

**NORTH CAROLINA LOCAL PUBLIC HEALTH AGENCIES:  
SOME QUESTIONS & ANSWERS**

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**1. What is North Carolina’s public health system supposed to do?**

The purpose and mission of North Carolina’s public health system is set out in state law. According to G.S. 130A-1.1, the system’s purpose is to ensure that all North Carolinians have equal access to public health services, and its mission is “to promote and contribute to the highest level of health possible” by:

- identifying and preventing or reducing health risks
- detecting, investigating and preventing the spread of disease
- promoting healthy lifestyles and a safe and healthful environment
- promoting the availability and accessibility of quality health care services in the private sector, and
- providing health care services when they are not otherwise available.

Although the mission and purpose of the system has been established by the North Carolina legislature and extended to all state residents, most public health activities and services are carried out locally, through local public health agencies (LPHAs).

**2. Who is responsible for ensuring residents have access to local public health services in North Carolina?**

State law makes county governments responsible for ensuring local public health services. A county may satisfy this duty by operating a county health department, participating in a multi-county district health department, establishing a consolidated human services agency and assigning public health to it, or forming or joining a public health authority.<sup>2</sup> The generic term “local health department” is used to refer to all of these agencies, or they may be called local public health agencies (LPHAs). A county is also permitted by law to contract with the state to provide public health services in the county; however, no county has done so in several decades.

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<sup>1</sup> This is a revision of a course handout that was originally used and dated September 2015.

<sup>2</sup> G.S. 130A-34; see also G.S. 130A-45 (public health authorities); 153A-77 (consolidated human services agencies). In Cabarrus county, an uncodified provision of a 1997 session law permits a hospital authority to provide public health services. S.L. 1997-502, sec. 12.

### 3. How common are the different types of local public health agencies in North Carolina?

The mix of types of LPHAs in North Carolina has changed dramatically since 2012, as the result of legislation that authorized all county boards of commissioners in North Carolina to do any of the following:

- Abolish the local board of health and assume its powers and duties (option 1);
- Form a consolidated human services agency (CHSA) including public health, and appoint a consolidated human services board to govern the CHSA (option 2); or
- Form a CHSA including public health and assume the powers and duties of a consolidated human services board (option 3).<sup>3</sup>

Table 1 shows the number of each type of LPHA that existed on July 1, 2012, and the number and type of each that is expected to exist on July 1, 2019.<sup>4</sup> During this time period, the biggest changes resulted from boards of county commissioners exercising their options under G.S. 153A-77:

- The number of county health departments decreased from 75 to 48, while the number of CHSAs including public health increased from 2 to 25.
- The number of appointed boards governing LPHAs also decreased, as boards of county commissioners now exercise those powers and duties in 16 counties.

While the table shows that the total *number* of counties in district health departments remained the same from 2012 to 2019, the *composition* of the districts changed. Hertford county abolished its public health authority and joined a district health department (Albemarle Regional Health Services), while Polk county announced its intention to withdraw from the Rutherford-Polk-McDowell district health department and provide public health through a CHSA beginning July 1 2019.

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<sup>3</sup> S.L. 2012-126 (H 438), codified at G.S. 153A-77. The law does not include the descriptive terms option 1, option 2, and option 3, but these terms are widely used in practice. Before the law was adopted, two counties (Mecklenburg and Wake) had consolidated models under a version of G.S. 153A-77 that provided the options only to counties that met a population threshold of 425,000. The 2012 legislation removed the population requirement.

<sup>4</sup> It is difficult to project the status of all counties with certainty, as counties are permitted to exercise their options under G.S. 153A-77 at any time during the fiscal year. In contrast, counties may make changes to district health departments or public health authorities only at the start of a new fiscal year. This table reflects a decision that has been made by one county (Polk) to withdraw from a district at the end of the 2018-19 fiscal year and add public health to a CHSA.

