NCALHD
North Carolina Association of Local Health Directors

NC Association of Local Health Director's 2011 Public Health Task Force Executive Summary

The 2011 Public Health Task Force was formed to develop a vision and recommendations to help create a blue print for the future of public health in North Carolina. The discussion at the initial meeting of the Task Force centered around the realization that local public health is in crisis. Gene Matthews characterized our situation as "living in the kill zone." This situation is not unique to NC and is driven by a number of factors.

Two factors make strategic planning imperative for local public health departments. First, is the NC legislative bills regarding the provision of public health services at the local level, and second is the Affordable Care Act. Both of these factors were recognized as challenges **and** opportunities for public health. Three other major factors discussed at the Task Force meeting: 1) the fiscal crisis at state and local levels, 2) distrust of government and the demands to limit the size of government, and 3) lack of understanding of what local public health does by the public, legislators and policy makers.

The Task Force, comprised of approximately 28 state and local public health experts, reaffirmed the 11 essential public health services as the priority functions for local public health. The group also agreed that reliance on the terminology of "essential public health services" was associated with a major disadvantage in presenting the public health case to the public--that the specifics are not identifiable--but that concrete examples can and should be used. The next steps for this effort will include the development of that list of concrete examples to improve public understanding of the essential role public health plays in NC's health system.

The Task Force also discussed the current legislative landscape and a number of bills still eligible for consideration. At this time, it may not be realistic for the task force, 85 local health directors, and DPH to come to consensus on governance issues as currently written. Instead, the focus of the Task Force will be on identifying key components that should be integrated into the future vision for public health in North Carolina, regardless of the business model that is implemented in a community. It should be noted that the trend towards regionalization and to some extent consolidation is understandable and happening in other states. But changing to these different forms of structure or governance will not necessarily result in improved public health. One of the potential liabilities of these forms of reorganization is the lack of advocacy for public health functions at the local level, as currently performed by local boards of health. The composition and creation of boards of health did not happen by accident. There was societal and community recognition of the need for the local public health presence dating to the beginning of the 20th century in most counties. In reorganizing public health, the state and local levels need to be careful not to lose these originally designed advantages and protections.

The Task Force's next steps are to engage a diverse group of stakeholders in this conversation to create recommendations that clearly define what local public health contributes to communities that no one else supplies and to outline what is needed in order for those contributions to occur.

NC Association of Local Health Director's
2011 Public Health Task Force
Recommendations and Questions to Shape the Future of
Public Health in North Carolina

I. INTRODUCTION

Task Force's Scope of Work & Desired Results:

The 2011 Public Health Task Force is comprised of approximately 28 state and local public health experts who agreed to assist the NC Association of Local Health Directors (NCALHD), and its partner, Division of Public Health (DPH), to develop a vision and recommendations to help create a blue print for the future of public health in North Carolina. Given the action in the NC General Assembly over the past session, and the passage of the Affordable Care Act, change is imminent. The Task Force's charge is to review the work done on these issues, engage a diverse group of stakeholders in the discussion, create consensus around the "priority functions/services" local health departments agree to implement to improve population health, and identify other areas for improving and integrating public health into the healthcare system.

The group's first meeting was Sept. 22-23, 2011 to begin discussions and develop a first draft of recommendations, ideas and key questions to engage other stakeholders across the state. The NCALHD desires to capitalize on this collective knowledge to help shape and influence changes coming to public health, as well as create stronger alignment and collaboration between state and local public health.

Framework:

The retreat created a forum to brainstorm, discuss and identify priority functions and services, as well as the "value add" of public health in the context of the new economic and political environment. The task force heard from two experts who helped set the context for the planning. They explained the new environment, provided examples of organizational models from other states, and gave an overview of the 2011 legislative issues that could impact NC's public health system. Below is a short synopsis of what was covered in these discussions:

Gene W. Matthews, JD, Director, Southeastern Regional Center
Public Health Law Network, North Carolina Institute for Public Health
UNC Gillings School of Global Public Health

Gene spoke to the evolving organizational changes faced by local public health agencies since the 2007 economic downturn began, the 2008 health reform "mandate," and the 2010 deficit reducing "mandate" – all events that have demanded changes in public health in order to sustain its role within the health system. To address these new realities, local public health agencies across the country are considering the following new models and partnerships:

1. Local Health and Human Services Agency Consolidations
2. Cross-Jurisdictional Local Health Department collaborations
3. FQHC/Community Health Center and Local Health Department Partnerships
4. Nonprofit Hospitals and Local Health Department collaborations

5. Quasi-independent Public Health Authorities

Jill D. Moore, JD, MPH
University of North Carolina School of Government
Below is the overview Jill presented that assessed the current legislative landscape and discussed a number of bills still eligible for consideration.

