

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

DHHS Division of Public Health Overview

Joint House and Senate Appropriations
Committees on Health and Human Services

February 28, 2023

Objectives

- Overview
- Budget
- 2021-2023 Fiscal Biennium
Significant Budget Actions
- Local Health Departments
- Questions



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North Carolina's Public Health System's Legislatively Directed Mandate

- Prevent health risks and disease
- Identify and reduce health risks in the community
- Detect, investigate, and prevent the spread of disease
- Promote:
 - Healthy lifestyles
 - Safe and healthful environment
 - Availability and accessibility of quality health care services through the private sector
- Provide quality health care services when not otherwise available

G.S. 130A 1.1



Division of Public Health

Roles & Responsibilities

- **Administrative, Local & Community Support Section**
 - Administrative & Business Support
 - Local Health Department (LHD) Technical Assistance & Training
- **Chronic Disease and Injury Section**
 - Forensic Tests for Alcohol
 - Injury and Violence Prevention
 - Tobacco Prevention
 - Cancer Prevention & Control
 - Community & Clinical Connections
- **Epidemiology Section**
 - Environmental Epidemiology
 - Communicable Disease
 - Preparedness & Response
 - Immunizations
- **Environmental Health Section**
 - Food Protection & Facilities
 - Onsite Wastewater & Private Wells
 - Lead & Asbestos Health Hazards
 - Centralized Intern Training Program
- **State Center for Health Statistics Section**
 - Statistical Services
 - Birth Defects Monitoring Unit
 - Cancer Registry
 - Vital Records
 - GIS Services
- **State Lab of Public Health**
 - Microbiology
 - Virology/ Serology
 - Molecular Epidemiology
 - Environmental Sciences
 - Bioterrorism & Emerging Pathogens
 - Chemical Threat & Terrorism/Hemachemistry
 - Newborn Screening
- **Women, Infant, and Community Health Wellness Section**
 - Infant and Community Health
 - Women's Health
 - Maternal Health
- **Office of the Chief Medical Examiner**
- **Oral Health Section**

