

A Path Forward for Local Public Health: Discussion on Immediate and Future Priorities

August 13, 2021

North Carolina Association of County Commissioners Annual Conference



NCALHD

North Carolina Association
of Local Health Directors



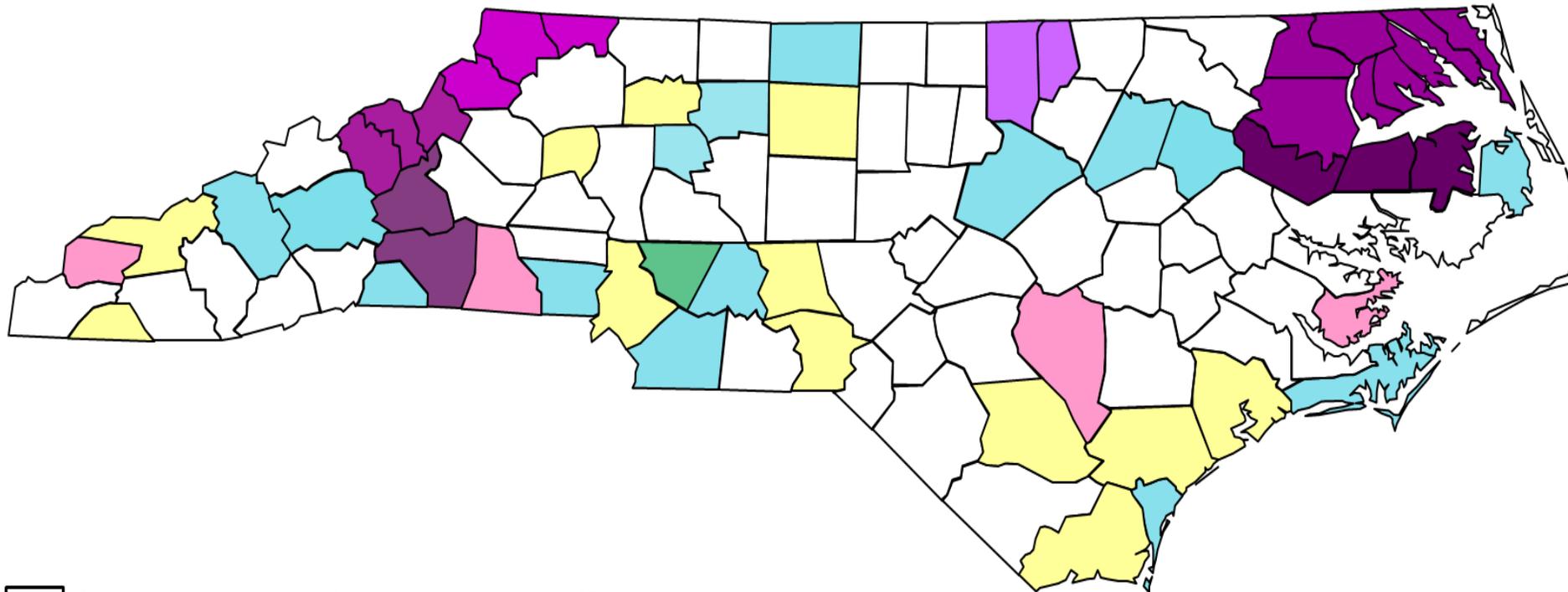
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Local Public Health Infrastructure

the context, needs, and strategic conversations

Types of Local Public Health Agencies & Boards

June 2021



-  County health department with county board of health (47)
-  County health department governed by board of county commissioners (Graham, Cleveland, Sampson, Pamlico) (4)
-  District health department with district board of health (6 districts delineated by different shades of purple) (Yancey, Mitchell, Avery; Rutherford, McDowell; Watauga, Ashe, Alleghany; Granville, Vance; Hertford, Bertie, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck; Martin, Tyrrell, Washington) (21)
-  Consolidated human services agency with consolidated human services board (Haywood, Buncombe, Polk, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, New Hanover, Carteret, Dare) (15)
-  Consolidated human services agency governed by board of county commissioners (Clay, Swain, Alexander, Yadkin, Mecklenburg [no advisory committee], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) (12)
-  Public hospital authority with hospital board authorized to act as board of health (Cabarrus) (1)

Local Public Health Funding

- ▶ Funding sources vary tremendously:

Local, State, Federal, and “Other” on average,

- ▶ 22% of LHD operating budget comes from state/federal combined
- ▶ Local funding amounts range from \$10,000 in Camden County to ~\$50,000,000 in Mecklenburg County but across the state, local funding covers less than 50% of a Local Health Department’s operating budget
- ▶ Fees and ‘Other’ / ‘Grants’ fund the remaining balance of a local health department budget
- ▶ Rural – Urban Continuum sees incredible differences
- ▶ Per capita funding is in the bottom 5% of the nation
- ▶ NC DPH / LHD represents less than 3% of total DHHS budget and less than 0.1% of state budget

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.

-Trust for America's Health (2016)



County-level Public Health Funding

- ▶ In FY 2019, the % of local public health funding covered by local dollars ranged from 7% to 71% in our state
- ▶ Additional state funding helps alleviate counties' financial responsibilities
- ▶ House budget contains \$36M for general communicable disease



Over 40% of COVID-19 vaccinations given in NC were given at local health departments.

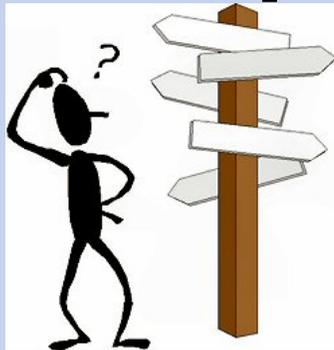
What does local public health look like right now?

What has COVID-19 exposed about our infrastructure?

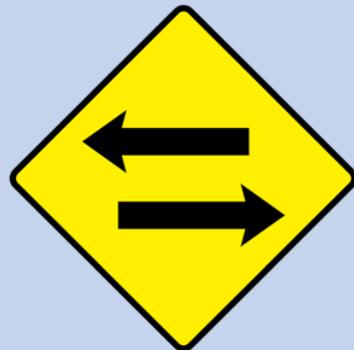
Today, the demands on the public health system are greater than ever. Health of a community drives the economy. Poor community health translates into a reduction in community growth, loss of existing or future industry, and ultimately reduced tax revenue.

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

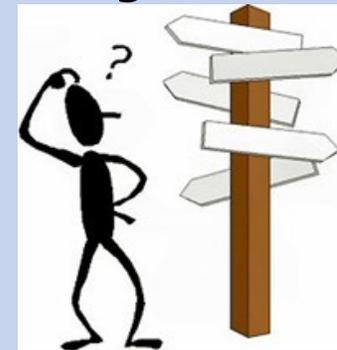
Unpredictable and steadily decreasing federal and state funds puts our local public health system at risk.