TABLE 1. LOCAL PUBLIC HEALTH AGENCIES IN NORTH CAROLINA

Type of local public health agency	Number in North Carolina	
	July 1 2012	July 1 2019
County health department governed by appointed board of health	75	48
County health department governed by board of county commissioners	0	5
Consolidated human services agency governed by appointed CHS board	1	14
Consolidated human services agency governed by board of county commissioners	1	11
District health department governed by appointed board of health	6 departments serving 21 counties	6 departments serving 21 counties
Public health authority governed by appointed public health authority board	1	0
Public hospital authority providing local public health services (Cabarrus only)	1	1

#### 4. What is the governing board for a local public health agency?

Each LPHA in North Carolina has a board that is responsible for public health within its jurisdiction. What the board is called varies by agency: a county health department has a county board of health, a district health department has a district board of health, a public health authority has a public health authority board, and a consolidated human services agency has a consolidated human services board. The generic term "local board of health" embraces all of these types of boards when they are carrying out public health duties.<sup>5</sup> The membership of the board varies depending on which type it is, as shown in Table 2.

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<sup>5</sup> This is consistent with statutory definitions and usage. G.S. 130A-2(4) defines "local board of health" to mean "a district board of health or a public health authority board or a county board of health." G.S. 153A-77(d) gives consolidated human services boards the powers and duties of local boards of health, except when the statutes specifically provide otherwise.

**TABLE 2. COMPARISON OF BOARD MEMBERSHIP REQUIREMENTS BY TYPE OF BOARD**

	County Board of Health	District Board of Health	Single-County Public Health Authority Board	Multi-County Public Health Authority Board	Consolidated Human Services Board
Number of members	11	15 to 18	7 to 9	7 to 11	Up to 25
Members of the public or consumers	3	✓	✓	✓	4 or more <sup>c</sup>
County commissioner	✓	✓ <sup>a</sup>	✓	✓ <sup>b</sup>	✓
Physician	✓	✓	✓	✓	✓ <sup>d</sup>
Psychiatrist					✓
Psychologist					✓
Social worker					✓
Hospital administrator			✓	✓	
Dentist	✓	✓	✓	✓	✓
Optometrist	✓	✓	✓	✓	✓
Veterinarian	✓	✓	✓	✓	✓
Registered nurse	✓	✓	✓	✓	✓
Pharmacist	✓	✓	✓	✓	✓
Engineer	✓	✓	✓	✓	✓
Accountant			✓	✓	

**Shaded area:** Two professionals representing the following fields must serve on the board: optometry, veterinary science, nursing, pharmacy, engineering, or accounting. In other words, not *all* of these professions will necessarily be represented.

- a. One commissioner from each county involved.
- b. One commissioner from each county involved. The commissioners may designate someone other than a commissioner to serve in this position.
- c. At least 4 members must be consumers of human services.
- d. Two licensed physicians must serve on the board, one of whom must be a psychiatrist.

A board of health typically is an independent board appointed by county commissioners. However, if the LPHA is a county department—either a county health department or a consolidated human services agency—the commissioners may elect to act as the board of health themselves, by adopting a resolution abolishing the county board and conferring its powers and duties upon the board of commissioners. Before taking this action, the

commissioners must give 30 days' notice of a public hearing.<sup>6</sup> A board of county commissioners may not use this authority to assume the powers and duties of a public health authority or a district health department.<sup>7</sup>

A board of county commissioners that assumes board of health powers and duties may have some members who have the professional qualifications that are required for appointed boards of health, but it will not have all the professions represented. For this reason, a board of county commissioners that assumes the powers and duties of a board of health must appoint an advisory committee on health that includes the same membership as a county board of health.

The powers and duties of a local LPHA governing board vary somewhat, depending on the type of governing board. Table 3 briefly summarizes and compares board of health powers and duties.

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<sup>6</sup> G.S. 153A-77(a).

