NCIOM *Future of Local Public Health in North Carolina*

Task Force Meeting Summary

Thursday, September 9, 2021 - 2:00 – 5:00 PM

Attendees:

- NCIOM staff: James Coleman, Kathy Colville, Emily Hooks, Brieanne Lyda-McDonald, Alison Miller, Michelle Ries
- *Co-chairs*: Leah McCall Devlin, John Lumpkin, Lisa Macon Harrison, Vicki Lee Parker-High
- *Steering Committee:* Brian Castrucci, Yazmin Garcia Rico, Katye Griffin, Tom Linden, Beth Lovette, Stacie Saunders
- *Task Force Members*: Stephanie Baker, Amy Belflower Thomas, Ronny Bell, Margaret Brake, Will Broughton, Shelley Carraway, Helen Chickering, Joe Coletti, Chris Collins, Sandy Cothern, Bonnie Coyle, Sheila Davies, Shannon Dowler, Honey Estrada, Nora Ferrell, Andrea Freeman, Jennifer Green, Kimberly Hardy, Sarita Hiers, Amanda Isac, Rod Jenkins, Don Jonas, Ulva Little-Bennet, Gabriela Livas Stein, Bronwyn Lucas, Jill Moore, Eric Nietcho, Tony Price, Dorothy Rawleigh, Quinny Sanchez Lopez, Susanne Schmal, Stephania Sidberry, Steve Simandle, Robert Spencer, Ashley Stoop, Amy Underhill, John Wiesman
- *Guests*: Jeff Bachar, April Bragg, Emily Carrier, Tim Gallagher, Karl Johnson, Amber Pierce, Jeneen Preciose, Omari Richins, Velma Taormina

Co-Chari Welcome
Leah McCall Devlin – Professor, Gillings School of Global Public Health, UNC-Chapel Hill

Dr. Devlin provided a reminder of the topics covered at the previous meeting and presented the agenda and goals for the meeting:

1. Snapshots of Local Public Health Programs
   Goal: Understand different programmatic responsibilities of local public health.
2. Overview of Local Public Health Funding in North Carolina
   Goal: Understand how local public health is currently funded.
3. Innovative Models for the Future of Local Public Health
   Goal: Review innovative models for accomplishing the goals of local public health.
4. Small Group Discussion
   Goal: Discuss assets and needs to bridge from current state to a future vision of local public health.

Snapshots of Local Public Health Programs
Kimberly Hardy, Director of Nursing, Pitt County Health Department

Dr. Hardy provided an overview of the variety of clinical services provided through many local health departments. Key points include:

- Clinical services offered in health departments include clinical preventive services; immunizations – adult and childhood; screenings – STI, diabetes, blood, cancer; communicable disease testing and treatment; family planning; maternal health; well child exams through child

health clinics; other preventive services – pre-employment, sports physicals, DOT; Prenatal/OB care; and some communities have school-based clinics, primary care services, dental health, mental health, and/or home health care.

- The local health department is a safety net provider – providing services for predominately low-income, underserved individuals who would often not otherwise have access to these services.
- Essential public health service #7 - assure an effective system that enables equitable access to the services and care needed to be healthy.
- Challenges and dilemmas related to clinical services:
    - Pandemic/surge events
    - Triangle of health care – when we increase quality, we increase cost and may reduce access to care
    - Patient level: No show rates, myths/beliefs about health and the services provided, and lack of knowledge

Hardy presentation here.

Ashley Stoop, Director of Policy, Planning, & Preparedness and HIPAA Privacy & Security Officer, Albemarle Regional Health Services

Ms. Stoop provided an overview of the behavioral health services provided at Albemarle Regional Health Services (ARHS). Key points include:

- ARHS provides an adult outpatient behavioral health program where they work closely with providers in the community as well as nurse practitioners at the health department.
- They use an integrated care model and the team often helps connect people to primary care. Social workers also help connect patients or household members to food, housing, and employment, as needed
- Telepsychiatry services are also offered
- Successes include the wrap-around services, caring staff, and established relationships with health department staff resulting in trust and continuity of care.
- Challenges include a shortage of psychiatric care, increasing demand in services due to pandemic, and recruiting MSW graduates to serve in rural regions
- The ARHS program started through grant funding, sliding fee scale, and they also bill health insurance.

Stoop presentation here.

Sandy Cothern, Nutrition and WIC Director, Columbus County Health Department

Ms. Cothern provided an overview of the nutrition and WIC services provided through many local health departments. Key points include:

- WIC services are federally funded through the USDA.

- WIC programs vary greatly from state to state.
- WIC clinical services are provided by contracted public health agencies.
- In the last several years, there has been a transition to e-WIC cards that look like credit cards to grocery stores, and most participate.
- In NC, every WIC dollar spent saves $2.48 in medical costs that would otherwise be covered by Medicaid or health insurance.
- WIC is really about nutrition education – try to help parents be better budget extenders and use money wisely.
- WIC offers referrals to other programs

Cothern presentation here.

