

# Roles and Responsibilities of Local Public Health Governing Boards

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## Mecklenburg County Public Health

Gibbie Harris

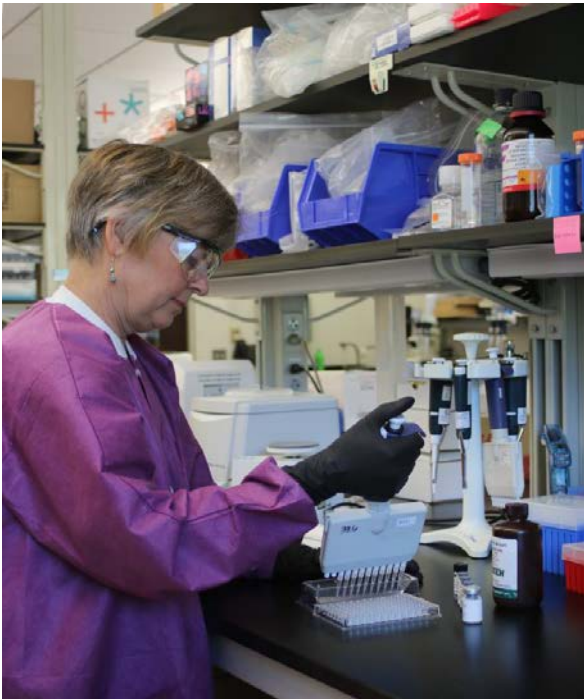
Mecklenburg County Public Health  
Health Director



**PUBLIC HEALTH**

# Public Health: Traditional Roles

**THIS IS PUBLIC  
HEALTH.**  
[thisispublichealth.org](http://thisispublichealth.org)



**Lab Testing and Screening**



**Immunizations/Vaccinations**



**Vector Control**



**Restaurant Inspections**



**Case Management**

**Health Education**

# Public Health: Everywhere, Everyday

**THIS IS PUBLIC  
HEALTH.**

[thisispublichealth.org](http://thisispublichealth.org)



# What is Public Health?

Public health is “organized community efforts aimed at the prevention of disease and promotion of health. It links many disciplines and rests upon the scientific core of epidemiology.”

*The Future of Public Health*, Institute of Medicine, 1988.

