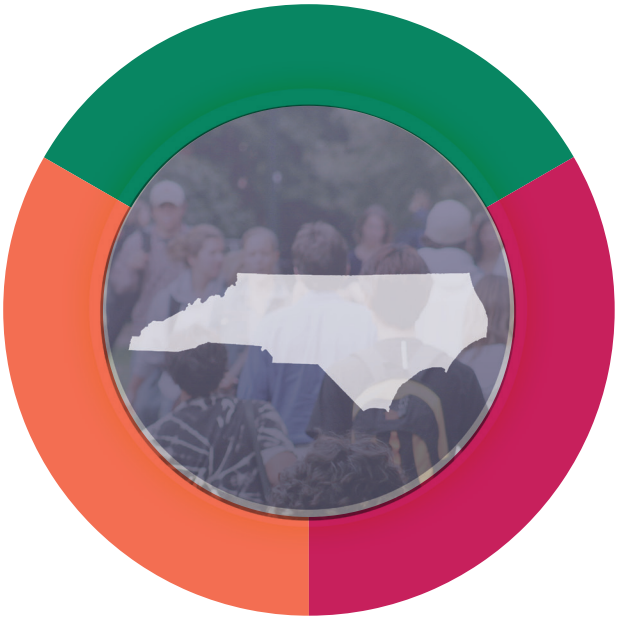
Comparing North Carolina's Local Public Health Agencies: The Legal Landscape, the Perspectives, and the Numbers

ISSUE BRIEF



Introduction

In North Carolina, there are multiple types of local public health agencies in operation across the state. Some counties stand alone, while some work regionally. Some counties have taken steps to have public health and social services co-locate or coordinate service delivery. Some have created independent authorities for public health. In one county, the board of county commissioners, rather than an appointed board of health, is serving as the governing board for the agency.

For many years, state and local policymakers, public health practitioners and others have discussed the best way to organize North Carolina's local public health system. In 2011, the conversation was rekindled when several bills were introduced in the state legislature that, if enacted, would alter the legal and policy landscape for local public health agencies. Thus far, the conversation has focused on issues such as (1) allowing more

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counties to have the option of pursuing changes to governance and agency organization that are currently available only to large counties, (2) requiring that local agencies serve a geographic area that meets a minimum population threshold, or (3) encouraging counties to establish district health departments or public health authorities.

These policy conversations have provoked a number of questions about how the different types of local public health agencies in North Carolina compare on measures such as costs, staffing, service delivery, and community health outcomes. The answers to the questions were not readily available. With funding from the Robert Wood Johnson Foundation, this research study attempts to address the lack of information and provide state and local decision makers with a detailed comparative analysis of the different agency types.

We gathered information to compare the types of agencies across three broad categories:

- **The Legal Landscape.** In the first section of the report, we provide the background necessary to understand the legal and policy landscape for the delivery of public health services at the local level. We offer answers to questions about the laws that apply as well as some insight into how the agencies operate.
- **The Perspectives.** The second section explores local and state policymakers' and public health leaders' subjective impressions of the different types of agencies. These impressions are a large part of what fuels discussions surrounding change at the local level.
- **The Numbers.** In the final section, we analyze quantitative data to compare the different types of public health agencies in five key areas: financing, workforce, information technology, services delivered, and performance on selected service delivery outputs and community health outcomes.

In addition to the information included in the report, supplementary materials are available online. For example, our website includes detailed questions and answers about each of the different types of local public health agencies, the directors, and the governing boards. The website also includes a detailed compilation of the perspectives summarized in the report as well as the raw data used in the comparative quantitative analyses. This additional information can be found at www.ncphagencies.unc.edu.