2011 Public Health Legislation
• Nothing was enacted during regular session
• Five bills introduced, three still eligible for consideration:
–S 433: Originally county consolidated human services only; later added public health regionalization incentives
–S 552: Public health regionalization incentives
–H 438: County consolidated human services (New Hanover county only)

Key issues in pending legislation:
–County-level human services consolidation vs. public health regionalization
–Governance by county commissioners vs. separate health boards
–Authority vs. traditional health department
–Public health role as regulator as well as human services provider

Laws that affect local health department services:
1. Mission and essential services of the NC public health system (GS 130A-1.1.)
2. Mandated services rules (10A NCAC Ch. 46)
3. Accreditation statute and benchmarks (GS 130A-34.1 & 10A NCAC Ch. 48)

Mandated Public Health Services

Provide (5 Core Public Health Services)	**Provide/contract/certify**
Food, lodging & institutional sanitation	Adult Health
Individual on-site water supply	Home Health
Sanitary sewage collection, treatment & disposal	Dental Public Health
Communicable disease control	Grade-A Milk Sanitation
Vital records registration	Maternal Health, Child Health, Family Planning
	Public Health Laboratory

II. Future Vision for Public Health in North Carolina

Guiding Questions:
- What are the significant dynamics and changes that will affect the future direction of state and local public health?
- Are there key opportunities or obstacles that should be considered in our planning?

The task force identified key components that should be integrated into the future vision for public health in North Carolina, recognizing some components are currently in place, but others are shifts in current thinking or should be further emphasized in public health messaging and communication strategies. For example, giving more recognition to the connection between "improved health" of a population and how that translates into "improved economic health" for the community/state, integrating public health into the larger health system, and recognizing its role in decreasing costs.

Key Components of the Vision:

- Public Health is the nucleus for health improvement in every community
- Prevent, Promote and Protect
- Public Health is ***integrated*** into a system for health
- More transparent, measureable, accountable
- Board of Health oversight
- Adequate, sustainable funding for public health services in each community
- Improved ***health status***, leads to ***improved wealth status***
- Services and/or systems should decrease ***costs*** or slow the rate of growth
- Increase understanding of public health, its value and funding to all stakeholders
- Integrate business principles into government/public health agencies
- Influencers
- Conveners

- ***Guiding Question:*** *What is your vision for NC's public health system?*
- *What is missing from this list?*
- *What does each of these components mean to you? What is included in each of these? How do we define, clarify what we mean by these bullets?*
- *How do we justify the importance and necessity of this components?*
-

III. Why is Public Health Essential?

Outside of statutory requirements to perform core public health functions, public health is essential because: (See Appendix B)

- No other group is focused on or has responsibility for the health of the entire community
- Public health leaders assess and identify needs/gaps, convene stakeholders to resolve issues
- There is no one else designated/qualified to deliver on public health mandates (i.e., environmental health, communicable disease control, assurance, and primary prevention and child health)
- Public health leaders are prevention experts
- Public health can drive initiatives because "it's the right thing to do." (Tobacco)
- Public health has demonstrated measureable impact (Smoking Cessation)
- Public health services and practices are standardized through accreditation, but flexible to meet unique needs of each community
- Increased demand for primary care and wrap around services allows public health to relieve pressure on primary care providers and deliver health improvement services in a cost efficient manner

Guiding Question: *How do you think these essential services would or could be provided if state and local public health was not accountable for them?*

IV. Governance & Structure of Public Health

The task force discussed the current legislative landscape and a number of bills still eligible for consideration. At this time, it may not be realistic for the task force, 85 local health directors, and DPH to come to consensus on governance issues as currently written. However, the best use of the NCALHD's resources may be to create consensus on those points, including those in the legislation, that are critical to local public health leaders' abilities to deliver the work needed in their communities. Thiscan be accomplished by focusing on the key issues identified in Section II of this report and developing clear messages on the importance of those components to a successful public health system.

Guiding Question: What legislative issues *do you think most impact your ability to do your work at the local level?*

Guiding Question: *What governance structure do you think is best for NC's public health system? Do you have any evidence that supports this position?*

V. Priority Function/Service Recommendations:

Guiding Questions:

- What functions should every local public health department be able to perform?
- Where should public health invest its resources for the greatest results/outcomes?
- If you could start from scratch, and use the knowledge you have now, how would you improve or re-design NC's public health system?