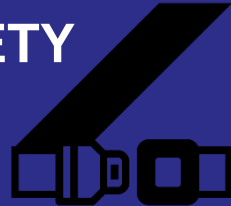


# 10 Greatest Public Health Achievements *in the* 20<sup>th</sup> Century

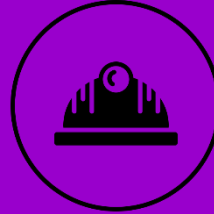
## 1. IMMUNIZATIONS



## 2. MOTOR VEHICLE SAFETY



## 3. WORKPLACE SAFETY



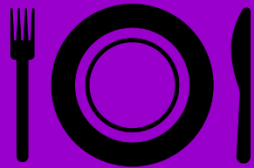
## 4. INFECTIOUS DZ. CONTROL



## 5. DECLINES IN DEATHS: Heart Dz. and Stroke



## 6. SAFER & HEALTHIER FOOD



## 7. HEALTHIER MOMS & BABIES



## 8. FAMILY PLANNING



## 9. WATER FLUORIDATION

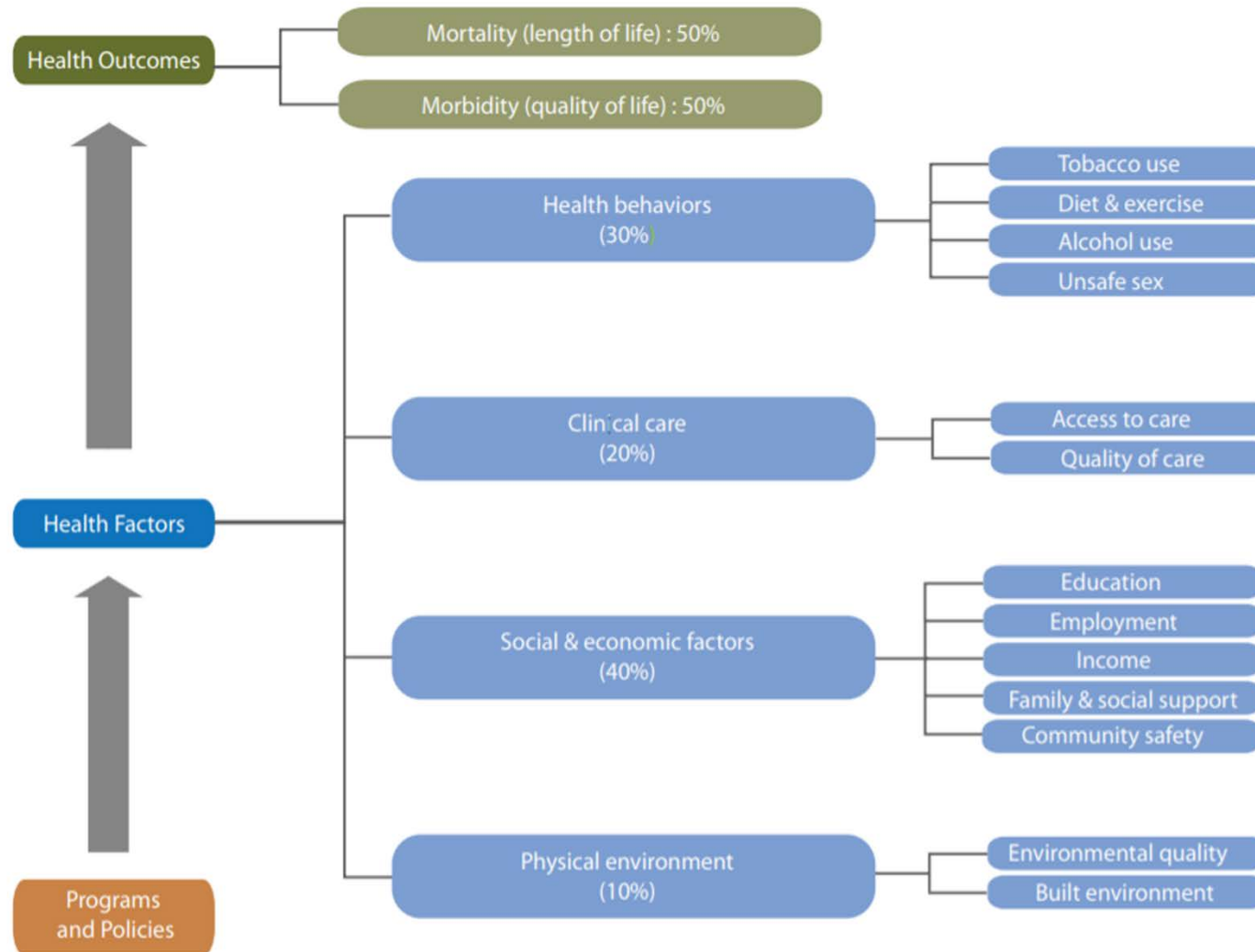


## 10. TOBACCO CONTROL



# What Impacts the Health of a Community

Figure 2. County Health Rankings Model

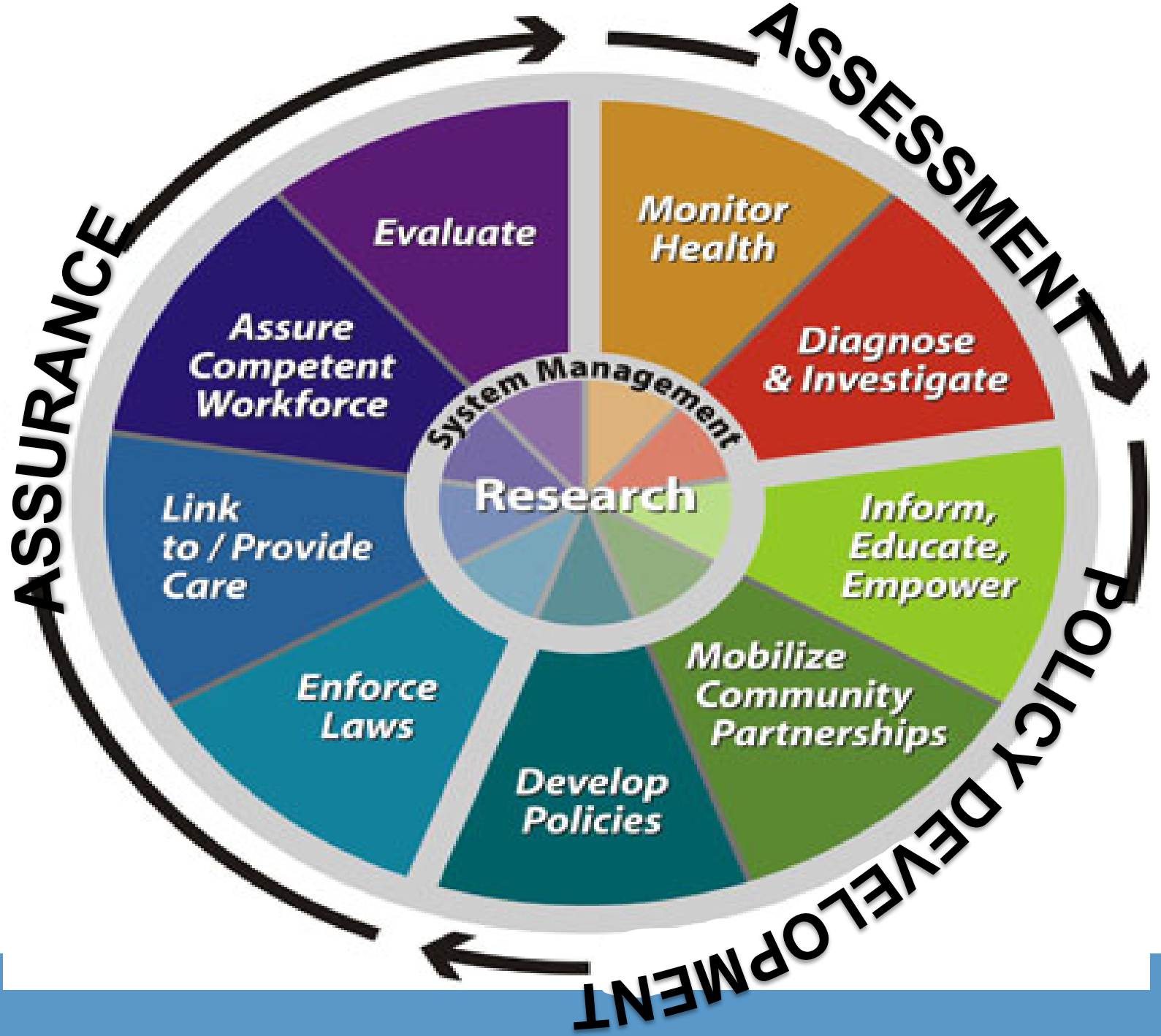


Adapted with permission from [www.countyhealthrankings.org/our-approach](http://www.countyhealthrankings.org/our-approach).

# Current Public Health Challenges for the Nation

- Preparing for and responding to Emerging Infectious Diseases
- Making the Healthy Choice, The Easy Choice
- Cleaning up and protecting the environment
- Reducing the toll of violence in society
- Eliminating health disparities
- Responding to the rapidly changing healthcare landscape

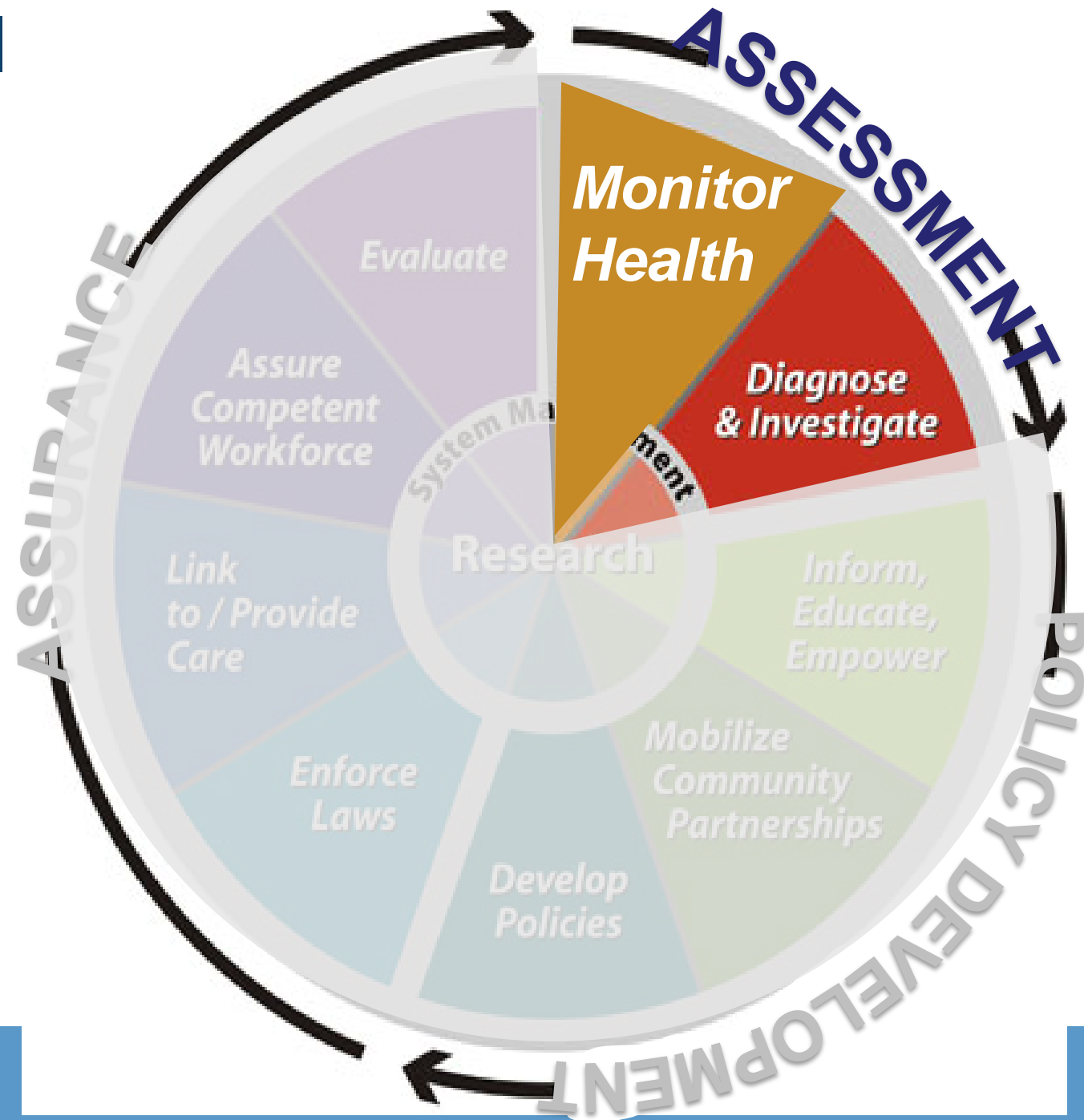
Core  
Functions and  
Essential  
Services of  
Public Health



# Core Functions and Essential Services of Public Health

## ASSESSMENT

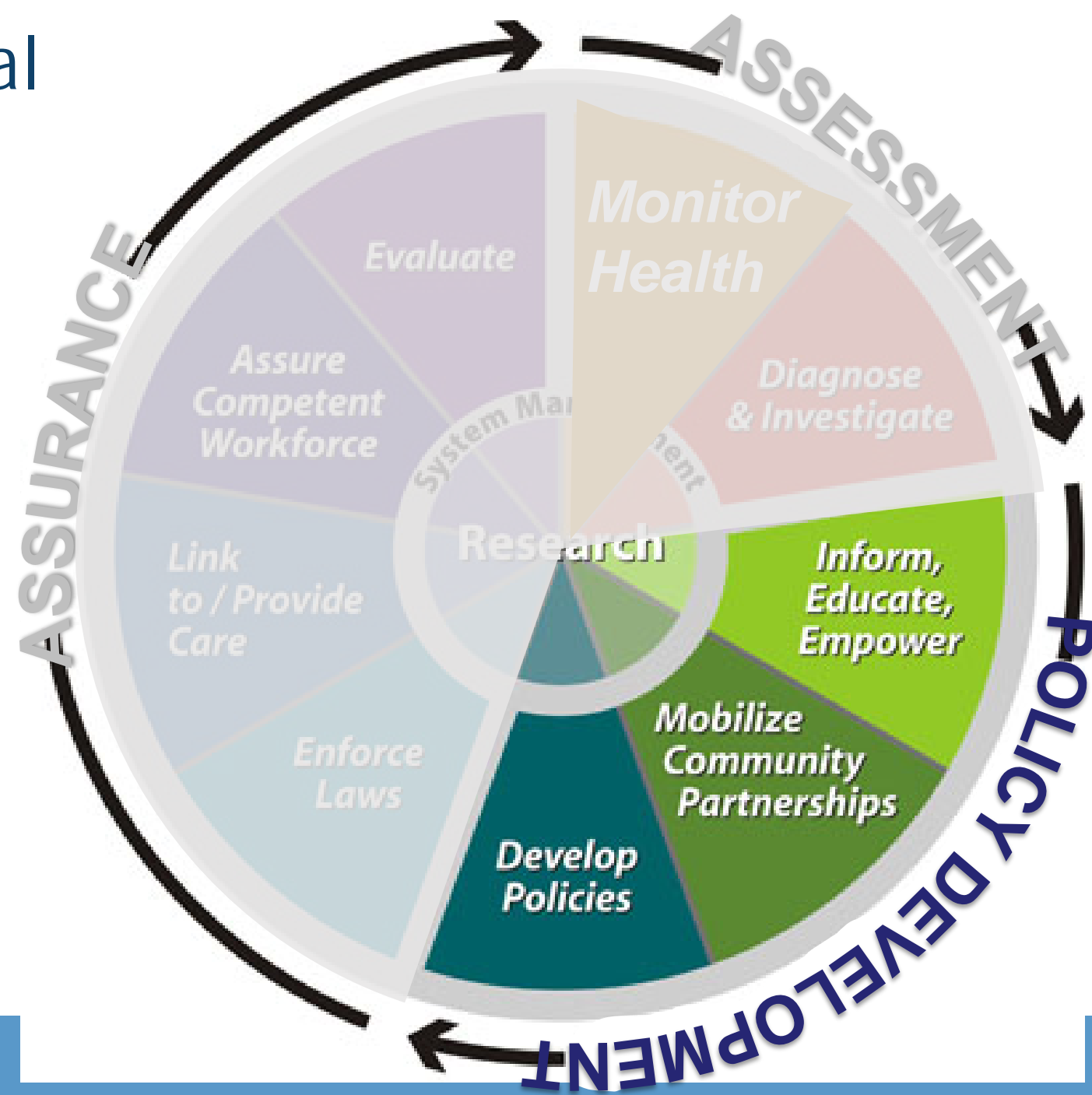
- Community Health Assessment
- State of the County Health Reports (SOTCH)
- Communicable Disease Reports



