CABARRUS HEALTH ALLIANCE: 
A LOCAL HEALTH DEPARTMENT 
IMPLEMENTING THE CORE FUNCTIONS OF PUBLIC HEALTH

by

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April 1, 2006

A Master's paper submitted to the faculty of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Public Health in the School of Public Health, Public Health Leadership Program.

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Abstract

Every county in North Carolina must attempt to meet the public health needs of its citizens. State law requires that each county government accomplish these core functions: assess the county’s health needs, assure that those needs are being met, and develop policy to improve the health of its citizens. Cabarrus County has chosen to accomplish those core functions in a unique and different way.

In 1997, the Cabarrus County Health Department became the Cabarrus Health Alliance (CHA) in an effort to accomplish more in the area of public health. Throughout the years that it has existed as the Alliance, CHA has faced many challenges. It continues to serve the population by providing essential services which include Environmental Health, vital statistics, Communicable Disease surveillance and prevention, and Maternal and Child health services. Grants have provided many opportunities to expand the Health Initiatives department that reaches out to the public not only with unique educational opportunities for prevention of disease, but also to provide services that would not otherwise be funded. In working with the Health Cabarrus Board, CHA has assisted in determining the health needs of the county in order to decide how best to meet those needs.

The purpose of this paper is to explain how the Cabarrus Health Alliance works to achieve the core functions of public health: assessment, assurance, and policy development. The organizational changes of the agency will also be reviewed.
A Local Health Department: Implementing Core Functions

Every county in North Carolina must attempt to meet the public health needs of its citizens. State law requires that each county government accomplish these core functions: assess the county’s health needs, assure that those needs are being met, and develop policy to improve the health of its citizens. Cabarrus County has chosen to accomplish those core functions in a unique and different way.

In 1997, the Cabarrus County Health Department became the Cabarrus Health Alliance (CHA) in an effort to accomplish more in the area of public health. The purpose of this paper is to explain how the Cabarrus Health Alliance works to achieve the core functions of public health: assessment, assurance, and policy development. The organizational changes of the agency will also be reviewed.

Demographics

Cabarrus County is located northeast of Charlotte in the Piedmont region of North Carolina. With a fast growing population (11.5% increase from 2000-2004), the county is constantly changing. The estimated 2004 population was 146,135 with 83% white, 12% Black/African American, and approximately 5% Hispanic. (Census Bureau) There is a feeling among some that this last figure (5% Hispanic) is well below the actual figure as most traditional census reporting does not capture the numbers of illegal immigrants.

There has been great change in the demographics of the county between the official census of 2000 and the estimated 2004 census. The greatest change can be seen in the increase in numbers of people moving into the county to live while continuing to work in nearby areas, including Mecklenburg County. This has put a burden on many
services including schools, utilities, and healthcare, thus posing a challenge to public health as well.

**Medical community**

Northeast Medical Center (NEMC), the only hospital in Cabarrus County, is a 457 bed not-for-profit facility. NEMC works closely with Cabarrus Health Alliance as a partner in promoting and protecting the public’s health. The hospital has several initiatives underway including participation in the Institute for Healthcare Improvement’s “100K Lives Campaign”, designed to save 100,000 lives nationwide through strategic community and hospital based initiatives. At the current time, there are also two hospital employees who serve as members of the Board of the Cabarrus Health Alliance (NEMC).

There are more than 1200 healthcare providers who practice in the community. Most have privileges at NEMC (Upshaw). There is a large network of physicians who are actually employed by NEMC, but there are also other private providers, both generalists and specialists, who are independent of the hospital, but provide much needed services to the community. Two physicians are currently serving on the Cabarrus Health Alliance Board, further assisting to connect the local health department to the medical community.

The Community Free Clinic (CFC) was started in 1994 by two retired physicians who had spent many years caring for the needs of Cabarrus’ citizens. The CFC attempts to fill in the gap of medical care for those with chronic illnesses who have neither payer source nor access to care. Patients must be Cabarrus County residents without insurance whose income is less than or equal to 125% of the federal poverty level (CFC). CFC is funded mostly by grants (United Way and others) and most of the staff consists of volunteer physicians, nurses, and interested local citizens. CFC is open two evenings a
week, assists 400 new patients each year, and helps to provide medical care, referrals, and even medication assistance to those in need (CFC).

**Other Stakeholders in Public Health**

In looking at all that is public health within the county, one must look at the important stakeholders. Serving as the local health department, Cabarrus Health Alliance is of course one of the major stakeholders. The medical community consisting of the hospital, the local physicians and their clinics, and various allied healthcare providers (e.g. physical therapy, chiropractic, home health agencies) also plays a major role in both primary and secondary prevention and promotion.

"Healthy Cabarrus, a Certified Healthy Carolinians Partnership, is a collaborative alliance of community representatives and leaders from healthcare, government, business and industry, community service agencies, medical service providers, the general population and the faith community." ("Cabarrus Health Alliance") Its main functions are to bring together different community stakeholders forming partnerships, to ascertain the health needs in the community and how the community can work together to meet those needs. ("Cabarrus Health Alliance") (Cabarrus)

"Sisters in Partnership" is a group of women who volunteer their time to assist other women in learning about breast and cervical cancer and helping them to obtain screening and treatment. CHA supports this program through grant funds which in part provides two staff persons to help this group of volunteers. "Men for Living" is a similar group that works with African-American men in the community. Their aim is to assist men to achieve all they can be, including targeting health care issues especially for men. This group is an all-volunteer group and recently held a neighborhood campaign to pass
out flyers about prostate health and the incidence of prostate cancer among African American men.

