

Local Health Department Staffing and Services Summary Fiscal Year 2005



North Carolina
Department of Health and Human Services
Division of Public Health
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Local Health Department Staffing and Services Summary – Fiscal Year 2005 –



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Introduction

This survey is the latest in a series of surveys of North Carolina health departments which, since 1984, have provided a count of health department employees by occupational groups, a summary of essential public health services, and assessments of other topics, such as bilingual health initiatives and the use of information technology in health departments. All surveys have been oriented to the state's fiscal year: beginning July 1 and ending June 30th of the subsequent year. The current survey was administered in the summer of 2006, and covers the 2004-2005 fiscal year (FY2005).

Most of North Carolina's one hundred counties are represented in this survey. A total of 83 surveys were returned, consisting of 78 single-county health department respondents and five multi-county district health department respondents. The district health departments included are: (1) Alleghany, Ashe, and Watauga counties (Appalachian District); (2) Granville and Vance counties; (3) Martin, Tyrrell, and Washington counties; (4) Rutherford, Polk, and McDowell counties; and (5) Avery, Mitchell, and Yancey counties (Toe River Health District). Two health departments did not return a survey – Caswell County Health Department and the Albemarle Regional Health District (consisting of Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, and Perquimans counties).

In this report, we summarize the data from the FY2005 survey, and we present comparisons with the FY2003 survey data where possible. For the section of the survey on staffing, we use the same definitions that have been used in the past to calculate the number of full time equivalent (FTE) employees in order to ensure consistency across reports. Throughout this report, health department respondents are referred to as health departments, or health departments/health districts, or LHDs (Local Health Departments).

Changes to the Survey Questionnaire

No major changes were made to the survey questionnaire for FY2005. One occupational category was added to the staffing section – RN Enhanced Role. The only noteworthy modification to the analysis is the addition of detailed tabular data reports which are available for download on the State Center for Health Statistics web site: <http://www.schs.state.nc.us/SCHS/data/lhd/2005>.

Staffing (Section A)

Local Health Department Occupations and FTEs

Table 1 presents data regarding health department staffing for FY2005. Data are presented for each occupational group, and include the total number of full-time positions, the total hours worked by part-time staff per average week, the annual number of contract staff hours worked, as well as the total FTEs – both including and excluding contract staff. FTEs were calculated as the number of full-time funded positions, plus the number of part-time hours divided by 40 (one work week).

Assessing changes in staffing from FY2003 to FY2005 by occupational groups is challenging due to the fact that responses were not received from all health departments in FY2005, while FY2003 received a 100 percent response rate. In addition, while Buncombe and Moore counties did respond to the survey, they did not supply FTEs for this section of the report.

However, even with less than a complete response for the 2005 survey, several occupational groups show significant increases from FY2003 to FY2005. Since the 2003 survey, the occupational groups that grew the fastest with respect to (positive) change in the number of FTEs included: Social Workers (+116), Occupational Health Nurses (+65), and Home Health RN Nurses (+50).

Total FTEs

As of July 1, 2005, there were 8,705 full-time equivalent employees in county health departments (not including contract personnel), which is below the 2003 FTE total by 775 employees (Figure 1). Again, some of this decrease may be attributable to the lack of response from some health departments. Based on the FTE total for FY1989, the number of additional FTE health department employees in FY2005 constituted an increase of 49 percent over the past 15 years.

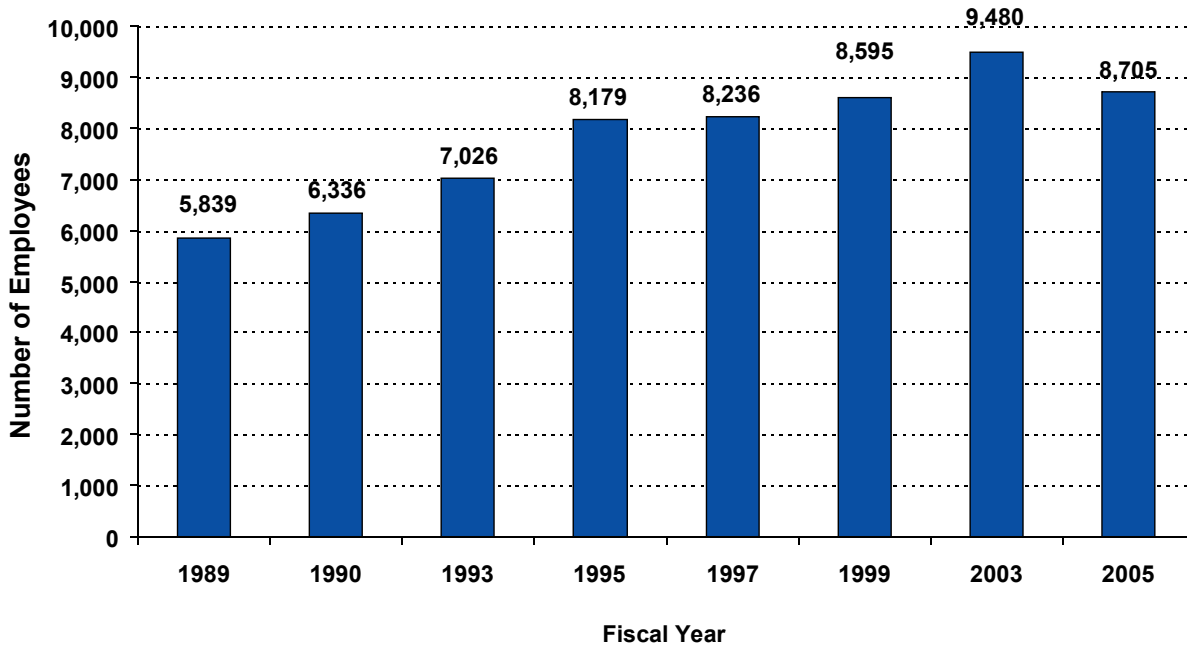
In Figure 2, the 15-year trends are shown for three of the largest professional groups working in North Carolina health departments: nurses (LPNs and RNs), management support staff, and environmental health specialists. Within the nursing profession, the total number of FTE nurses has been on a gradual decline since 1995; their numbers have dropped by 207 from 1995 to the present time. Environmental health specialist positions have increased by 183 FTE positions over the last 15 years. The number of Administration/Management support staff positions has remained relatively constant since 1989, with an increase of only 86 positions during this time.