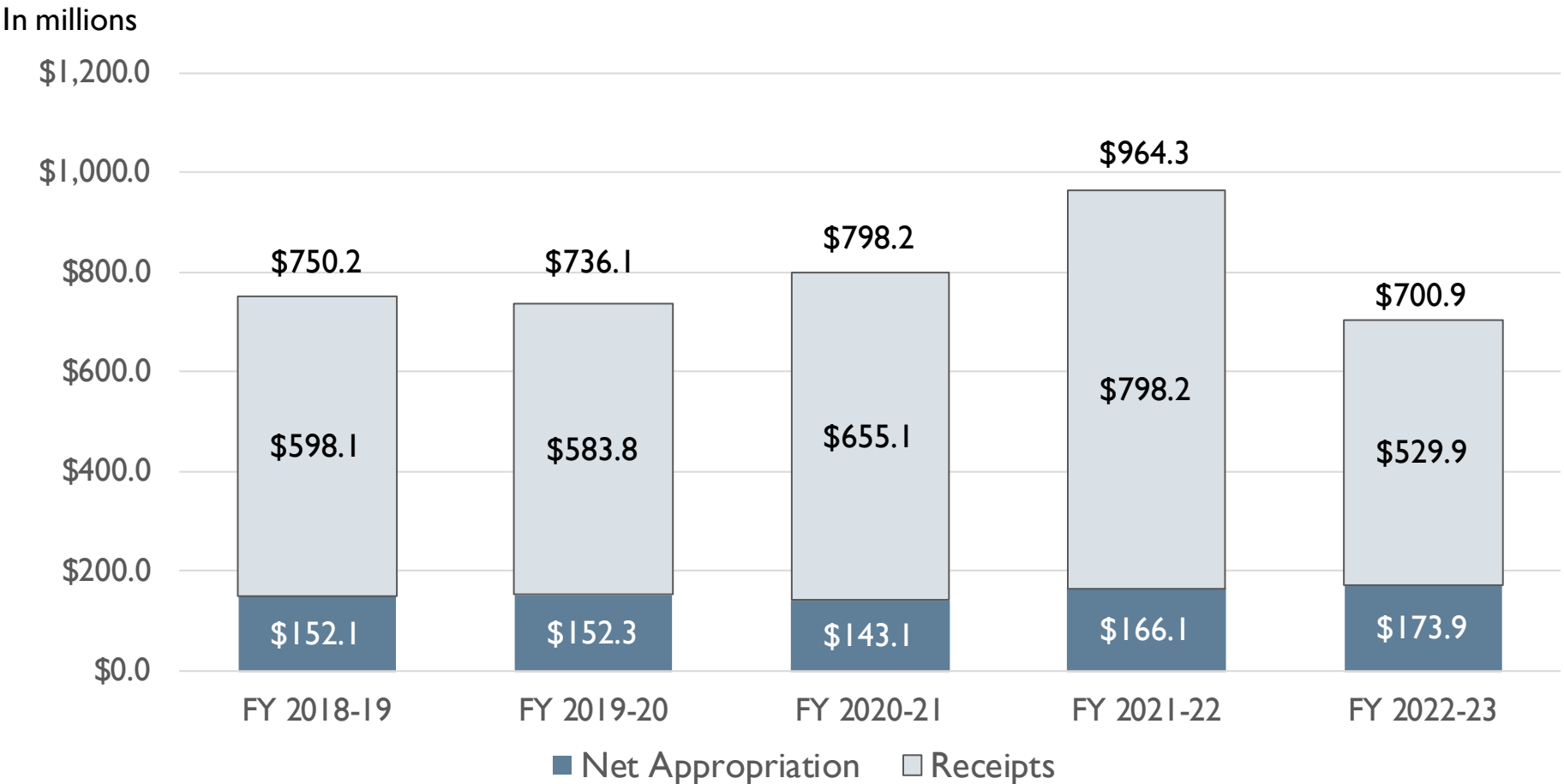


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Five-Year Budget Summary



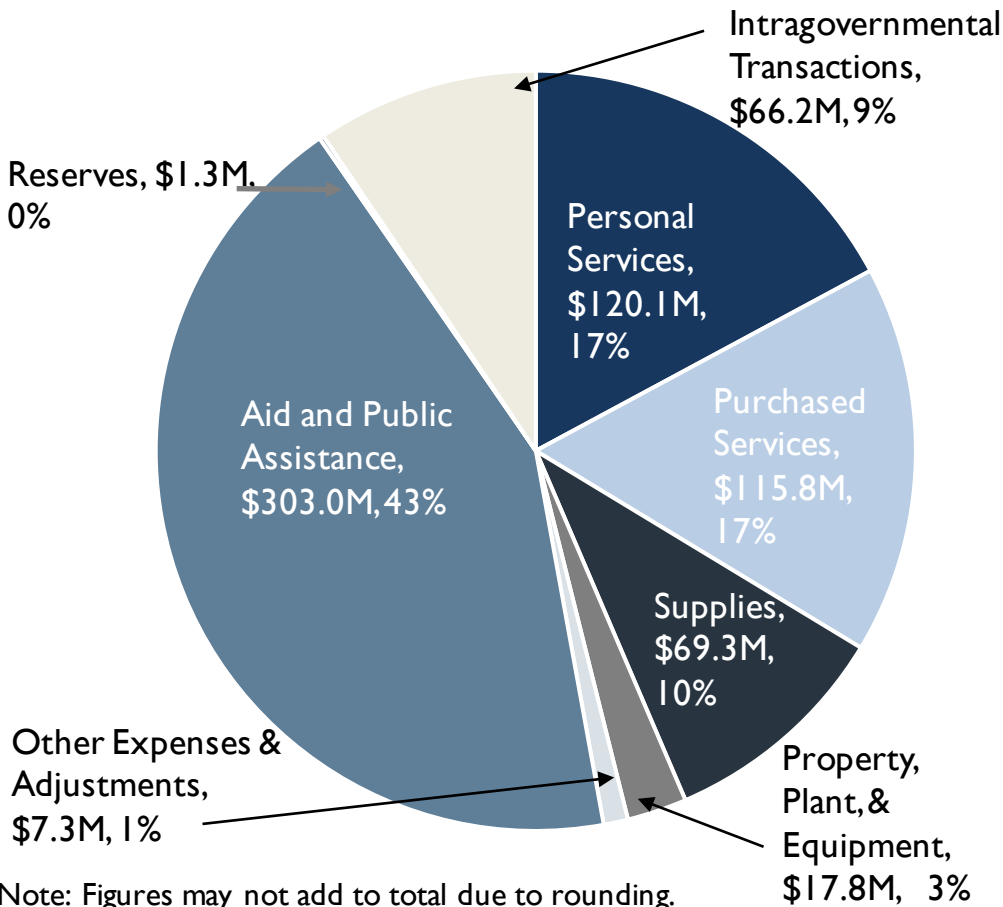
Figures may not add to total due to rounding.