# Core Functions and Essential Services of Public Health

## POLICY DEVELOPMENT

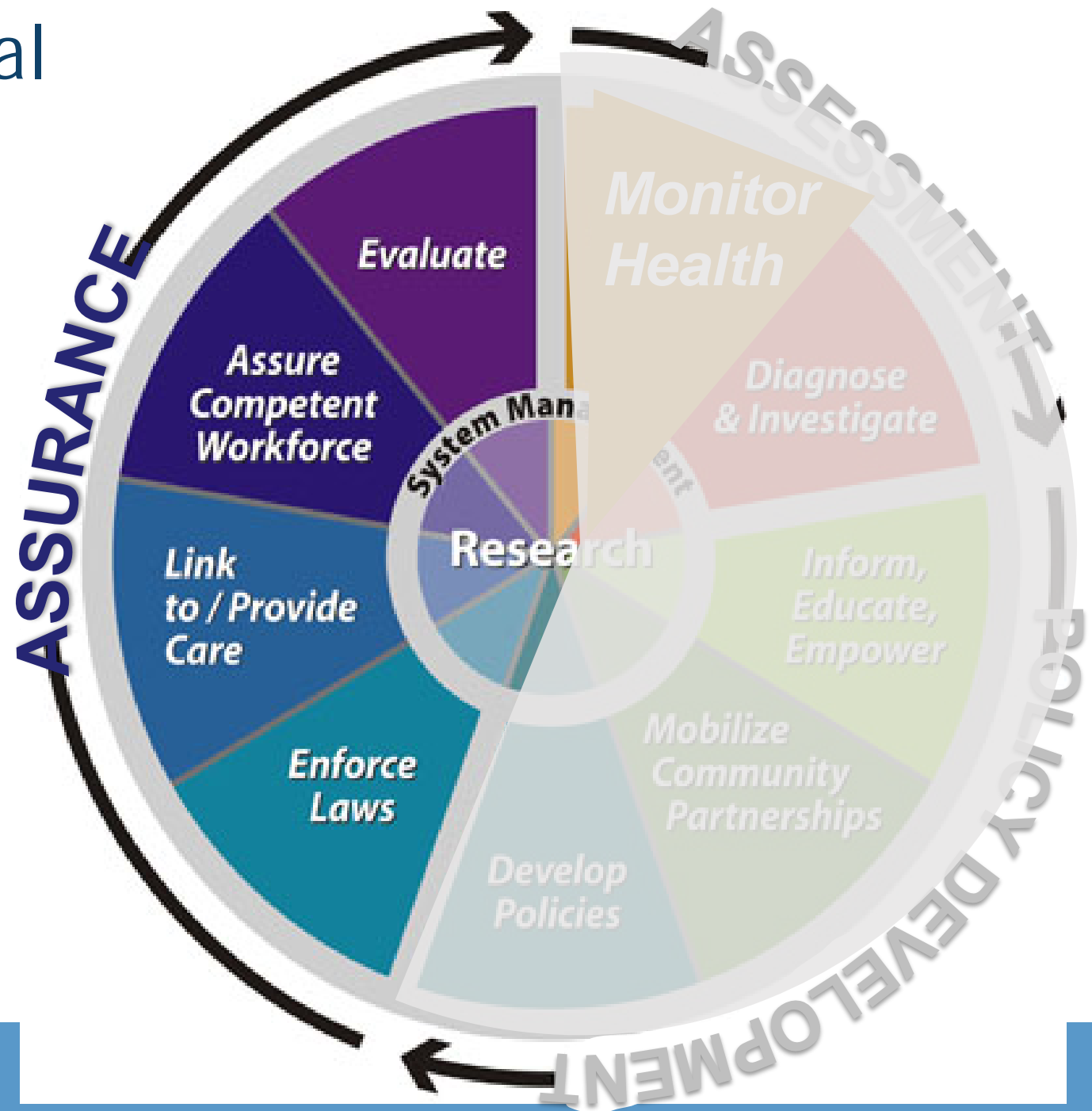
- **Limited by state laws** or county ordinances/policies
- Give advice and help in decision-making
- Community engagement



# Core Functions and Essential Services of Public Health

## ASSURANCE

- Assures public health services and programs are in place and working
- Anticipates trends likely to affect community health
- Approve policies for recruitment, retention and workforce development



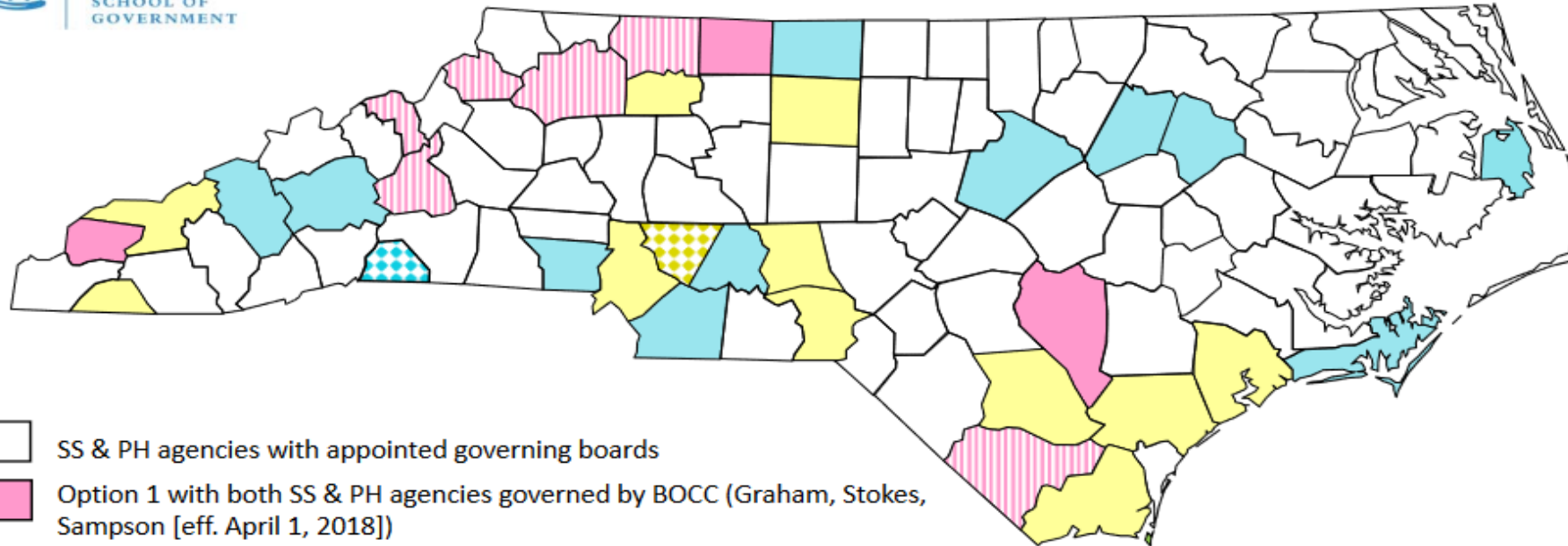
# **Local Boards of Health**










**LEGAL RESPONSIBILITIES  
AND AUTHORITY**

# PH and SS Organization and Governance

## Resolutions as of January 2018



-  SS & PH agencies with appointed governing boards
-  Option 1 with both SS & PH agencies governed by BOCC (Graham, Stokes, Sampson [eff. April 1, 2018])
-  Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (McDowell, Mitchell, Watauga, Wilkes, Surry, Columbus, Pitt)
-  Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Gaston, Union, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare)
-  Option 2 with consolidated HS agency include SS and other human services but not PH, governed by appointed CHS board (Polk)
-  Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Yadkin, Mecklenburg [no advisory comm.], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)
-  Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)