<sup>7</sup> G.S. 153A-76. A board of commissioners retains the authority to dissolve a public health authority and reestablish a county department to provide public health services, and then the commissioners could assume the powers and duties of the board. G.S. 130A-45.2. Similarly, the board of commissioners may withdraw from a district health department, create a county department to provide public health services, and then assume the board powers and duties. G.S. 130A-38. Either of these actions requires several steps. First, the board of commissioners must dissolve the authority or withdraw from the district, following specific steps prescribed in the applicable state statutes. This is an event that may occur only at the end of a fiscal year. Then, the commissioners would need to decide whether to establish a county health department or a consolidated human services agency. Finally, before assuming the powers and duties of the health or consolidated human services board, the board of commissioners would be required to give 30 days' notice of a public hearing, hold the public hearing, and then adopt a resolution assuming the powers and duties of the health or consolidated human services board. G.S. 153A-77(a).

**Table 3. Comparison of Powers and Duties by Type of Board**

	<b>County Board of Health</b>	<b>District Board of Health</b>	<b>Public Health Authority Board</b>	<b>Consolidated Human Services Board</b>
Adopt local public health rules	Yes	Yes	Yes	Yes
Make policy for the local agency	Yes	Yes	Yes	Yes
Adjudicate appeals related to local rules or fines imposed by the local health director	Yes	Yes	Yes	Yes
Appoint local health director after consultation with board (or boards) of county commissioners	Yes	Yes	Yes	No, county manager appoints human services director with consent of the board
Impose fees for services	Yes, subject to approval of BOCC <sup>a</sup>	Yes, subject to approval of all BOCCs <sup>a</sup>	Yes	Yes, subject to approval of BOCC <sup>a</sup>
Prepare and recommend the agency budget	Expected <sup>b</sup>	Yes	Yes	Yes <sup>c</sup>
Approve local public health agency budget	Expected <sup>b</sup>	Yes	Yes	Expected <sup>b</sup>
Enter contracts <sup>d</sup>	No	No	Yes	No
Set salaries of employees and professional reimbursement policies	No	Yes, with approval of OSHR <sup>e</sup>	Yes	No
Employ legal counsel and staff	No	Yes	Yes	No
Construct or otherwise acquire property for use as public health facilities	No	No	Yes	No
Sell surplus buildings, land, and equipment	No	No	Yes	No
Establish and operate health care networks and contract for the provision of public health services	No	No	Yes	No

- a. Fees imposed by a county, district, or consolidated board must be based on a plan recommended by the health director and approved by the board of county commissioners (BOCC).
- b. The NC Local Health Department Accreditation rules direct a local health department to present periodic budget reports to the board for its review (10A NCAC 48B .1204(b)(6)), and further direct the board of health to review and approve the budget (10A NCAC 48B .1306(b)(3)). Each of these provisions is a separate accreditation activity. This is categorized as "expected" rather than required because it is possible for a health department to skip a small number of activities and still be accredited (10A NCAC 48B .0103). When public health is provided through a consolidated human services agency, the consolidated agency and board must satisfy health department accreditation activities.
- c. Consolidated human services agency boards plan and recommend the agency's budget (G.S. 153A-77(d)(7)) but are prohibited from transmitting or presenting the budget for local health programs (G.S. 130A-43(b)(2)).
- d. County, district, and consolidated boards do not have the authority to enter contracts. A separate statute authorizes local health directors to enter contracts on behalf of the local health department; however, the director's authority may not be construed to abrogate the authority of the county commissioners.
- e. The salaries of district health department employees are based on a plan that the district board of health adopts, but the plan must be approved by the Office of State Human Resources (OSHR).