Sources: DPH BD 701 Actual Budget June 2019; DPH 2021 WS I Actual Budget; DPH BD 701 Actual Budget, June 2021; DPH BD 701 Actual Budget, June 2022; DPH BD 701 Authorized Budget, December 2022.



December 2022 Authorized Budget Requirements

FY 2022-23 Total Requirements: \$700.9M

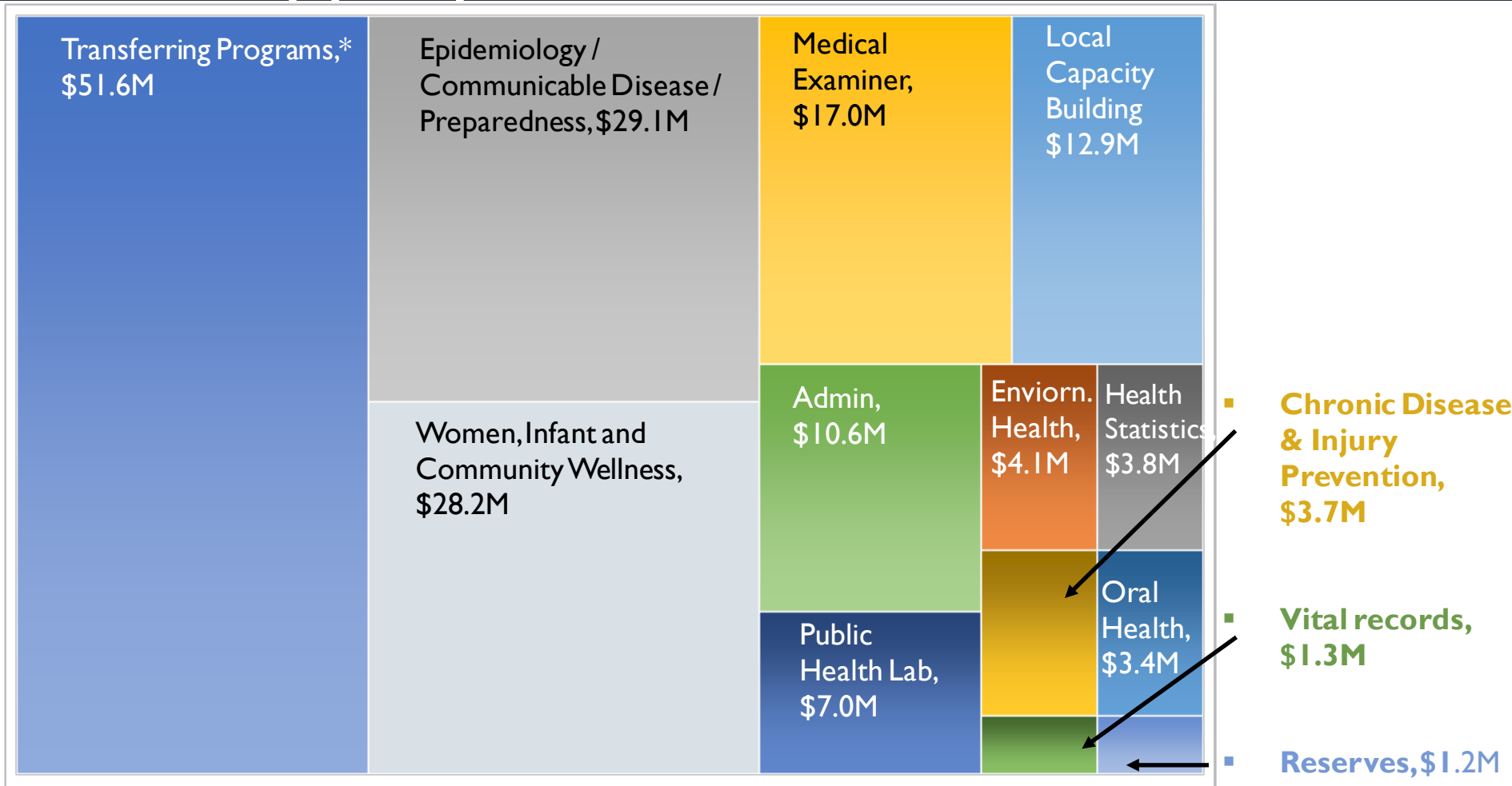


Section	# of FTE	% of Div. FTE	% Vacant
Epidemiology	331	29%	27.2%
State Lab for Public Health	230	20%	24.3%
Chronic Disease and Injury	135	12%	29.6%
Medical Examiner	89	8%	32.6%
All Other Sections	374	32%	22.2%
Total FTE			1159*

*Includes 82 time-limited COVID-funded positions

Note: Figures may not add to total due to rounding.
Source: DHHS; DPH BD701 Authorized Budget, December 2022.