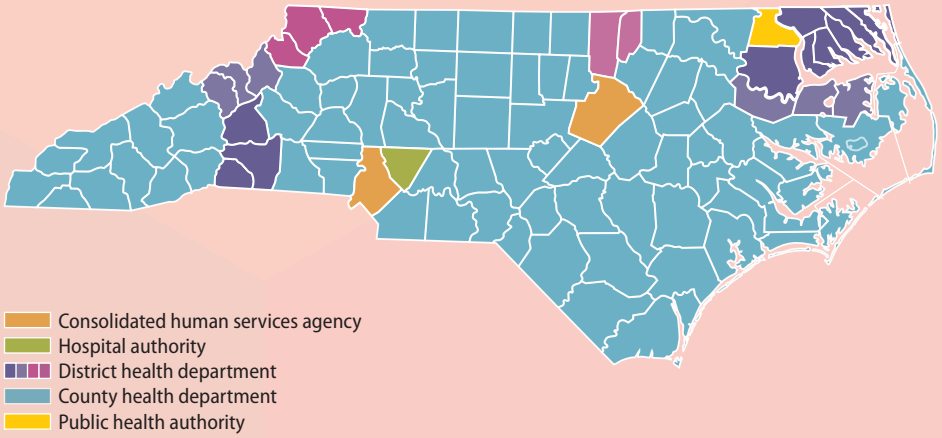
Below are some highlights from each section of the report.

"Some realistic information on the different models [would be helpful] . . . What counties are using it? How are they benefitting? Pitfalls and so forth, because right now, we're just talking in a vacuum."
County Commissioner

The Legal Landscape: Local Public Health in North Carolina

- Each county must assure that public health services are available within the jurisdiction.
- Each county has options for its type of local public health agency. Any county may operate a county health department, join a multi-county district health department, or participate in a public health authority. Counties with populations exceeding 425,000 may form a consolidated human services agency. One county is subject to a unique law that allows it to provide public health services through a public hospital authority. The map below shows which counties operate which type of agency.

Figure 2.1. Types of Local Public Health Agencies in North Carolina, FY2011–2012



- The law defines core components of these agencies, such as the composition and role of the governing board; the qualifications, powers, and duties of the director; and the services the agency must provide.
- There are important differences between the types of agencies with respect to budget and finance, boards, appointment of directors, director qualifications, and personnel policies.
  - **Budget and finance**. District health departments and public health authorities have more independence from county government than county health departments and consolidated human services agencies.
  - **Boards**. The local agencies' governing boards have different composition requirements, powers, and duties.
  - **Appointment of directors**. In a consolidated human services agency, the county manager appoints the agency director. In the other types of agencies, the governing board is primarily responsible for the appointment.

- **Director qualifications**. Directors of county health departments, district health departments, and public health authorities must meet minimum education and experience requirements set forth in state laws. There are no similar requirements for a director of a consolidated human services agency.
- **Personnel policies**. Employees of county and district health departments are covered by the State Personnel Act. Employees of a consolidated human services agency are exempt from the State Personnel Act and subject to county personnel ordinances and policies. Public health authorities are also exempt from the State Personnel Act and may establish their own salary plans and policies.

- In practice, counties approach implementation of these agency types in different ways. For example, a county health department may adopt some characteristics of a consolidated human services agency or have a formal or informal agreement with a neighboring county that falls short of creating a district health department.

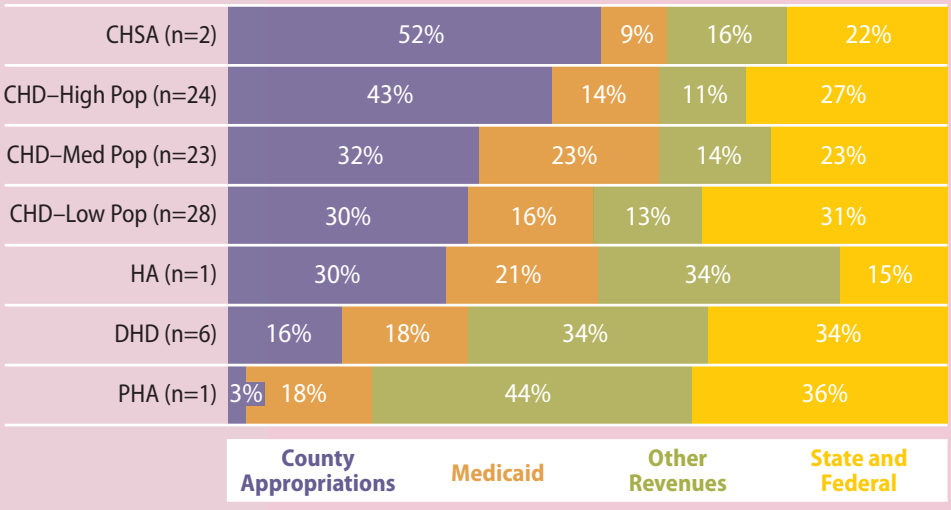
The Perspectives: What the Stakeholders Say

