



# Board Agenda Memo #W-38-04

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**To:** Officers and Board of Directors

**From:** Kitty Barnes, Vice President and Task Force Co-Chair  
Moses Carey, Task Force Co-Chair  
L. S. Guy, Task Force Co-Chair

**Date:** May 10, 2004

**Subject:** Recommendations of the Public Health Task Force 2004

Attached is a summary of the recommendations from the Public Health Task Force 2004. As the representatives of the NC Association of County Commissioners, we would like to make the following observations:

1. The Public Health Task Force 2004 Interim Report offers a starting point for a dialogue between the state and counties on the health condition of our citizens and possible improvements that could be considered for the local public health departments.
2. The recommendations are comprehensive, in that they encompass issues that directly affect the health of our citizens as well as the organization and administration of the county service delivery system.
3. Full funding of the Task Force recommendations requires approximately \$85.1 million and it is the Department's intention to seek some or all of that over time from tobacco settlement proceeds. Of that amount, \$52.5 million is recommended for the elimination of gaps in critical public health services; this would be phased in over a 4-year period.

While the Association generally supports additional state funds for mandated services, we have concerns about the statewide accreditation proposal. For this reason, we recommend that the Association oppose implementation of a mandatory accreditation process until further information can be provided. Our concerns are as follows:

- There is an on-going 6-county pilot of the proposed accreditation system for which the evaluation has not yet been completed and released;
- The primary costs of accreditation will be those costs associated with getting ready to be accredited – in other words, bringing the local agency up to a standard that might reasonably be expected to meet the requirements. These costs, which will be county costs, need to be considered in order to understand the full financial impact of a statewide accreditation program.

**Recommendation:**

It is recommended that the Board of Directors oppose legislative action on the recommendations of the Public Health Task Force 2004 in the 2004 Short Session and that we support continued study of the recommendations.

**PUBLIC HEALTH TASK FORCE 2004  
Summary of Recommendations  
4/20/04**

- 1. Establish a mandatory system of accreditation for local/district health departments:**
  - a. Accreditation to be required every four years, 22 departments each year for four years, beginning in 2005.
  - b. NC Institute for Public Health would administer the program.
  - c. Three components: self-study, team site visit, final approval by state Accreditation Board.
  - d. Includes standards in four areas: core function capacity; facilities and administration, staff competencies and training, and governance.
  - e. State Accreditation Board would be appointed by Secretary of DHHS.
  - f. Conditional accreditation could be granted for up to two years.
  - g. Loss of state and federal funds for failure to meet requirements after two years.
  - h. Development of a system for accrediting state health departments is proposed.
  
- 2. Provide \$50,000 grants to counties to support accreditation and continued quality improvement (\$1.1 M in 2005, up to maximum of \$4.4 M in 2008).**
  
- 3. Establish Office of Accountability in Division of Public Health:**
  - a. Create a Community Wellness Index (report card).
  - b. Create Best Practice Indicators (county specific data about effectiveness of efforts to promote population health).
  - c. Compile State Public Health Performance Measures to hold DPH accountable.
  - d. Implement accountability process that will use accountability data to support and evaluate the effectiveness of state/local efforts to improve the health of the residents of NC.
  - e. Work with DEH (DENR) to identify and incorporate environmental health measures.
  
- 4. Fund local health departments to improve their delivery of the ten essential public health services that form the foundation of the accountability system (\$15 M).**
  
- 5. Assess needs of public health work force:**
  - a. Conduct a short-term workforce assessment study
  - b. Identify and disseminate core public health competencies

- 6. Assure an adequately trained public health workforce:**
  - a. Develop and implement outreach and recruitment plan.
  - b. Fully fund maintenance and operation of Public Health Training and Information Network (PHTIN).
  - c. Create public health internships at the state and local levels.
  - d. Create public health scholarships.
  - e. Require training for boards of health members.
- 7. Create and fund four regional incubator pilots:**
  - a. Chosen programs would assist county public health agencies in developing cooperative approaches to service delivery, organization and preparedness.
  - b. Pilots would receive one-time funding of \$500,000 each.
  - c. Programs are expected to be self-sustaining.
- 8. Reunite Division of Environmental Health with Division of Public Health under office of the State Health Director.**
- 9. Reorganize Division of Public Health so Director reports directly to Secretary of DHHS.**
- 10. Promote collaboration and structural changes in number of local health departments through the accreditation process.**
- 11. Use national performance standards to assess state Division of Public Health.**
- 12. Improve data and epidemiology to drive state and local decision-making and resources:**
  - a. Establish a common set of core indicators.
  - b. Build capacity to conduct Behavioral Risk Factor Surveillance Survey (BRFSS).
  - c. Collect more data on behavioral and physical health of children.
  - d. Identify/analyze state and local public health problems, disparities and threats.
  - e. Identify scientific and evidence-based strategies to address identified public health problems at local level.
  - f. Provide Epidemiology training for local partners.

- 13. Fund local health departments to assess and document community needs through the Community Health Assessment (\$1.5 M):**
  - a. State would establish a uniform process.
  - b. Locals would conduct assessment every four years, update annually.
  - c. State would establish core questions to be used statewide.
  - d. Fund Office of Healthy Carolinians to provide training, technical assistance and reports.
  
- 14. Establish a comprehensive collaborative planning process:**
  - a. State would develop and implement a state health plan – four-year duration, annual updates
  - b. State Center for Health Statistics would provide county data to local departments
  - c. Office of Health Carolinians would compile and report local needs, plans and priorities to state
  - d. State would establish an annual integrated planning cycle
  
- 15. Fund improved IT capacity at local level to compile, analyze and report health data to:**
  - a. Assure HIPAA compliance, and
  - b. Build local interface with PH information network (PHIN).
  
- 16. Provide additional support for core infrastructure needs :**
  - a. Authorize local health departments to charge fees based on costs for food and lodging inspections.
  - b. Develop “low wealth” formula for distribution of program and administrative funds to local health departments.
  - c. Seek private philanthropic support.
  - d. Seek state appropriations for equipment replacement at the State Laboratory.
  - e. If any new health-related revenues are authorized by the General Assembly, a significant percentage should be directed to public health infrastructure and services.
  
- 17. Phase in state funding for county Medicaid share and require that a significant portion of freed up local revenue be appropriated by the counties for local public health core infrastructure and service needs.**
  
- 18. Eliminate funding gaps in critical public health services: school nurse services, HIV Prevention/Control, AIDS/ADAP, Title VI Compliance, Chronic Disease Prevention, Injury Prevention, Immunizations (Prevnar) and Environmental Health (\$13.1 M cumulative for four years = \$52.5 M annually by 2008.**