**Table 1. Health Department Staffing for FY2005:
Full-Time Positions, Part-Time Hours, Annual Contract Hours, and FTEs by Occupation**

Occupational Groups	Total Funded Full-time Positions	Total Vacant Positions During Year	Total Hours Worked by Part-time Staff per Week	Annual Contract Staff Hours Worked	Total FTE (Not Including Contract)	Total FTE (Including Contract)
Health Director	83	17	0	0	83	83
Administrative/ Management Support Staff	1,740	256	794	7,075	1,760	1,763
LAN/PC Support	68	10	152	1,351	72	72
Physician	38	6	324	33,593	46	63
Physician Assistant	49	15	32	6,861	50	53
Dentist	42	13	1	10,859	42	47
Dental Assistant	102	23	117	468	105	105
Dental Hygienist	37	6	854	625	58	58
RN (Clinical)	1,204	291	3,835	13,236	1,300	1,306
RN (Enhanced Role)	296	40	96	1,100	298	299
RN (Home Health)	356	78	3,575	43,069	445	467
LPN (Clinical)	108	26	914	833	131	131
LPN (Home Health)	7	3	992	0	32	32
Occupational Health Nurse	65	0	0	0	65	65
Nurse Practitioner	127	28	293	11,560	135	140
Certified Nurse Midwife	9	1	62	3,432	11	12
Pharmacist	23	6	76	4,921	25	28
Nutritionist	325	84	1,876	3,696	372	374
Therapist	6	2	23	80,481	7	47
Social Worker	604	105	1,314	2,689	637	638
Environmental Health Specialist	790	112	239	7,396	796	799
Public Health Investigator	26	3	0	0	26	26
Lab Technician	187	28	147	1,084	190	191
X-Ray Technician	8	1	0	276	8	8
Health Educator	288	50	135	1,348	291	292
Interpreter, Spoken Language	170	31	99	42,377	173	194
Aides (all types)	459	83	7,308	18,619	642	651
Landfill Operators/Workers	30	0	54	6,992	31	35
Animal Control Officers	121	31	34	83	122	122
Epidemiologist/Statistician	13	1	32	0	14	14
Other	627	251	4,568	11,134	741	746
TOTAL	8,006	1,601	27,944	315,157	8,705	8,862

Note: Part-time hours per week were converted to FTEs by dividing by 40; annual contract staff hours were converted to FTEs by dividing by 2000.