DPH Programs Ranked by Net Appropriation

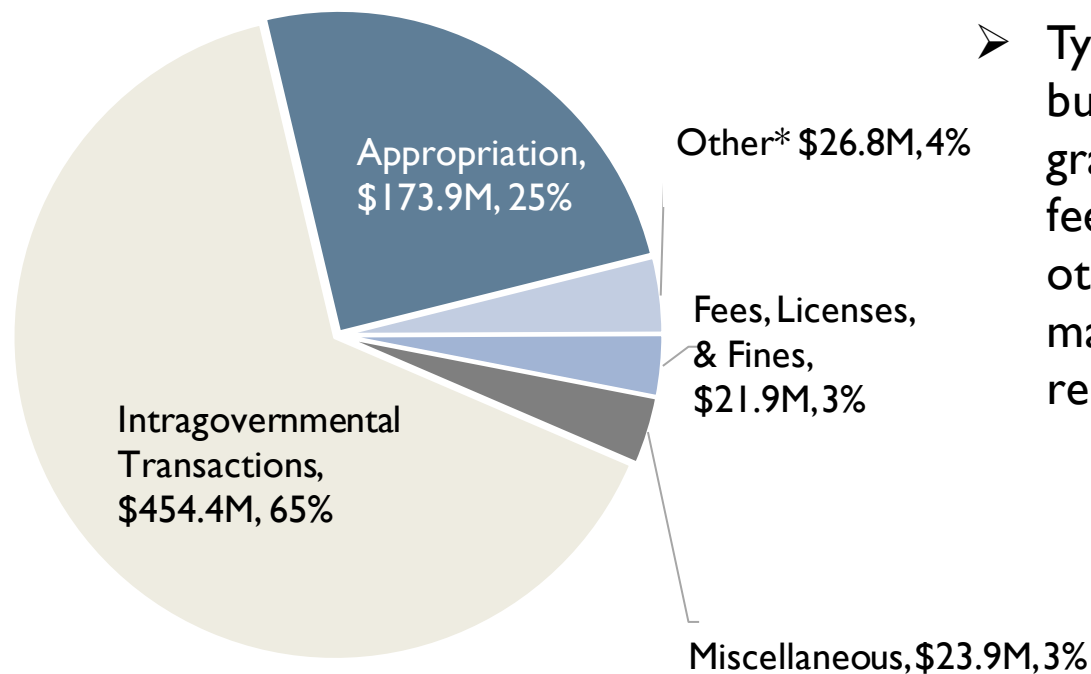


Source: DHHS. *Funds codes transferring fund codes to DCFW: 1272, 1332 (partial), 13A2, 1441, 1271; fund codes transferring to CMS: 1262



December 2022 Authorized Budget Funding Sources

FY 2022-23 Total Funding Sources: \$700.9M



- Over 150 Sources of Receipts
- Types of receipts include, but not limited to: Block grants, competitive grants, fees, fines, transfers from other state agencies, local match, and pharmaceutical rebates

Source: DPH BD 701 Authorized Budget, December 2022. *Other includes Grants, Sales, Services, & Rentals





Receipts Impact Programs

Constraint: Requirements of federal grants, fees, and other funding sources may be targeted to specific purposes, outcomes, populations, or geographic areas

Impact:

- Interventions may vary by location
- Siloed funds
- Focus on compliance
- Reimbursement for specific outputs

Example of competitive grant from CDC: **Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees** \$450K for FFY 2022-23. Funding supports the coordination and management of Maternal Mortality Review Committees. Funding may only be used to support the four specified objectives from the CDC grant.