## 5. What is the office and role of the local health director?

Each type of LPHA must have a director, who serves as the administrative head of the agency and exercises legal powers and duties prescribed by law. The term “local health director” includes the director of a county health department, a district health department, or a public health authority, as well as the director of a consolidated human services agency (CHSA) or the director’s designee.<sup>8</sup>

The director of a county health department, a district health department, or a public health authority must meet minimum education and experience requirements that are set out in state law. In general, the director must have education and experience in medicine, public health, or public administration related to health.<sup>9</sup> The director of a CHSA is not required by statute to meet particular education or experience requirements. However, if the director of a CHSA that provides public health services does not meet the statutory qualifications for a local health director, the CHSA director must appoint a person who does.<sup>10</sup>

The appointment of the local health director varies by LPHA type. For a county or district health department, the director is appointed by the board of health after consultation with all applicable boards of county commissioners. The same procedure is followed by a public health authority board when it appoints the public health authority director. The director of a CHSA is appointed by the county manager with the advice and consent of the consolidated human services board.<sup>11</sup>

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<sup>8</sup> The inclusion of a CHSA director requires some explanation. The term “local health director” is defined by statute to mean “the administrative head of a local health department appointed pursuant to this Chapter.” The same statute defines “local health department” as “a district health department or a public health authority or a county health department.” G.S. 130A-2. Although these definitions do not refer to CHSAs and their directors, a separate statute states that “a [consolidated] human services director shall have all the powers and duties of a local health director provided under G.S. 130A-41,” except that the human services director’s activities in managing the department are subject to the oversight of the county manager, and the human services director may appoint agency staff only with the county manager’s approval. G.S. 130A-43(c). See also G.S. 153A-77(e) (“Except as otherwise provided by law, the human services director or the director’s designee shall have the same powers and duties as a social services director, a local health director, or a director of an area mental health, developmental disabilities, and substance abuse services authority.”)

<sup>9</sup> G.S. 130A-40 (county and district health departments); 130A-45.4 (public health authorities).

<sup>10</sup> G.S. 153A-77(e)(9).

<sup>11</sup> G.S. 130A-40 (county and district health departments); 130A-45.4 (public health authorities); 153A-77(e) (CHSAs).

All local health directors have powers and duties that come from multiple sources of law.<sup>12</sup> A local health director's powers and duties fall into five general categories:

- *Administration*: The local health director administers programs under the direction of the board of health.<sup>13</sup>
- *Enforcement and public health remedies*: The local health director is responsible for enforcing public health laws within the director's jurisdiction and may employ a number of legal remedies when public health laws are violated.<sup>14</sup>
- *Communicable disease control*: The local health director must investigate cases and outbreaks of communicable diseases and ensure that communicable disease control measures are given.<sup>15</sup> The director may order isolation or quarantine for the legal conditions for exercising those authorities are met.<sup>16</sup> The director also has the duty to enforce North Carolina's childhood immunization laws,<sup>17</sup> and has some responsibilities related to rabies control.<sup>18</sup>
- *Other disease control*: The local health director must investigate the causes of other diseases in the jurisdiction.<sup>19</sup>
- *Educating and advising*: The local health director must disseminate public health information, promote the benefits of good health, and advise local officials about public health matters.<sup>20</sup>

This list is not exhaustive. Local health directors also have other responsibilities that derive from carrying out the activities described above, or that exist elsewhere in law.

## **6. What types of services do local public health agencies provide?**

In general, public health services are designed to address health risks or hazards affecting the community as a whole. However, health care services to individuals may also be considered a public health service, especially when those services address conditions that are of particular

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<sup>12</sup> The main statute setting forth the powers and duties of local health directors is G.S. 130A-41. See also G.S. 153A-77 (consolidated human services directors); 130A-45.5(c) (public health authority directors). Other powers and duties appear elsewhere in Chapter 130A or other laws.

<sup>13</sup> G.S. 130A-41(b)(1) (county and district health directors); 130A-45.5(c)(1) (public health authority directors).

<sup>14</sup> See G.S. 130A-18 through 130A-25.

<sup>15</sup> G.S. 130A-144.

<sup>16</sup> G.S. 130A-145.

<sup>17</sup> G.S. 130A-41(b)(7).

<sup>18</sup> G.S. 130A-41(b)(10).

<sup>19</sup> G.S. 130A-41(b)(3).

<sup>20</sup> G.S. 130A-41(b)(5) & (6).



concern to the health of the population, or would otherwise be unavailable to some or all members of the community.