**Figure 1. Full-Time Equivalent Employees, FY1989-FY2005
(Not Including Contract Personnel)**



**Figure 2. Staffing Change by Occupational Category, FY1989- FY2005
(Not Including Contract Personnel)**

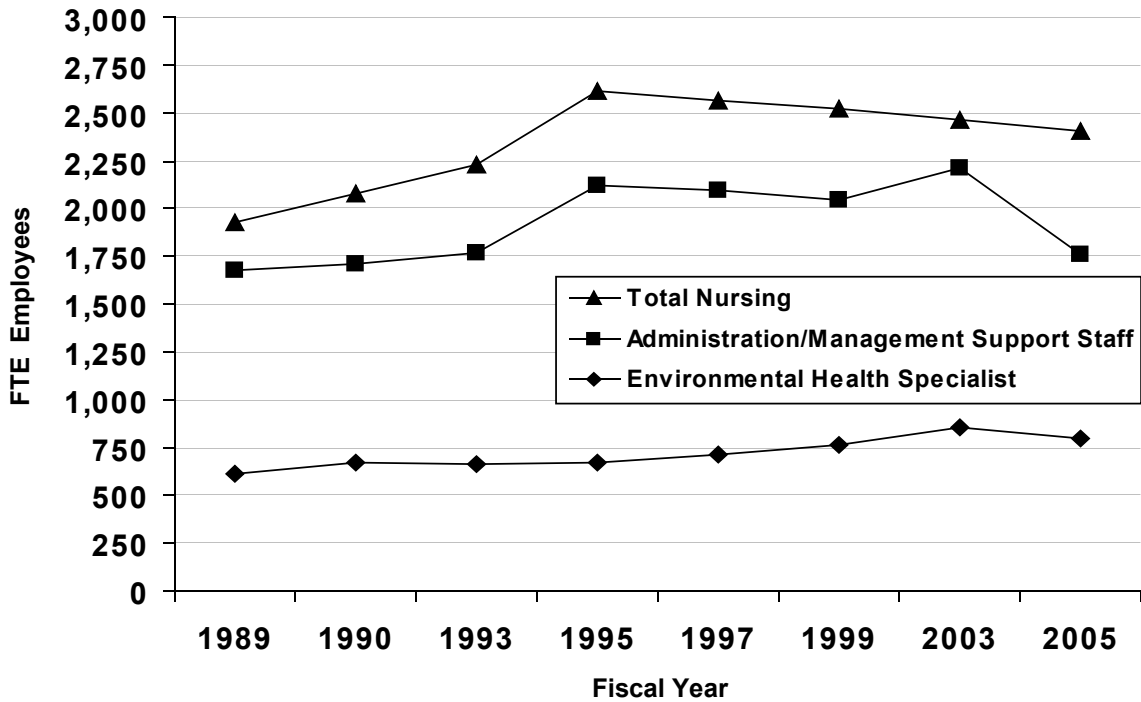
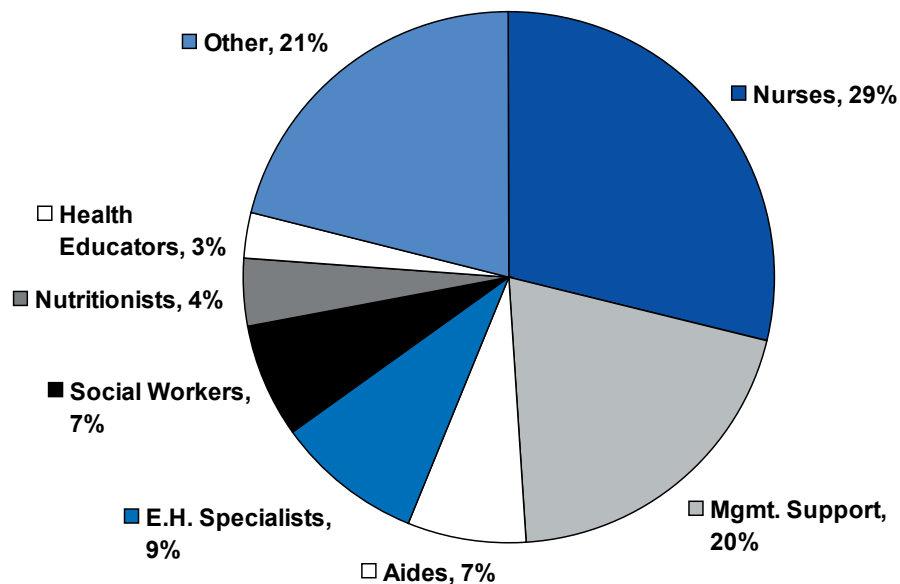


Figure 3 shows the distribution of all public health occupations in North Carolina health departments for FY2005. The nursing profession made up the largest percentage of personnel with 29 percent, followed closely by management support staff with 20 percent. The remaining specified occupations – aides, environmental health specialists, social workers, nutritionists, and health educators – accounted for about 30 percent of all health department personnel. Those who were assigned to the “other” category in the survey comprised an additional 21 percent of the occupations. This occupational distribution, shown in Figure 3, is similar to the results found in the 2003 survey, with nurses representing 26 percent and support staff representing 24 percent of the 2003 health department personnel.

Change in 2003 and 2005 FTEs, by County

Table 2 shows the change in the number of FTEs from 2003 to 2005, along with the percent change. Overall, 40 out of 79 health departments/health districts (these 79 had complete 2005 data) lost FTE positions during this period, and 39 out of 79 health departments gained FTE positions. Also, between FY2003 and FY2005, there was no change in the number of FTEs for two counties: Bladen (FTEs=72) and Orange (FTEs=94).