They'll pay



They'll pay



Mandated Services

Provide:	Provide/contract/certify:
Food, lodging & institutional sanitation	Adult Health / Primary Care / Maternal Health / Child Health
Individual on-site water supply	Care management
Sanitary sewage collection, treatment & disposal	Dental public health
Communicable disease control	HIV / STD
Vital records registration	WIC (Women, Infants & Children)
Health Education & Promotion	Family planning
(Community Health Assessment)	Public health laboratory
	Preparedness and Response

State Funding and Actual Cost for Mandated Services

example taken from 2018 in ONE rural district health department

Communicable Disease

State Funding Provided:	\$4,147 (General Communicable Disease AA)
Actual Program Cost :	\$352,866

Environmental Health

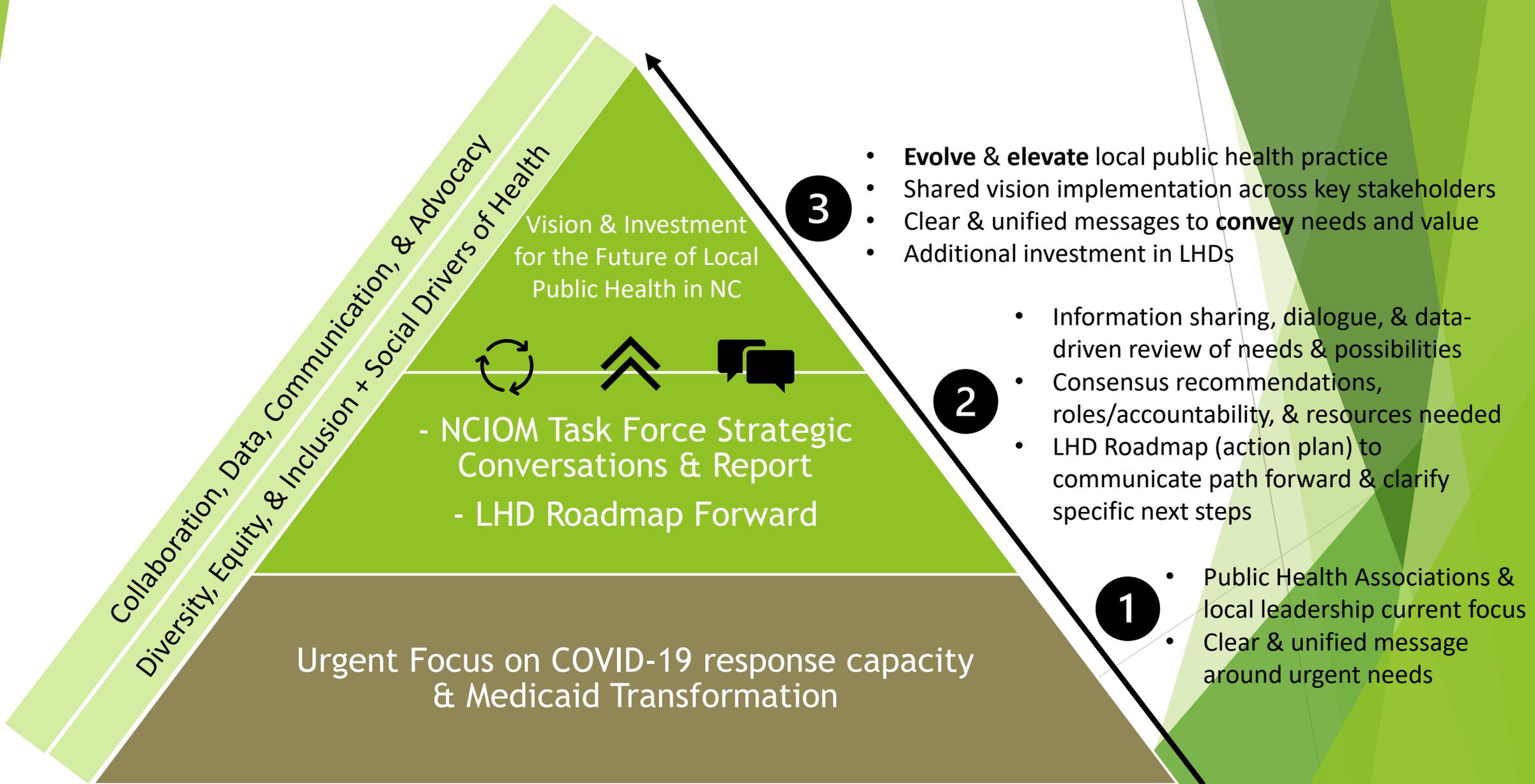
State Funding Provided:	\$16,500
Actual Program Cost	\$611,761

Vital Records

State Funding Provided:	\$0
Actual Program Cost	\$24,017

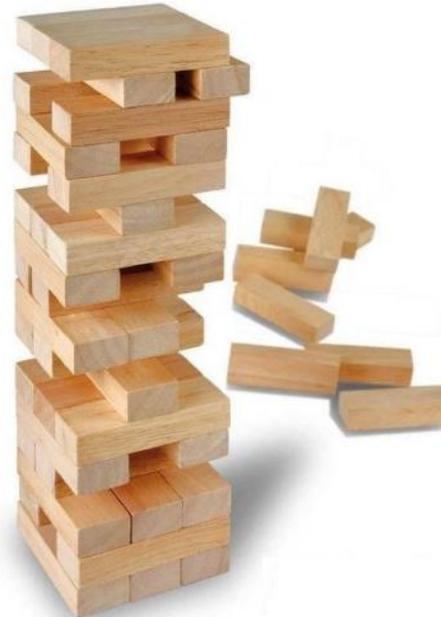
Maintaining the Health Care Safety Net: Local Health Departments

