

minority communities, and, in some instances, actually giving clients a lift to the clinic. They also are bringing interpreters on staff to ease the language barrier, although Laureen Lopez of the Office of Minority Health cautions that local health departments are not meeting the current need.³⁵

Lopez notes that though many local health departments have translators on staff, they usually have other job responsibilities and are not always available to translate. "They may not be fluent in both languages, skilled in the interpretation process, or have knowledge of health issues," says Lopez.

In a 1993 survey of 35 local health directors in counties with high-density Hispanic populations, Lopez found that only four departments "almost always" had a translator on duty for health care. An additional 27 of the 31 local health directors who responded to the question indicated that they had translators available at least occasionally.³⁶ In a separate question that drew 33 responses, only six departments indicated they were "doing all right" with translation for health care, while 26 said they still needed more help.³⁷

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Health Services at North Carolina's Local Health Departments

The state requires every local health department to provide mandatory services for each county's population.¹ Any person who lives within the jurisdiction of the local health department can receive health care at the department, although certain populations are specifically targeted as "needy" because of economic status or lack of access to health care.

State regulations do not specify that any health department programs should be targeted explicitly to minority populations. Instead, certain programs are structured to assist segments of the population with limited resources, says Thornton B. Haynes, chief of the Office of Local Health Services in the Division of Health Services, Department of Environment, Health, and Natural Resources. These programs are costly, Haynes says, and health departments charge fees for some services. State statutes say that required immunizations must be provided free at local health departments.² Diagnosis and treatment for sexually transmitted diseases also is provided free at local health departments.

Medicaid covers some health care services, but not all. For services not covered by Medicaid, Haynes says county commissioners work with the local boards of health and health direc-

tors to create a fee schedule for the local health departments. The income from these fees is applied to the cost of providing services. With the help of the state, Haynes says, local health departments attempt to make health care affordable for all residents of North Carolina, regardless of income level or race.

Mandatory services are outlined under 13 categories in the North Carolina Administrative Code. These categories are: (1) adult health; (2) home health; (3) dental public health; (4) food, lodging, and institutional sanitation; (5) individual on-site water supply; (6) sanitary sewage collection, treatment, and disposal; (7) grade A milk sanitation, (8) communicable disease control; (9) vital records registration; (10) maternal health; (11) child health; (12) family planning; and (13) public health laboratory support.³

While local health departments must make sure the mandated services are available, health departments may or may not offer them in house. Offering extensive mandatory services is costly, Haynes says, often beyond what the local health departments can cover with their resources alone. If a health department does not have the staffing, funding, or space to support a necessary service, it can contract with the private sector to ensure that the county will have access to the required range of services. The county also can pool its resources with another county by forming a dis-

—continues

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**Table 10. Selected Health Services Available
at Local Health Departments**

<u>Service</u>	<u># of counties offering service</u>	<u>Service</u>	<u># of counties offering service</u>
Maternal Health:		Chronic Disease Control:	
Maternity Care Coordination	98	<i>Patient Education— (continued)</i>	
WIC Services ¹	95	Glaucoma	57
SIDS Counseling ²	94	Arthritis	47
Prenatal and Postpartum Care	91	Epilepsy	40
		Kidney Disease	34
Family Planning:		Home Health Services	65
Contraceptive Care	96	Chronic Disease Monitoring and Treatment	50
Pregnancy Prevention-Adolescent	90		
Child Health:		Health Promotion and Risk Reduction:	
Child Services Coordination	98	Nutrition Counseling	93
Well-Child Services	97	Lifestyle Behavior Modification	91
WIC Services - Children	95	Injury Control	68
School Health Services	93		
Lead Poisoning Prevention	91	Communicable Disease Control:	
Adolescent Health Service	81	Tuberculosis Control	98
Services to Developmentally Disabled Children	74	Immunization	97
Genetic Services	42	AIDS/HIV Screening	97
		Acute Comm. Disease Control	95
Chronic Disease Control:		<i>STD Control—³</i>	
<i>Early Detection and Referral—</i>		Drugs	93
Hypertension	88	Training/Education	92
Diabetes	87	Case Management	84
Cholesterol	87	<i>Epidemic Investigations—</i>	
Cancer	86	Risk Assessment	70
Glaucoma	42	Pesticide Poisoning	31
Arthritis	28		
Kidney Disease	24	Dental Health:	
Epilepsy	22	Dental Health Education	83
<i>Patient Education—</i>		Dental Screening and Referral	82
Cholesterol	94	Dental Treatment	39
Hypertension	92		
Cancer	89	Other Personal Health:	
Diabetes	89	Migrant Health	64
		Refugee Health	40