**Figure 3. FTE Employees by Occupation, FY2005
(Not Including Contract Employees)**



**Table 2. Health Department Staffing:
Number of FTEs in FY2003 and FY2005 and Percent Change by County**

	2003 FTEs	2005 FTEs	% chg.		2003 FTEs	2005 FTEs	% chg.
Alamance	105	97	-7.6%	Jackson	59	38	-35.6%
Alexander	34	37	8.8%	Johnston	97	93	-4.1%
Alleg/Ashe/Watauga	113	97	-14.2%	Jones	15	60	300.0%
Anson	31	27	-12.9%	Lee	51	59	15.7%
Beaufort	41	47	14.6%	Lenoir	63	64	1.6%
Albemarle District	343	n/a*	n/a*	Lincoln	67	76	13.4%
Bladen	72	72	0.0%	Macon	55	7	-87.3%
Brunswick	103	108	4.9%	Madison	23	18	-21.7%
Buncombe	244	n/a*	n/a*	Mecklenburg	458	467	2.0%
Burke	63	55	-12.7%	Montgomery	35	32	-8.6%
Cabarrus	111	76	-31.5%	Moore	62	n/a*	n/a*
Caldwell	122	132	8.2%	MTW Health District	146	122	-16.4%
Carteret	58	57	-1.7%	Nash	164	198	20.7%
Caswell	40	n/a*	n/a*	New Hanover	184	207	12.5%
Catawba	129	132	2.3%	Northampton	72	71	-1.4%
Chatham	76	87	14.5%	Onslow	163	168	3.1%
Cherokee	30	28	-6.7%	Orange	94	94	0.0%
Clay	35	21	-40.0%	Pamlico	19	20	5.3%
Cleveland	193	119	-38.3%	Pender	47	45	-4.3%
Columbus	85	94	10.6%	Person	55	52	-5.5%
Craven	130	139	6.9%	Pitt	113	122	8.0%
Cumberland	228	240	5.3%	Randolph	85	77	-9.4%
Dare	72	84	16.7%	Richmond	70	65	-7.1%
Davidson	91	97	6.6%	Robeson	211	208	-1.4%
Davie	57	61	7.0%	Rockingham	84	88	4.8%
Duplin	54	59	9.3%	Rowan	78	76	-2.6%
Durham	284	201	-29.2%	Rutherford/Polk/ McDowell	17	97	470.6%
Edgecombe	110	90	-18.2%	Sampson	41	42	2.4%
Forsyth	240	237	-1.3%	Scotland	62	54	-12.9%
Franklin	79	70	-11.4%	Stanly	60	68	13.3%
Gaston	180	110	-38.9%	Stokes	52	37	-28.8%
Graham	14	16	14.3%	Surry	210	180	-14.3%
Granville/Vance	78	110	41.0%	Swain	50	39	-22.0%
Greene	25	26	4.0%	Toe River	194	209	7.7%
Guilford	450	425	-5.6%	Transylvania	29	27	-6.9%
Halifax	121	124	2.5%	Union	95	65	-31.6%
Harnett	162	84	-48.1%	Wake	821	825	0.5%
Haywood	73	70	-4.1%	Warren	46	49	6.5%
Henderson	82	83	1.2%	Wayne	138	131	-5.1%
Hertford	83	68	-18.1%	Wilkes	58	68	17.2%
Hoke	30	34	13.3%	Wilson	153	120	-21.6%
Hyde	38	42	10.5%	Yadkin	30	33	10.0%
Iredell	140	109	-22.1%				

* Not available: Caswell and the Albemarle Health District (consisting of Bertie, Camden, Chowan, Currituck, Gates, Pasquotank, and Perquimans counties) did not repond to the 2005 survey. Buncombe and Moore counties responded to the survey, but did not supply figures for these measures.

Note: Counties with very large percent changes may have submitted inaccurate information for one of the two years.

Public Health Services (Section B)

According to North Carolina Public Health laws: “The Public Health Laws of North Carolina establish categories of essential public health services that are to be made available and accessible to all citizens of the State [G.S. 130A-1.1(b)].” The services that appear in Table 3 include all essential services established by this law as well as other services that were deemed to be essential to the public health of North Carolina citizens. For each service, counties were asked to indicate if the service was provided in their health department or health district.

Beginning with HEALTH SUPPORT services, a total of 78 out of 83 health departments/health districts in North Carolina (90%) provide registration of vital events (see Table 3). Vital records and statistical services are maintained in 87 percent of all health departments (n=72). In addition, almost all health departments report that they perform Comprehensive Community Health Assessment (98%) and Community Health Education (99%). A new focus in recent years is Bioterrorism and Emergency Preparedness. A large proportion of health departments/districts report that they are engaged in Bioterrorism/Other Emergency Preparedness Response Planning and Assessment (92%). However, only slightly more than half said that their health department/district is engaged in chronic disease surveillance (54%). Over 80 percent of all health departments/health districts provide reportable disease data, communicable disease surveillance, health education, child health, and prenatal care. All health departments/districts (100%) stated that they offer spoken language interpretation to their clients. The Health Support service provided least frequently was pesticide poisoning investigation, with less than 20 percent of health departments reporting that they offered this service.

Regarding ENVIRONMENTAL HEALTH services, all county health departments responding to the survey offer restaurant and lodging inspections. Almost all counties (94%) offer on-site sewage and wastewater disposal services (n=78). With regard to water sanitation and safety, 64 out of 83 county health departments (77%) offer private water supply services, while 24 out of 83 (29%) offer public water supply services. Public swimming pool sanitation was available in all but seven health departments. Regarding pest management, 34 health departments (41%) provide mosquito control and 13 health departments (16%) provide rodent control. Lead abatement is offered by 65 percent (n=54) of the health districts surveyed.