North Carolina law addresses LPHA services in several ways. While there is no single law describing the minimum services that a local agency must provide, three state laws affect the scope and range of local service provision: the essential services statute, the local health department accreditation laws (statute and rules), and the mandated services rules.

*Essential services statute.* G.S. 130A-1.1 describes the public health services that the General Assembly has determined should be available to everyone in the state. This law incorporates the activities that are known as the ten essential public health services,<sup>21</sup> and directs LPHAs to ensure the services are available and accessible to the population served by the agency. The ten essential public health services fall into three categories: assessment of community health status and health problems; policy development to educate the community about health, solve community health problems, support individual and community health, and protect health and ensure safety; and assurance of quality public health and public and private health care services within the community. Table 4 identifies the essential services that fall in each category.

TABLE 4. ESSENTIAL PUBLIC HEALTH SERVICES

Category	Services
<b>Assessment</b>	Monitoring health status to identify community health problems
	Diagnosing and investigating health hazards in the community
<b>Policy development</b>	Informing, educating, and empowering people about health issues
	Mobilizing community partnerships to identify and solve health problems
	Developing policies and plans that support individual and community health efforts
<b>Assurance of services</b>	Enforcing laws and regulations that protect health and ensure safety
	Linking people to needed personal health care services and ensuring the provision of health care when otherwise unavailable
	Ensuring a competent public health workforce and personal health care workforce
	Evaluating effectiveness, accessibility, and quality of personal and population-based health services
	Conducting research

<sup>21</sup> For more information about the ten essential public health services, see <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.

*Accreditation laws.* G.S. 130A-34.1 requires each LPHA in the state to obtain and maintain accreditation through the North Carolina Local Health Department Accreditation Board.<sup>22</sup> To be accredited, a LPHA must satisfy standards that address the agency's capacity to provide the ten essential public health services, as well as several additional duties imposed by state law. The standards are divided into three categories: agency core functions and essential services, facilities and administrative services, and local boards of health. The Accreditation Board assesses a local health department's performance of 147 specific activities. A health department must satisfy about 90 percent of the activities in order to obtain or maintain accreditation.<sup>23</sup>

*Mandated services rules.* G.S. 130A-9 authorizes the North Carolina Commission for Public Health to establish standards for the nature and scope of local public health services. The commission has adopted rules, known as the mandated services rules, which specify some of the public health services that local public health agencies must guarantee.<sup>24</sup> The rules address twelve types of services that fall into one of two categories: (1) services that a LPHA must provide under the direction of the local health director and supervision of the local board of health; or (2) services that a county may provide through the local agency, contract with another entity to provide, or not provide at all if the LPHA can certify to the state's satisfaction that the services are available in the county from other providers. Each of the mandated services has its own rule that identifies more specifically which services must be provided or assured. Table 5 identifies the mandated services.

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<sup>22</sup> State law requires North Carolina agencies to be accredited through the North Carolina board. A different national entity, the Public Health Accreditation Board (PHAB), also accredits local public health agencies. Some agencies have chosen to seek accreditation through PHAB as well, but PHAB accreditation is voluntary and the statute does not appear to allow it to be substituted for accreditation by the North Carolina board.

<sup>23</sup> The standards are adopted as state rules and published in the North Carolina Administrative Code, in title 10A, chapter 48. The accreditation rules specify the exact number of activities that must be satisfied in each category for the department to be accredited. 10A N.C.A.C. 48B.0103(a).

<sup>24</sup> 10A N.C.A.C. 46.0201-.0216.

TABLE 5. N.C. MANDATED PUBLIC HEALTH SERVICES

Category	Services
<b>Services the LPHA must provide</b>	Sanitation of food and lodging establishments, institutions, and public swimming pools
	Sanitation of individual on-site water supply
	Sanitation of on-site wastewater collection, treatment, and disposal
	Communicable disease control, including services for tuberculosis and sexually transmitted infections, disease monitoring and outbreak investigations, and immunization provision and enforcement
	Vital records services within the LPHA's jurisdiction (some services are provided by other agencies)
<b>Services the LPHA may provide, contract for, or assure are otherwise available*</b>	Adult health
	Home health
	Dental public health
	Maternal health
	Child health
	Family planning
	Public health laboratory

\*These areas do not always include clinical services. For details, see the specific rule for each service.

