NC Department of Health and Human Services

NCIOM: Future of Local Public Health Task Force

Brief Overview of Current Data Flow: DPH/LHD Perspective

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Data Sources (actual and potential) between DPH and LHDs

- Key Assumption – we should consider all instances where documentation, information, etc., is provided to NC DHHS/DPH as data and assure bidirectional reporting between federal/state/local partners.

- Primary DHHS connections
  - State tech systems that LHDs are required or recommended to use for documentation and/or reporting
  - Agreement Addenda (AKA contracts between NC DHHS/DPH and each LHD)

- NC DHHS – data modernization planning, along with CDC and other state/federal partners. To be addressed in work groups.

- Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) depend on large data analysis. To be addressed in work groups.

LHD required or recommended to use certain state systems for documentation (may not be all-inclusive)

- LHD-Health Services Analysis (for automated reporting of clinical service data fields)

- Environmental Health Inspection Data Systems (EHIDS)

- Aid-to-Counties System

- NC Health Alert Network (HAN)

- Electronic Birth Registration System (EBRS)

- NC Database Application for Vital Events (NC DAVE)

- Environmental Health Inspection Data System (EHIDS): for Food and Lodging inspection and billing data

- Clear Impact Scorecard**

- Controlled Substance Registry System

- NC Health Information Exchange (NC HealthConnex)

- NC Electronic Disease Surveillance System (NCEDSS)
  - *NC COVID – a COVID instance of NCEDSS*

- *COVID-19 Community Team Outreach (CCTO) for contact tracing*

- Crossroads (WIC operations, client and vendor management)

- Smart Sheet**

- NC Immunization Registry (NCIR)*

- *COVID-19 Vaccine Management System*

- NCCare360 for resource/referrals*

- NC Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT)

*Interoperability between CVMS and NCIR as of 11/08/2021. May also be opportunity for interoperability between LHD electronic health record systems. LHDs procure electronic health records independently.
**Platforms that offer opportunity for streamlined and collaborative reporting between LHDs and between LHDs and DHHS

BREAKDOWN OF 66 AGREEMENTS (AAs) BETWEEN NC DHHS/DPH AND LHDS FOR FY22

Current Agreements reaching all counties	Agreements that reach a majority	Remaining Agreements
- 10 AAs, including General Aid-to-Counties, ELC School Health Liaison, HIV/STD Services, Communicable Disease Control, Emergency Preparedness, Immunizations, Positive Parenting Program, TB Control, Healthy Communities, STD Prevention	- AAs that reach a "majority" of counties (through 51 – 84 LHDs) = 12 AAs	- More than half the AAs (44) for FY22 were executed with fewer than 25 LHDs; of these, 24 AAs were executed with fewer than 5 LHDs.
$95mil **COVID-19** related + $25mil = $120mil	$21mil **COVID** +$42mil **WIC** + $21mil = $105mil	$25mil **COVID** + $33mil = $58mil
General Aid-to-County – unrestricted funding for LHDs totaling $11.3 million	**Family Planning** – $13.7mil for clinical services to ↓ unintended pregnancies	**Evidence-Based Strategies for Maternal and Child Health** – 5 LHDs receive $400,000+
- **Deliverables/report elements** inc. furthering the work of the 10 Essential Public Health Services	- **Deliverables** inc. clinical services, mandatory staff training - **Report elements** inc. clinical data, demographics, methods chosen, STD testing performed	- **Deliverables** inc. MOAs with Community Action Team members - **Report elements** inc. quantitative and qualitative details on strategies used to reduce infant mortality, improve birth outcomes
STD Prevention – each LHD receives $100 for this effort totaling $8,500	**Child Fatality Prevention Team** – 69 LHDs receive funds totaling $74,200	**Project REACH for Adolescents** – 2 LHDs divide $29,500
- **Deliverables** inc. policy offering condoms - **Report elements** inc. providing policy	- **Deliverables** inc. reviewing child deaths, quarterly meetings - **Report elements** inc. confidential report form within 45 days of child death review	- **Deliverables** inc. employing an FTE, satisfaction surveys - **Report elements** inc. details about program implementation

What next?

- Key Assumption – we should consider all instances where documentation, information, etc., is provided to NC DHHS/DPH as data and assure bidirectional reporting between federal/state/local partners.

- Consolidated Agreement and Agreement Addenda Quality Improvement Project with NC DHHS/DPH and NCALHD
  - Underway:
    - Evaluating common documentation platform for fiscal and program reporting
    - Evaluating funding allocation methodology for state/federal funds to discern and plan changes for future years
  - Coming soon:
    - Evaluating across our federal funding silos to identify opportunities to prioritize deliverables to maximize impacts to improve public health
    - Considering Healthy NC 2030 recommendations to pull these into AA deliverables to maximize impacts to improve public health
    - Identifying which AAs impact policy and/or population health, and which require clinical services
  - Across DHHS - identify potential for "braiding and blending" funding

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