

# North Carolina's Local Health Departments

Dennis Joyner, MPH  
President, NCALHD

Union County Public Health Director

February 28, 2018



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North Carolina Association  
of Local Health Directors

- There are 85 Local Health Departments representing all 100 counties in NC
- Working in conjunction with the NC Division of Public Health, local health departments seek to promote and contribute to the highest possible level of health for the people of NC.
- Three Core Functions of Public Health
  - Assessment – (monitor / diagnose)
  - Policy Development – (partnership / educate)
  - Assurance – (provide care / public health workforce)

## **Common public health focus areas include:**

- **Community Health Assessment**
- **Communicable Disease Control**
- **Environmental Health**
- **Public Health Preparedness**
- **Family Planning**
- **Maternal & Child Health Promotion**
- **Chronic Disease Prevention**

# Primary Care in Local Health Departments

- 51 - Adult Primary Care
- 72 - Child Primary Care
- 50 - Both Adult & Child Primary Care

## Dental Clinics in Local Health Departments

- 39 – Adult and/or Children

In 2016, Local Health Departments provided care for 500,000 unduplicated patients in our clinics.

- 40% Medicaid
- 47% Uninsured
- Over 3.1 million services provided

# Communicable Disease Funding at the Local Level

John Morrow, MD, MPH

Pitt County Public Health

February 2018



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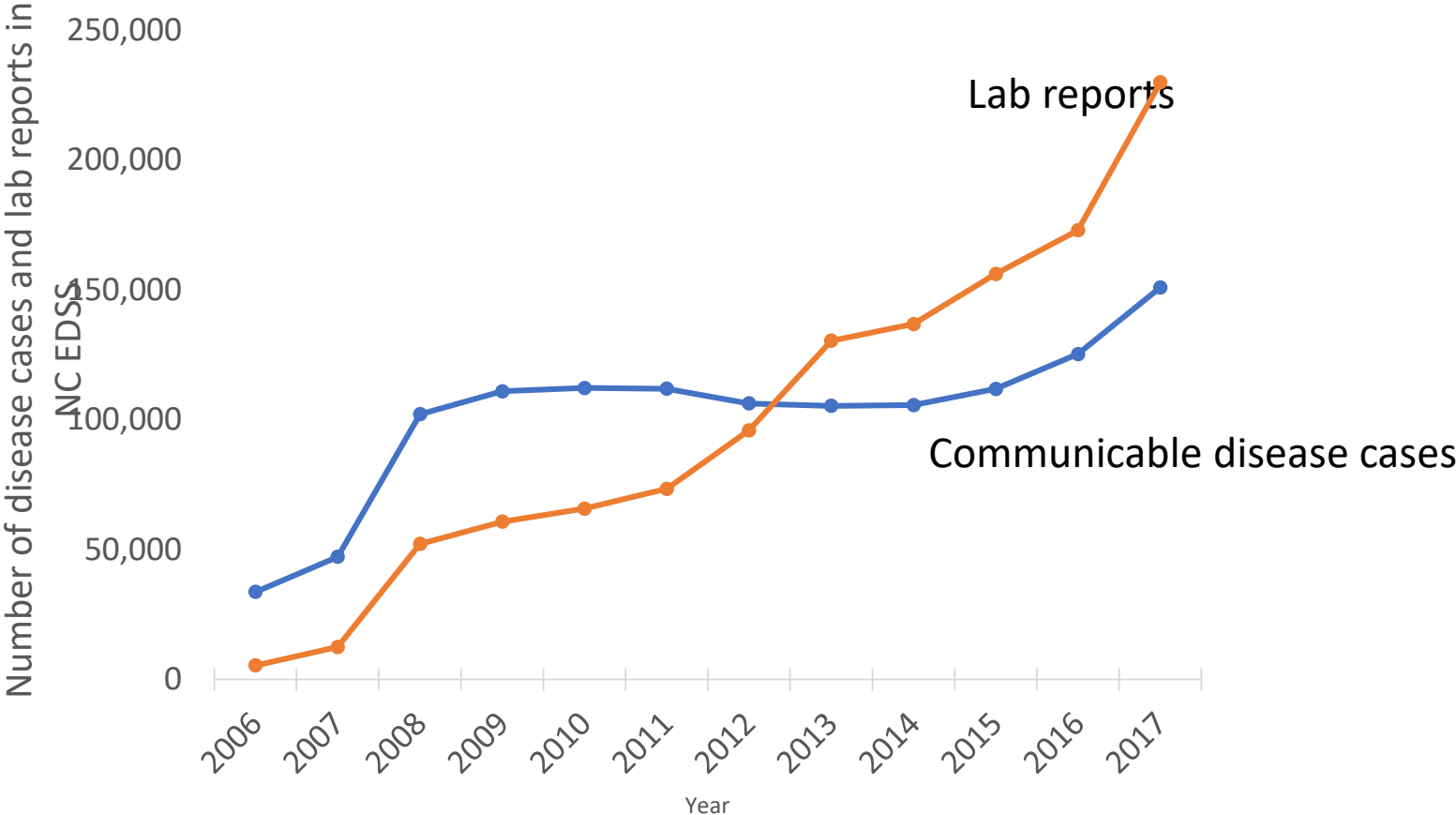
Over the past 10 years, the number of reportable disease lab reports and cases managed by Local Health Departments has increased significantly.