Regarding PERSONAL HEALTH services – the largest category of services – nearly complete coverage (over 95%) was available for four services: maternity care coordination, contraceptive care, child service coordination, and immunizations. Under the sub-category of Maternal Health services, over 90 percent of health departments provided Maternity Care Coordination, SIDS counseling, and maternal WIC services. Slightly more than 80 percent report that they provide prenatal/postpartum care. Within Family Planning services, almost all health departments reported offering contraceptive care (99%). In addition, most health departments also provide adolescent pregnancy prevention (93%) and preconceptional counseling (90%). Fertility services were less likely to be offered, with less than a third of health departments reporting that they offered this service. Within Child Health services, immunizations (98%), child service coordination (96%), lead poisoning prevention (92%), and child WIC (92%) services were most often provided.

**Table 3. Public Health Services
(As of 7/1/2005 with 83 out of 85 Health Departments/Health Districts reporting)**

Services Offered	Number of Health Departments Offering Service	Percent of Health Departments Offering Service
HEALTH SUPPORT	#	%
Registration of Vital Events	78	94.0%
Assessment of Health Status, Health Needs and Environmental Risks to Health		
Epidemic Investigations		
Risk Assessment	50	60.2%
Pesticide Poisoning	16	19.3%
Health Assessment		
Comprehensive Community Health Assessment	81	97.6%
Behavioral Risk Assessment	36	43.4%
Morbidity Data	44	53.0%
Reportable Disease	69	83.1%
Vital Records and Statistics	72	86.7%
Chronic Disease Surveillance	45	54.2%
Communicable Disease Surveillance	75	90.4%
Bioterrorism/Other Emergency Preparedness Response		
Planning and Assessment	76	91.6%
Policy Development Functions/Services		
Health Code Development and Enforcement	43	51.8%
Health Planning	51	61.4%
Health Assurance		
Health Education	81	97.6%
Child Health	78	94.0%
Prenatal Care	69	83.1%
Primary Care		
Adult	34	41.0%
Pediatric	43	51.8%
Community Health Education	82	98.8%
Interpretation, Spoken Language	83	100.0%
Public Health Nurse Pharmacy Dispensing	48	57.8%
Other Pharmacy Services	33	39.8%
School Nursing Services	37	44.6%
ENVIRONMENTAL HEALTH		
Restaurant/Lodging/Institutions Sanitation and Inspections	83	100.0%
On-Site Sewage and Wastewater Disposal	78	94.0%
Water Sanitation and Safety		
Public Water Supply	24	28.9%
Private Water Supply	64	77.1%
Milk Sanitation	7	8.4%
Shellfish Sanitation	9	10.8%
Public Swimming Pool	76	91.6%
Bedding Control	7	8.4%
Pest Management		
Mosquito	34	41.0%
Rodent	13	15.7%
Lead Abatement	54	65.1%

Table 3. Public Health Services (continued)
(As of 7/1/2005 with 83 out of 85 Health Departments/Health Districts reporting)

Services Offered	Number of Health Departments Offering Service	Percent of Health Departments Offering Service
PERSONAL HEALTH	#	%
Maternal Health		
Prenatal and Postpartum Care	70	84.3%
Maternity Care Coordination	81	97.6%
SIDS Counseling	76	91.6%
WIC Services – Mother	78	94.0%
Family Planning		
Preconceptional Counseling	75	90.4%
Contraceptive Care	82	98.8%
Fertility Services	26	31.3%
Pregnancy Prevention – Adolescent	77	92.8%
Child Health		
Well-Child Service	75	90.4%
Genetic Services	20	24.1%
Services to Developmentally Disabled Children	40	48.2%
Child Service Coordination	80	96.4%
Adolescent Health Services	56	67.5%
School Health Services	45	54.2%
Lead Poisoning Prevention	76	91.6%
WIC Services – Children	76	91.6%
Immunizations	81	97.6%
Newborn Home Visiting Services	75	90.4%
Behavioral Health Services	20	24.1%
Children with Special Health Care Needs Services	31	37.3%
Chronic Disease Control		
Early Detection and Referral		
Kidney Disease	16	19.3%
Hypertension	66	79.5%
Cancer	68	81.9%
Diabetes	67	80.7%
Cholesterol	62	74.7%
Arthritis	14	16.9%
Glaucoma	9	10.8%
Epilepsy	6	7.2%
Patient Education		
Kidney Disease	23	27.7%
Hypertension	68	81.9%
Cancer	63	75.9%
Diabetes	74	89.2%
Cholesterol	65	78.3%
Arthritis	24	28.9%
Glaucoma	12	14.5%
Epilepsy	8	9.6%

Table 3. Public Health Services (continued)
(As of 7/1/2005 with 83 out of 85 Health Departments/Health Districts reporting)