# If commissioners assume health board powers/duties, who must do what?

## Board of Commissioners

- Adopt local public health rules
- Adjudicate disputes about local rules or local fines
- Non-delegable accreditation activities:
  - Be trained in service as a public health board
  - Assure the development, implementation, and evaluation of local health services and programs to protect or promote health
  - Participate in the establishment of public health goals & objectives
  - Assure the resources to implement the essential public health services prescribed in law
- Advise on public health matters
- Accreditation activities (can be delegated to advisory committee):
  - Review community health assessment data and citizen input to plan & monitor progress toward health goals; assure that community members have the opportunity to participate in developing goals
  - Communicate with governmental and private entities in support of public health funding and programs, and community health improvement
  - Advocate for public health in the community
  - Promote community-based public health partnerships





GS 130A-39

"A local board of health shall have the responsibility to PROTECT and PROMOTE the public health. The board shall have the authority to adopt rules necessary for that purpose."



GS 130A-39

North Carolina General Statutes: Public Health Online

<https://www.ncga.state.nc.us/gascripts/statutes/StatutesTOC.pl?Chapter=0130A>

# LEGAL AUTHORITY

## NC Statute

- A local health department shall ensure that the 10 essential public health services are available and accessible

N.C. General Statute (G.S.) § 130A-1.1(b)

- Board of health = “policy-making, rule-making and adjudicatory body” for local public health agency\*

G.S. § 130A-34(a), G.S. § 130A-35(a), G.S. § 130A-37(a)

- The consolidated human services board shall have the “powers and duties conferred by law upon a board of health” (*The BOCC assumes this role in Mecklenburg County.*)

G.S. 153A-77(d)

# Board of Health

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## Roles and Responsibilities

- Rule Making
- Adjudication
- Policy Making

# Board of Health

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## Roles and Responsibilities

### 1. Rule Making

- Not overly broad in scope
- Linked to legitimate public health goals
- Grounded in science
- Authority limited by statute (GS130A-39) and case law

# Board of Health

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## Roles and Responsibilities

## 2. Adjudication

- Hear appeals from citizens dissatisfied with decisions or interpretations of rules
- Procedures must follow statute GS130A-24

# Board of Health

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## Roles and Responsibilities

### 3. Policy Making

- Impose and approve fees for services, statute GS130A-39(g)
- Review budget

# Local Boards of Health

The background of the slide features a close-up of several interlocking puzzle pieces. One piece in the center is a light teal color, while the others are white. The text is written on the teal piece.

**EFFECTIVE  
GOVERNANCE:  
Public Health  
Accreditation**



# The Law

- **Senate Bill 804**

- Established NCLHDA Board within N.C. Institute for Public Health (17 members appointed by N.C. Department of Health and Human Services Secretary)
- Directs Commission to adopt rules establishing standards for LHDs
- Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation

- **10A NCAC 48B**

- Defines scoring requirements by core function
- Describes Benchmarks and Activities

**§ 130A-34.4. Strengthening local public health infrastructure.**

(a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:

- (1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1

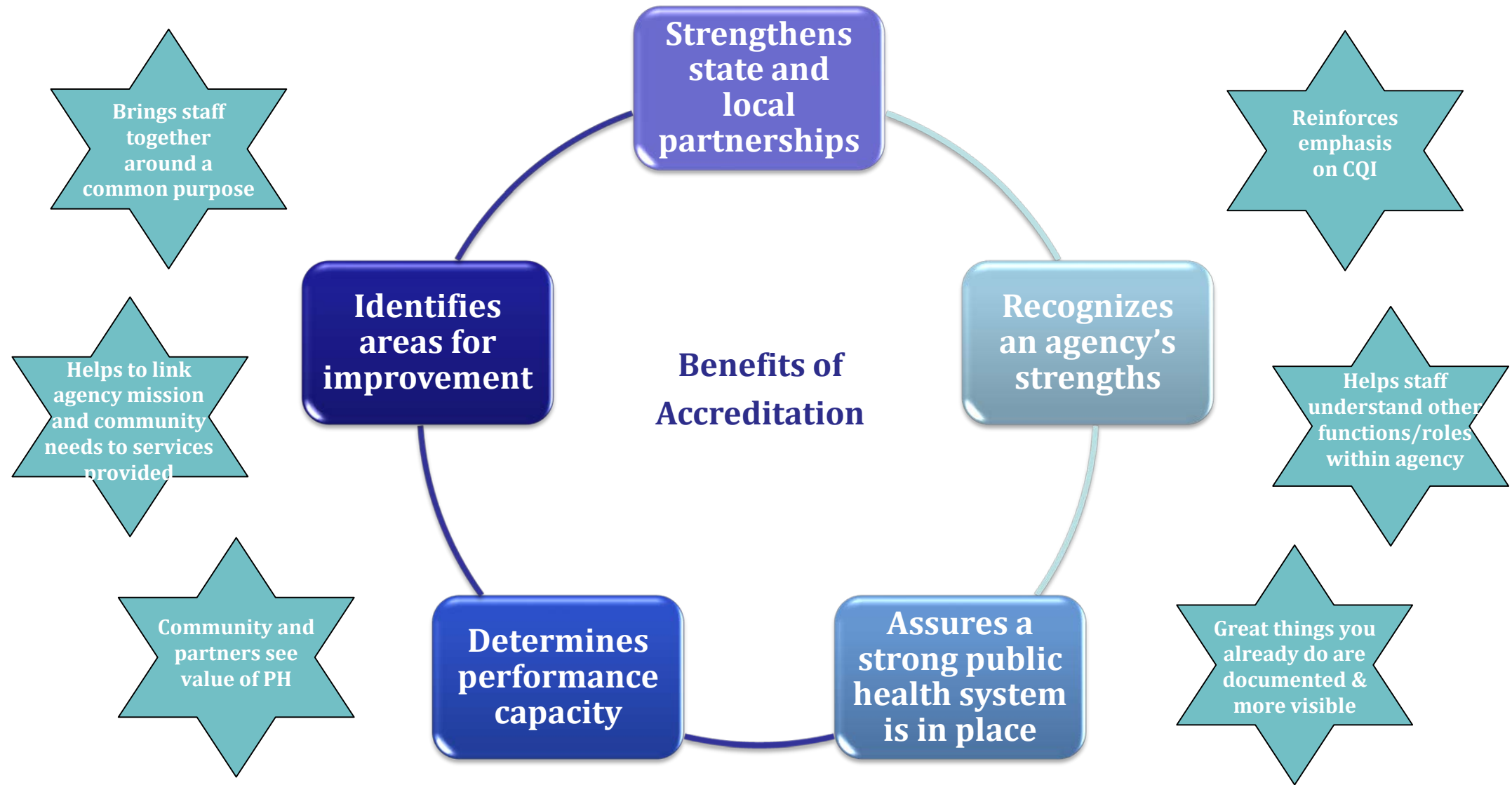


# Public Health Accreditation

- **Aims to ensure consistent quality of public health services** across LHDs
- **Focuses on capacity** to provide the essential public health services

Achieved by:

- Meeting a set of capacity-based standards
- Providing evidence of completion of prescribed activities, either directly or through contracts





**Accreditation provides a  
framework for a health  
department to:**

- **identify performance improvement opportunities,**
- **improve management,**
- **develop leadership, and**
- **improve relationships with the community.**

Public Health Accreditation Board, 2013

# Public Health Accreditation

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In North Carolina,  
all local Health  
Departments are  
accredited by the State.

Mecklenburg County's  
3rd re-accreditation cycle began  
in the **Fall of 2018** with **site  
visit in March 2019**



# Public Health Accreditation

Assessment consists of **147 activities** divided into **41 benchmarks**.

## Benchmarks are divided into 3 Standards

### Benchmarks 1 – 29

#### 3 Core Functions and

- *Assessment*
- *Policy*
- *Assurance*

#### 10 Essential Services of Public Health

### Benchmarks 30 - 33

Agency Facilities  
and  
Administrative  
Services

### Benchmarks 34 - 41

Board of Health  
Performance  
Standards



# Board Role

1. Ensure the required policies, procedures or materials are present.
2. Hear or review LHD reports.
3. Discuss service costs, need for new/amended rules or ordinances.
4. Approve fees and budgets.
5. Take other actions or be involved with efforts to assure the health department has what it needs to do its job.