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The number of communicable disease cases has doubled and the number of laboratory reports Public Health Nurses must review has increased 10-fold over the past 10 years





# Communicable disease nurses are responsible for complex disease investigation requirements

NC Electronic Disease Surveillance System  
 North Carolina Department of Health and Human Services  
 Division of Public Health - Epidemiology Section  
 Communicable Disease Branch

NC EDS5 EVENT ID#

**ATTENTION HEALTH CARE PROVIDERS:**  
 Please report relevant clinical findings about this disease event to the local health department.

**SALMONELLOSIS**  
 Confidential Communicable Disease Report—Part 2

REMINDER to Local Health Department Staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

NC EDS5 LAB RESULTS  
 Verify if lab results for this event are in NC EDS5. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Recult Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

NC EDS5 PART 2 WIZARD  
 COMMUNICABLE DISEASE

**GENERAL DIAGNOSTIC INFORMATION**  
 Was patient symptomatic for this disease?  Y  N  U If yes, symptom onset date (mm/dd/yyyy): / /

**CLINICAL FINDINGS**  
 Check all that apply:  
 Fever  Y  N  U  No, subjective  No, measured  Unknown  
 Highest measured temperature: Fever onset date (mm/dd/yyyy): / /  
 Nausea  Y  N  U Vomiting  Y  N  U  
 Diarrhea  Y  N  U Check all that apply:  
 Bloody  Non-blood  Watery  Other  
 Maximum # stools 24-hour period: \_\_\_\_\_  
 Bacteremia  Y  N  U Date of positive blood culture: \_\_\_\_\_  
 Septicemia/sepsis  Y  N  U  
 Abdominal pain or cramps  Y  N  U

**REASON FOR TESTING**  
 Why was the patient tested for this condition?  
 Symptomatic of disease  Exposed to organism causing this disease (asymptomatic)  Screening of asymptomatic person with reported risk factors  
 Household / close contact to a person reported with this disease  Other, specify: \_\_\_\_\_  Unknown

**PREGNANCY/TREATMENT**  
 Is the patient currently pregnant?  Y  N  U Did the patient take an antibiotic as treatment for this illness?  Y  N  U

**HOSPITALIZATION INFORMATION**  
 Was patient hospitalized for this illness >24 hours  Y  N  U (If no, skip to Isolation/Quarantine/Control Measures)  
 Hospital name: \_\_\_\_\_ Admit date (mm/dd/yyyy): / /  
 City, State: \_\_\_\_\_ Discharge date (mm/dd/yyyy): / /  
 Hospital contact name: \_\_\_\_\_ Telephone: ( ) - -

Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

**ISOLATION/QUARANTINE MEASURES**  
 Restrictions to movement or freedom of action?  Y  N  U Date control measures issued: / /  
 Check all that apply:  Work  Sexual behavior  Date control measures ended: / /  
 Child care  Blood and body fluid  Did local health director or designee implement additional control measures?  Cohort classrooms, special cleaning, active surveillance, etc.)  
 School  Other, specify: \_\_\_\_\_  
 Was patient compliant with control measures?  Y  N  U  Y  N  U if yes, specify: \_\_\_\_\_

**CLINICAL OUTCOMES**  
 Discharge/Final diagnosis: \_\_\_\_\_ Died from this illness?  Y  N  U  
 Survived?  Y  N  U Died?  Y  N  U Date of Death: (mm/dd/yyyy) / /

**TRAVEL/IMMIGRATION**  
 The patient is:  Resident of NC  Resident of another state or US territory  None of the above  
 Did patient have a travel history during the 7 days prior to onset of symptoms?  Y  N  U  
 From / / until / /  
 List dates of travel and destinations: \_\_\_\_\_

**CHILD CARE/SCHOOL/COLLEGE**  
 Is the patient in child care?  Y  N  U Is the patient a child care worker or volunteer in child care?  Y  N  U  
 Name of care provider: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Is the patient a parent or primary caregiver of a child in child care?  Y  N  U Patient wears diapers or attends a classroom with diapered children?  Y  N  U  
 Name of care provider: \_\_\_\_\_ Who wears diapers?  Patient  Classmate  
 Address: \_\_\_\_\_ List names of all childcare arrangements that involve diapering: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Is patient a student?  Y  N  U  
 Type of school:  NC Public School (pre K-12)  NC Private School (pre K-12)  Other school (pre K)  Community College/University  
 Other academic institution (trade school, professional school, etc.)  
 Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_ Telephone: \_\_\_\_\_

**BEHAVIORAL RISK/CONGREGATE LIVING**  
 During the 7 days prior to onset of symptoms, did the patient live in any congregate living facilities (correctional, barracks, commune, boarding school, dormitory)?  Y  N  U Name of facility: \_\_\_\_\_ Dates of contact: from / / to / /  
 Y  N  U

**OTHER EXPOSURE INFO:**  
 During the 7 days prior to onset of symptoms, did the patient attend any social gatherings or crowded settings (including weddings, birthday or other parties, conferences, etc.)?  Y  N  U  
 If yes, specify: \_\_\_\_\_  
 Does the patient know anyone else with similar symptoms?  Y  N  U  
 If yes, specify (include contact name, onset date, if contact was ill prior to or after case): \_\_\_\_\_  
 During the 7 days prior to onset of symptoms did the patient have contact with sewage or human excreta?  Y  N  U