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2021-2023 Fiscal Biennium

Significant Budget Actions

SL 2021-180

- \$150M (NR) of State Fiscal Recovery Funds (SFRF) to remediate Lead and Asbestos in Public School Units and Child Care Facilities
- \$11M (NR) of funds from the JUUL Settlement for programs to address youth electronic cigarette use.
- \$36M (NR) of SFRF to support Local Health Department Communicable Disease

SL 2022-74

- Required DHHS to submit a detailed plan for reorganizing certain child and family wellbeing programs. The DHHS plan includes the transition of nutrition and child-focused health programs from DPH to Division of Child and Family Wellbeing (DCFV). DPH will focus on Women's and Infant Health.





Women, Infant, and Community Wellness Section

- Develops and promotes programs and services that protect the health and well-being of infants and of women during their child-bearing years.
- Provides guidance, consultation, and training for individuals and entities that provide women, infant, and community services. These services are provided in collaboration with local health departments and other community agencies.
- Administers State, federal, and other receipts to direct service entities, primarily the local health departments, non-profits, and private contractors.

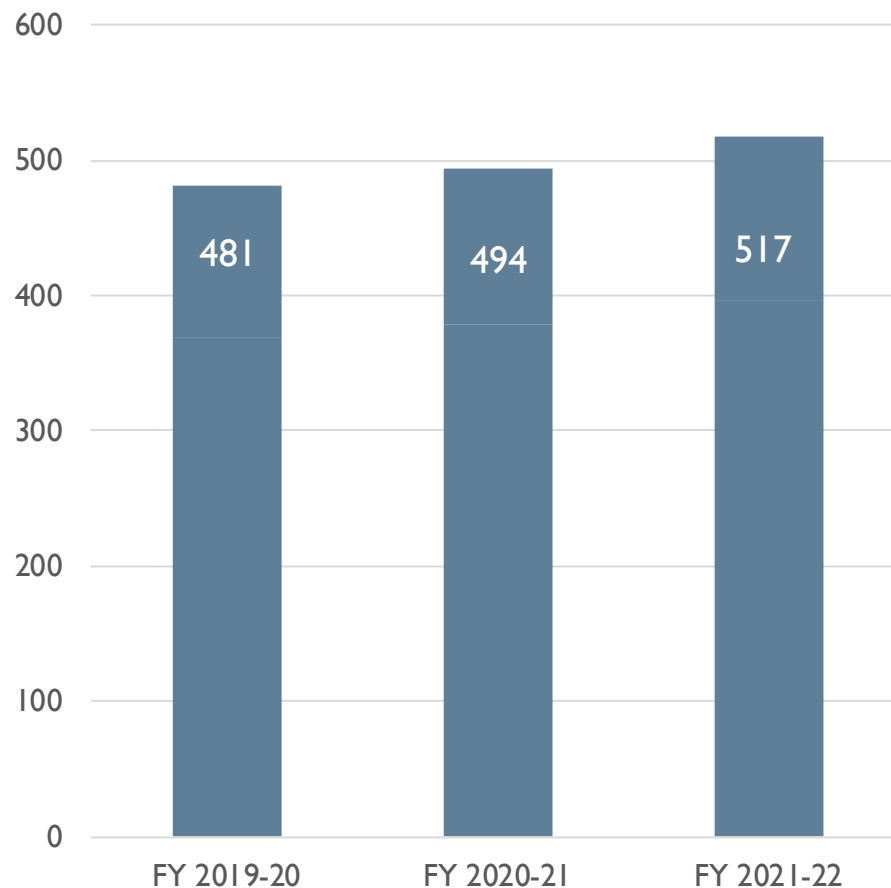



Targeted Programs to Address Maternal and Infant Health

Healthy Beginning's: Minority Infant Mortality Reduction Program

- Healthy Beginnings serves pregnant and postpartum women and their children up to two years after delivery
- Case management, home visits and other evidence-based/ evidence-informed interventions
- 2017-2021 Black infant mortality rate for NC is 12.6 deaths per 1000 live births
- In FY 2021-22 71.4% of program participants identified as Black/African American

