### REQUEST FOR BOARD ACTION

## HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: April 2, 2018

**SUBJECT:** Need for additional State funding to support communicable disease

program services

**PRESENTER:** Steve Smith, Health Director

ATTACHMENTS: 1. Request letter from Henderson County Board of Health dated

March 19, 2018

2. Template letter that could be used when communicating with State

Legislators and NCALHD Talking Points – Communicable and

**Emerging Diseases Fund** 

### **SUMMARY OF REQUEST:**

The Henderson County Board of Health requests assistance from the Henderson County Board of Commissioners to advocate for additional State funding to support the vital services of our local communicable disease programs. Today, the state only provides 7% of the funding needed to cover the total cost of these mandated services.

### **BOARD ACTION REQUESTED:**

The Board is requested to contact Henderson County's State legislators and advocate for additional state funding to support our local communicable disease programs.

### **Suggested Motion:**

I move the Board approve communications with our State legislators to advocate for additional state funding to support our local public health communicable disease programs.



# **Henderson County Board of Health**

Henderson County Department of Public Health Steven E. Smith, MPA – Secretary to the Board Henderson County Health Director

1200 Spartanburg Highway, Suite 100 Hendersonville, NC 28792 Main Phone: (828) 692-4223 I Administration FAX: (828) 697-4709

March 19, 2018

James Crafton Chairperson/Engineer

Henderson County Board of Commissioners Attn: Michael Edney, Chairman 1 Historic Courthouse Square, Suite 1 Hendersonville, NC 28792

**Robyn Bryson** Vice Chairperson/Pharmacist

Re: State funding for communicable disease services in Henderson County

**Bo Caldwell** General Public Dear Chairman Edney,

Robert Duffey Physician At the February and March meetings for the Henderson County Board of Health, our members were provided with information about the increasing demands and costs for our local communicable disease services. Our recent pertussis outbreak is an example of those pressures with costs for this one outbreak alone estimated at \$150,000. As you know, this is a state mandated service for the Department of Public Health with the primary objective of limiting and minimizing the spread of disease.

**David Ellis** General Public

**Graham Fields** General Public

**Bill Lapsley** County Commissioner

> Leslie Leidecker Veterinarian

> > **Craig Poole**Optometrist

Pete Richards Dentist We agreed that it would be beneficial if Commissioners communicated their concerns on this issue with state legislators and request your assistance with this matter. We believe the State should consider funding a reasonable share of this local expense for all health departments. Today the State funds 12.5% of that total expense statewide. In Henderson County, our total program expenses equal \$448,000 and the State only funds \$32,000 (or 7%) of those expenses. As a starting point, we agree with the NC Association of Local Health Directors' request for the State to provide an additional \$80,000 in funding to every county. That additional \$8 million would make a substantial difference for this critical service in our jurisdiction and across the State.

Please consider advocating for these additional resources so that we can continue to provide a robust array of communicable disease services in Henderson County to protect the public's health.

Sincerely,

Barbara Stanley
Nurse

James Crafton, Chairman
On Behalf of the Henderson County Board of Health

### Template Letter

April "X", 2018

Senator Chuck Edwards North Carolina Senate 16 West Jones Street, Room 2115 Raleigh, NC 27601-2808

Re: State funding for local communicable disease programs – public health

Dear Senator Edwards,

The Henderson County Board of Commissioners recently received information from the Henderson County Board of Health about our local communicable disease programs and the increased demands for those services. The number of reported communicable disease cases has increased by over 200% in North Carolina from 2007 to 2017 due to population growth, increased surveillance strategies and the expansion of reportable events for emerging disease threats like chronic Hepatitis C. We have experienced these same increases here and are also challenged by large scale events like our recent pertussis outbreak with over 90 cases and thousands of local residents affected.

Communicable disease services in North Carolina cost approximately \$40 million today and only \$5 million or 12.5% of that expense is covered by federal and state funding for this mandated service. In Henderson County last fiscal year, communicable disease services here cost \$448,000 and federal/state funding was \$32,000 (only 7% of the cost). Communicable disease services in Henderson County and throughout the state provide value and benefit to all since the primary objective is to limit and minimize the spread of disease. We seek a more equitable partnership with the State for this vital public health service and accordingly ask that you consider a substantial increase in state funding for this fundamental obligation.