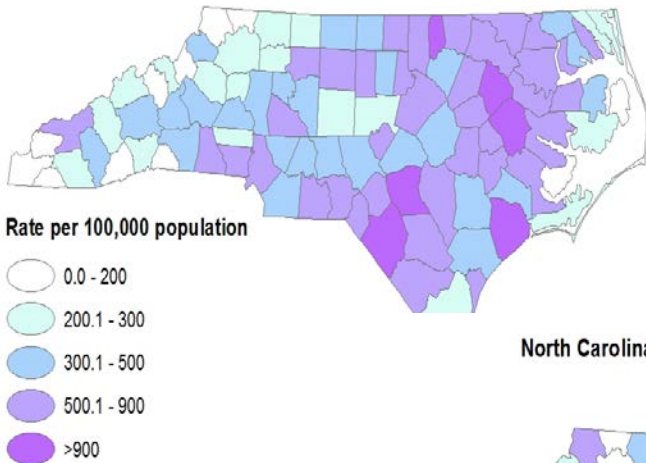
Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

**FOOD AND RISK EXPOSURE**  
 During the 7 days prior to onset of symptoms, did the patient drink any bottled water?  Y  N  U  
 Specify brand: \_\_\_\_\_  
 Describe the source of drinking water used in the patient's home (check all that apply):  
 Bottled water supplied by a company  Bottled water purchased from grocery  Municipal supply (city water)  Well water  
 Where does the patient/patient's family typically buy groceries? (see back of form for additional stores)  
 Store Name: \_\_\_\_\_ Store Name: \_\_\_\_\_  
 Store City: \_\_\_\_\_ Store City: \_\_\_\_\_  
 Store Address/Shopping Center: \_\_\_\_\_ Store Address/Shopping Center: \_\_\_\_\_  
 During the 7 days prior to onset of symptoms, did the patient:  
 Eat any food items that came from a produce stand, flea market, or farmers market?  Y  N  U Specify: \_\_\_\_\_  
 Eat any food items that came from a store or vendor where they do not typically shop for groceries?  Y  N  U Specify: \_\_\_\_\_  
 During the 7 days prior to onset of symptoms, was the patient:  
 Employed as food worker?  Y  N  U Specify job duties: \_\_\_\_\_  
 Where employed: \_\_\_\_\_ What dates did the patient work? From / / until / /  
 Employed as food worker while symptomatic?  Y  N  U Specify job duties: \_\_\_\_\_  
 Where employed: \_\_\_\_\_ What dates did the patient work? From / / until / /  
 A non-occupational food worker (e.g., potlucks, receptions)?  Y  N  U  
 Specify job duties: \_\_\_\_\_  
 Where employed: \_\_\_\_\_ What dates did the patient work? From / / until / /

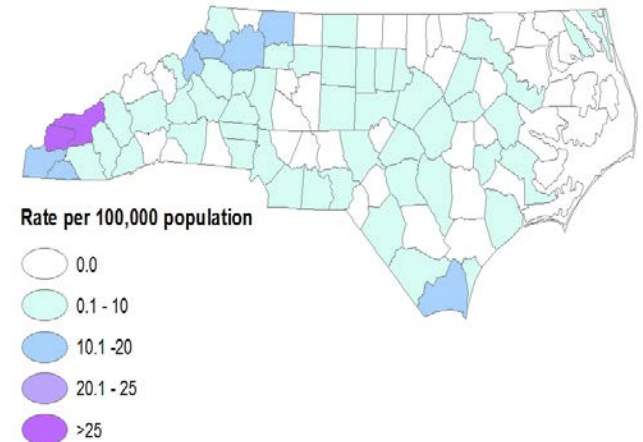
**DISEASE-SPECIFIC FOOD QUESTIONS**  
 Daily Products  
 During the 7 days prior to onset of symptoms, did the patient:  
 Handle shell eggs?  Y  N  U  
 Drink unpasteurized milk?  Y  N  U  
 Specify type of milk:  Cow  Goat  Sheep  Unknown  Other (specify): \_\_\_\_\_  
 Obtained from:  Farm  Grocery  Restaurant  Other (specify): \_\_\_\_\_  
 Eat any other unpasteurized dairy products?  Y  N  U  
 Specify type of product:  Queso fresco, Queso blanco or other Mexican soft cheese  
 Butter  Cheese from raw milk (specify): \_\_\_\_\_  
 Food made from raw dairy product (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 Other, specify: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Juice & Citrus  
 Drink unpasteurized juices or ciders?  Y  N  U Specify juices or ciders:  Apple  Orange  Other (specify): \_\_\_\_\_  
 Beef Products  
 Eat ground beef or hamburger?  Y  N  U Name of source: \_\_\_\_\_  
 Brand: \_\_\_\_\_ Was this food rare, undercooked or raw?  Y  N  U  
 Eat other beef/veal products?  Y  N  U Specify  Roast  Steak  Unknown  Other (specify): \_\_\_\_\_  
 Was this food rare, undercooked or raw?  Y  N  U Brand: \_\_\_\_\_  
 Obtained from:  Farm  Grocery  Restaurant  Other (specify): \_\_\_\_\_  
 Name of source: \_\_\_\_\_  
 Poultry Products  
 Eat any poultry/poultry products?  Y  N  U Specify  Chicken  Turkey  Other (specify): \_\_\_\_\_  
 Obtained from:  Farm  Grocery  Restaurant  Other (specify): \_\_\_\_\_  
 Brand: \_\_\_\_\_ Name of source: \_\_\_\_\_  
 Eat eggs or any dish having eggs as an ingredient?  Y  N  U  
 Obtained from:  Farm  Grocery  Restaurant  Other (specify): \_\_\_\_\_  
 Brand: \_\_\_\_\_ Name of source: \_\_\_\_\_  
 Tasted any uncooked batter (uncooked cake/cookie batter, ice cream containing cookie dough) containing eggs?  Y  N  U