Elevating Practice – **Evolving** Workforce & Data – **Conveying** Effectiveness



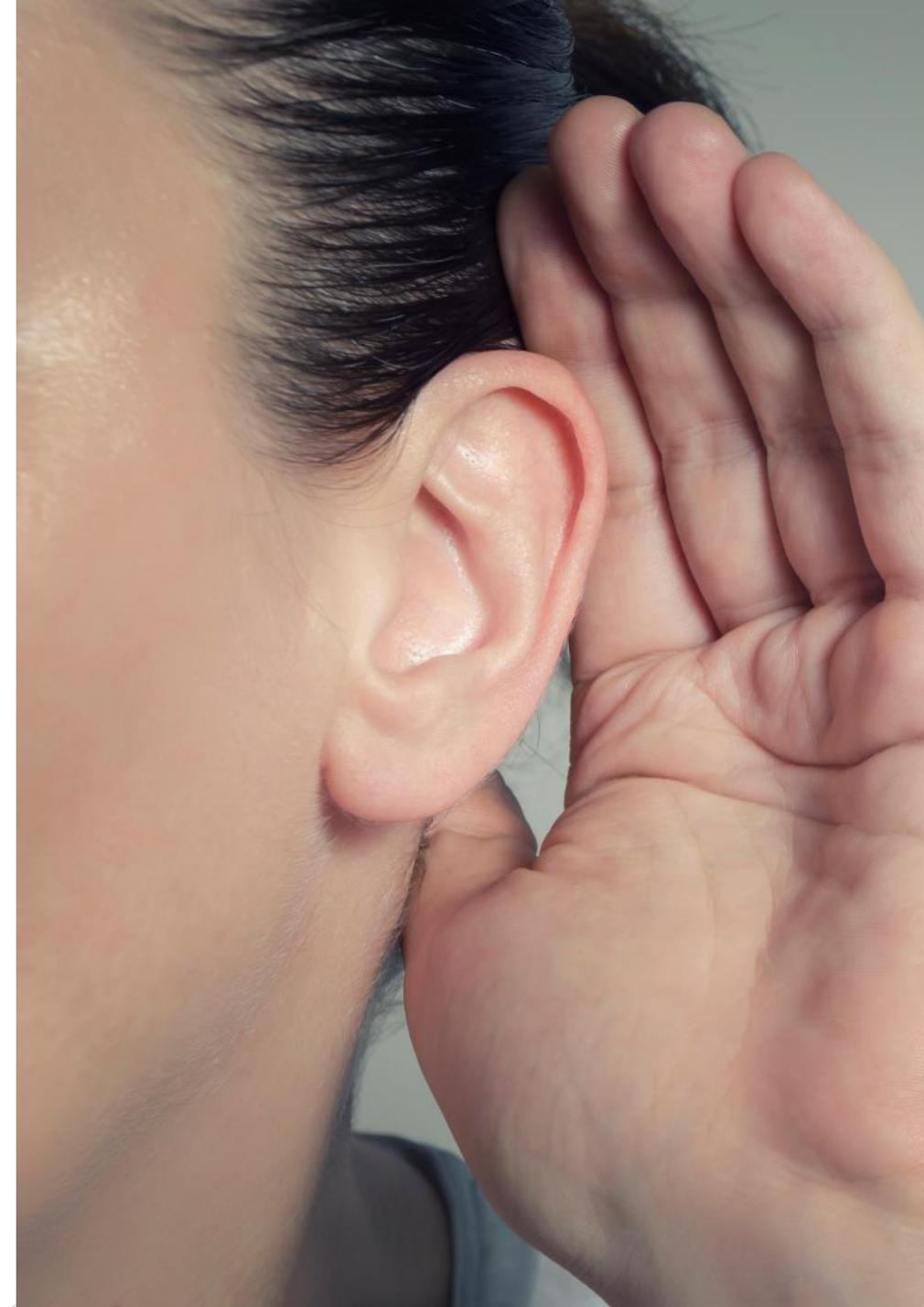
Piecing it all together well relies on a strong foundation

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.



Additional Listening

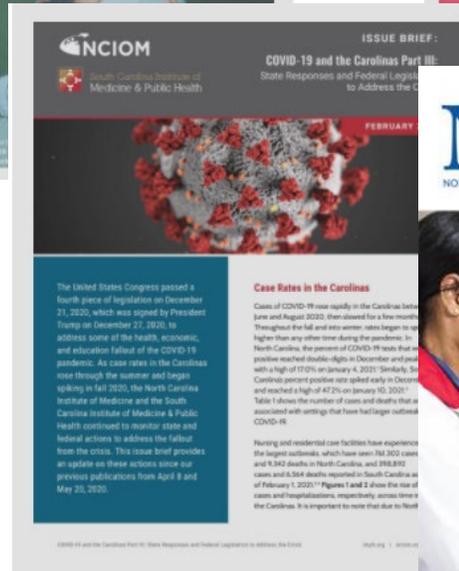
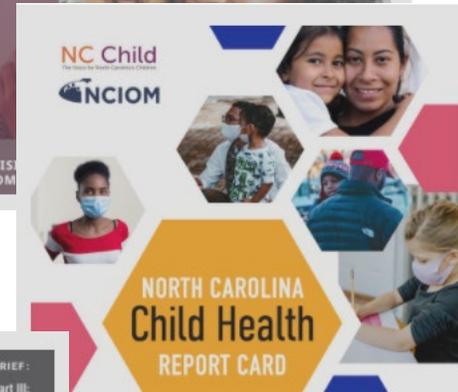
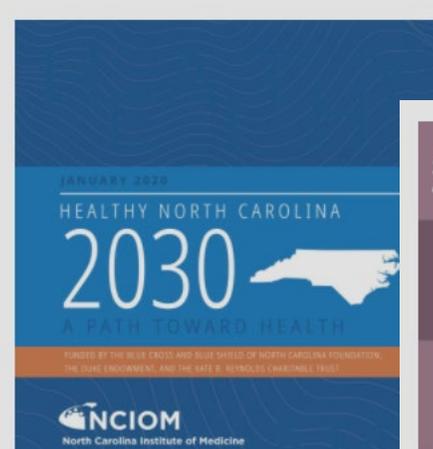
- ▶ Health Committee listening session this Fall
- ▶ Additional Commissioner & County Manager listening sessions being planned for Fall 2021/Winter 2022
- ▶ Stay Tuned!





“An anchor institution.”

- Non-partisan
- Consensus-driven
- Evidence-based
- Solution-focused
- Serving one “client”:
All North Carolinians

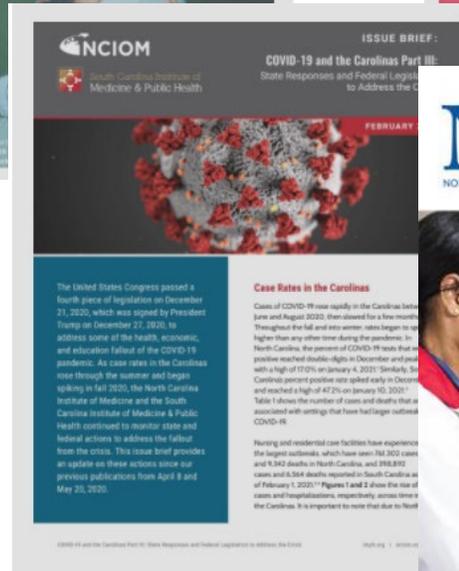
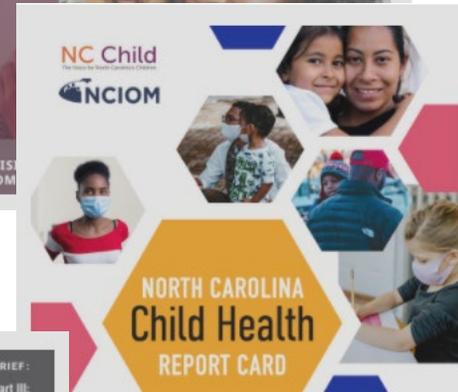
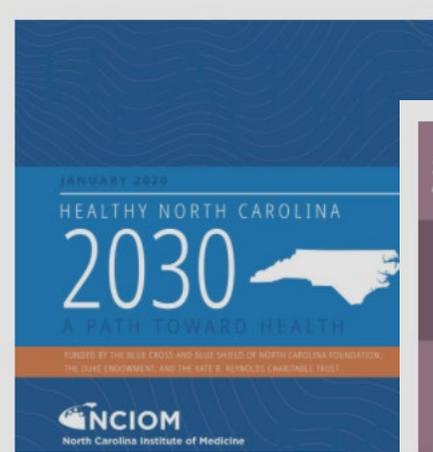




“I marvel at the ability of the NCIOM staff to maintain a “Switzerland” attitude about things they care deeply about. And at the same time they are not so “Switzerland” that they can’t get anything done.