# Community Health

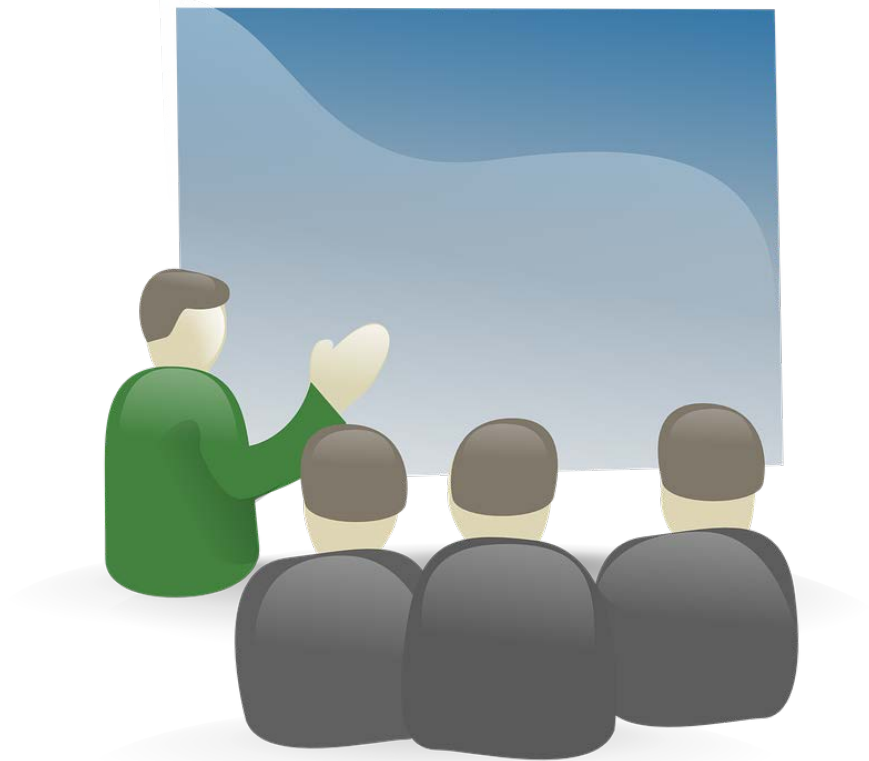
The Board must:

- Ensure input on community health improvement efforts.
- Hear reports on community health.
- Support partnership and coordination of resources.
- Educate and advocate with community leaders about community health issues and support for these issues.



# Board Function

- Board members must receive initial (within the first year of appointment) and ongoing training on BOH roles and responsibilities.
- Board must have Operating Procedures, an annually updated handbook and a training policy/procedure.



# Rules & Ordinances

The Board must:

- Have access to legal counsel and statutes.
- Have policies for rulemaking and appeals and demonstrate it is following said policies.
- Along with the LHD, evaluate the need for additional or amended rules/ordinances.
- Support prohibition of tobacco within 50 feet of all LHD facilities.



# Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**
  - **Assessment:** Department must meet 26 of 29 activities
  - **Policy Development:** Department must meet 23 of 26 activities
  - **Assurance:** Department must meet 34 of 38 activities
- **Facilities and Administrative Services**
  - Department must meet 24 of 27 activities
- **Governance**
  - Department must meet 24 of 27 activities







**PUBLIC HEALTH**

# **PUBLIC HEALTH IN MECKLENBURG COUNTY**



**North Carolina**  
LOCAL HEALTH DEPARTMENT ACCREDITATION

# 2017 Community Health Assessment

## 2017 Top Four Priority Areas

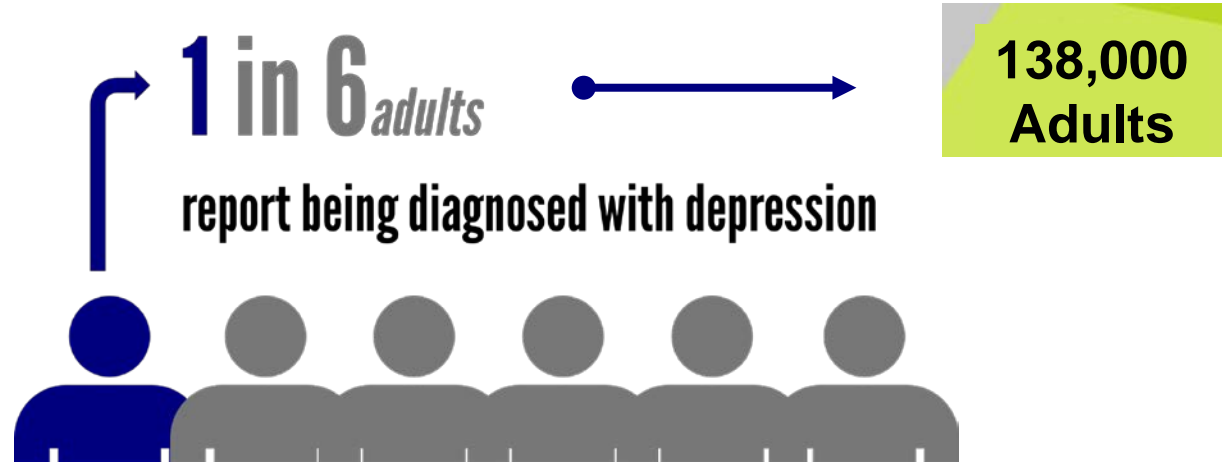
**Mental  
Health**

**Chronic  
Disease**

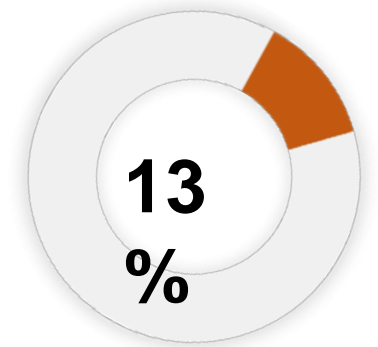
**Access  
to Care**

**Violence**

# 1. Mental Health



Adults who ***reported mental health not good*** for at least 8 out of the past 30 days (BRFSS, 2017)



# Mental Health

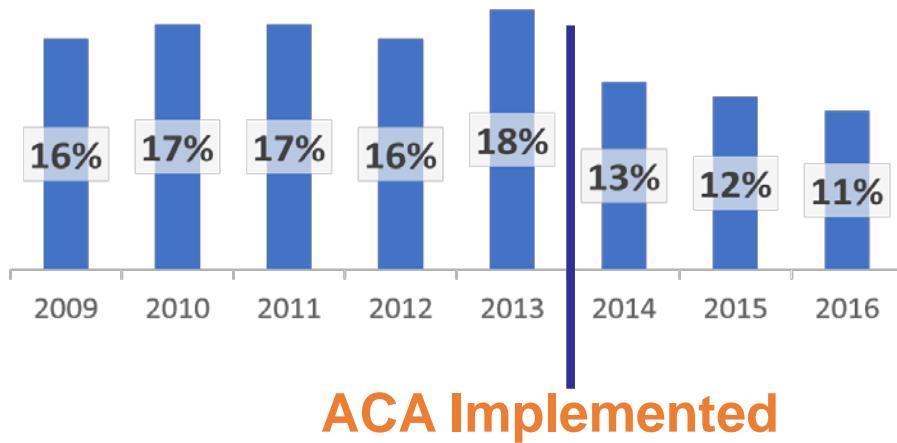
**Leadership:** Mecklenburg County Mental Health Task Force