# Public Health manages communicable diseases every day

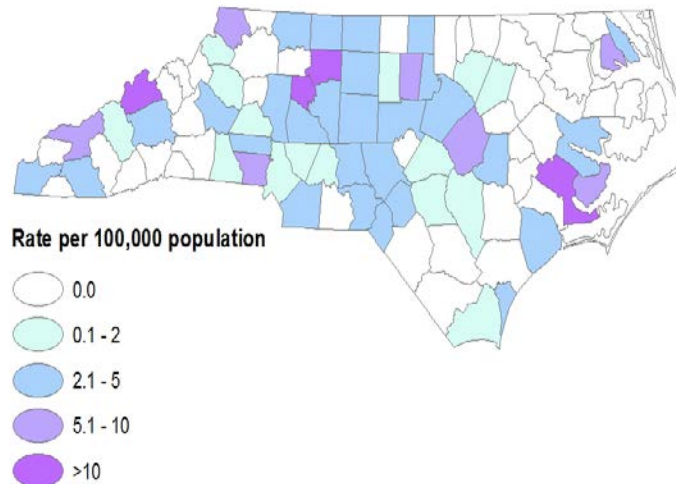
North Carolina Newly Diagnosed Chlamydia Rates, 2016



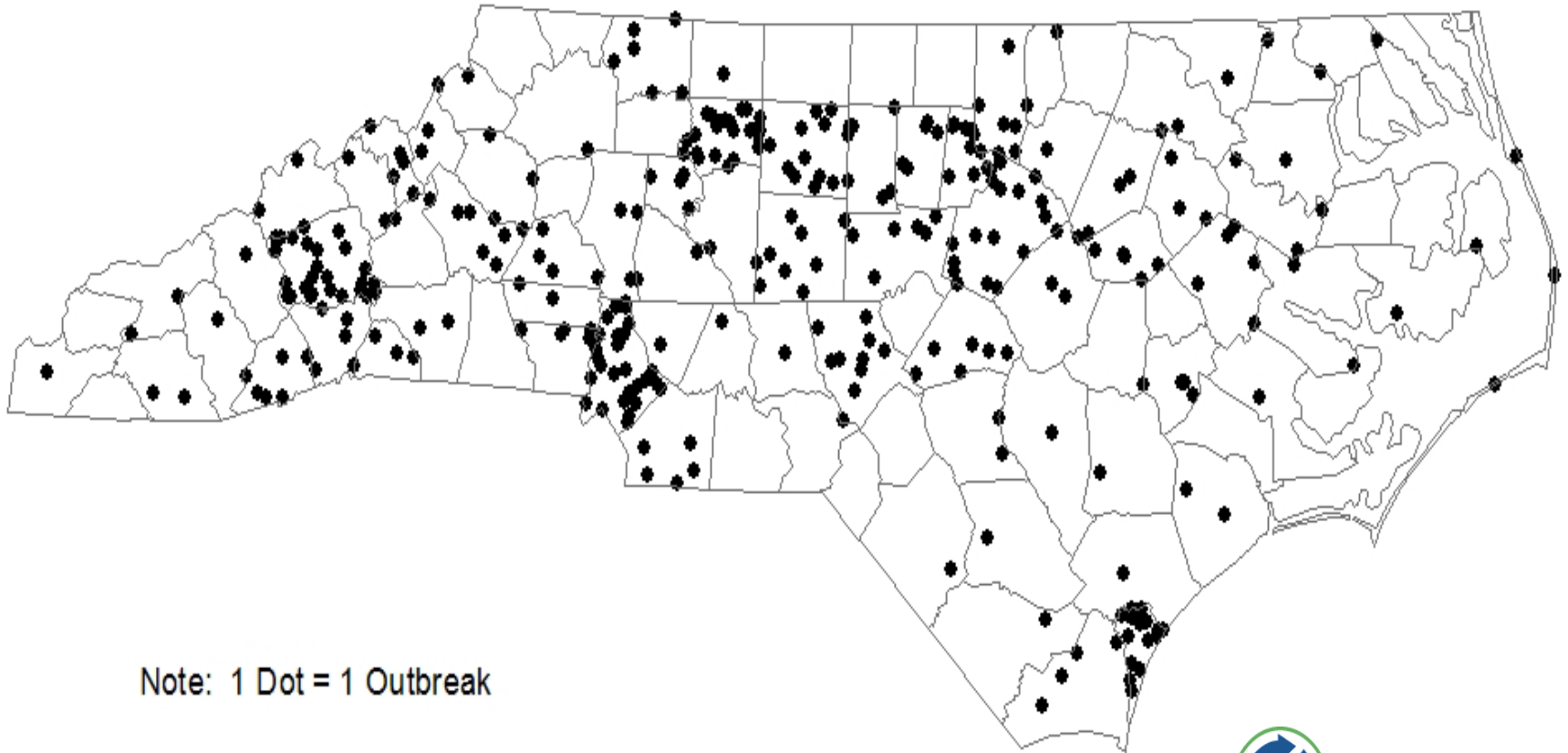
North Carolina Newly Diagnosed Acute Hepatitis C Rates, 2016