It’s hard to be balanced and fearless at the same time. They are balanced because the recommendations are based on evidence, but they are not afraid to call out gaps and opportunities based on that strong evidence.

The NCIOM has not isolated itself from people who don’t agree with each other or don’t agree with you. This is a much-needed quality in our society today.”



Local Public Health
is Underfunded.

Local Public Health
is Understaffed.

Local Public Health
is Overwhelmed.

Local Public Health
is vital to our
goals.

PUBLIC HEALTH INFRASTRUCTURE

- ✓ Assessment/Surveillance
- ✓ Emergency Preparedness and Response
- ✓ Policy Development and Support
- ✓ Communications
- ✓ Community Partnership Development
- ✓ Organizational Administrative Competencies
- ✓ Accountability/ Performance Management

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PUBLIC HEALTH INFRASTRUCTURE

“We are so often “drinking from the firehose,” it is difficult to focus on these foundational capabilities.”

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PUBLIC HEALTH INFRASTRUCTURE

“We struggle being able to do ALL of these things simultaneously well with the funding and staffing levels we have. We have to staff communication and so far, this is not something that is consistently funded. Similarly, we spend so much time on quality assurance/ accountability to dollars and program deliverables for 432 contracts/programs/grants/gov't levels, there is no room left in the day to actually look at outcomes and performance management the way we need to.”

A diverse group of people of various ages, ethnicities, and abilities is scattered around the slide. Some are standing, some are sitting in a wheelchair, and some are in professional attire. They appear to be engaged in a discussion or a community meeting.

What is the work
that local public
health **should be
doing** right now?

Workforce
Data Modernization
Funding
Partnerships
Advocacy
Governance
Communications
Health Equity

What are the
**structures,
investments and
policies** needed to
get there?



What is the work that local public health **should be doing** right now?

What are the structures, investments and policies needed to get there?

THANK YOU!

For helping us rise to the challenges of COVID-19 across North Carolina
& support of elevating our practice moving forward!



Opioid Settlement & Potential Uses

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Opioid Litigation Settlement

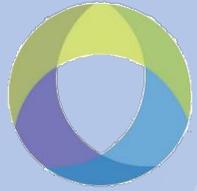
\$850 million over 18 years

Majority of funds (80%) go to local governments and municipalities

Participants sign MOA to accept the settlement

Option A: a local government may fund one or more strategies from a shorter list of evidence-based, high impact strategies to address the epidemic

Option B: a local government may fund one or more strategies from a longer list of strategies after engaging in a collaborative strategic planning process involving a diverse array of stakeholders at the local level



GRANVILLE VANCE
public health



Martin-Tyrrell-Washington
DISTRICT HEALTH

LOCAL PUBLIC HEALTH RESPONSE TO THE OPIOID CRISIS IN NC

A collaborative approach to planning and implementing
opioid overdose prevention programs

Lisa Macon Harrison, Granville Vance Public Health

Wes Gray, Martin-Tyrrell Washington District



North Carolina Association
of County Commissioners



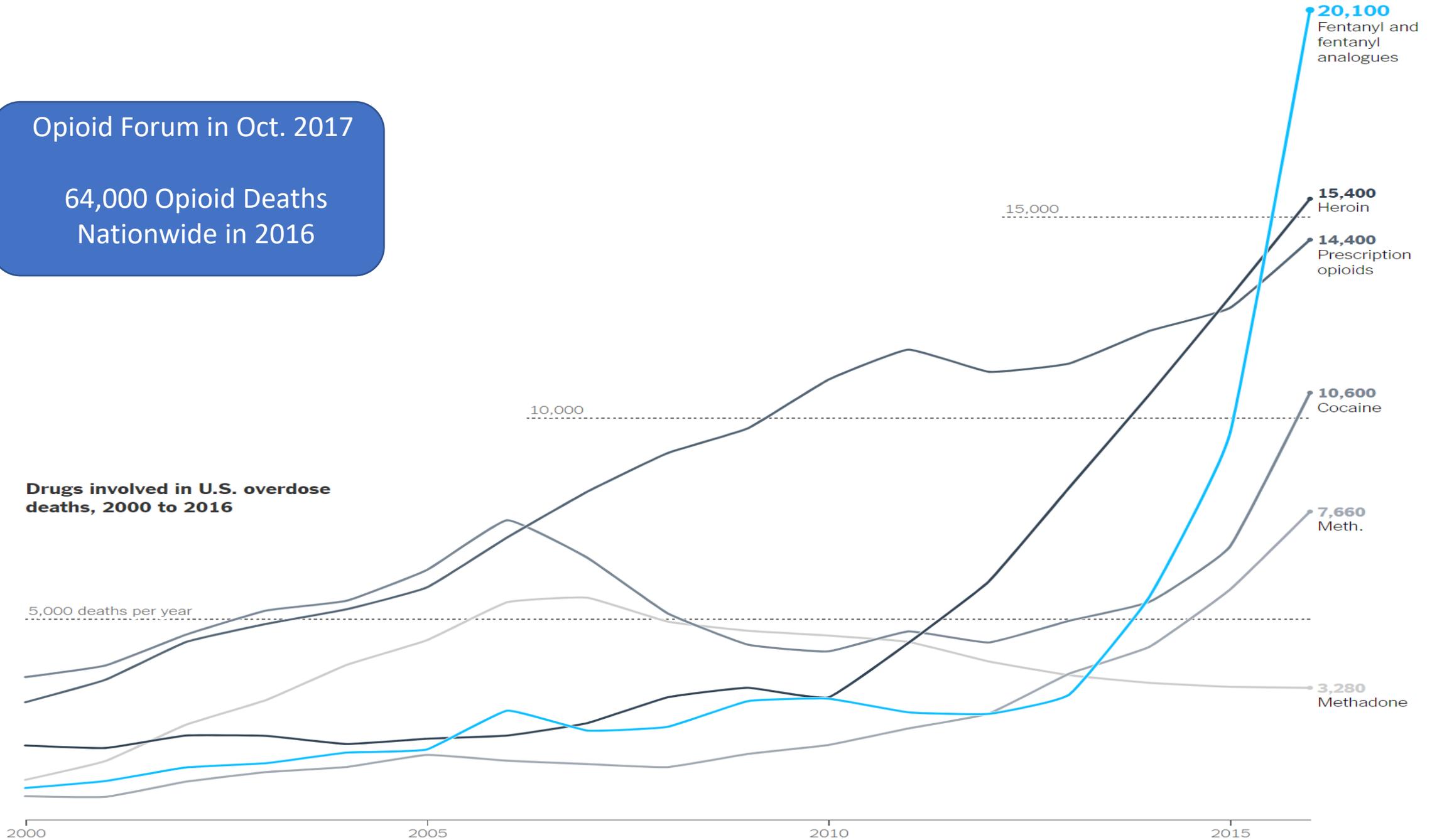
2017 County Leadership Forum on Opioid Abuse