Bonnie Coyle, Health Director, Cabarrus Health Alliance

Dr. Coyle provided an overview of the school health services provided through Cabarrus Health Alliance. Key points include:

- Individual school nursing services include nurses in every single school, distinct advantage, strong impact on student health and care coordination, health education, screenings, immunizations, physical compliance.
- Population health efforts are sponsored by grants and include their Whole Community, Whole Child initiative. Trying to improve the health of all students within a school with systems-level thinking.
- The school nurse is often the first line, and sometimes only line of medical care – access to care for students who might not have a primary care provider. They are able to work with students diagnosed with chronic health conditions and form strong partnerships with providers and try to address social drivers of health.
- School health program is dependent on community partnerships.
- Program funding - Cabarrus County budget – over $4 million to fund school nurse program.
- Challenges include COVID, funding, and recruitment of staff to match diverse community.

Coyle presentation here.

Ulva Little-Bennet, Health Educator, Hoke County Health Department

Ms. Little-Bennet provided an overview of the health education services provided through health departments. Key points include:

- Hoke County has only two health educators.
- They provide health education services to prevent disease and promote health and wellness in the community and work in a variety of settings.

- Funding limits this work. In larger health dept have specific health educators for specific services. In Hoke County, we work across all disciplines.
- Evidence-based programs proven to be successful include Eat Smart, Move More and Teen Pregnancy programs.
- They work with a variety of partners – churches, local government, non-profits.
- Funding comes from a variety of sources – state, contract addendums, county government, and some provided through grants.
- COVID led to thinking outside of the box to reach community through Zoom, radio talk shows, social media to reach more people.

Honey Yang Estrada, Public Health Strategist, Catawba County Public Health

Ms. Yang Estrada provided an overview of community outreach in local public health. Key points include:

- At Catawba County Health Coalition, the majority are funded through the county, one position is funded through The Duke Endowment.
- Collaborative effort for Community Health Assessment – past cycle in 2019, had 40 partners.
- Workgroups are created and the work with local leaders and subject matter experts. They lean heavily on partners to push this work forward.
- Responded to an RFP for community members negatively impacted by COVID to hire more Community Health Workers, who were hired to reflect population of community.
- One success has been virtual meetings leading to greater involvement in coalition meetings.
- A challenge has been engaging Black and Brown communities. The majority of respondents in the Community Health Assessments were middle aged white females.

Steve Simandle, Environmental Health Director, Surry County Health Department

Dr. Simandle provided an overview of the environmental health services provided through all health departments. Key points include:

- There is a wide variety of services that Environmental Health does to ensure health in the community, including food and lodging inspections, on-site water protection, wells, public swimming pools/spas, tattoos, day care centers, and lead investigations.
- There are a wide variety of regulated tasks from soil site evaluation and permitting, well construction permitting, food services facilities inspections/permitting, hospital inspection, adult care facilities inspections, and much more show on slide.
- Many sister agencies, including Department of Environmental Resources.
- Challenges include funding with fees subject to state or board of health restrictions. 80% of Surry County budget is county funded.
- Have faced threats of privatization and have fewer qualified applicants.

Simandle presentation here.

Bonnie Coyle, Health Director, Cabarrus Health Alliance

Dr. Coyle provided an overview of the communicable disease services provided through Cabarrus Health Alliance and other health departments. Key points include:

- Track around 80 communicable disease and utilize the North Carolina Electronic Data Surveillance System (NCEDSS). Reports feed in from hospital systems, state labs, private labs/offices.
- For TB control, they provide TB screening, treatment of latent and active TB cases, and care coordination.
- Immunizations for vaccine preventable diseases - follow guidelines, track rates of vaccinated two-year-olds to ensure vaccination rates are up.
- Perinatal Hep B services for women positive during pregnancy.
- HIV/STD services are provided.
- Rabies guidance to individuals, assure certified rabies vaccinators in county, collaborative agreement with animal control and follow up as needed.
- Travel clinic offers vaccines for travel to foreign countries.
- Majority of funding is from county, agreement addenda Division of Public Health funding, and some services are billable to Medicaid or private insurances.
- Challenges include getting ahead of the curve, non-compliance issues – sometimes have to involve legal, and how to focus on prevention and outreach to reduce STIs.

Dr. Coyle also provided an overview of vital records services provided through health departments. Key points include:

- Vital records work is funded by state and local county.
- Health departments are responsible for processing all birth and death certificates.
- Statistics on death/birth certificates is used to guide health education programming for health departments.
- Challenges are that death certificate data isn't mandated to be in an electronic system, and some funeral homes and doctor's offices are slow to move over to electronic version. There is also limited funding for staffing.
- Deputy Registrar has responsibility to process death certificates for all deaths that occur within county and have to be filed within five days from date of death.
- Deputy Registrar is responsible for processing all birth certificates, including hospital and home births and adding father to birth certificates.
- Use data from birth certificates for things like analyzing prevalence of low birth weight. This information can show who is at highest risk and drives programming.

Coyle presentation here.