- Local stakeholders observed that all agency types have potential benefits and challenges and want to be able to choose the type of agency that best suits their community.
- Stakeholders stressed the importance of strong leadership in making any type of local public health agency succeed.
- Stakeholders emphasized that when public health practitioners, county administration, and local elected officials understand one another and work well together, the agency will be stronger regardless of agency type.
- Some county officials (managers, assistant managers, commissioners) voiced support for a system that provides a more active role for county administration in public health management and governance.
- All public health practitioners and many county officials voiced support for the role of an appointed board of health in public health governance.
- While some stakeholders are concerned that if they join a district, the county's sense of ownership of and funding for public health might diminish, others view joining a district as a way to save money.
- Stakeholders use the term "consolidated human services agency" in different ways.
- Stakeholders offered contrasting views on whether there is overlap in the work and clients of public health, social services, and mental health.

The Numbers: Comparing the Types of Local Public Health Agencies

- Source of funding appears to be associated with agency type. As illustrated in the figure below, county health departments and consolidated human services agencies tend to receive a larger percentage of their funding from county appropriations than districts and authorities, which receive a comparatively larger percentage of funding from other sources, such as fees for services.
- Regardless of agency type, as the size of the population served increases, both total expenditures per capita and full-time equivalents (FTEs) per 1,000 population tend to decrease.
- While this research is focused on comparing the different types of agencies, it is important to note that the data indicate that there is as much variation *within* types of agencies as *between* types of agencies for most measures examined.
- Agency type does not appear to be associated with
  - use of mobile technology,
  - ability to supplement or replace state-provided software, or
  - number of public health services provided.
- Variation in local public health agency performance on selected service delivery outputs and community health outcomes cannot be explained by agency type.

Median Proportion of Expenditures by Funding Source,* FY2010



*Percentages do not total 100 percent for every agency type since median, not mean, figures were used.

Data Source: NC DHHS Revenue Source Book, FY2010

CHSA: Consolidated Human Services Agency; CHD: County Health Department; HA: Hospital Authority; DHD: District Health Department; PHA: Public Health Authority

Conclusion

One of our overarching goals was to determine whether the type of agency used to provide local public health services affects public health service delivery or health status outcomes within the county or counties served by the agency. We found that it does not. There was no statistically significant association between type of agency and health service delivery or health status outcomes.

Other information that we acquired, however, may be relevant to stakeholders as they consider state and local policy changes affecting agency type. First, the source of funding for local agencies varies by agency type. County health departments and consolidated human services agencies receive larger proportions of their total funding from county appropriations, while district health departments and public health authorities receive larger proportions of funding from other sources, such as fees for services. Second, most stakeholders at both the state and local level value local government's role in public health and want to have a menu of options available for local officials to decide how best to manage public health services in their jurisdictions.

We also found some evidence of a relationship between population size and both expenditures on public health and FTEs per 1,000 population. For the most part, local public health agencies that serve larger populations have lower total per capita expenditures and fewer FTEs per 1,000 population. These findings are consistent with other research in this field, but because agency type rather than population size was the focus of our research, we did not further explore the role of population size.