Opioid Forum in Oct. 2017

64,000 Opioid Deaths
Nationwide in 2016

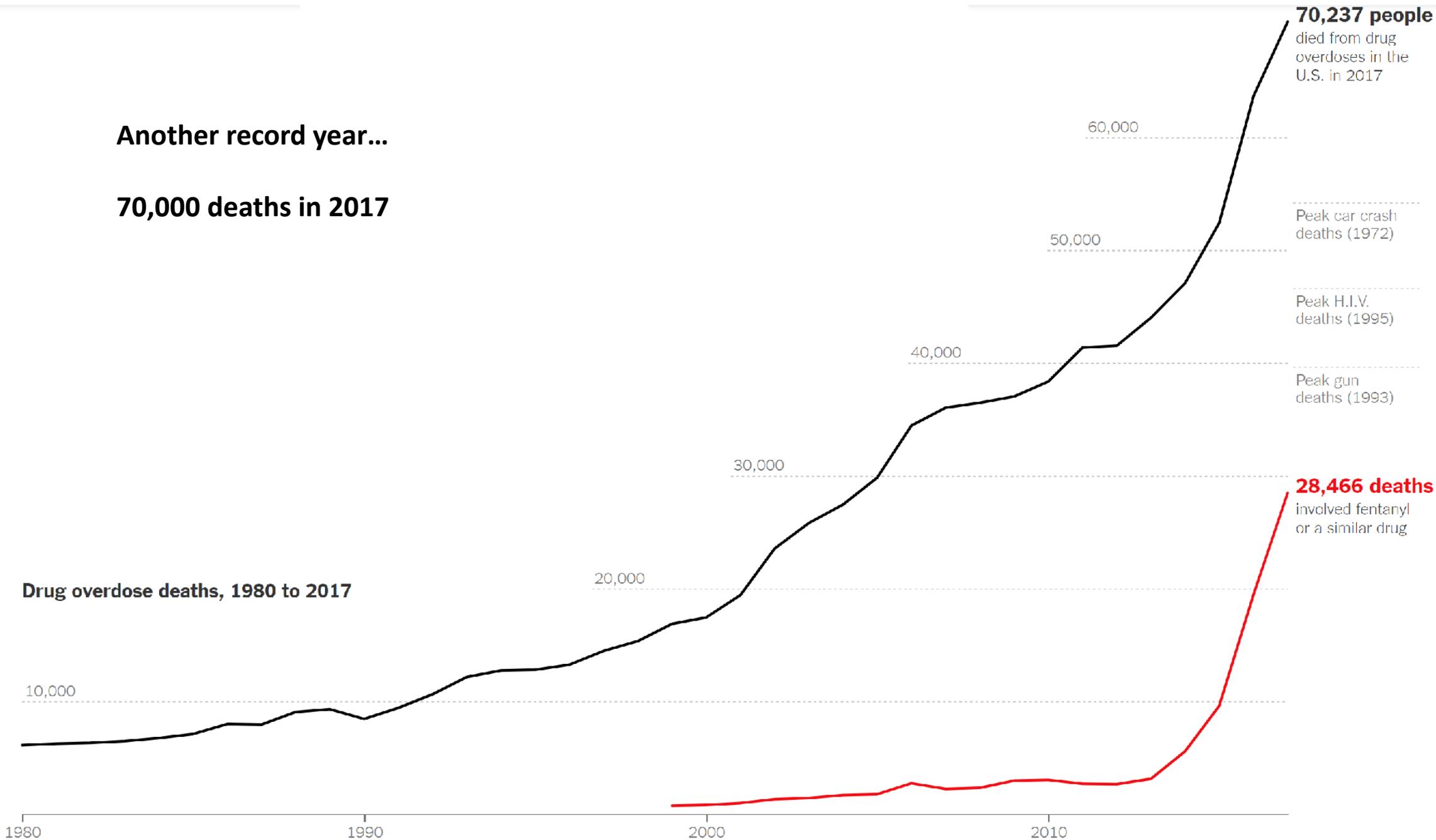
Drugs involved in U.S. overdose deaths, 2000 to 2016



Another record year...

70,000 deaths in 2017

Drug overdose deaths, 1980 to 2017



70,237 people
died from drug
overdoses in the
U.S. in 2017

60,000

Peak car crash
deaths (1972)

50,000

Peak H.I.V.
deaths (1995)

40,000

Peak gun
deaths (1993)