The laws described above provide a starting point for understanding local public health services, but they do not paint the complete picture. Local public health agencies also must provide services or perform activities to comply with other laws. For example, in order to comply with the federal HIPAA medical privacy rule, local health departments must develop and maintain numerous forms, notices, and policies and procedures for keeping health information confidential and secure and for honoring individuals' rights regarding their health information.<sup>25</sup>

The North Carolina Department of Health and Human Services (DHHS) conducts a biennial survey of services that are provided by local public health agencies in North Carolina, which provides additional insight into the range of local public health services that are provided by the state's local agencies. The services that are typically included in the survey cover a wide range of activities, from epidemic investigations, to school nursing services, to childhood lead poisoning prevention, to chronic disease control, to name just a few.

## 7. How are local public health services financed?

Funds for local public health services come from various sources, and the exact mix of funding varies significantly from one local public health agency to the next. The sources of funds may be grouped into four general categories:

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<sup>25</sup> 45 C.F.R. Parts 160 and 164.

- *Federal and state funds.* The state receives federal funds through block grants that are paid to the state and then distributed by the state to LPHAs. The state also provides general aid-to-county funds.
- *Medicaid:* A major source of funding for many LPHAs is the state Medicaid program. As Medicaid transitions to a managed care model in North Carolina, the procedures by which LPHAs receive Medicaid funds will change. Local agencies will still receive funds for providing care to patients who receive Medicaid. However, they will no longer receive an annual payment known as the Medicaid cost settlement. Instead, it is expected that LPHAs will qualify for payments known as “additional utilization-based payments” (AUBPs). These payments will be calculated and paid quarterly to Medicaid prepaid health plans, which will then be directed by their contracts to forward the payments to the LPHAs.
- *County appropriations:* County appropriations are a source of revenue for every LPHA in the state, though the percentage of a health department’s budget that comes from county appropriations varies a great deal.<sup>26</sup>
- *Other:* Local health departments also receive revenues from a variety of other sources, including fees for environmental health services, fees for clinical services that have sliding fee scales, grants received directly by the local health department, or Medicare reimbursements for services such as home health or diabetes care.

All funds received or spent by a LPHA must be budgeted, disbursed, and accounted for in accordance with the Local Government Budget and Fiscal Control Act.<sup>27</sup> The budgeting, disbursing, and accounting for a county health department or consolidated human services agency is done by the county’s budget officer and finance officer. District health departments and public health authorities are responsible for performing these functions themselves.

## **8. Are local public health agencies required to have certain numbers or categories of employees?**

A state public health rule known as the minimum staffing rule specifies that each LPHA must employ a local health director, a public health nurse, an environmental health specialist, and a

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<sup>26</sup> A study conducted by the School of Government in 2013 examined funding for LPHAs and found wide variations in the proportion of LPHA expenditures that were from county appropriations versus other sources. See *Comparing North Carolina’s Local Public Health Agencies: The Legal Landscape, the Perspectives, and the Numbers* (May 2013), at available at <http://www.sog.unc.edu/publications/reports/comparing-north-carolina%E2%80%99s-local-public-health-agencies-legal-landscape-perspectives-and-numbers>.