¹ WIC = Women, Infants, and Children nutrition program

² SIDS = sudden infant death syndrome

³ STD = sexually transmitted diseases

Source: Local Health Department Facilities, Staffing, and Services Summary for Fiscal Year 1993, State Center for Health and Environmental Statistics, August 1993, pp. 52-122.

Health Services

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tract health department, such as North Carolina's Toe River District Health Department, which includes the small mountain counties of Avery, Mitchell, and Yancey.

Once the state mandates a program, the local health departments are monitored to assure that this service is provided for each county. Haynes says administrative rules outline how each program is monitored and require each county to submit objectives and anticipated outcomes.

Each division of DEHNR monitors the programs under its jurisdiction. For example, the Division of Maternal and Child Health picks a small number of health departments each year to check for efficiency, effectiveness, and use of funds. These factors, combined with outcomes and health statistics, help the division decide if the local health department is adequately providing services for women and children.

Only as a last resort will the state threaten to take away funds from the local health department. Haynes says he recalls only once when the state has initiated this action. In June 1992, an administrative law judge signed an order allowing the withholding of funds because the local health director in Hyde County did not meet minimum hiring criteria, Haynes says. The issue was resolved when the Hyde County Board of Health and the Department of Environment, Health, and Natural Resources agreed on a course of study to be completed by the acting health director. Officials on the state level do not want to see funds taken from the local departments' budgets, he says, so they work closely with local officials to create efficient and accessible health departments.

Periodically, the Department of Environment, Health, and Natural Resources and the State Center for Health and Environmental Statistics publish a databook on North Carolina's local health departments. The report contains both statewide and county-by-county information about the health departments, including facilities, staffing, and the various health services that are currently available. Although the state mandates certain broad categories of services, counties maintain varied programs which cover the requirements of the Commission for Health Services.⁴ (See Table 10, p. 47, for Selected

Health Services Available at Local Health Departments.)

The Center for Health and Environmental Statistics surveys each of North Carolina's 100 counties, asking the local health department officials if their department provides specific services. Frank Matthews, a state official who compiled the fiscal year 1993 report, says that in each response, the counties were not asked to specify if the programs in question were contracted out or provided at the health department. If a service was available in some form for the county's needy population, the county was counted as providing the service.

The selected data listed in Table 10 are a mix of mandatory services and supplementary programs, covering categories such as dental public health, communicable disease control, maternal health, child health, and family planning. For example, under the communicable disease control section of the North Carolina Administrative Code, each department must offer tuberculosis diagnostic and follow-up services and treatment services.⁵ The study indicates tuberculosis control is offered by 98 counties, a total matched by only maternity care coordination and child services coordination.

With regard to chronic disease, the code mandates prevention and detection services for cancer, diabetes, and hypertension. Early detection and referral services for cancers were available in 86 counties, while similar programs were available for diabetes in 87 counties, and for hypertension in 88 counties.⁶

Matthews says that the fact that no single service is reported as available in all 100 counties does not necessarily mean that local health departments are falling short of mandated requirements. North Carolina has 86 local health departments, and some services may be available within a district that are not available in each county that comprises the district.

—Emily Coleman

FOOTNOTES

¹ 15A N.C. Administrative Code 25.0201.

² G.S. 130A-153.

³ 15A NCAC 25.0201.

⁴ N.C.G.S. 130A-1.1 (b). The Commission for Health Services is the rulemaking body that determines which services local health departments must provide to satisfy the requirements of the General Statutes.

⁵ 15A NCAC 25.0214.

⁶ 15A NCAC 25.209.