**Objective:** Improve the mental health status of adults and children in Mecklenburg County

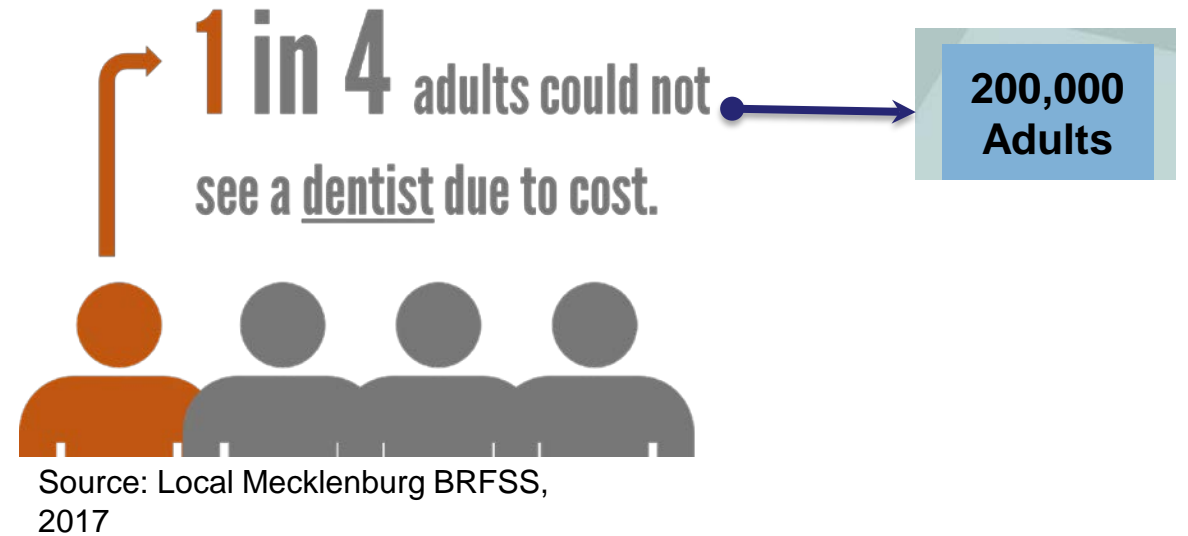
Strategy/Intervention(s)	Strategy/ Goal(s)
<p><b>Name of Intervention:</b> Trauma-Informed Learning Community</p> <p><b>Community Strengths/Assets:</b> Verbal commitments from 14 agencies including both hospital systems and the school system, training and consultation from the National Council on Behavioral Health.</p>	<p><b>S.M.A.R.T. Goals:</b> By 2021, engage 15 agencies that are committed to becoming trauma informed agencies by creating a trauma informed learning community in partnership with the National Council for Behavioral Health</p>
<p><b>Name of Intervention:</b> Psychiatric Advance Directive (PAD) Initiative</p> <p><b>Community Strengths/Assets:</b> Trained PAD facilitators, regularly scheduled events, established steering committee</p>	<p><b>S.M.A.R.T. Goals:</b> Increase the number of behavioral health settings with active PAD facilitators from 3 to 12 by 2021</p>

## 2. Access to Care

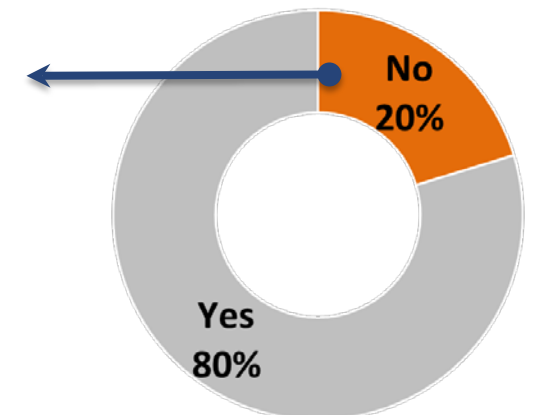
### % Without Health Insurance Mecklenburg



Source: US Census, American Fact Finder



Adults who report not being able to see a doctor due to cost.



BRFSS, 2017

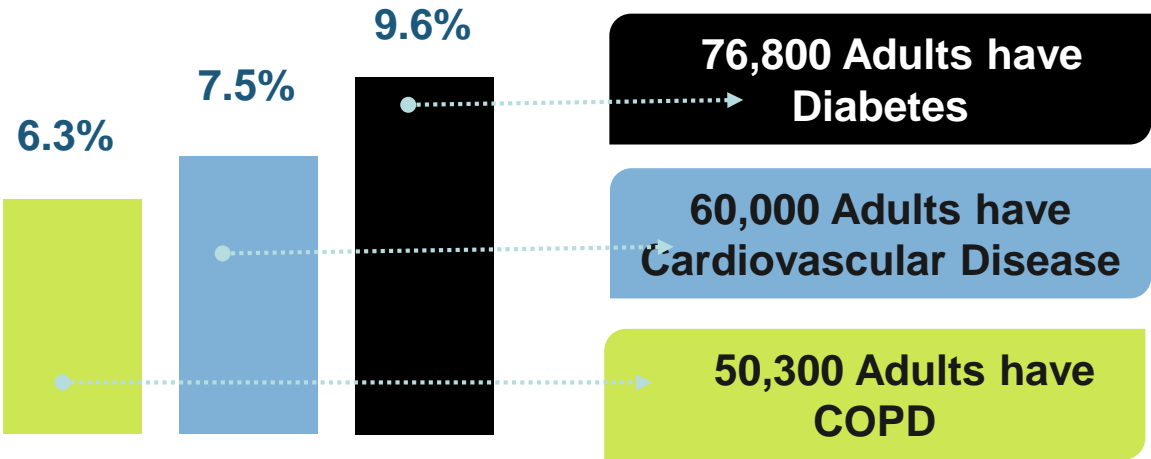
# Access to Care

**Leadership:** One Charlotte Health Alliance and MedLink

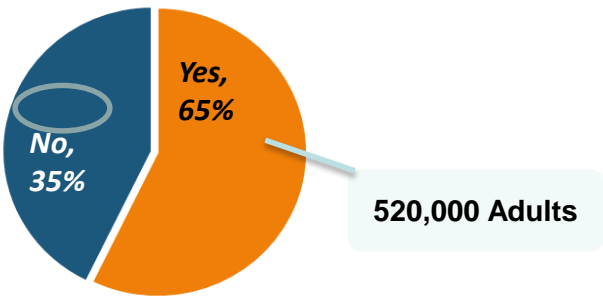
**Objective:** *All individuals and families will receive appropriate health care regardless of ability to pay*

Strategy/Intervention(s)	Strategy/ Goal(s)
<p><b>Name of Intervention:</b> One Charlotte Health Alliance Mobile Units</p> <p><b>Community Strengths/Assets:</b> Partnership between Novant Health, Atrium Health and Mecklenburg County Public Health; buses have been ordered, shared data agreements have been established</p>	<p><b>S.M.A.R.T Goals:</b> By 2019, increase appropriate health care access points in the public health priority area from 2 clinic sites to 4</p> <p><b>Update:</b> The 2 mobile units are being deployed the week of February 11<sup>th</sup>, 2019.</p>
<p><b>Name of Intervention:</b> HealthCare.gov Enrollment</p> <p><b>Community Strengths/Assets:</b> Trained application specialists, navigator consortium, community support</p>	<p><b>S.M.A.R.T Goals:</b> Between November 2018 and October 2019, provide navigation services to 2,000 Mecklenburg County residents to connect them with appropriate health care resources</p>

# 3. Chronic Disease Prevention



Overweight & Obesity (BMI>24.9)



## Tobacco Use

14%

Of adults are smokers



## Lack of Exercise

19%

Of adults did not exercise in the past month



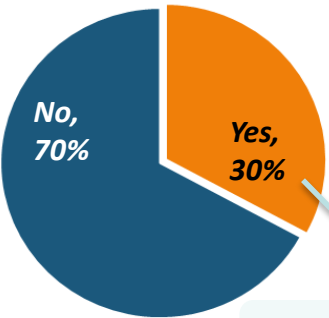
## Healthy Eating

82%

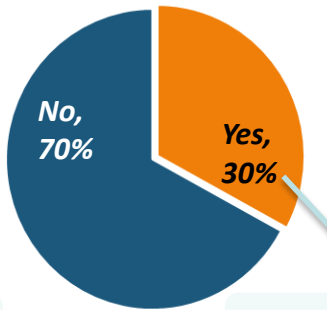
Of adults did not eat 5 or more fruits & vegetables in the past month



## High Cholesterol



## High Blood Pressure



# Chronic Disease

**Leadership:** Mecklenburg County Public Health

**Objective:** *Reduce the percentage of adults with diagnosed hypertension*

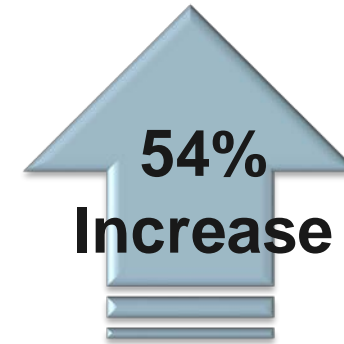
Strategy/Intervention(s)	Strategy/ Goal(s)
<p><b>Name of Intervention:</b> Check Change Control, evidenced-based intervention developed by American Heart Association</p> <p><b>Community Strengths/Assets:</b> Established relationships with 60+ churches in Mecklenburg County that are engaged in health and wellness activities</p>	<p><b>S.M.A.R.T. Goals:</b> By 2021, increase the number of Village HealthBEAT hub churches participating in Check Change Control from zero to seven</p>
<p><b>Name of Intervention:</b> Food Pharmacy</p> <p><b>Community Strengths/Assets:</b> Partnership between Novant Health, Atrium Health and Mecklenburg County Public Health; buses have been ordered, shared data agreements have been established, Partnership with Loaves and Fishes and Second Harvest</p>	<p><b>S.M.A.R.T. Goals:</b> By 2020, 100% of food insecure clients at identified clinics will be offered a referral to food pharmacies to increase access to healthy foods and health education services.</p> <p><b>Update:</b> The 2 mobile units are being deployed the week of February 11<sup>th</sup>, 2019.</p>

