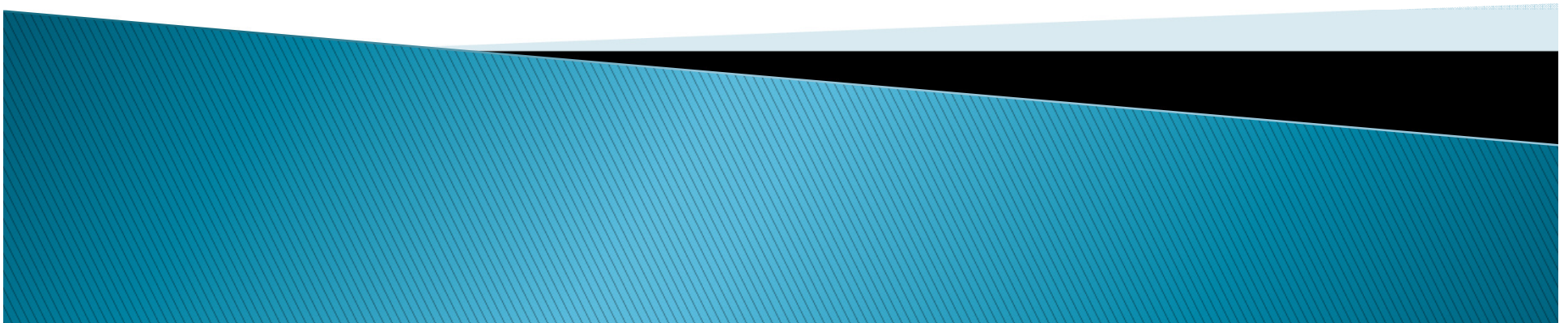


The Future of Public Health

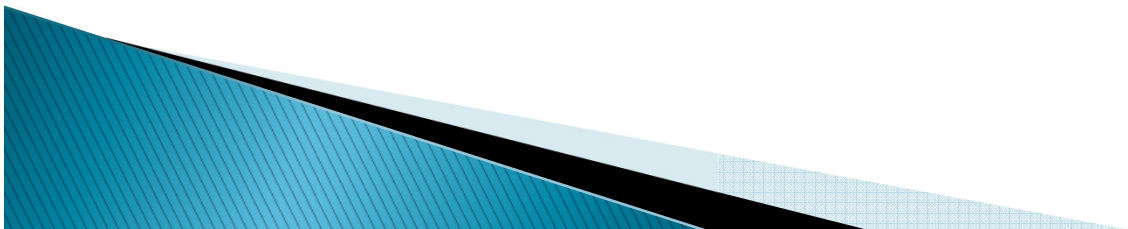
Gibbie Harris

Buncombe County Department of Health
President, NC Association of Local Health Directors



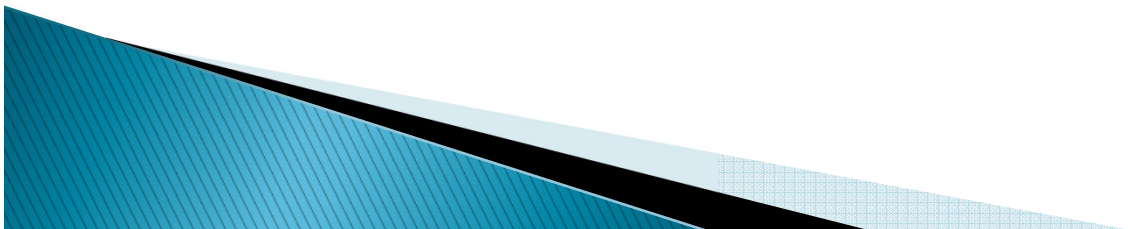
Legislation

- ▶ Focus on governance
- ▶ Current bills
 - [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)