Services Offered	Number of Health Departments Offering Service	Percent of Health Departments Offering Service
PERSONAL HEALTH (continued)	#	%
Chronic Disease Monitoring and Treatment	41	49.4%
Home Health Services	31	37.3%
Health Promotion and Risk Reduction		
Nutrition Counseling	71	85.5%
Injury Control	38	45.8%
Tobacco Cessation	67	80.7%
Communicable Disease Control		
Tuberculosis Control	83	100.0%
Acute Communicable Disease Control	82	98.8%
STD Control		
Case Management	48	57.8%
Drugs	67	80.7%
Training/Education	75	90.4%
Screening	80	96.4%
AIDS/HIV Screening	82	98.8%
Vaccinations for Hepatitis A and B	80	96.4%
Rabies Control	78	94.0%
Dental Health		
Dental Health Education	66	79.5%
Fluoride Prophylaxis	56	67.5%
Sealant Application	54	65.1%
Dental Screening and Referral	58	69.9%
Dental Treatment	43	51.8%
Community Fluoridation	13	15.7%
"Into the Mouths of Babes" Dental Prevention Services	30	36.1%
Other Personal Health		
Migrant Health	28	33.7%
Refugee Health	21	25.3%

For services related to Chronic Disease Control, early detection and referral services were most often provided for hypertension (80%), cancer (82%), diabetes (81%), and cholesterol (75%). Less than 20 percent of health departments offered early detection and referral for kidney disease, arthritis, glaucoma, and epilepsy. With the exception of cancer, the provision of Patient Education services for these same chronic diseases tended to be somewhat higher than that of early detection and referral.

Regarding Health Promotion efforts, the majority of health departments reported that they offer nutrition (86%) and tobacco cessation counseling (81%). However, fewer than half (46%) offer injury control.

Under services for Communicable Disease Control, all health departments report that they offer tuberculosis control. Under STD control, nearly all health departments offer AIDS/HIV screening (99%) and other STD screening (96%). In addition, many health departments also offer training and education (90%) and drugs (81%). Slightly more than half of health departments report offering case management services (58%).

Under Dental Health services, 80 percent of health departments offer dental health education, 65 percent offer sealant application, and 70 percent offer dental screening and referral. About half (52%) of all health departments report that they offer dental treatment. Less than 1 in 5 (16%) of health departments participate in community fluoridation.

With regard to Other Personal Health Services, 28 health departments (34%) offer migrant health services and 21 health departments (25%) offer refugee health services.

Bilingual Health Initiatives (Section C)

Non-English Information and Education Material in LHDs

All but one health department reported providing educational and informational material in Spanish. Besides Spanish, 11 health departments also provided educational material in at least one of these other languages: French, Russian, and Hmong. One health department reported offering educational material in 14 other languages in addition to Spanish.

Regarding the use of non-English material in health department service areas, all 83 health departments reported that their Family Planning clinics use non-English material. In addition, almost all health departments stated that they use non-English material for Maternal Health (99%), Patient Education (99%), and Child Health Services (96%). Non-English materials were least likely to be available for Chronic Disease Control, Dental Health, and Health Promotion.

Examining the need for non-English education/information material, Chronic Disease Control, Health Promotion, Communicable Disease Control, and Dental Health were the areas where some health departments reported needing non-English materials.

Bilingual Staff

Sixty-nine health departments (83%) reported having staff positions designated as interpreters and 14 health departments (17%) did not have designated interpreters. In 2003, 63 health departments or about 74 percent had designated interpreters.

In FY2005, there were 413 LHD staff members (including contract staff) who are reportedly bilingual; in 2003, that number was 307. This number has increased despite the fact that some health departments did not report this measure. In Table 4, we show the number of FY2003 and FY2005 bilingual staff by county. For 28 health departments, the number of bilingual staff remained unchanged. Seven counties had no bilingual staff members in 2003 and in 2005. The largest gain in FY2005 bilingual staff occurred in Guilford (+27) and Buncombe (+24) counties. The largest loss in FY2005 bilingual staff occurred in Durham (-16).

Bilingual Training

More than half of health departments (69%) reported that special training is provided for health care providers who work with non-English speaking clients. In addition, 83% of health departments report that their service population is becoming more non-English speaking. In light of this, most departments report that their staff has undergone cultural diversity training (87%). Further, 59 health departments (71%) report that their department has specific outreach efforts targeting non-English speaking populations.