30,000

28,466 deaths
involved fentanyl
or a similar drug

20,000

10,000

1980

1990

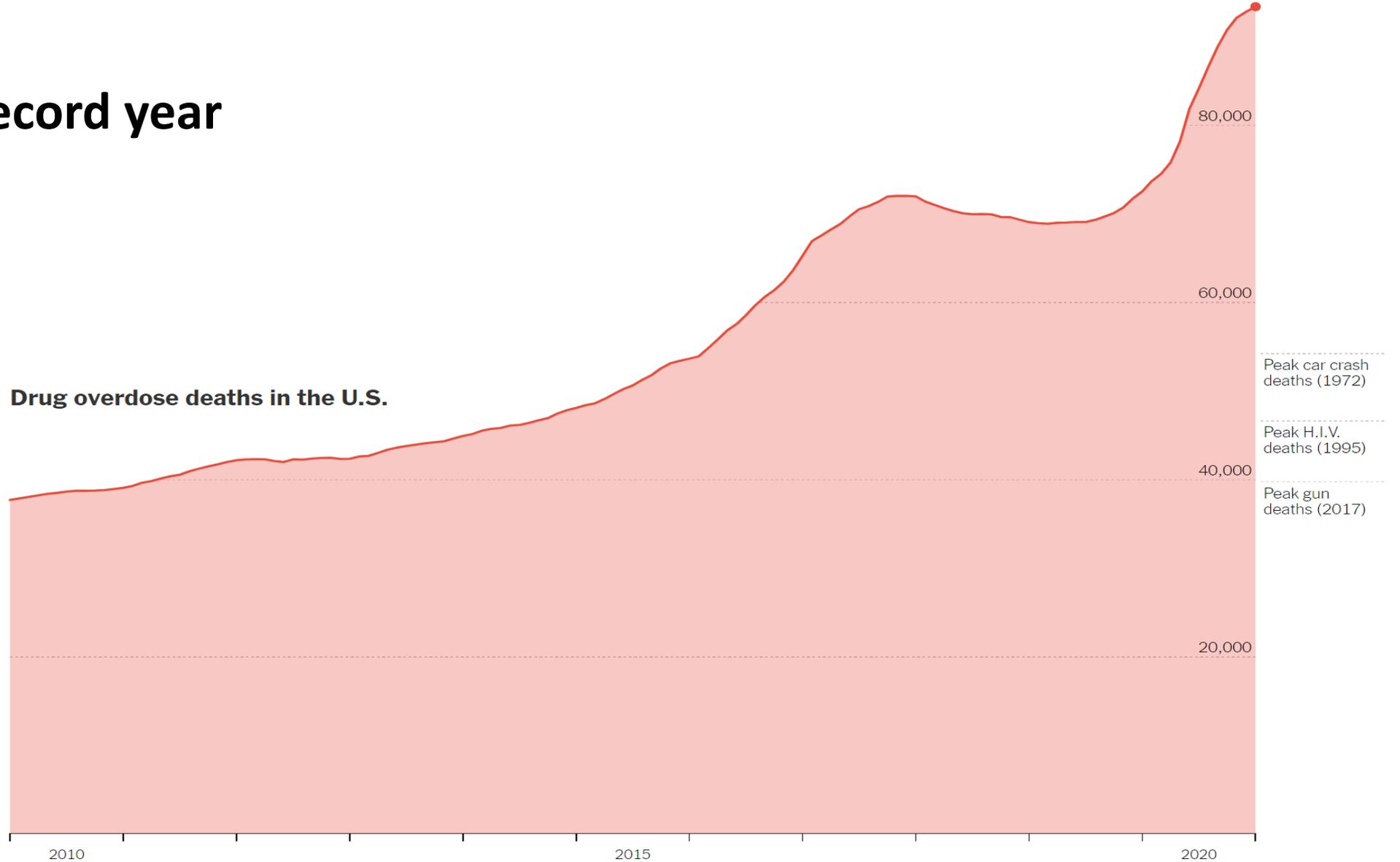
2000

2010

Yet another record year

Drug overdose deaths in the U.S.

93,331 people
died from drug overdoses
in the U.S. in 2020

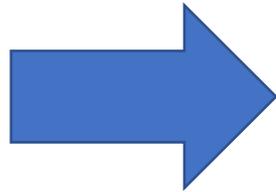


Source: Centers for Disease Control and Prevention

The New York Times



North Carolina Association of County Commissioners



Creation of 2nd Judicial District
Opioid Coalition in late 2017

Covering Martin, Tyrrell,
Washington, Beaufort, and Hyde





2ND JUDICIAL DISTRICT OPIOID COALITION

STRATEGIC ACTION PLAN 2019-2023

INCREASE AWARENESS & PREVENTION

- OBJECTIVE** By 2023, increase awareness and knowledge of SUD to 70% of residents.
- ACTION** Implement media campaign (i.e. FB, WordPress, billboards, PSA).
- ACTION** Host annual opioid forums to educate about stigma, impact, signs/how to respond to OD, how to get involved).
- ACTION** Educate youth in schools with evidence-based prevention program.
- ACTION** Teach chronic disease and pain self-management classes.

INCREASE ACCESS TO NALOXONE

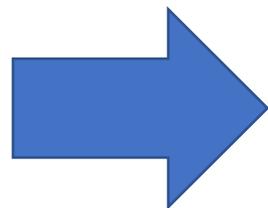
- OBJECTIVE** By 2023, distribute 1,000 overdose prevention kits to individuals at-risk or post-overdose and lay people.
- ACTION** Host quarterly community overdose prevention trainings and distribute kits.
- ACTION** Establish an EMS "leave behind" overdose prevention kit program.
- ACTION** implement overdose prevention kit distribution programs in community organizations (i.e. LHD, LE, MGH, jails)
- ACTION** Expand syringe exchange programs to serve all five counties.

REDUCE DIVERSION & FLOW

- OBJECTIVE** By 2023, increase the percentage of prescription drugs collected at drop-off sites and events by 20%.
- ACTION** Engage community organizations to host bi-annual drug take-back events.
- ACTION** Promote drop-off locations through media, flyers and postcards.
- OBJECTIVE** By 2023, distribute 300 medication lockboxes and 1,000 DisposeRx packets to community members.
- ACTION** Allocate funding to purchase and distribute lockboxes and packets through community organizations.