# 4. Violence Prevention



**2<sup>nd</sup>**

In 2016, homicides were the **2<sup>nd</sup> leading cause of death for persons aged 15 – 24 years.**



**54%  
Increase**

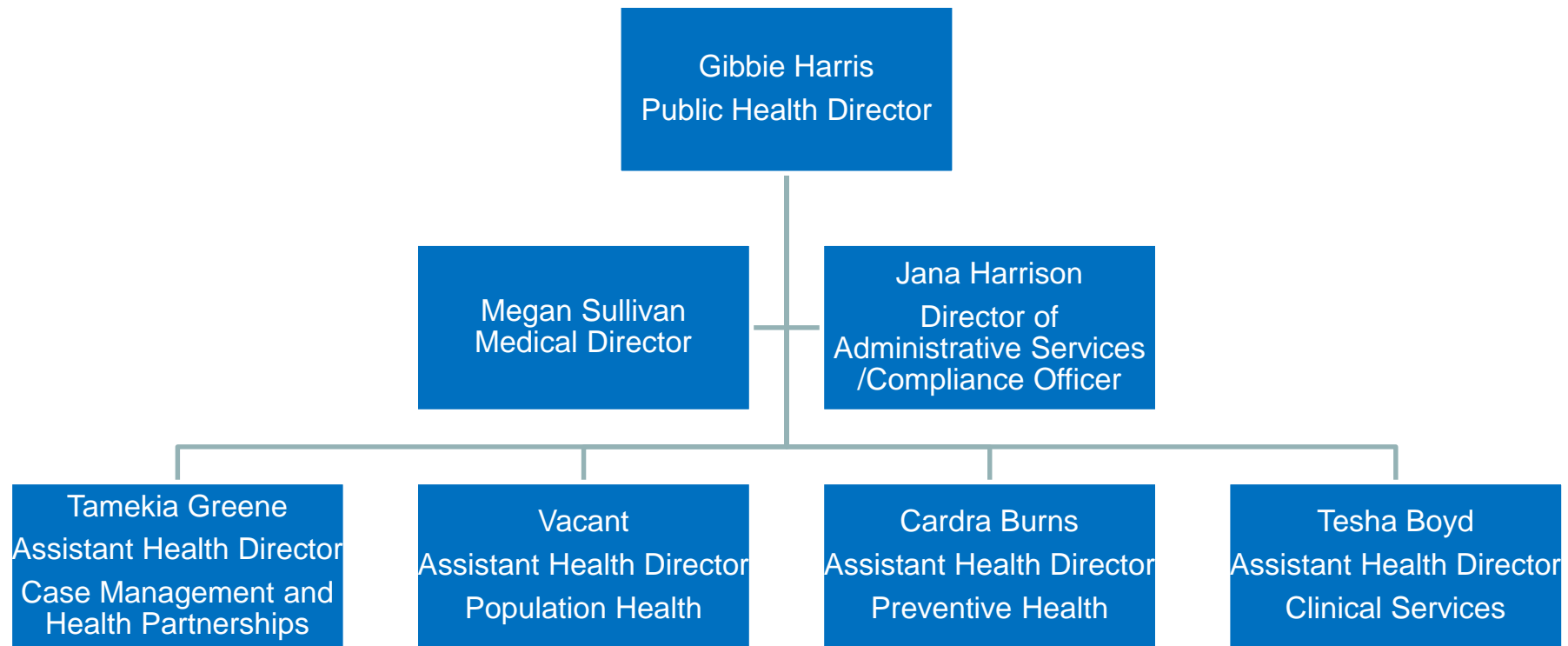
The rate of homicides in Mecklenburg **increased by 54%** between 2014 & 2016.

# Violence

**Leadership:** Mecklenburg County Violence Prevention Task Force

**Objective:** *Reduce the incidence of violent crime in the Lakewood community*

Strategy/Intervention(s)	Strategy/ Goal(s)
<p><b>Name of Intervention:</b> Community Safety Survey</p> <p><b>Community Strengths/Assets:</b> Relationships with key community members, addition of community liaison position, engaged community members</p>	<p><b>S.M.A.R.T. Goals:</b> By December 2019, administer Community Safety Survey to 100% of households in the Lakewood community.</p>
<p><b>Name of Intervention:</b> Community Safety Event(s)</p> <p><b>Community Strengths/Assets:</b> Established relationships with community members</p>	<p><b>S.M.A.R.T. Goals:</b> By end of 2019, support Lakewood Neighborhood Alliance community safety events by offering Stop the Bleed trainings and domestic violence resources</p>



# MECKLENBURG COUNTY PUBLIC HEALTH ORGANIZATION AND PROGRAMS



# **Mecklenburg County Public Health:**

## **Consolidated Agreement with the NC Division of Public Health**

- Comply with North Carolina Administrative Code
- Perform Activities in programmatic Agreement Addenda
- Report required data
- Administer and enforce all public health rules
- Provide County rules/ordinances to the State
- Maintain all appropriate policies
- Complete Community Health Assessment and Improvement Plans

# Mecklenburg County Public Health: Consolidated Agreement

- Provide formal training for BOH
- May not require identification for services
- Assure Maintenance of Effort (MOE) for some programs
- Retain records as required
- Comply with funding stipulations, fiscal control, personnel policies, confidentiality and civil rights requirements
- Maintain NC Public Health Accreditation
- Also, includes responsibilities of the State

# Mecklenburg County Public Health:

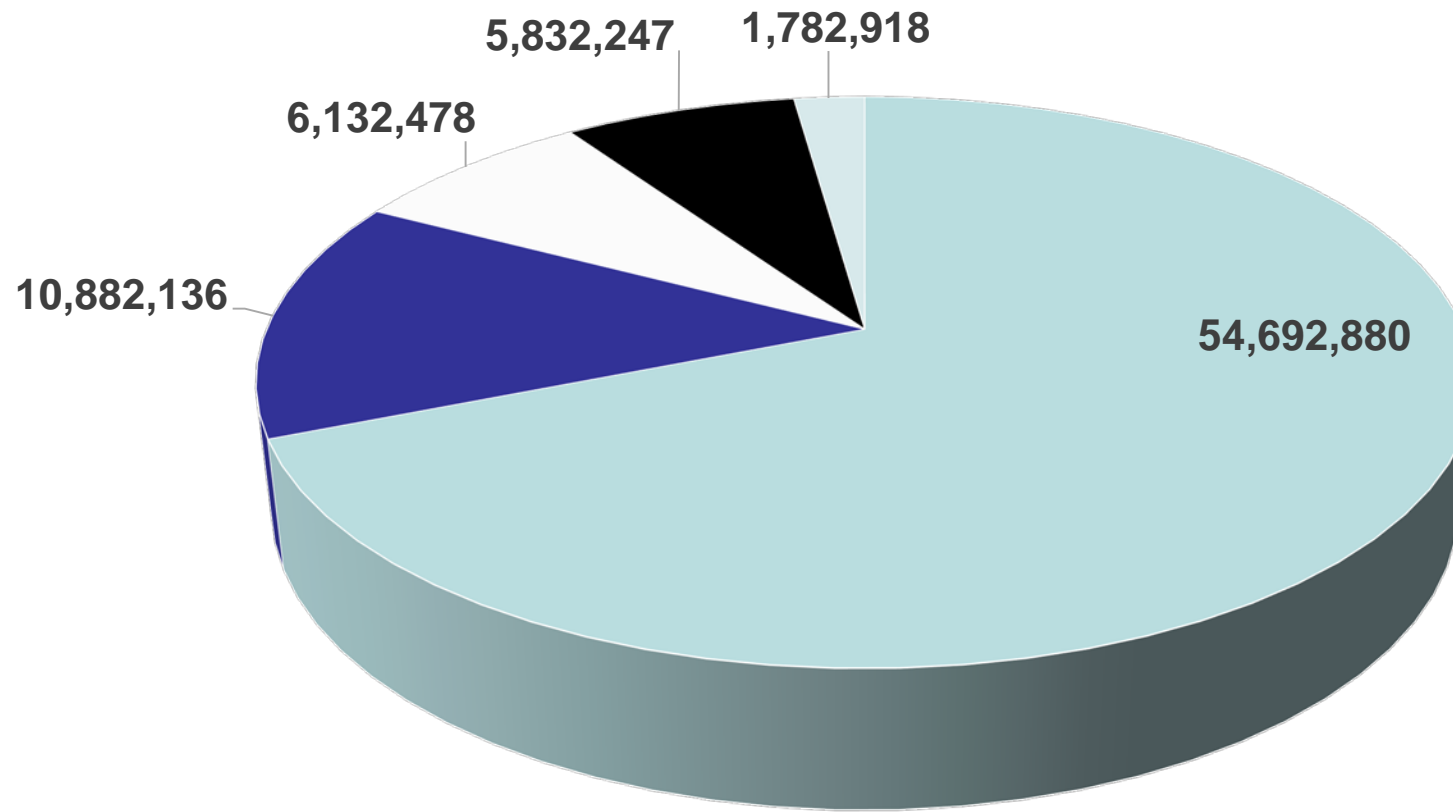
## 33 Agreement Addenda with NC DPH

### (specific to every program with State oversight)

- Example: Food and Lodging
  - Environmental Health Specialist delegated authority to administer and enforce State environmental health rules and laws
  - Training requirements
  - Allows LHD's Env Health Program to implement State-mandated sanitation regulations
  - Includes inspection, grading and fees
  - Includes hotels, motels, tourist homes, bed and breakfast, and other establishments that provide lodging for pay
  - A local board of health may adopt a more stringent rule **in an area regulated** by the Commission for Public Health or the Environmental Management Commission where, in the opinion of the local board of health, a more stringent rule is required to protect the public health