North Carolina Pertussis Rates, 2016



# North Carolina Outbreaks By County, 2017



Note: 1 Dot = 1 Outbreak

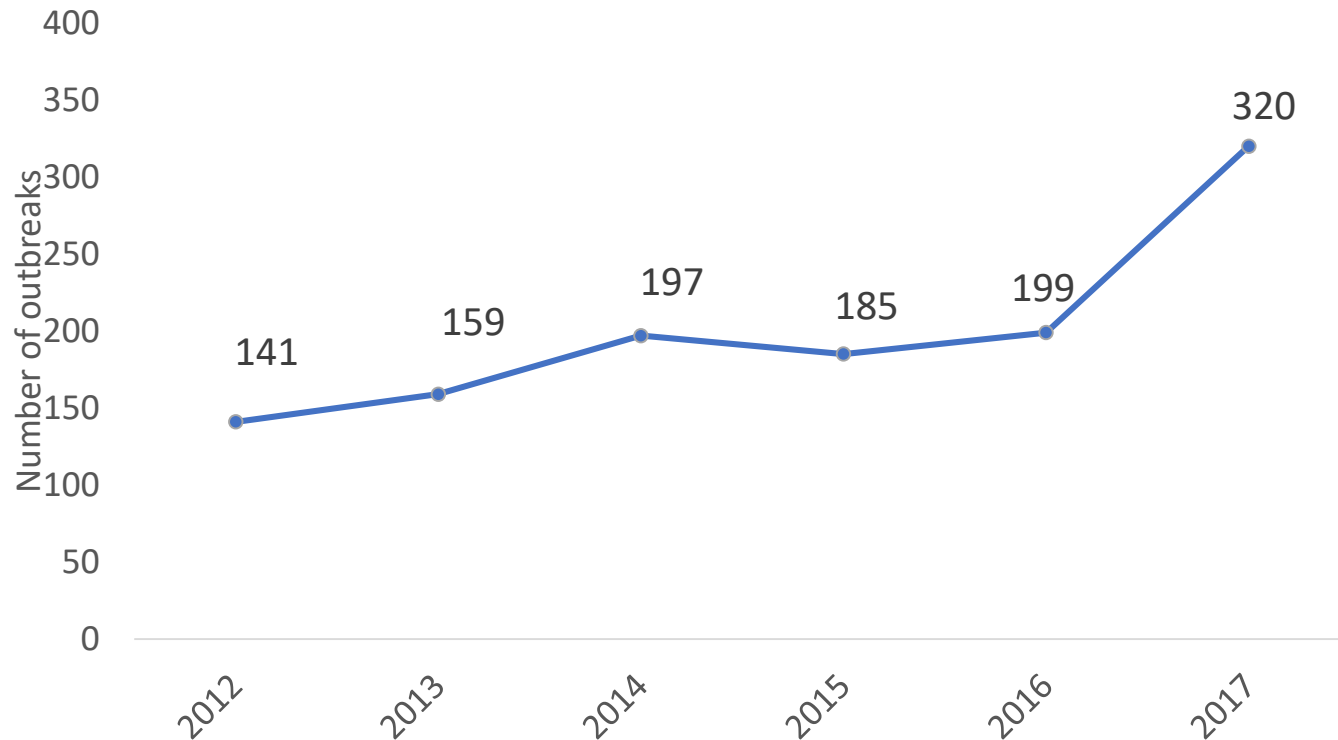


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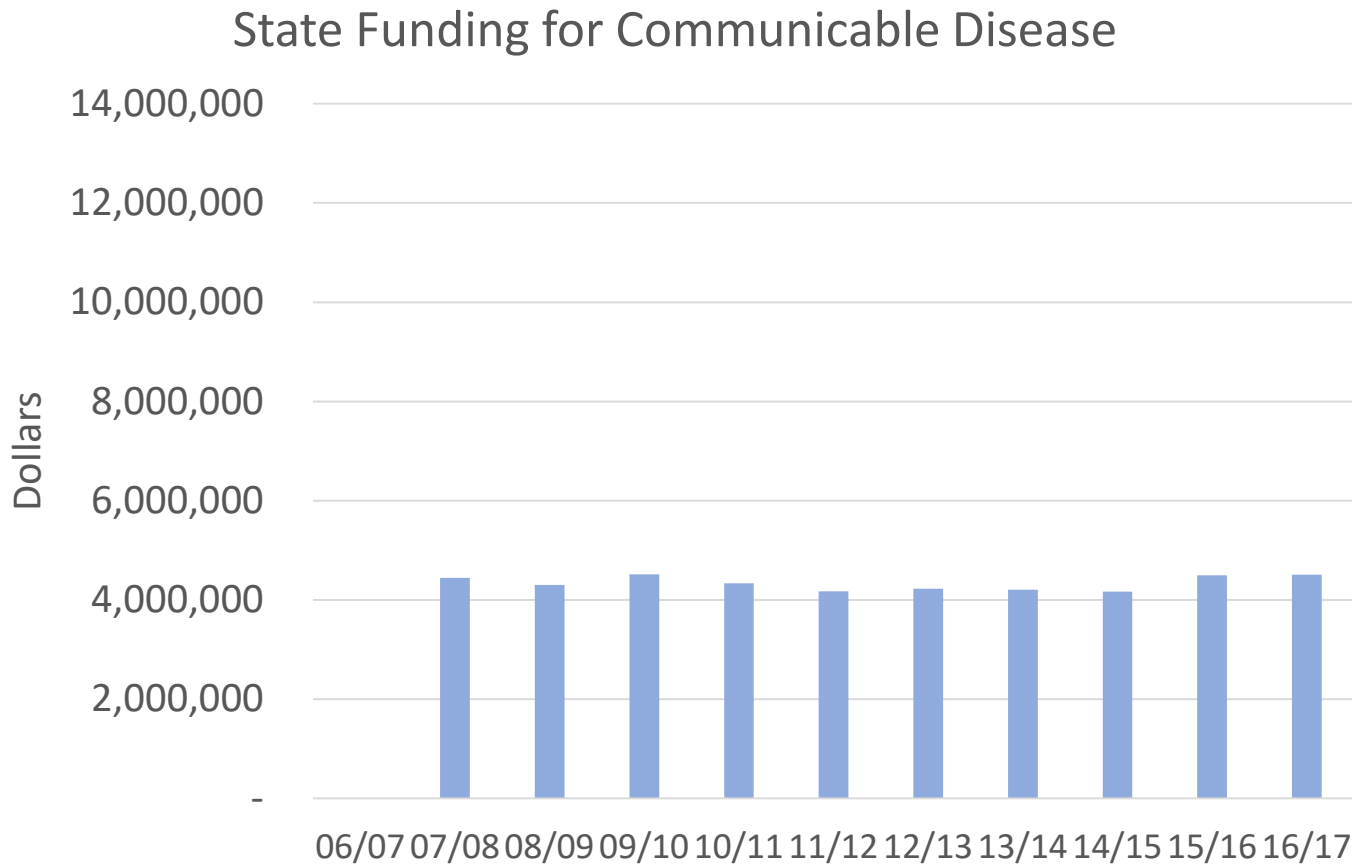
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# Outbreaks are also increasing