<sup>27</sup> G.S. Ch. 159, Subchapter III, Art. 3.

secretary. These staff members must be full-time employees, but an agency may share a health director with another agency.<sup>28</sup>

It is widely understood that this level of staffing is inadequate for modern health departments, and indeed another set of state rules—the local health department accreditation standards—reflect a clear expectation that the agency’s staff will be larger and have additional categories of professionals. One of the accreditation standards requires an agency to employ or contract with one or more licensed physicians to serve as medical director.<sup>29</sup> Other portions of the accreditation rules refer to additional categories of agency staff members or to particular types of expertise that the agency must possess or have access to. While the rules do not explicitly require the agency to have staff positions for those categories or expertise, that may be necessary in some cases to satisfy the accreditation standard.<sup>30</sup>

The minimum requirements of the state regulations are a foundation but not a complete description of local public health agency staffing, which is determined primarily by the functions the departments must perform and the services they must provide.

## **9. What role do county commissioners play in the creation and operation of local public health agencies?**

North Carolina law requires counties to provide public health services to their residents. County commissioners take several actions to ensure that this happens:

- *Selection of agency type:* Commissioners are key players in the selection of the type of local public health agency. The commissioners alone may choose to operate a county health department or to provide public health services through a consolidated human services agency. The commissioners may jointly resolve with the local board of health to join a district health department or form a public health authority.
- *Appointment of board:* County commissioners make appointments to the local public health board. The board of county commissioners appoints the members of a county board of health, a single-county public health authority board, or a consolidated human services board.<sup>31</sup> The boards of district health departments or multi-county public

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<sup>28</sup> 10A NCAC 46 .0301.

<sup>29</sup> 10A NCAC 48B .0901(b)(3).

<sup>30</sup> See, e.g., 10A NCAC 41B .0203 (directing agency to assure staff have expertise in data management); 41B .0301 (requiring access to and consultation with an epidemiologist); 41B .0701 (referring to unit directors for communicable disease, nursing, and environmental health).

<sup>31</sup> For a consolidated human services board, the commissioners must appoint members from a slate of nominees. For a new consolidated board, the nominating committee is comprised of the pre-consolidation boards of health, social services, and the mental health area authority. Subsequently, the nominees are chosen by the consolidated board. G.S. 153A-77(c).

health authorities are appointed somewhat differently: the board of county commissioners of each participating county appoints one county commissioner to the health board, and then those commissioners appoint all the remaining members. Finally, the county commissioners may serve as the local board of health by adopting a resolution assuming the powers and duties of the county board of health or county consolidated human services board.<sup>32</sup>

- *Approval of budget or budget request:* County commissioners approve the budgets of local public health agencies that are county departments (either a county health department or a consolidated human services agency that includes public health). If the county participates in a public health authority or district health department, the commissioners are involved in approving budget requests or providing funding to the agency. The board of commissioners must also approve any fees for LPHA services, except in counties that participate in a public health authority. This typically occurs as part of the budget process. If a LPHA is a multi-county district health department, the boards of commissioners of all participating counties must approve the fees.

A board of county commissioners may have other duties as well, especially if it has assumed the powers and duties of a local board of health or consolidated human services board.

#### **10. May a county change the type of local public health agency it participates in or operates?**

Yes, if the board of county commissioners approves the decision to change. In some cases the approval of the local board of health is required as well.

In order for a county to join a district health department, form a new public health authority, or join an existing public health authority, both the board of county commissioners and the board of health must agree to the change.<sup>33</sup> Other decisions regarding the type of local public health agency may be made by the board of county commissioners alone. For example, the board of county commissioners may create a consolidated human services agency that includes public health without the local board of health's agreement.<sup>34</sup> County commissioners also may act alone in deciding to dissolve a single-county public health authority, withdraw from a multi-county public health authority, or withdraw from a district health department.<sup>35</sup>

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<sup>32</sup> Before assuming the powers and duties of a county board of health or consolidated human services board, the board of county commissioners must hold a public hearing. The board of commissioners must notify the public of the hearing at least 30 calendar days before the hearing occurs. G.S. 153A-77(a).

<sup>33</sup> G.S. 130A-36 (creation of a district health department); 130A-45.02 (creation of a public health authority).

<sup>34</sup> G.S. 153A-77(b).

<sup>35</sup> G.S. 130A-45.2 (dissolution of a public health authority); 130A-38 (dissolution of a district health department).