**Table 4. Bilingual Health Initiatives:
Change in the Number of FY2005 Bilingual Staff from FY2003, by County**

	FY2003 Bilingual Staff	FY2005 Bilingual Staff	Change		FY2003 Bilingual Staff	FY2005 Bilingual Staff	Change
Alamance	2	0	-2	Jackson	5	3	-2
Alexander	0	0	0	Johnston	5	14	9
Aleg/Ashe/Watauga	2	4	2	Jones	0	0	0
Anson	1	1	0	Lee	8	8	0
Beaufort	2	2	0	Lenoir	3	2	-1
Albemarle District	1	*	-	Lincoln	2	0	-2
Bladen	2	3	1	Macon	1	1	0
Brunswick	1	3	2	Madison	1	2	1
Buncombe	13	37	24	Mecklenburg	5	20	15
Burke	2	3	1	Mitchell/ Avery/Yancey	5	10	5
Cabarrus	9	6	-3	Montgomery	8	6	-2
Caldwell	4	3	-1	Moore	4	3	-1
Carteret	2	1	-1	MTW Health District	2	1	-1
Caswell	0	*	-	Nash	7	7	0
Catawba	6	8	2	New Hanover	3	4	1
Chatham	10	9	-1	Northampton	2	1	-1
Cherokee	0	0	0	Onslow	3	3	0
Clay	0	0	0	Orange	5	7	2
Cleveland	1	1	0	Pamlico	1	1	0
Columbus	2	2	0	Pender	3	4	1
Craven	3	5	2	Person	1	1	0
Cumberland	3	5	2	Pitt	4	3	-1
Dare	1	5	4	Randolph	5	13	8
Davidson	2	4	2	Richmond	1	1	0
Davie	1	3	2	Robeson	9	9	0
Duplin	7	9	2	Rockingham	3	3	0
Durham	21	5	-16	Rowan	6	8	2
Edgecombe	2	3	1	Rutherford/Polk/ McDowell	4	1	-3
Forsyth	15	24	9	Sampson	2	4	2
Franklin	1	2	1	Scotland	1	1	0
Gaston	8	3	-5	Stanly	1	1	0
Graham	0	0	0	Stokes	2	2	0
Granville/Vance	4	3	-1	Surry	7	6	-1
Greene	2	3	1	Swain	0	0	0
Guilford	5	32	27	Transylvania	1	1	0
Halifax	1	2	1	Union	0	13	13
Harnett	3	3	0	Wake	*	0	-
Haywood	1	3	2	Warren	2	2	0
Henderson	13	12	-1	Wayne	6	9	3
Hertford	0	0	0	Wilkes	5	6	1
Hoke	6	6	0	Wilson	5	5	0
Hyde	1	0	-1	Yadkin	4	5	1
Iredell	5	7	2	NC Total	307	413	106

*Data not available for this health department on this measure.

Insurance (Section D)

When asked if their agency bills private insurance, 73 health department respondents checked “yes” (88%) and ten respondents checked “no” (12%).

Among the 73 health departments that bill private insurance, the number of insurance companies for which the health department is on the provider panel varied from 0 to 170 insurance companies. New Hanover, Orange, Forsyth, Cumberland, Jones, and Warren counties all reported 0 (no) companies for which they were on the provider panel. At the other end of the spectrum, Chatham reported 100 companies for which they were on the provider panel and Mecklenburg reported 170. (Given these extremes, the issue arises as to whether all respondents shared the same understanding of what was meant by being on the “provider panel.”)

For the 10 health departments (Davidson, Haywood, Lenoir, Madison, Randolph, Rowan, Stanly, Transylvania, Wake, and Yadkin) that do not bill private insurance companies, the reasons they selected from the survey for not doing so, included the following (respondents could check more than one answer):

- seven selected *Number of clients with private insurance does not justify time spent*;
- four selected *Lack staff/resources to do this*;
- three selected *Do not serve clients with private insurance*;
- three selected *Lack knowledge on how to bill private insurance*;
- three selected *Unable to get on provider panels – cannot meet minimum requirements*;
- and one noted that their staff was not trained.

Information Technology (Section E)

Table 5 provides a summary of the technological capacity of health departments and the number of employees who have access to these information technologies. As reported on the survey, there were a total of 10,296 desktops or personal computers (PCs) in use in 2005, up 50 percent from the 6,891 PCs reported in 2003 (Table 6). Over half (55%) of health department PCs use Pentium computers with Windows 2000 and another 39 percent use Pentium computers with Windows XP. In addition, the number of Laptop computers has increased from 1,049 reported in health departments in 2003 to 1,234 in use in 2005.

Seventy-nine health departments reported having a Local Area Network (LAN) system, the same number as in 2003 (Table 6). Slightly more than half of all health departments (52%) had a LAN administrator on staff. About half of all health departments (51%) were connected to the state's Wide Area Network (WAN), compared to 62 percent in 2003.

Regarding internet access, as was the case in 2003, all 83 health department respondents in 2005 reported having access to the internet. Thirteen of these health departments used the State WAN as their internet provider and 30 used the county as their internet provider. The majority of health departments reported having an internet connection of T1 or better (90%).

Sixty-six health departments (80%) had an internet homepage in 2005, up from 65 percent in 2003. The availability of desktop video conferencing was up slightly in 2005, with 37 percent of health departments having this available, compared with 27 percent in 2003 (Table 6).

Most health departments had improved security systems such as firewalls (98%) and back-up/recovery systems (93%). However, only 60 percent reported having a business continuity or disaster recover plan in place and fewer than a third (31%) had a recovery plan that had been tested. More than half (54%) had redundant or fail-over systems and virtual private networks (61%).