\*Additional comments here as the Board of Commissioners deem appropriate. Can mirror the "ask" of the NC Association of Local Health Directors if they so choose (see attached). That proposal asks for an additional \$80,000 per county to support necessary communicable disease capacity.



### TALKING POINTS

COMMUNICABLE AND EMERGING DISEASE FUNDS \$8 million / \$80,000 per county

# CALL YOUR HOUSE AND SENATE REPRESENTATIVES! ASK THEM TO SUPPORT FUNDING THE COMMUNICABLE AND EMERGING DISEASE PROGRAM

Ask your Representative to support funding for local Communicable and Emerging Disease Programs. We are requesting \$80,000 per county for a total of a \$8 million state appropriation.

**HISTORY:** In North Carolina and nationally, control and prevention of communicable diseases is a well-recognized core public health function, a role comparable to the public safety mission of law enforcement and emergency management.

**CURRENT:** Diminished infrastructure funding has impacted local public health's ability to accomplish mandated services and to protect the public's health from the spread of disease. Any new or emerging communicable disease places additional stresses on a system with widely absent capacity to mount a quick response.

CONCERN: Due to a lack of funding, capacity at the local level to respond to rapidly emerging and re-emerging disease outbreaks has become very fragile. In 2017, local health department communicable disease nurses responded to well over 300 outbreaks. A preliminary evaluation of data from January 1 to December 31 of 2017 suggests that, in addition to outbreak investigations, over 31,000 investigations of communicable diseases were conducted state-wide by local communicable disease nurses, plus almost 6,000 investigations of foodborne disease and 87,000 investigations of gonorrhea and chlamydia. In 2016 and 2017, there were about 1,600 consultations for Zika virus testing in accordance with the FDA Emergency Use Authorization. North Carolina is experiencing a dramatic increase in reported acute hepatitis C (HCV) infections as a result of the current epidemic of opioid abuse. Between 2010 and 2017, the number of acute cases reported has more than tripled. Local health department staff assist in the follow up of acute hepatitis C cases.

In light of recent national and international concerns around communicable disease outbreaks including Ebola and Zika, vaccine-preventable infections like whooping cough (pertussis), mumps, and measles, foodborne outbreaks, and hepatitis C outbreaks due to increasing opioid use, it is imperative that local health departments have a minimum set of resources available to perform local communicable disease control and prevention, outbreak response, community and public health surveillance and education activities, and to communicate clearly about disease threats within their jurisdictions.

**RESPONSE:** Appropriate \$8 million to the Division of Public Health for Local Health departments to fund the local communicable and Emerging Disease Program. These funds shall be allocated at \$80,000 per Local Health Department to have a minimum set of resources available to perform local communicable disease control and prevention, outbreak response, community and public health surveillance and educational outreach activities, and to appropriately address and manage disease threats in a timely manner in order to prevent and/or decrease morbidity and mortality within their jurisdiction.

#### **TALKING POINTS:**

• Ask your Representative to support funding for local Communicable and Emerging Disease Programs. We are requesting \$80,000 per county for a total of a \$8 million state appropriation.

- North Carolina's core public health infrastructure is rapidly declining at the local level. Local health departments
  have not received a targeted increase in state funding for communicable disease related activities for more than
  twenty years.
- The Trust for America's Health reports that North Carolina's FY2015-16 per capita funding allocation of \$14.08 is one of the lowest in the country, with only seven states spending less.
- The Loss of infrastructure at the local level means that "routine" surveillance is diminishing and small problems are becoming big problems by the time they are discovered.
- Please use your local data/information to share with your Representatives the impact of Communicable and Emerging Infectious Disease is having in your community (how much does the program cost the county/what funds do you receive from the state, etc.).

Please contact Lynette Tolson at Itolson@ncapha.org or 919-828-6201 for more information.