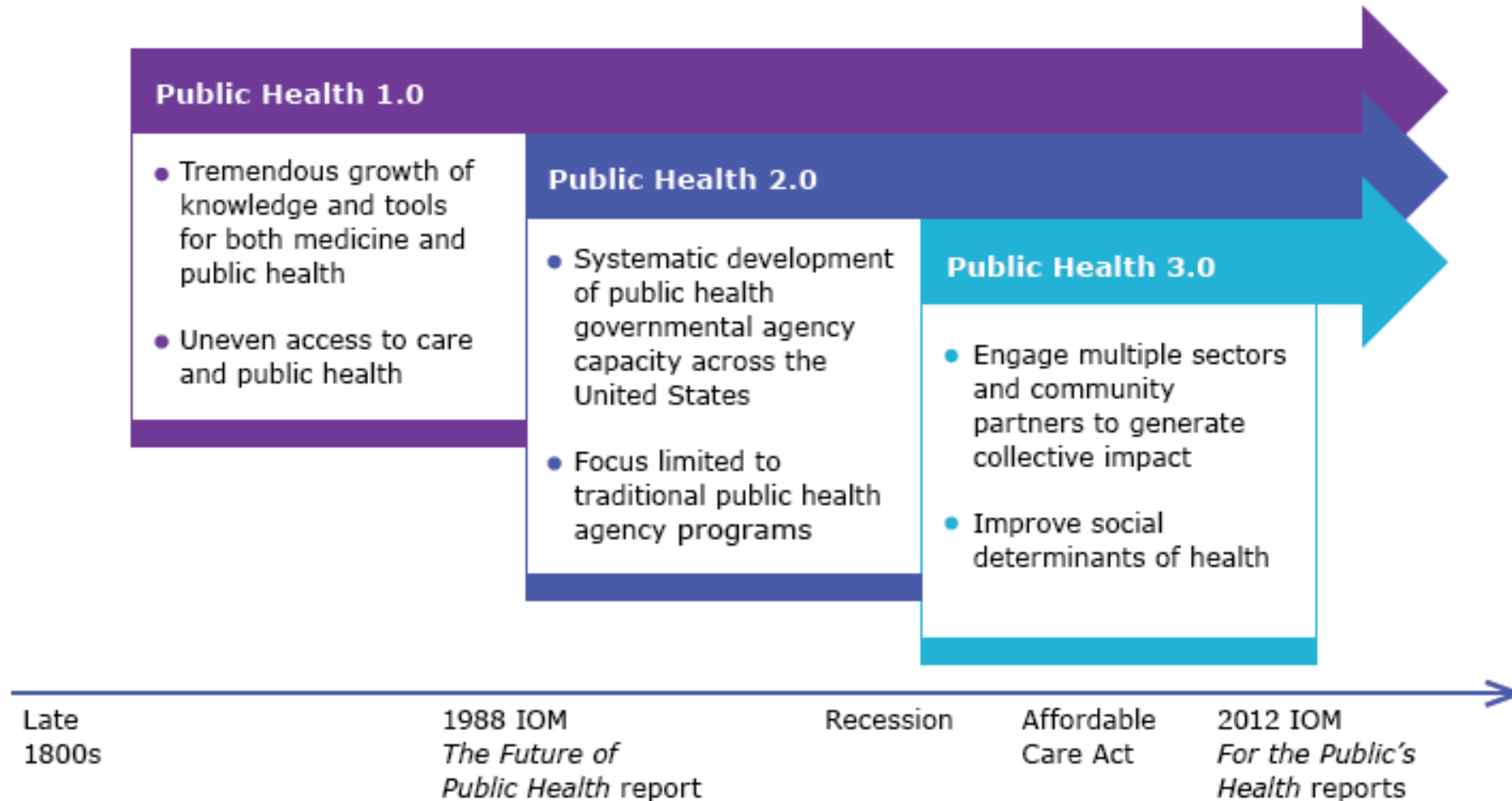
# Mecklenburg County Public Health: Revenue Source



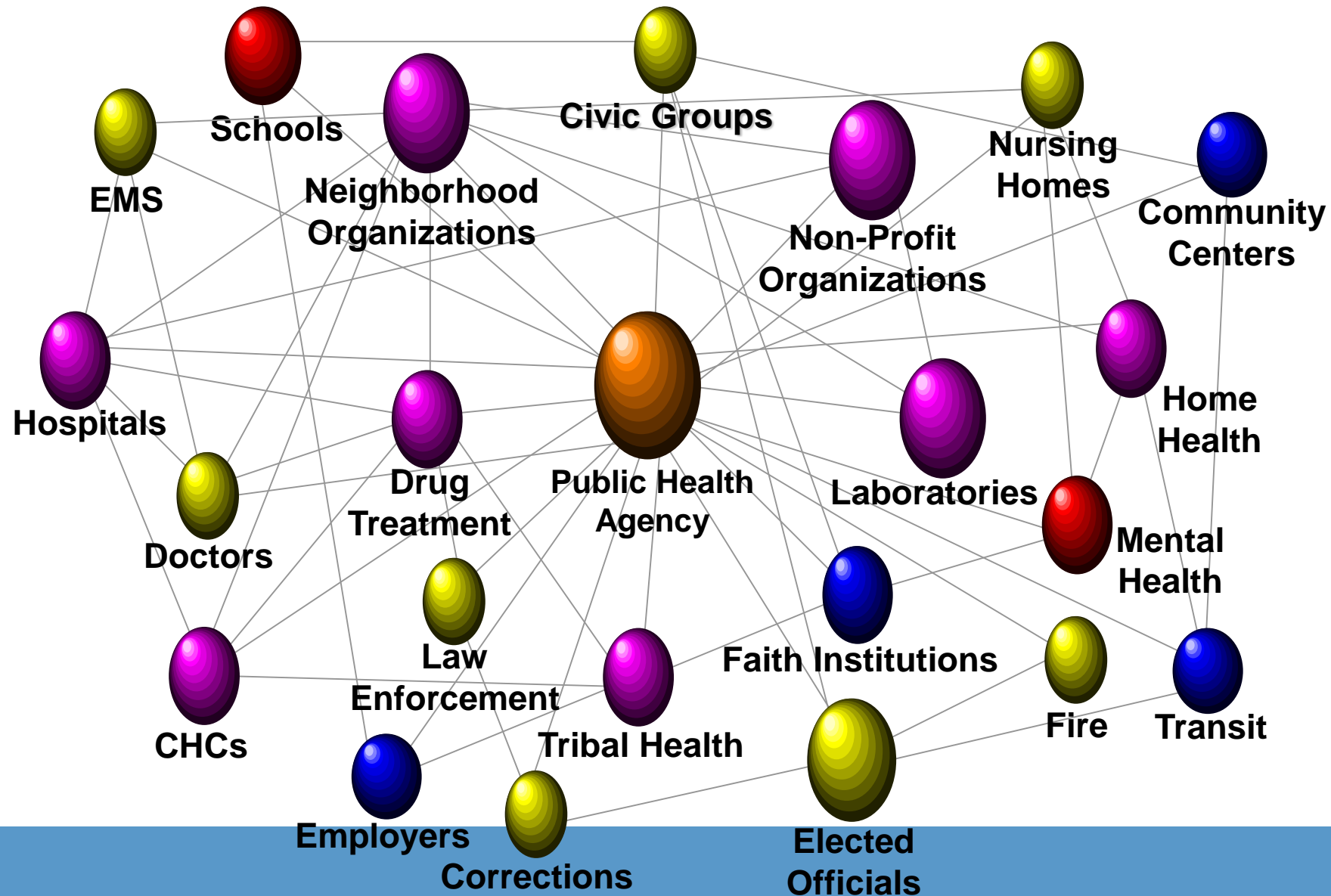
■ County Funding ■ State Funding ■ Federal Funding ■ Fees (Medicaid, Self-pay, Insurance) ■ Permits, Sales (Vital Records), Other



# Public Health 3.0: A Renewed Approach to Public Health



# Public Health System





# Questions & Comments