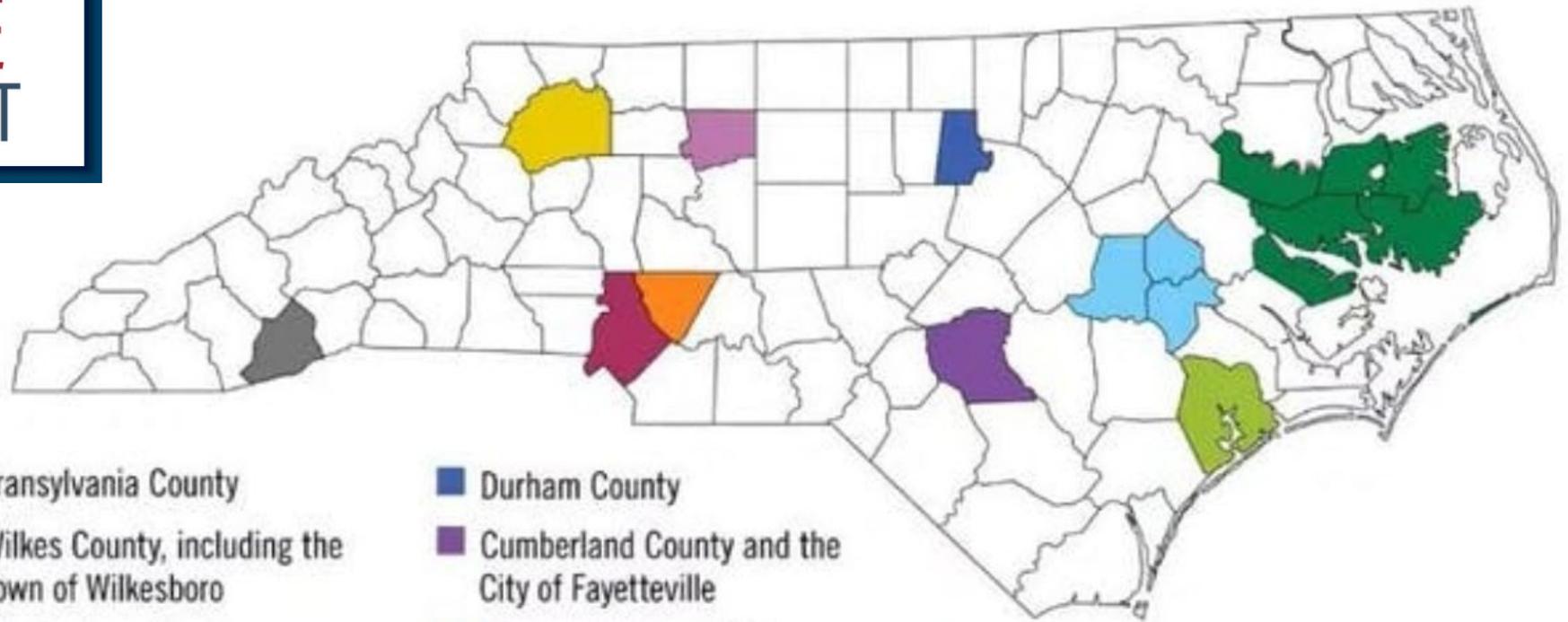
EXPAND TREATMENT AND RECOVERY

- OBJECTIVE** By 2023, increase linkages to SUD treatment and recovery services by 25%.
- ACTION** Advertise SEPs and link participants to recovery and treatment resources.
- ACTION** Explore options to provide transportation assistance to individuals seeking treatment/recovery services.
- ACTION** Establish a pre-arrest diversion program (i.e. LEAD) and support post-arrest diversion program (i.e. D2RC).
- ACTION** Connect justice-involved individuals to harm reduction, treatment and recovery (i.e. naloxone upon release, recovery group & overdose prevention course in jail).
- ACTION** Develop post-overdose response team.



\$10,000 Planning Grant

THE OPIOID RESPONSE PROJECT



■ Transylvania County

■ Wilkes County, including the Town of Wilkesboro

■ Mecklenburg County

■ Cabarrus County

■ Forsyth County, including the City of Winston-Salem and the Town of Kernersville

■ Durham County

■ Cumberland County and the City of Fayetteville

■ Greene, Lenoir, and Wayne Counties, including the NC 8th Judicial District

■ Onslow County, including the City of Jacksonville

■ Beaufort, Hyde, Martin, Tyrell, and Washington Counties; Office of the District Attorney and Chief District Court Judge in the NC 2nd Judicial District; Human services and law enforcement agencies from all five counties



**First regional
treatment court in
North Carolina –
*servicing 5 counties***



DISTRICT TWO
RECOVERY COURT
EST. 2020

District 2
Recovery Court



BJA

Bureau of Justice Assistance
U.S. Department of Justice

KATE B. REYNOLDS CHARITABLE TRUST

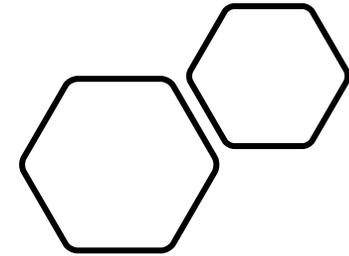
Investing in Impact

\$382,652 over 4 years for court operations, full time court coordinator, peer support, transportation, weekly treatment meetings



\$370,145 over 3 years for medium and low risk offender treatment services, peer support, and transportation

Beaufort County	\$10,000
Martin County	\$10,000
Hyde County	\$5,000
Tyrrell County	\$500
Washington County	\$5,000
Martin County ABC Board	\$1,200
United Fund of Washington County	\$500
Pizza Inn Fundraiser (September 2019)	\$430



MTW District Health – The HOPE Exchange *Opened August 2020*

Start – Up funding from NC DHHS

- 190 registered participants
- 9730 syringes distributed
- 1470 syringes returned and safely disposed of
- 205 naloxone kits distributed
- 23 overdose reversals using naloxone reported



NENCPPH

Northeastern North Carolina Partnership for Public Health



VIDANT HEALTH™

**Scan or Call for Local Substance Use
Help or Information**



Connecting People to Prevention, Treatment & Recovery Services



SCAN ME ↑

1-800-939-5911

Free, Confidential, 24/7

www.nencconnect.org



GRANVILLE VANCE

public health

Community Health Assessments continue to tell us Mental Health and SUD are priorities and have been for some time... our role is to **convene community partners and apply evidence-based practices to address community priorities.**

In the last three Community Health Assessments conducted by GVPH, mental health and substance abuse together were identified as a top health challenge facing our Counties. According to the last Community Health Opinion Survey:

- **43% of Granville and 53% of Vance County residents selected drug abuse as the most important issue impacting the health of their community.**
- **27% of Granville County residents and 38% of Vance County residents have had a friend or family member that has been affected by the use of prescription painkillers, opioids, or heroin.**



Clinical Services and Care Management

Primary care, child and maternal health, family planning and other healthcare services.



Health Promotion & Wellness

Education and information Granville and Vance residents need to lead healthy, productive lives.



Nutrition and WIC (Women, Infants, and Children)

Supplemental nutritious foods, nutrition education, breastfeeding support, and referrals.



Environmental Health

Inspections and enforcement of local and state public health laws, rules and regulations.

Opioid Overdose Rates

OUD prevalence data	NC	Granville	Vance
Rate of Unintentional Overdose Deaths per 100,000 (2019)	17.2	14.9	24.7
Rate of Opioid Overdose ED visits per 100,000 (2020)	79.4	87.7	112.3

All data from the Injury and Violence Prevention Branch, NC DHHS

Vance County has among the highest rates of unintentional overdose deaths and opioid overdose emergency department (ED) visits in North Carolina –which lit the path clearly for this work to be prioritized.

The community cares and wants to make a positive difference.

Local Health Department Role in Response & Recovery for Individuals and Communities

LHDs:

- Assess strengths & needs
- Assure Services & community-based Interventions
- Develop policies & partnerships

- Evidence-informed work with harm reduction strategies and community partners have been the formula for what has worked so far.
- Programs and strategies have been designed for building an effective collaboration between municipal public-health agencies and not-for-profit community organizations.
- An academic rural health department model responds well to community needs with evaluation and data collection built-in.
- Community Health Assessments light the path and priorities: Public health finds the interventions and solutions WITH community – together with those most affected by the disease.

Success and Recovery for Communities

When the cause of death is clear & present, and also preventable, public health intervenes together with community to determine the most effective course of action.

-Lisa Macon Harrison

- **VIBRANT:** *Vance Initiates Bringing Resources and Naloxone Training* – Initial collaboration and assessment of needs/strengths in 2015-2020.
- **REGIONAL STEPPING UP INITIATIVE** – County supported approach to mental health and substance use disorder treatment among the justice-involved populations across five counties: **Granville, Vance, Halifax, Franklin, Warren** 2015-2021-growing.
- **HARM NOT / MAT** – Medication Assisted Treatment for Opioid Use Disorder is established evidence-based approach for recovery 2016-2021-growing.
- **HRSA INTEGRATED CARE** – Four-year grant initiative to build more integrated services for the local community and bring behavioral health expertise inside the health department – grant helps us hire two full time providers. 2020-2024-learning.

Vance Initiates Bringing Resources and Naloxone Training

Project V.I.B.R.A.N.T was established as a collaborative partnership across many different local agencies in Vance County to prevent overdose and save lives through the distribution of overdose rescue kits containing naloxone, a medicine that reverses opiate/opioid overdoses.

