a community drives whether or not industry will expand or come to a community. Poor community health translates into a reduction in community growth, loss of existing or future industry and ultimately reduced tax revenues.

PREVENT: Local public health departments help prevent the start and spread of outbreaks and disease.
Every day, teams of nurses, epidemiologists, scientists, and environmental specialists work to protect the public from health threats. Can you imagine living in a community that did not have people working every day to:

- **Keep food and physical environments safe.** Restaurant food we eat, hotels we visit and daycares where our children play are all safer thanks to environmental health specialists in each county. Lead, pesticides and water pollution all can be harmful to health. Health departments minimize these hazards.

- **Help prevent the occurrence and spread of disease.** Local health departments work with hospitals, nursing homes, schools, environmental health agencies, physicians, laboratories, citizens, and federal agencies to target the cause and source of disease outbreaks, and then determine the appropriate response.

Environmental health services protect us from exposures to physical, chemical, and biological risk factors which impact our health, ensuring clean drinking water, safe food, clean lodging facilities, sanitary standards (daycares, tattoo parlors and public pools), removal of hazardous waste (meth and lead), and control of rabies and vector borne disease (Dengue Fever, West Nile Virus, Eastern Equine and LaCrosse Encephalitis).

These statutorily driven/mandated environmental health programs are partially supported through fees. A state regulated permit fee ($50) is collected by the state annually from each restaurant. Only a small portion goes back to the local health department. The state retains the rest. Example, Macon County incurred $200,000 plus in program costs and receives about $6,000 annually from the state. The County is left funding the remaining $194,000 to maintain the program.

Currently the state’s Division of Environmental Health (EH) is realigning and will be an organization within the Division of Public Health. This realignment places additional, unfunded demands on local public health. Work
originally done by regional specialists must now be done by local staff and as the economy picks up, counties will need to increase permit fees to enable timely inspections of new residences and developments.

- **Prepare for and respond to disasters and emergencies.** Local health departments work with emergency management and other local officials to plan for and respond to natural disasters, novel disease outbreaks, and bioterrorism threats that can dramatically impact health.

Public health preparedness is not a new concept, but the events of the last decade and the fear of future incidents, natural or deliberate in nature, emphasize the importance of public health. The potential for these threats and emergencies remains as urgent as ever; however, Federal funding has dropped steadily over the last decade, reducing local staff time dedicated to these services, making planning and responding more problematic.

**PROMOTE: Local public health departments promote healthy communities.** We assure a healthcare safety net and champion proven practices to foster better health for everyone. We know prevention works, and access to health services cuts costs for everyone and keeps people healthy. We:

- **Promote better health throughout the lifespan.** We use proven programs to make healthy choices easier. Local health departments provide services and support policies to help young people stay well and develop into healthy adults. We offer education and services to help reduce chronic illness and complications. A healthy community leads to a productive workforce, reduced healthcare costs, and better quality of life.

Local public health engages in a number of activities that foster healthier lifestyles both to reduce the incidence and severity of chronic diseases and to improve our people’s quality of life. These services include conducting community health assessments and outreach programs, targeting improvements in health and quality of life within our communities, and health promotion/prevention strategies driven by Healthy People 2020 objectives. These mandated services rely on no, or limited funding, from federal and state governments. When funding is available, it is often short-term, which works against successful execution of prevention strategies, which by nature take a longer time to achieve.

- **Assure access to quality health care services.** We evaluate and augment the health service capacity of the community, including: care for pregnant women, immunizations for all ages, and dental care for children.

For many people, losing one’s job means losing health insurance, and at a time when many families and businesses are under considerable financial stress, we’ve seen an increased demand for our services. Local health departments serve local people, addressing issues around access and helping to alleviate health care workforce shortages in rural communities.