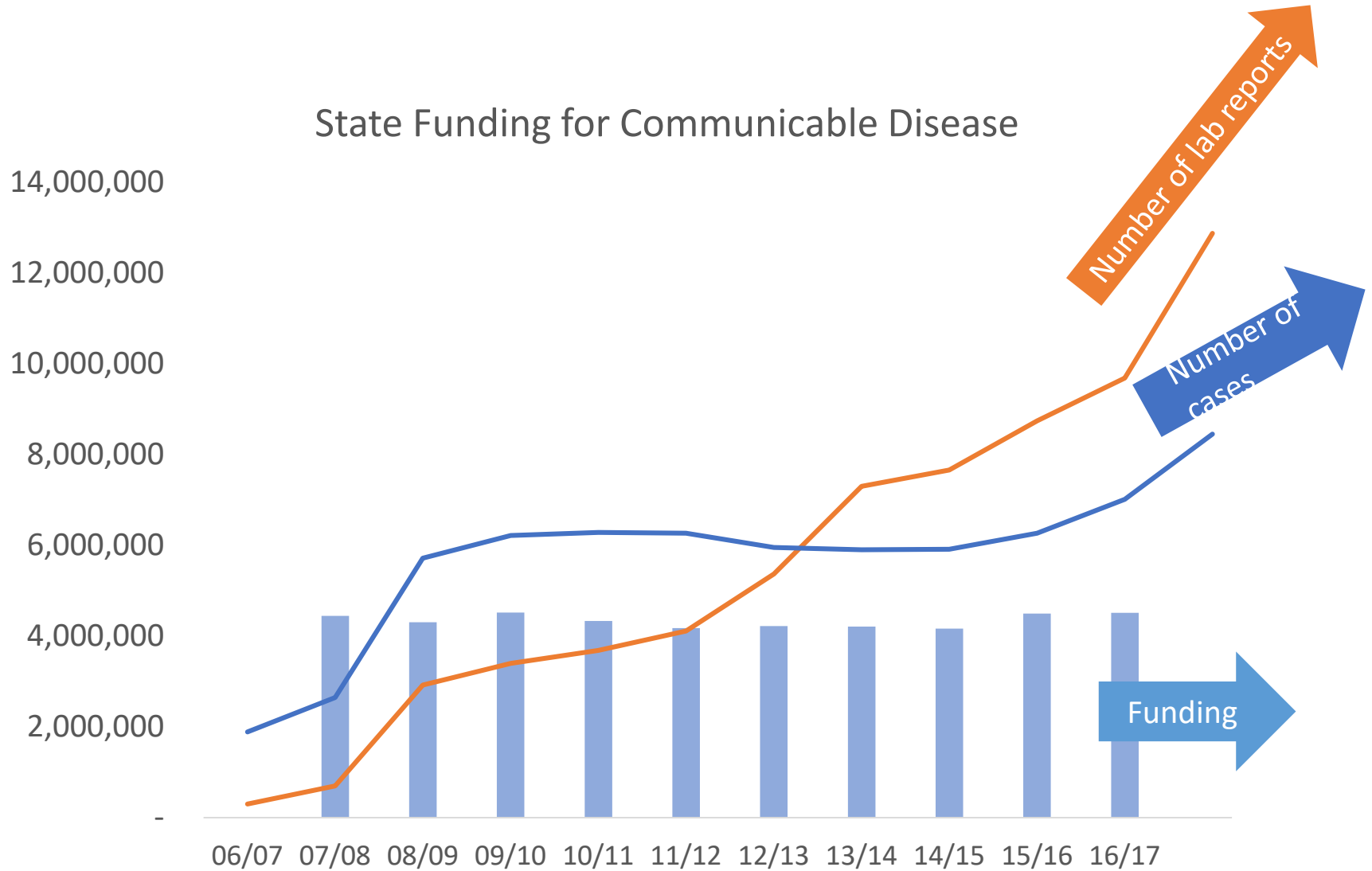
Communicable disease outbreaks in North Carolina



State funding for communicable disease has not kept pace with the increase in disease.