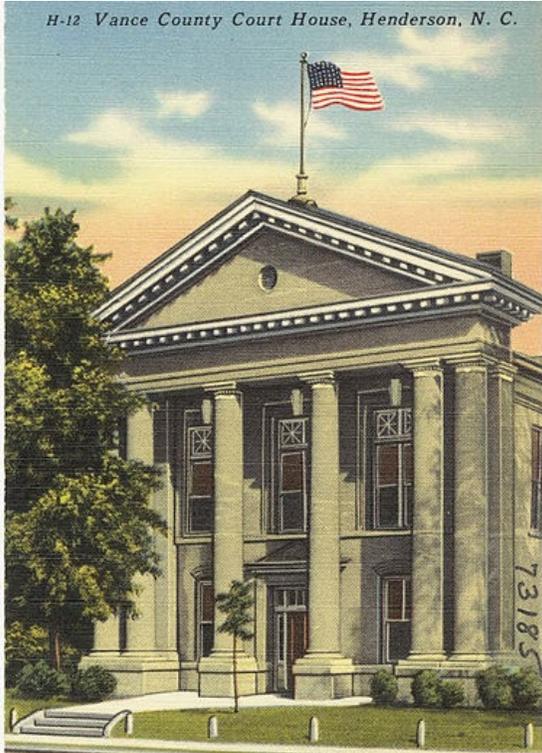
Over time, Naloxone distribution and safe syringe exchange (SSE) programs were built by V.I.B.R.A.N.T and are currently sustained and continue to be successful.

project

V.I.B.R.A.N.T

Vance Initiates Bringing Resources And Naloxone Training





Major Milestones After 4 Years

- 6,403 naloxone kits distributed
- 813 community overdose reversals reported (That's 1 reversal for every 7-8 kits distributed)
- **10X growth** in number of participants served from 39 participants in 2016 to **375 participants in 2020**
- **330,844 syringes distributed**
- **158,377 syringes returned for safe disposal**
- Strong inter-agency partnership between Granville Vance Public Health and the North Carolina Harm Reduction Coalition
- Division of labor that leans on each partner agency's strengths and abilities.

“That’s what rural [life] already is – who you know and getting people together. Building that farmhouse – ... raising the barn.”



Complexity

Community Partners and Influences

- Individuals and Families affected by disease and death of loved ones
- Public Health
- Law Enforcement
- Behavioral Health
- Health Care System
- Medicaid and PHPs
- Elected officials
- Faith-based agencies and leaders
- Human Behavior
- Disease Incidence and Death
- Evidence-informed interventions
- Recovery
- Politics
- Religion
- Economics
- Insurance

National Stepping Up Initiative

- Stepping Up is a national initiative to reduce the number of people with mental illness in jails
 - Almost 400 counties have passed resolutions
- Stepping Up provides a framework to assist counties with development & implementation of systems-level plans
- Franklin, Granville, Halifax, Vance, and Warren Counties formed a regional Stepping Up Initiative in Nov. 2015

National Stepping Up Initiative

- More than 2/3rds of jail detainees have a substance abuse disorder.
- 17% of jail population has serious mental illness.
 - 75% of those have co-occurring mental illness and substance abuse disorder.
- Inmates with mental illness...
 - _have a longer length of stay and are more likely to return to jail
 - _don't receive the treatment they need in jail
 - _cost the jail is 50% more than other inmates**

Regional Stepping Up Initiative

Five-County NC Stepping Up Initiative Road Map

A call to action to reduce the number of people
with mental illness in our county jails





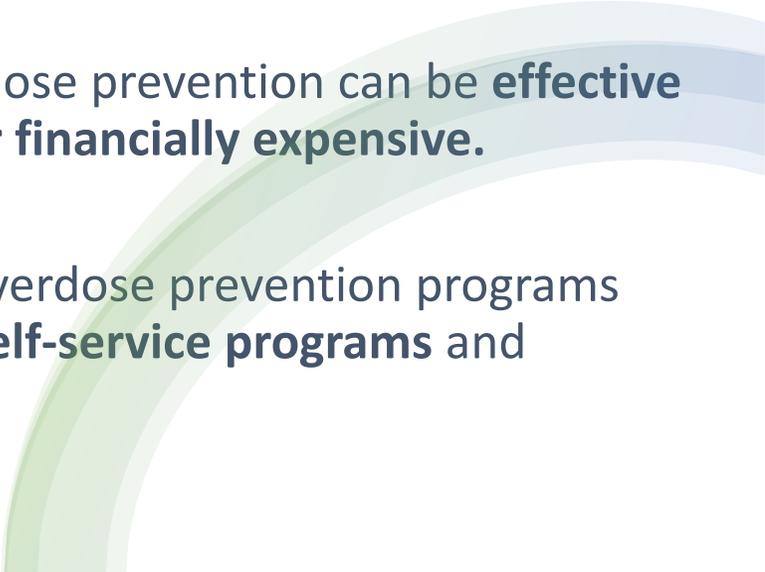
HARM NOT
Medication Assisted
Treatment

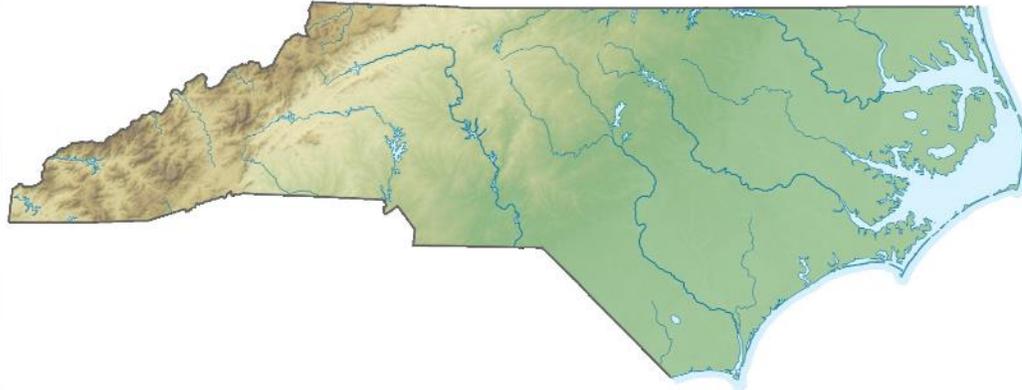


HRSA Grant for Integrated Care



Practical Take-Aways

- **Basic resources and partnerships are essential as an engine for making change happen.**
 - **Local health departments as well as individuals who are directly impacted by substance use are needed in leadership positions** in order to ensure the success of harm reduction and overdose prevention efforts.
 - Rural harm reduction and overdose prevention can be **effective without becoming politically or financially expensive.**
 - Essential harm reduction and overdose prevention programs can be **direct service** or novel **self-service programs** and remain effective.
- 



“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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