

Agenda

Orange County Board of Commissioners Orange County Board of Health Joint Meeting

**Link Government Services Center
Hillsborough, NC 27278
November 13, 2007
Dinner – 5:30 p.m.
Meeting – 6:00 p.m.**

- I. Welcome and Introductions
- II. FY 2006-07 Brief Annual Health Department Activity Review
- III. Topics for Discussion (Attachments included)
 - Core Services Dr. Tim Carey
 - Facilities Dr. Matt Vizithum, Chair
 - Technology & Equipment Ms. Chris Harlan, Vice-Chair
 - Comparison of Expenditures Dr. Jessica Lee

**Selected Core Health Services
Orange County Health Department
November 13, 2007**

The Orange County Health Department (OCHD) is charged with providing services as listed in North Carolina General Statute 130A and in North Carolina Administrative Code 10A. In addition, there are a number of local rules and ordinances that impact service delivery to residents.

There are two overarching responsibilities for OCHD. First is to prevent disease and the spread of disease. These are primary functions that cannot be delegated. Second is to act as a safety net for the provision of certain specific clinical services for community residents in the event that adequate services are not provided within the community.

Health Statistics for Orange County

- 36% of all 2-4 year olds seen in WIC and health department clinics are obese (NC is 28%); 39% of kids 2-18 are obese (NC is 36%)
- Orange County continues to be in the lower quartile of the state for lead screening rates among children
- 15% of Orange County residents are uninsured
- According to the NC Immunization Registry, 37% of children are immunized age appropriately; the state rate is 44%
- In 2005 42.6% of the uninsured NC population were minorities; 24% of the uninsured were African American
- Orange County has the highest rate of breast cancer in women for the state

Service Trends

- Since July 1, the number of confirmed tuberculosis (TB) cases is double that of the entire previous year and the number of latent TB cases exceeds the entire year.
- 107 Karin refugees have been referred for communicable disease screening since July 1. In previous years, the Department may have received 12-15 for the entire year. Best estimates give us an additional 100 before the end of the fiscal year.
- Since July 1, 15 new cases of Hepatitis B referred to us for follow-up.
- Rising rates of HIV cases, but fewer residents presenting for testing and counseling.
- Dental service provision is limited by staff and facilities. Compared to the last five years, there was a 2% drop in overall number of visits; the percentage of low income clients (below 80% pay) rose by 7%. Emergency visits continue to rise.
- Since 2002, patient visits for sexually transmitted infections have increased by 14% in each clinical location; in 2006-2007 more than 1200 persons presented for testing
- Patient visits for immunizations have increased by 20% (Chapel Hill) and 10% (Hillsborough).
- Maternal Health (prenatal) visits increased 47% in Hillsborough and 39% in Chapel Hill. Approximately 70% of these patients have a substance abuse or mental health need.
- Well Child visits increased 112% (Hillsborough) and 51% (Chapel Hill).
- Family Planning visits have remained steady with small variations from year to year.
- Primary care in Hillsborough more than doubled in 18 months from 126 patients to 291. Chapel Hill primary care without any "marketing" had 51 patients at year's end.

Facilities
Orange County Health Department
November 13, 2007

The Orange County Health Department (OCHD) provides services from four primary locations in the county: Carr Building, Carr Mill Mall, Southern Human Services Center and the Whitted Human Services Center.

Statistics and Projections for Orange County

- Orange County has a “medium-high” poverty rate compared to similar US communities.
- Extrapolating for modest population growth, estimate the number of patients served by medical services to yield another 41% increase in visits by 2020.
- Currently serve 2% of total population for dental services, and estimate serving 49% of total uninsured population (based on serving those at 80% or below of sliding scale.)
- 3-6 month delay for regular recall visits for dental patients.
- Average of 165 patients per year referred for simple endodontic services (root canals or crowns) because providing the service limits the total number of patients that can be seen.

Facility Limitations

- Carr Mill (Dental)
 - Inadequately sized waiting room, patients at times must wait in the hall
 - Patient check in and check out is in the waiting room, with little patient privacy
 - No space for pre and post visit consultation with dentist, must be done chairside
 - Double operatories are not adequate for patient privacy
 - Insufficient number of operatories to maximize staff
 - Supply and record storage inadequate
- Whitted (Dental and Medical)
 - Inadequately sized waiting room for facility, dental has too small interior waiting
 - Well and sick patients must wait together
 - No exterior entrance directly to an exam room for potentially infectious patient
 - Poor patient flow with dental patients traipsing through the medical area
 - Only one shared office space for all dental staff, no consultation room for dentist
 - Inadequate number of operatories for number of providers and patients per day
 - Inadequate patient protection for privacy issues
 - No negative pressure rooms in medical clinic (external HEPA fan in one room)
 - Long wait for scheduled patients (average of 45 minutes) before exam/interview room clears
 - Laboratory very small without separate blood draw area
 - Interview and exam rooms too small for patient, families, interpreter, & provider
 - Inadequate handicapped entrances to clinic space
 - No clinical space for ancillary services (nutrition, clinical social work, health education)
 - Inadequate storage for medical supplies
- SHSC (Medical)
 - Well & sick patients wait together in waiting room with other residents seeing social services
 - No exterior entrance directly to an exam room for potentially infectious patient
 - Only one negative pressure interview room that is too small for interpreter, patient, and provider or multiple family members
 - No clinical space for ancillary services (nutrition, clinical social work, health education)
 - No work room for clinical staff conferences on individual patients
 - Medical record room at maximum capacity

Technology & Equipment
Orange County Health Department
November 13, 2007

The development of health care technology over the past 10 years has far outstripped the ability of Orange County Health Department to keep at a basic level of adequacy. This is true for all aspects of service delivery as well as data analysis in order to inform good policy development.