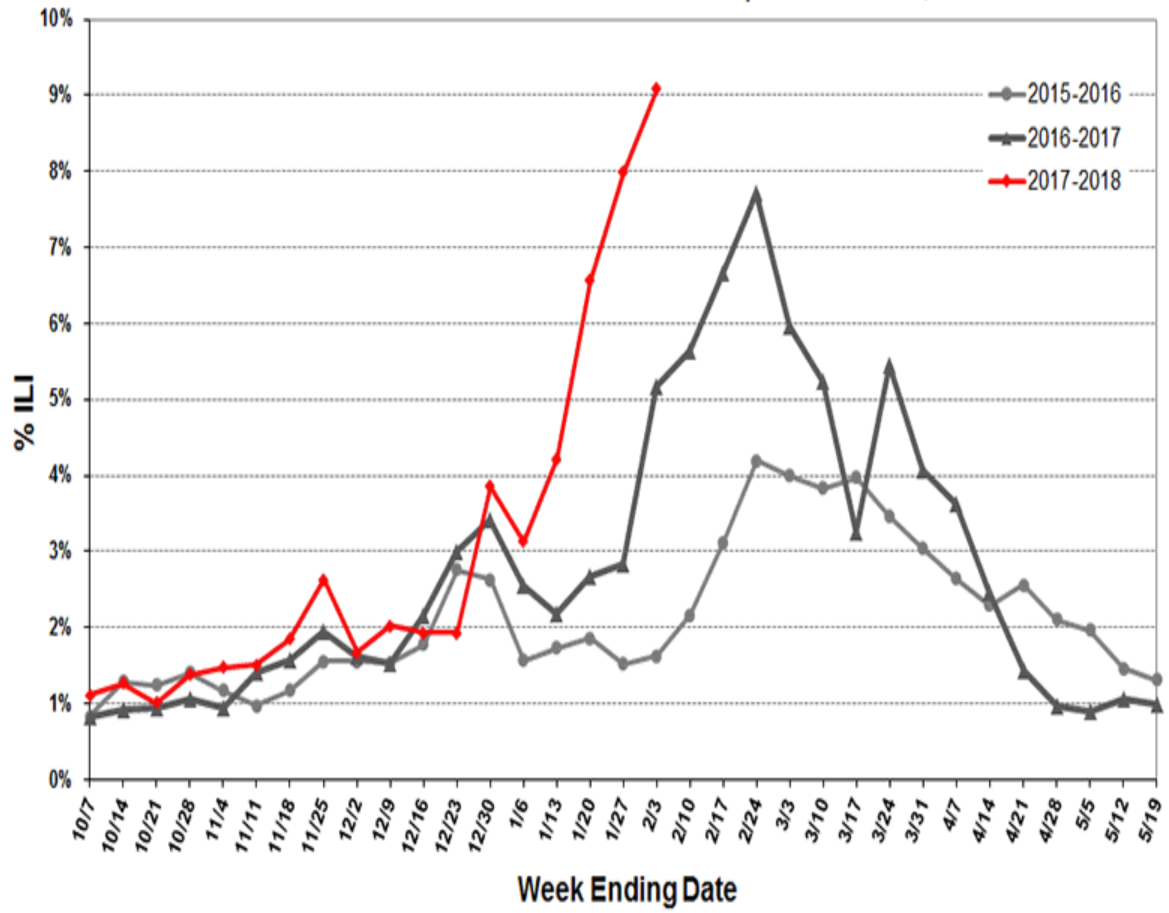


State funding for communicable disease has not kept pace with the increase in disease.



# INFLUENZA SURVEILLANCE, NC 2015-2018

Influenza-Like Illness in ILINet Outpatient Visits,



Note: Week ending displayed is for 2017-18 influenza season. Flu seasons for previous years may have different week ending dates, but these only vary by a few days.

# Questions ?



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## NCALHD Legislative Priority

- Increase funding to Local Public Health to Address Rapidly Emerging Infectious Disease (e.g. ZIKA, Hepatitis C, Escherichia coli (E. coli) O121 or E. coli O26, Antibiotic Resistant Infections, , Coronavirus (MERS), Meningitis, Drug Resistant Tuberculosis, Influenza, etc.).
- In light of recent national and international concern around communicable disease outbreaks, it is imperative that local health departments have a minimum set of resources available to perform local communicable disease control and community and public health surveillance activities, and to communicate clearly about disease threats within their jurisdictions.
- Support for the basic core functions of local public health departments is waning, along with infrastructure funding, impacting local public health ability to accomplish mandated services. Local control of communicable diseases is a well-recognized core public health function here in NC and nationally, a role comparable to the public safety mission of law enforcement.



# Budget Pressures for North Carolina's Local Health Departments



Lisa Macon Harrison, MPH

Local Public Health Director

Granville Vance District Health Department

February 28, 2018



## Required local public health services include:

Provide:	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	HIV/STD
Vital records registration	Maternal health
	Child health
	Family planning
<p><i>*These required services do not even touch on the basic Community Health Assessment or Health Education and Health Promotion needs within a community. Moving forward, the work of the LHD as a community health strategist for public health 3.0 will require addressing determinants of health and connecting partners.</i></p>	Public health laboratory

**A Resilient Public Health System is more than just the sum of its parts, but to date, in the US, we have funded mainly just parts.**



“... the vast majority of government health spending in the United States is for individual illness care and treatment for disease; a far smaller and inadequate proportion is provided, ineffectively, to support governmental public health’s efforts to improve population health. **The current financing system for health in the United States is profoundly misaligned.**”

—*National Academy of Sciences*



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## **Piecing it together well relies on a strong foundation**

Funding for public health today is cobbled together at federal, state and local levels with a diverse and ephemeral stream of program-oriented dollars attached to expectations and deliverables that form, in one way of looking at it, a game of Jenga.