The task force gathered into four small groups to discuss how best to improve and/or redesign NC's public health system. Members were encouraged to "let go of what is" and think about the delivery system for public health services in the future, while ensuring these ideas were:

1. Relevant (programs and services)
2. Realistic (designed and delivered for our new reality)
3. Resources (are available/can be leveraged)
4. Results (produce quality results that improve population health)

After several hours of small group discussion and productive debate, the task force, representing more than 600 years of public health expertise, came full circle and recommended the *11 Essential Public Health Services* remain the "priority functions" for local public health leaders in the future.

11 Essential Public Health Services (G.S. 130A-43-1 requires to meet accreditation requirements)

1. Monitor Health of the Community
2. Link to/Provide Care
3. Assure a Competent Workforce
4. Diagnose and Investigate
5. Inform, educate and empower the Public
6. Mobilize Community Partnerships
7. Develop Policies and Plans
8. Evaluate
9. Enforce Laws
10. Research
11. Emergency Preparedness

While there was consensus around this recommendation, there were still a number of participants who were surprised that no new ideas or opportunities emerged, but believe it is an important gap to address. One idea presented is to add a work group that specifically takes on the charge to "identify what new and innovative directions the changing times will dictate or make available." To enhance creative thinking, the group would be a smaller sub group of the task force and have a more multidisciplinary composition. The recommendation to convene this group and coordinate efforts with state leaders is outlined under "next steps."

- ***Guiding Question:*** *What new ideas do you have to improve or re-design NC's public health system?*
- ***Guiding Question:*** *Where do you think public health should invest its resources to achieve the best results?*

VI. Conclusion

There were mixed reviews regarding the results produced from the two-day retreat. Some felt these questions had been asked and answered, but that public health needed to do a better job communicating results and advocating for more funding. Others were surprised no new ideas or opportunities emerged, but believe it is an important gap to address in this process. However, there was agreement that the issues and challenges facing public health in this new environment are highly complex and it is important to be pro-active. The meeting was a good first step in starting these important discussions, developing strategies, and identifying next steps, but the work is just beginning. The NCALHD is committed to leading these efforts, asking the right questions, engaging state and local leaders to shape the future of public health and ensure its integration into the changing health system.

VII. Next Steps

Task force members will use this summary, its recommendations and guiding questions as a framework for engaging other stakeholders and collecting their feedback that will result in a recommended "blue print" for shaping the vision for public health.

- Task force members meet with assigned stakeholders and collect and send feedback to NCALHD by Nov. 30. (See Communications Plan – Appendix C)
- Convene a sub group of the task force to identify what new and innovative directions the changing times will dictate or make available for public health by January 1, 2012.
- Review National campaign on "What is Pubic Health?" (Lynette will send links)
- Task Force's next meeting: December, 13 1:30-4:30 p.m. NC Hospital Association

<u>Important Topics/Opportunities</u>

Task force members also identified opportunities and other important topics for the NCALHD to explore and implement, when appropriate.

- Develop marketing plan and materials to communicate key messages about the vision, value and purpose of public health.
- Develop common messages and concrete examples for each of the *11 Essential Health Services.*
    - Explain why public health is essential to the health system and what public health is accountable to deliver.

    - Build case that public health is transparent, measurable and accountable
- DPH and NCALHD work to leverage grant dollars (i.e., Community Transformation Grant and how local health departments will be part of the RFA)
- Develop consensus and recommendations for any new language that should be added to current bill(s) that impact local public health's ability to do their work.
- Develop strategies to improve public health advocacy
- Create more standardization. Examples include:
    - Community Health Needs Assessments, processes, etc.
    - Orientation/training for new Health Directors,
    - Strategic work around child health and wellness
    - Measure the impact of local Health Departments
    - Messaging to communicate results
- What is the role of public health in providing Primary Care? Is it needed?
- Financing issues
- New Ideas – Local HD's infrastructure, opportunities to convert to FQHCs
- Who else should be invited into the discussion and when?