Overview of Local Public Health Funding in North Carolina

Lisa Macon Harrison, Health Director, Granville Vance Public Health
Rodney Jenkins, Health Director, Durham County Department of Public Health
Jeneen Preciose, Business Director, North Carolina Department of Health and Human Services

Ms. Macon Harrison provided an overview of funding of local public health from a rural perspective. Key points include:

- Funding is teetering upon small amounts of funding like a game of Jenga.
- NC has great variation in the ability to fund public services at the local level, particularly in rural areas where property owners are fewer, and at lower rates.
- Mandated services can either be provided or assured through creative means or grants. For example, communicable disease was given $4,147 annually. In Granville Vance there are two communicable disease nurses who do screening, case interviews, contact tracing, communicating with community, etc. Pre-COVID cost was $378,563 and now $1.9 million during COVID. Local funding has to make up the difference in funding.
- Would like more flexibility in funding and to not have to make up the gaps as grant writers.
- Public health investment per capita is low – NC ranks #44 out of 50 states in per capita spending; $14.30 investment per person.
- Demands on the public health system are greater than ever.
- Grants fill in the budget gaps and the burden of reporting and accountability is large, while the funding is small.

Macon Harrison presentation here.

Mr. Jenkins provided an overview of funding of local public health from a metro area perspective. Key points include:

- Durham's health department has been treated very well by Durham County with a consistent level of funding from the county.
- 69% of operating budget came from county in FY 2021.
- Other budget funding comes from grants, Medicaid, and cost settlement.
- There have been sustained levels of funding.

Jenkins presentation here.

Ms. Preciose provided an overview of funding of local public health from the state perspective. Key points include:

- Agreement addenda – Women's and Children's Health Section is the largest proportion for FY 19-20, ALCS funding was the largest for FY 20-21 due to one-time funding.
- Over 3,400 individual agreement addendum that the state was responsible for in the last FY.
- A lot of the state funding comes down from federal grant funds.

- The state has to do proper monitoring of subrecipients to ensure the funds that were spent made a difference.
- The state has responsibility to the federal government to follow up and manage technical assistance and audit findings.
- There is an understanding that there is a large burden on local health departments, and also note that the state has significant reporting requirements.
- There is an Agreement Addendum Streamlining Project that is working to make it easier to monitor dollars going to 85 LHD and decrease burden.

Innovative Models for the Future of Local Public Health
Brian Castrucci, President & Chief Executive Officer, de Beaumont Foundation
John Wiesman, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Dr. Castrucci provided an overview of Public Health 3.0, the Foundational Public Health Services, and the 10 Essential Services of public health.

- These frameworks aren't necessarily focused on clinical services, so noted difference with a lot of services currently provided.
- Public Health 3.0 – This model is about partnerships, data, exploring innovative funding
- Public health infrastructure are basic functions that every local health department should be doing.
- 10 essential services centers on equitable access.
- Public health T (see slides for visual) – staff have specialized skills, but how do we do more of these strategic skills? (eg, change management, policy engagement, etc.).
- Future of LPH is partnerships may need to look to uncommon and uncomfortable partners, such as businesses, largest employers.
- Need to think about how we improve communications.
- Need to think about how we operationalize equity in local public health.

Castrucci presentation here.

Dr. Wiesman answered questions about his experience implementing the Foundational Public Health Services framework in Washington State.

- The process was long and iterative
- A sample of health departments determined what the cost would be to provide the foundational services. Not just funding, but what was the expertise/capacity to look at.
- Washington legislature provided $12 million initially but that was a drop in the bucket for $450 million gap.
- 3 pilot projects are progressing this work:
    - TB ECHO project – provide TA expertise to LHD, on-site contact tracing and other
        - Specific LHD sharing expertise statewide

- Regional project – providing support
- Website provider support – resources needed for public health

Breakout Discussion
Facilitators: Kathy Colville, Brieanne Lyda-McDonald, Alison Miller, Michelle Ries

Questions for discussion:

- What are your initial reactions to the future vision/innovations presented? What rings true to what you want to see for NC?
- How is NC currently working toward bridging gaps between current and future functions of local public health?
- Putting aside discussions of feasibility, from your perspective, what more is needed to bridge the gap to the future vision (e.g., skills, workforce, funding, systems, partnerships)?

Key points from small group discussion included:

- We need to clarify public health's role in providing clinical services moving into the future.
- Community partnerships will be key to taking on some of the work that may need to shift from public health (e.g., clinical services, addressing social needs).
- We need to determine the best way to communicate the role of local public health to the community.
- The pandemic has led some in the community to see public health as an enemy.
- The state Division of Public Health does not have additional funding to spread around, that would need to come from the General Assembly's budgeting decisions.
- Once the vision of future roles and responsibilities is determined, need to figure out the cost to fulfill those roles, as WA state has done.
- New health equity agreement addendum is an exciting opportunity.

Wrap-Up and Next Steps

Brieanne Lyda-McDonald, Project Director, NCIOM
Vicki Lee Parker-High, Executive Director, North Carolina Business Council

Ms. Lyda-McDonald gave a reminder of the next meeting and what will be discussed.

- Thursday, October 14, 9:00-12:00
    - Deeper discussion of health equity, future role of local public health, and future needs

Ms. Parker-High thanked everyone for attending and summarized the meeting. Emphasized the wide range of services provided by local public health to protect community health.