Currently, the largest part of Federal Safety Net funding is going to Federally Qualified Health Centers (FQHCs). Yet, many small counties don’t have an FQHC; so, the local health department is the “Safety Net”, and the county is left to fund the services. Health Departments test and treat STDs. Changes in Medicaid Services will negatively impact how often physicians see existing or take-on new patients. By 2016, there will be an estimated 625,000 new Medicaid recipients added to the roles.¹
Threatened reductions in optional Medicaid services will drive people to the Emergency Department (ED) for services. As an example, most Western North Carolina counties are Health Provider Shortage Areas (HPSAs) for dental care. To address this gap, local public health provides these services. A simple tooth abscess could result in multiple ED visits when a simple extraction would have fixed the problem. The end result: there are significant additional costs to Medicaid or if a county chooses to continue these services, to the county.

It is expected that once the Accountable Care Act (ACA) is fully enacted in 2014, approximately 400,000 non-elderly North Carolinians ages 18 – 64 will remain uninsured. North Carolina already has an existing shortage of primary care practitioners and our aging population will need to manage chronic conditions in the coming years. Local Health Departments help address part of the access problem, acting as a safety net and providing medical homes where none exists. Local health departments provide quality services and education to improve the lives of everyone in the community.

**PROTECT: Local health departments protect community health and economic vitality through public health policy and community partnerships.** Health is good business for everyone; prevention saves money and lives. We partner to build healthy and economically vital communities. We:

- **Uphold policies we know improve our community’s health.** Better foods in our schools, more physical activity, and smoke-free places are examples of policies that have a major impact on the health of our children and neighbors. A healthy community has greater potential for positive economic growth.

- **Continuously assess needs and improve capacity to promote better health.** Whether assessing community health, implementing quality improvement efforts, or pursuing accreditation, local health departments maximize opportunities to improve public health practice and the public’s health.

Local Health Departments provide education and leadership in their communities to address local health issues by integrating evidence based strategies for positive lifestyle changes.

**What makes local health departments strong and effective?**

Together, we can help ensure that local public health system survives and thrives. Without unified support for public health practice, the public health benefits we have achieved at the local level will be diminished and result in a loss of our ability to ensure continued improvements in the health, quality of life, and economic growth within our communities.

**OPERATIONAL FOUNDATION: A solid foundation of funding and expertise**

We need to work well with our state and local policy and decision-makers in these challenging times. To do this, we need to recognize our common interests. A healthy community is an asset to prospective businesses and a productive workforce. Many public health services are statutorily required (NCGS 130A-35.), and in most cases, local funding is a key source of departmental funding. We need to make the best use of these funds as possible.

- **Continued local support with sustained and flexible funding.** Promoting and protecting our community’s health is essential to quality of life and to the economic competitiveness and vitality of
our community. Now more than ever, adequate financial support is necessary to make local health departments strong and ready to respond to community needs.

Shrinking funding at the federal and state levels, along with continued unfunded mandates requires counties to bear more and more of the financial burden. Not having a secure funding stream from the state, and the threat of cuts to state Aid-to-County funds will impact every county. In fiscal year 2010 the Division of Public Health (DPH) budget was $579 million ($80 million state funds; $499 million federal) or 3.36 percent of the total Department of Health and Human Services (DHHS) $17.3 billion budget. To help address these shortfalls, each local health department must work with commissioners to sustain the county portion of the health department budget, watch out for federal and state cost shifting services to counties and to ensure adequate fees can be collected for mandated services--fees that will support the local programs.

This collaboration is also important, when considering a change in the governance of a local Division of Social Services (DSS) and LHD. County boards of commissioners must collaborate with and have support of local boards of health and local boards of social services. This support from local Boards of Health is currently required in statute for multi-county authority, G.S. 130A-45 (b). The county board of commissioners should consult with the local board of health concerning such an important local public health decision.

- **Executives equipped with the training and expertise to lead a local health department.** Managing a health department requires strategic vision, detailed understanding of public health program requirements and best practices, and strong and sustained community relationships.

Local health directors are required to hold a graduate degree and be experienced in public health (NCGS 130A-40). These requirements reflect the demands of the position. For example, a local health director has the legal authority to act when people’s health is in question (NCGS 130A-41). He or she must “serve every person equally and fairly in the enforcement of laws, rules or policies relating to health”, and the health director typically provides a buffer between the community and the county when controversial decisions affecting the public’s health are made.