## **Example: Maternal & Child Health Block Grant**

The Title V Maternal and Child Health Services Block Grant to States Program (“MCH Block Grant”) is a formula grant under which funds are awarded to 59 states and jurisdictions upon their submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes children with special health care needs (CSHCN), and their families.

**Through the MCH Block Grant, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population,** which are family-centered, evidence-based, community-based and culturally appropriate.

**In FY11-12, The NC General Assembly (NCGA) began to carve out Maternal & Child Health Block Grant money for specific programs removing critical support for the local public health system.**

• Since 2011, the number of programs and amount of money set aside by the NCGA has increased to **39% of the entire MCHBG in 2017.**

• **Because of the redirection of these funds for public health , Local Health Departments will take a \$2.2M reduction in 2018**

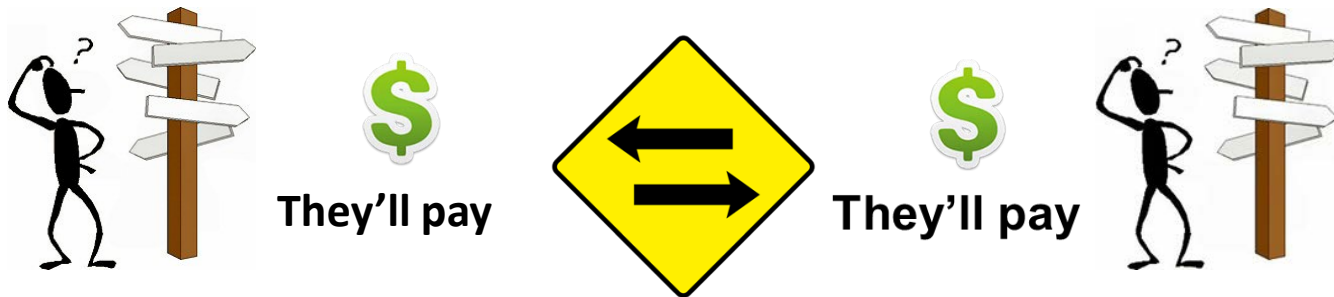
- This impacts LHDs ability to offer medical services as a safety-net provider and removes critical programs for maternal and child health.
- County by county, these carve-outs may mean the reduction of services including successful programs that improve pregnancy outcomes, reduction in programs that have led to the lower teen pregnancy rates as well as essential prenatal care services.
- As a result of the cuts, local county governments are left to make difficult decisions to either supplant the funds lost by these reductions made to the federal grant or lay off staff and reduce or eliminate programs.



**Today, the demands on the public health system are greater than ever.** Health of a community drives the economy. Poor community health translates into a reduction in community growth, loss of existing or future industry, and ultimately reduced tax revenue.

Each level of government has different but important responsibilities for protecting the public's health.

**Unpredictable and steadily decreasing federal and state funds puts our local public health system at risk.**



# NC Ranks #44 out of the 50 states in Public Health per capita state spending

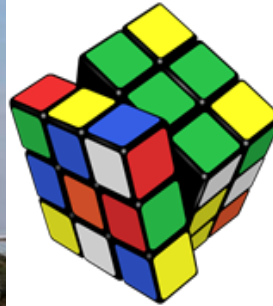
North Carolina has consistently fallen in the bottom portion of the rankings that list per capita funding for public health by state. The 2016 TFAH report puts **NC at # 44 out of 50** states for state public health funding levels **which reflects a \$14.30 investment per person.**

**The median for comparison is \$35.77 in South Dakota** ranked on the list at #25. If we were to move up in the rankings and reach only for that midline, we would pass Georgia (at #39), Louisiana (#38), Florida (#37) and South Carolina (#36) along the way – and we don't like to be ranked behind our southern brethren very much.

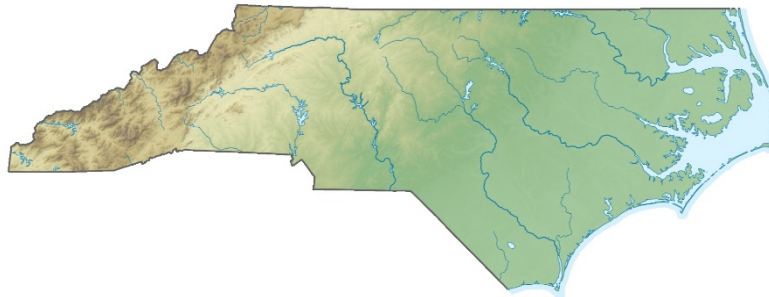


*-Trust for America's Health (2016)*

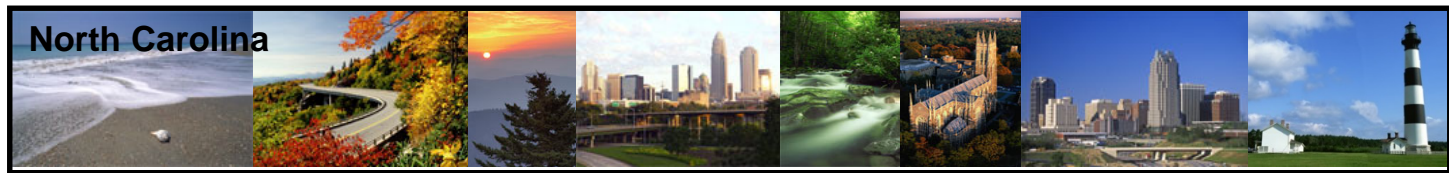
# Visual Interpretation of LHD Budgets in NC







**“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”** *-Benjamin Disraeli*



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# Closing Remarks

Dennis Joyner, President, NCALHD  
Union County Health Director

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