Clinical Technology

- The NC Division of Public Health will be completing the customization of a new vendor purchased statewide software for all clinical and home visiting services. This software has an individual electronic health record for each patient. While not a requirement, maximizing the effectiveness for patients and providers will require mobile PC “tablets” or a work station in each exam and interview room.
- At its fullest and highest use it will require the ability to affix and read bar codes for services that would automatically be tagged to a patient record and then billed.
- The logical expansion is the purchase of a vendor-supported add-on for a true electronic medical record, facilitating the transfer of referral information for patients.
- The standard for most dental offices, including the UNC School of Dentistry is the provision of digital dental x-rays that are available to the dentist chairside and become an easily integrated part of the patient’s dental record. This would require software purchase and equipment for each operator.

Field Based Services

- Home visiting staff are restricted from taking paper patient records into the field. Mobile technology would allow access to “last progress notes” and enable the staff member to update notes in field and begin the service coordination process more quickly. Linking to appointment vacancies could improve service provision.
- Software that enables Environmental Health Specialists (EHS) conducting institutional inspections in the Food and Lodging Program would allow the final “grade sheet” to be printed for the establishment. It would allow more timely uploading to the state and to the website for the public. 30 North Carolina counties have already purchased this vendor-supported software. It would also provide more information on a historical basis for better education of the food service managers.
- EHS field staff still need vendor-supported software for the on-site wastewater, well and WTMP programs to conduct permitting operations in the field and then download and process the information back in the office.

Data Analysis and Management

- Need to create GIS layers & utilize other data analysis tools in order to better target service delivery & analyze where the department needs to concentrate efforts.

Equipment

- This is a particular need in the dental clinical program, where our equipment is aged beyond use. There is no panorex x-ray machine in either clinic (a standard of care). There are too few of the same kind of handpieces, making sterilization twice a day a necessity. Equipment is replaced only when broken and then cannot be repaired because there are no parts.

Comparison of Local Health Department Expenditures for Selected Counties
North Carolina Division of Public Health
November 13, 2007

Each year the North Carolina Division of Public Health prepares an expenditure report that compiles expenditures for all counties receiving funds through the annual agreements with the NC DHHS. The most recent published report was for FY 2005-2006. The attached tables show expenditures comparisons for selected counties in North Carolina. Counties were chosen for comparison purposes based on size of population, presence of a university (related to size of population), and those that generally have the same program mix.

Health Departments across the state have different mixes of programs depending on the needs of their populations and the services offered in their communities. There was an attempt to identify programs that would have a major budgetary impact. These are listed in the "Service Comparison by County" chart for the counties selected. Robeson County is the outlier in this group, since it provides all services except a well program.

- Expenditures in this chart include Aid to County Funds (Aid), Environmental Health (EH) and Categorical (Cat) funds. It does not include outside funded grant programs such as the Smart Start grants (except for the local portion) and direct federal grants (Medical Reserve Corps). It does include the public health preparedness funds.
- Categorical funds can generally be thought of as "program" funds that are in service categories such as family planning, women and children's health, communicable disease, etc.
- Local funds include receipts from fees, Medicaid and other third party reimbursement sources and any county general funds.
- Orange County ranks the lowest in state and federal funds allocations. One historic reason for this is the Women's, Children and Infants (WIC) nutrition program. It is offered by all health departments except for Orange, Chatham, and Person counties. Piedmont Health Services, Inc. applied for and received the contract for services in these counties in the early 90's.
- The county ranks 61st in per capita local funding.
- The chart shows that in overall funding for public health services, Orange County ranks 74 among the 85 health departments that reported data for this report.
- The Statewide average per capita funding was \$59.45 and Orange County's per capita funding was \$37.97.

Local Health Department Expenditures Fiscal Year 2005-2006

Selected County Comparisons

		Expenditures = Aid+EH+Cat					
		St/Fed Funds Rank		Local Funds		Overall	
County	2006 Population	Rank	Per Capita	Rank	Per Capita	Rank	Per Capita
Orange	121,991	85	4.65	61	33.32	74	37.97
Alamance	138,572	76	7.71	51	39.04	62	46.75
Davidson	154,294	65	9.31	80	24.33	82	33.64
Harnett	101,608	70	8.69	44	44.67	53	53.36
Pitt	143,207	23	17.85	62	33.09	56	50.93
New Hanover	180,358	59	10.26	37	52.82	42	63.08
Robeson	127,695	12	24.56	40	47.99	36	72.55
Rowan	133,339	75	7.75	75	27.54	80	35.29
Wayne	115,714	40	13.69	47	41.74	50	55.43
Statewide:	8,682,066		\$11.39		\$48.05		\$59.45

Service Comparisons by County

"x" indicates services provided by health department

County	Animal Control	Dental	Home Health	Wells	WIC
Orange		X		X	
Alamance		X		X	X
Davidson		X		X	X
Harnett		X			X
Pitt					X
New Hanover	X	X			X
Robeson	X	X	X		X
Rowan	X	X		X	X
Wayne		X		X	X