In a combined human services organization there should be leadership that meets the same education and experience requirements as found in G.S. 130A-40 (a), the current requirement for a local health director position. This requirement assures the provision of appropriate leadership during local public health emergencies.

- **Active and engaged local boards of health for health departments across North Carolina.** Since 1877, board of health member volunteers and content experts have served their communities, providing public oversight, advising and deciding on public health policy, and promoting fiscal accountability. Maintaining this governance structure is critical to a local health department’s success in our state.

Local boards of health serve important roles. They advise elected official on policies, programs, and budgets. They set policies, goals, and priorities that guide local public health, and they hire and fire the local health director with County Commissioner input. The Board of Health is required to assure transparency and public input, and the board recommends a budget to assure increased and specific accountability for fiscal matters. More importantly, boards of health act as a buffer between decisions made (e.g. tobacco regulation, environmental issues) and the Board of County Commissioners (NCGS130A-39.)
In North Carolina, the composition of the Board based on particular professions is mandated by statute to assure the effectiveness of boards of health. The Board of Health assures appropriate medical, nursing, pharmacy, dental, optometry, engineering, and veterinarian expertise is included in decision making. This expertise augments that of county commissioners. The board also includes a county commissioner, which is essential to keep the county commissioners close and well informed and to assure their input into policy. Commissioners also appoint the board of health members.

**INFRASTRUCTURE: Support for local public health’s infrastructure**

- **Local facilities to ensure access to public health services.** In many communities, local health departments are essential providers of primary care, maternal and child health services, and nutritional services for our working poor and for others without insurance. Facilities must be located within our communities to help ensure access to these and other public health direct services.

Counties currently have the authority to physically consolidate the local DSS and local health department by: 1) combining local DSS and LHD staff and programs in one building, and 2) utilizing the same registration area for clients of DSS and the local health department.

- **Health information technology to better target and improve the quality of prevention and patient care and to reduce healthcare costs.** Local health departments need powerful health information technologies to provide a true medical home for its patents, to avoid duplication of services, to enhance staff productivity, and to better target our public health priorities.

- **Trained and experienced public health professionals.** These experts know which interventions work and how to implement them in their community. They can respond quickly to a fast-moving, changing public health environment. Nurses, health educators and environmental health specialists are some of the experts within our public health workforce.

Statute Driven Core and Essential Services (NCGS 130A-1.1) require staffing that has varied skills which are often unique to public health. This requires a well-trained staff. More than half of the public health workforce has a bachelor/advanced professional degree. Public health staff must also exercise good judgment which comes from experience. Local public health staff members generally have more years of occupational experience upon hire than other local government staff.

With the economic recession, serious deficits, and crippling budget cuts, local public health has experienced serious layoffs in staffing. These issues are well-documented nationally and locally. From the NACCHO 2011 Survey of the nation’s 2,586 LHD\(^{15}\), 52 percent reported job losses - 29,000 jobs/19 percent of the workforce.

**PARTNERSHIPS: Strong and coordinated collaboration.**

- **Collaboration with community partners to ensure that public health programs are effective.** Our schools, churches, businesses, nonprofits, and medical professionals are all partners who have a fundamental interest and role in maintaining a healthy community. Local public health departments serve at the core of these collaborations, convening partners and coordinating efforts to maximize program impact.
• **Continued commitment from every level of government to support the mission of public health.** In a decentralized system like North Carolina’s, local health departments provide “boots-on-the-ground” public health services. Financial and technical support from our state and Federal public health agencies helps make this possible. Strong support and coordination must be prioritized if local health departments are to continue providing many of the clinical, preventive, and surveillance services that have established NC as a national model of public health.

To be successful, local public health must collaborate effectively with local, regional, and state partners. Hospitals, health care providers, social services agencies, schools systems, employers, and others are all potential partners which have an interest in and impact on the community’s health through such things as access to care, reducing morbidity/mortality rates, community needs assessments, and emergency preparedness. Further, given its unique situation and focus in the community, local health departments have always been a convener; frequently the only one who can get partners together. Public Health Departments are the neutral player in promoting better health.

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