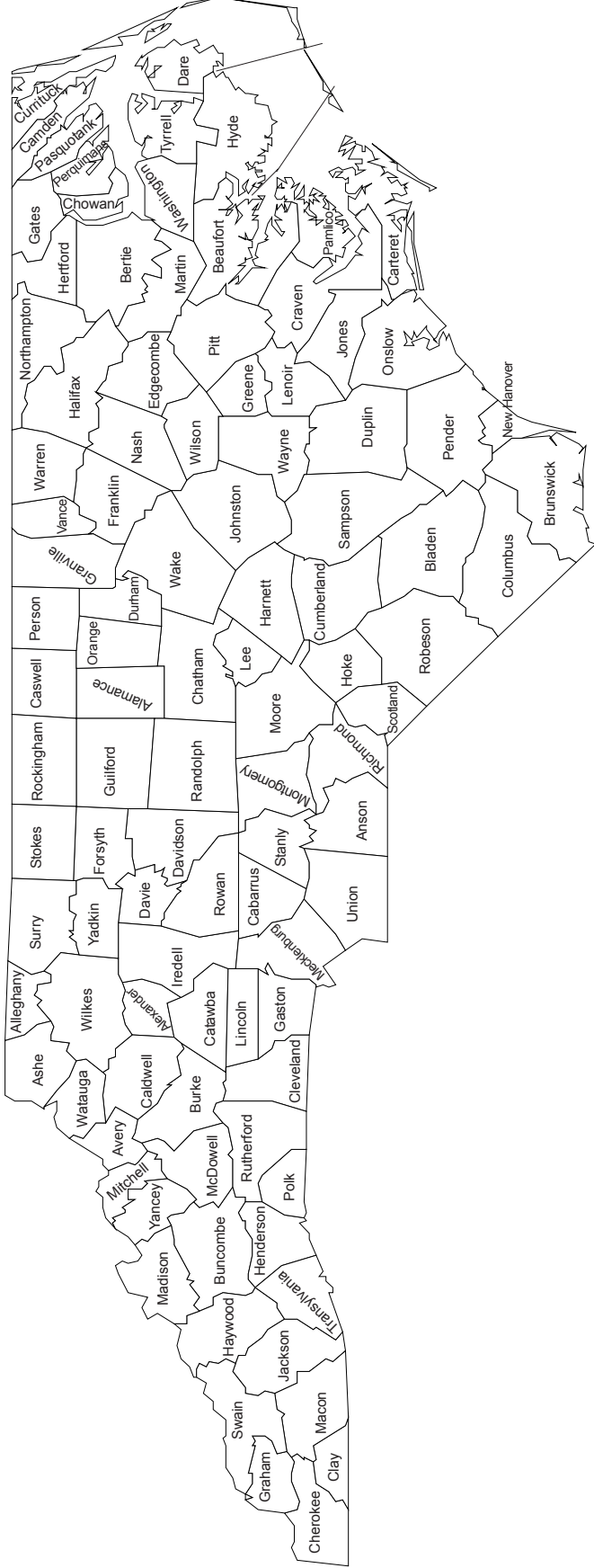
**Table 5. Information Technology:
Summary of Technological Capabilities Among Health Departments, FY2005**

	Count		Count
Local Area Network (LAN)	79	Number of Personal Computers by Model and Operating System	
Ethernet	64	Desktop:	
Other	15	Pentium Win 2000	5,652
LAN Administrator on staff	43	Pentium Win XP	4,000
Part of Wide Area Network (WAN)	42	Pentium Win 95, 98/Me, NT	427
System has a firewall	81	Pentium Other OS (e.g. Mac, Linux)	17
Has Virtual Private Network (VPN)	51	Other Win 2000	74
Back-up/Recovery for systems	77	Other Win XP	122
Business Continuity/Disaster Recovery Plan	50	Other Win 95, 98/Me, NT	4
Business Continuity/Disaster Recovery Plan has been tested	26	Other Other OS (e.g. Mac, Linux)	0
Redundant or fail over systems	45		
Access to Internet	83	Laptop:	
Number of Internet users:	8,330	Pentium Win 2000	404
Provider of Internet services:		Pentium Win XP	730
State WAN	13	Pentium Win 95, 98/Me, NT	76
County	30	Pentium Other OS (e.g. Mac, Linux)	0
Cable	11	Other Win 2000	1
DSL	11	Other Win XP	23
Dial-up	1	Other Win 95, 98/Me, NT	0
Other	17	Other Other OS (e.g. Mac, Linux)	0
Internet connection:			
56kb or less	2		
Fractional T1	7		
T1	58		
T3	4		
Better	12		
E-mail system	79		
E-mail provider:			
County	57		
NC Mail	13		
Other	13		
Wireless connection to E-mail	27		
Wireless connection to Network	28		
County-wide GIS	59		
Health Department GIS	10		
Global Positioning Systems (GPS)	25		
Desktop Video Conferencing	31		
Staff with Video Conferencing access	1,693		
Has Internet Homepage	66		

**Table 6. Information Technology:
Percent Change in Selected Technologies from FY2003 to FY2005**

	Number in FY2003	% of Health Depts Having	Number in FY2005	% of Health Depts Having	Percent Change in Number
Total PCs in Health Departments	6,891	n/a	10,296	n/a	49.4%
Health Departments With:					
Local Area Network (LAN)	79	92.9%	79	95.2%	0.0%
Connection to State Wide Area Network	53	62.4%	42	50.6%	-20.8%
Access to the Internet	85	100.0%	83	100.0%	-2.4%
Internet Homepage	55	64.7%	66	79.5%	20.0%
Desktop Video Conferencing	23	27.1%	31	37.3%	34.8%

North Carolina Counties



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