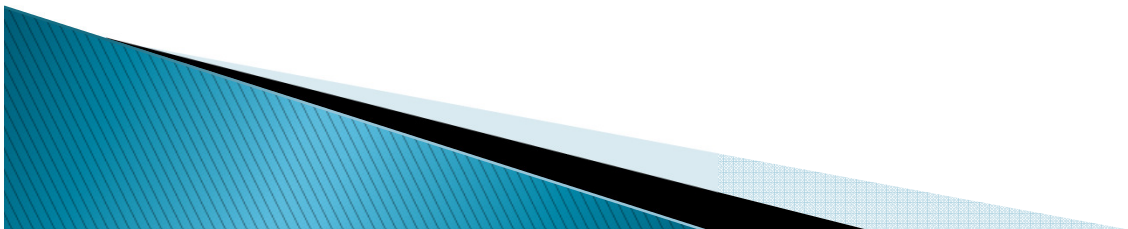
Key issues in pending legislation

- ▶ 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



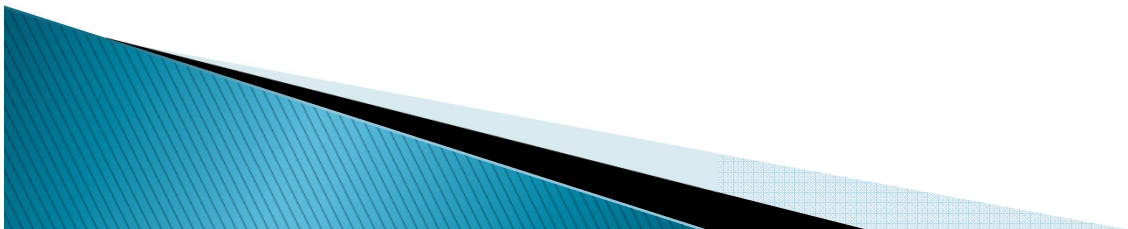
2011 Public Health Task Force

- ▶ Develop a vision and recommendations to help create a blue print for the future of public health in North Carolina
- ▶ Realization that local public health is in crisis, characterized our situation as “living in the kill zone”
- ▶ Situation is not unique to NC



Factors Driving Strategic Planning

- ▶ NC legislative bills regarding the provision of public health services at the local level
- ▶ Affordable Care Act
- ▶ Fiscal crisis at state and local levels
- ▶ Distrust of government and the demands to limit the size of government
- ▶ Lack of understanding of what local public health does by the public, legislators and policy makers

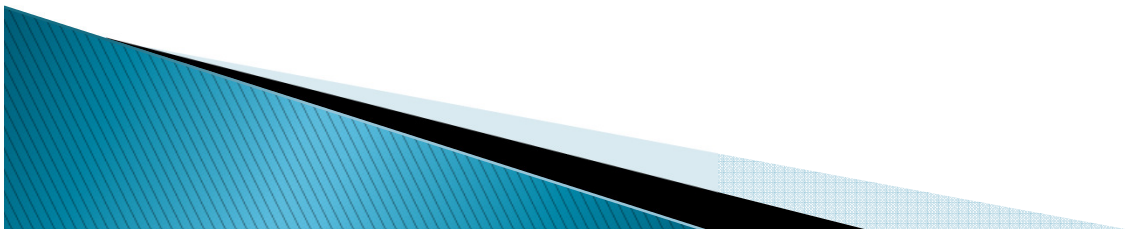


Focus of the Task Force

- ▶ 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
- ▶ The trend towards regionalization and to some extent consolidation is understandable and happening in other states
- ▶ Changing to these different forms of structure or governance will not necessarily result in improved public health

Key Components

- ▶ 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



Key Components

- ▶ 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



Next Steps

- ▶ Engage partners across the Public Health system in conversation about key components
- ▶ Clearly define those key components in clear, concise messages
- ▶ Justify key components as necessary, clearly and concisely
- ▶ Share this information with partners and enlist their support for local public health
- ▶ Advocate with elected officials