Number of pregnant and postpartum women served by program





Targeted Programs to Address Maternal and Infant Health

NC Maternal Mental Health MATTERS

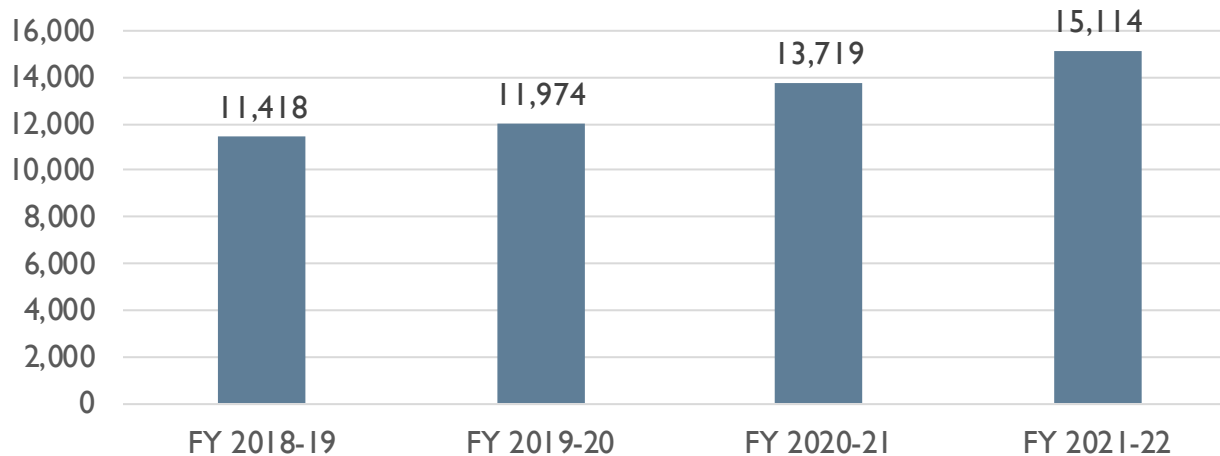
- Almost 1 in 5 women will experience a mental health condition during pregnancy or in the year after the birth*
- Designed to support primary care providers caring for pregnant and postpartum women with maternal depression and related behavioral health disorders
- Collaboration between UNC School of Medicine, NC Department of Health and Human Services, and Duke Department of Psychiatry and Behavioral Sciences
- Over 1500 calls have been received from providers on the consultation line since the program's inception - average calls per month has increased from 50 to 53
- Over 115 psychiatric assessments have also been completed for pregnant and postpartum women

*World Health Organization (September 19, 2022). Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services. Retrieved February 27, 2023 from <https://www.who.int/publications/i/item/9789240057142>



Office of the Chief Medical Examiner

North Carolina Medical Examiner System Cases



Note: All cases include a Toxicology lab

- SL 2021-180 appropriated \$503K (R) to the OCME to support 7 Medicolegal Death Investigators
- SL 2022-74 appropriated \$4.8M (R) to the OCME to support 7 Forensic Pathologists and increase rates for decedent transportation providers
- The OCME has 29 vacant position (32.6%)





Uncertain Future of Projects Developed With Federal COVID-19 Grants

- DPH received \$1.6B through 24 grants and additional supplements*
- Federal funding to develop enhanced Communicable Disease capabilities expires by 2024 (date varies by grant)
 - Staff for rapid response to outbreak and emerging infectious disease
 - Wastewater surveillance equipment and supplies
 - Ability to provide infection prevention support to long term care facilities and other settings
 - Real time reporting of data related to outbreaks
- Federal government is leaving it up to states to determine how to sustain capabilities

*Note: Not all funds are budgeted and expensed in Public Health.



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86 Local Health Departments

- Local Health Departments (LHDs) deliver many of the public health services administered by DPH
- LHD structure varies by county: County Health Department, District Health Department, Consolidated Agencies (with DSS or other agencies), combined with FQHC, etc.

LHD Services May Include:

- | | |
|--|---|
| <ul style="list-style-type: none">▪ Food & Lodging inspections/permits▪ Well and septic system permits▪ Emergency preparedness and response▪ Communicable disease▪ Immunizations | <ul style="list-style-type: none">▪ Maternal and child health services▪ Dental▪ Laboratory▪ Primary care/health screening▪ Chronic disease management▪ Additional services |
|--|---|





State Role in Local Health Department Funding

- DPH has oversight of State funds, plus the fees and federal funds that go through State Treasury
 - FY 2021-22 expenditures: \$162.4M in federal funds and \$50.7M in state funds
 - LHDs also receive funding from fees and other local revenue
- Federal COVID-19 funding: \$214.7M budgeted for FY 2022-23
- Most funds are earmarked for specific activities (e.g., COVID-19 vaccinations, HIV prevention, etc.)
 - Approximately \$11.3M a year in State funds for General Aid to Counties



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Questions?

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