APPENDIX A

NC Association of Local Health Director's Public Health Task Force

Categories	Representatives
Eastern Counties Health Directors	Davin Madden
	Roxanne Holliman
Central Counties Health Directors	Marilyn Pearson
	Chris Szwagiel
Western Counties Health Directors	Jim Higgins
	Jim Bruckner
Consolidated Health Services Org	Sue Lynn Ledford
District Health Director	Jerry Parks
Authority	Phred Pilkington
NCALHD Officers	Gibbie Harris (western)
	Beth Lovette (western)
	John Morrow (eastern)
	Doug Urland (central)
	John Rouse (central)
NCAPHA Executive Director	Lynette Tolson
NC Alliance Rep	Anne Thomas
NCPHA Rep	Gayle Harris
Retired LHD	Wayne Raynor
Public Health Law Network	Gene Matthews
DPH Representative(s)	Jeff Engel
	Chris Hoke
	Danny Staley
SOG Rep	Jill Moore
UNC School of Public Health	Anna Schenk
ECU School of Public Health	Dr. Lloyd Novick
Institute of Public Health	Anna Schenk
NC Center for Public Health Quality	Greg Randolph
NCALBOH	Bob Blackburn

APPENDIX B

NCALHD
North Carolina Association of Local Health Directors

Mission and Essential Services (G.S. 130A-1.1 states purpose of public health system)

1. Preventing health risks and disease
2. Identifying and reducing health risks in the community
3. Detecting, investigating and preventing the spread of disease
4. Promoting healthy lifestyles
5. Promoting a safe and healthful environment
6. Promoting the availability and accessibility of quality health care services through the private sector
7. Providing quality health care services when not otherwise available

11 Essential Public Health Services (G.S. 130A-43-1 requires to meet accreditation requirements)

12. Monitor Health of the Community
13. Link to/Provide Care
14. Assure a Competent Workforce
15. Diagnose and Investigate
16. Inform, educate and empower the Public
17. Mobilize Community Partnerships
18. Develop Policies and Plans
19. Evaluate
20. Enforce Laws
21. Research
22. Emergency Preparedness

5 Core Public Health Services (10A N.C.A.C. 46.0201 mandates that LHDs provide)

1. Communicable disease control
2. Food, lodging and institutional sanitation
3. Individual on-site water supply
4. Sanitary sewage collection, treatment and disposal
5. Vital records registration

8 Mandated Public Health Services (10A N.C.A.C. 46.0201 requires that LHDs provide or assure)

1. Adult health
2. Home health
3. Dental health
4. *Grade A milk certification
5. Maternal health
6. Child health
7. Family planning
8. Public Health Laboratory Support

Communications Plan **(to engage other stakeholders)**	**APPENDIX C**		
Organization/Individual	**Name of Contact**	**Who will Contact?**	**By what date?**
Local Health Directors	Jeff Engel – share DPH talking points. Policy and planning committee Regional Mtgs.	Beth Lovette Regional HDs	By Nov. 30
Local Boards of Health	Bob Blackburn LHDs to their Boards		Oct. 7 state level conf. call & Nov. and Nov. meeting. By Nov. 30
NC Association of County Commissioners	Buck Wilson Healthy Living Community	Beth Lovette	
NC Hospital Association	NCHA & LHD Collaborative	Gibbie Harris and Jeff Engel	Next meeting
Academy of Family Physicians	Greg Griggs	John Morrow	
NC Institute of Medicine	Pam Silberman	Jeff Engel	
NC Medical Society/Local Societies	Jeff Engel Local Health Directors	NCMS Local Societies	
SOPHE	????		
PEDS Society	Jeff Engel		
NC Community Health Center Association	LHD & CHC Collaborative	Lynette Tolson & Gibbie Harris	
Old North State Medical Society			
NC Association of Free Clinics			
County Department of Social Services	DSS Officers	Gibbie and Lynette	

Behavioral Health/Substance Abuse			
Dental Society/provider			
Community Care of NC	Tork Wade and Allen Dobson	Gibbie and Jeff	Oct. 5 Meeting
Area Health Education Center			
Healthy Carolinians	Local level groups		
County/local government	LHDs		
Faith based/Cultural/civic organizations			
Advocacy Groups	NC Prevention Partners Citizens for Public Health NCFAHP		
Chamber of Commerce/ Business Association			
NC Public Health Nurses Admin.		John Morrow	
NC Office of Rural Health & Community Care			
Schools/Superintendents Assoc. NCAD			
Economic Development - Regional	TBD		
Care Share Health Alliance	John Morrow & Kellan Chapin	Board Meeting	Nov. 15
Patient Representative			
Community Foundations			

Private Foundation(s)			
Elected Officials	Senator Hartsell	Phred Pilkington, Gibbie Harris, Lynette Tolson	TBD
Others (?)			