Additional stakeholder groups would include the cities and communities that are scattered around Cabarrus County. The cities are Midland, Concord, Kannapolis, Harrisburg, and Mount Pleasant. There are also several neighborhood residence associations, some formal and some informal. Some of these are quite active and seek ways to help their residents improve their health personally and corporately.

The Cabarrus County Department of Social Services (DSS) is a major stakeholder in public health. DSS shares many of the same clients as CHA since the services that they seek through DSS (Medicaid and other public assistance programs) also bring these same clients to seek out services at the local health department. Mental Health services are provided mainly through two organizations: Daymark Recovery Services and Piedmont Behavioral Health Care. Both these organizations assist citizens and their families who have substance abuse problems, but also those who have mental health issues. Mental health and substance abuse are two areas of public health that are often overlooked but these organizations are assisting in addressing these issues in Cabarrus County.

Just beginning to come on the scene is a new stakeholder, the new Federally Funded Community Health Center. Congressman Robin Hayes, along with North Carolina state Senator Fletcher Hartsell, has been instrumental in getting this much needed Health Center funded. With a $650,000 initial funding from the government, this center will reach out to the community of inner-city Concord, to a group of people that need health care but have no or very limited payer source. (Congress) This Center will provide primary care for adults and children, including both well and sick visits. An on-
site lab and pharmacy is planned. Medications for the clinic's clients will be provided at the same scale that they pay for the services at the center. Since some clients will be close to 0% pay for their office visit fees, then their medications will also be provided free of charge. This is a great advantage for a portion of the community that has previously been unable to afford medications, especially for those requiring long-term treatment for chronic diseases such as diabetes or hypertension. The Community Health Center is scheduled to open fully in July of 2006.

One other stakeholder that will be discussed later is the North Carolina Research Campus. This recent addition to the list of stakeholders will bring jobs, research, schools, and employment to different areas of public health. As this paper is being written, the groundbreaking for the first laboratory is taking place with construction to take approximately eighteen months. (Mainhart)

*Cabarrus County Health Dept → Cabarrus Health Alliance*

In 1996, the health director for the Cabarrus County Health Department, William F. (Fred) Pilkington, saw that it was becoming increasingly difficult to fund public health with limited government funds. There was also a felt need to go beyond the scope of traditional public health. (Upshaw, 2000, pg. 41) In an attempt to lead the way, to create a new style of public health, the Cabarrus County Board of Commissioners along with state Senator Fletcher Hartsell formed the Public Health Authority of Cabarrus County, Inc. This agency is officially a public hospital authority under NC G.S. 131E-15, part B. (Cabarrus Health Alliance, new employee paper) This formation of the Cabarrus Health Alliance allowed many new freedoms to expand services and resources for public health in the county. CHA would operate as the public health authority, assuming all the
functions of traditional public health for the county, but could expand services under the newly formed Board. (Upshaw, 2005)

The new seven member Cabarrus Health Alliance Board was selected in 1997 with members chosen from the community at large, the local hospital, physicians, dentists, and the county commission. They continue to operate under a Corporate Resolution and By-Laws. As most boards of health, they set policy, approve budgets, give guidance, but leave the day-to-day operations and leadership to the Chief Executive Officer/Public Health Director. However, the CHA Board differs in that it is independent of a County Board of Commissioners. Its members are chosen from within the ranks of the different organizations (Dental Society nominates the dentist representative, Medical Society nominates a physician, etc.) rather than by the County Commissioners alone. The Cabarrus County Commissioners formally approve the CHA Board members. (Berry) Items of business do not have to be approved by the County Commissioners and funding is not presented to them. These freedoms allow both the CHA Board and the CEO/Director to operate more freely, to be able to respond to public health issues in a more timely and appropriate manner.

Effect of changes

One of the most immediately obvious changes to be seen was that CHA was no longer under the state government system. (Pilkington, 2006) This change initially affected human resources the most. Previously, Cabarrus County Health Department was not considered a “substantially equivalent” health department: potential employees had to be screened internally by the health department, approved by the County Commissioners, and then approved by the appropriate department in the state department of public health.
This procedure could take weeks or months, delaying the hiring of qualified persons. A Human Resources department was set up under the new Cabarrus Health Alliance and CHA was allowed to recruit and hire new employees without the bureaucracy of the old system. In nine years since becoming the Alliance, CHA has grown from eighty-five employees to over 250 employees at three locations. Employees can apply, be screened, and hired all within the agency. Benefits for employees are a mixture of the former state retirement plan (and its 401-K), independently purchased healthcare insurance, vacation and other paid-time off similar to that of both local and state government employees. Financial benefits include raises based on annual performance evaluations and an organizational bonus based on the Alliance’s achieving its goals. The advantage of having a variety of employee benefits has helped to make CHA an attractive employer of choice. (Braxton)

Funding has also seen a major change within CHA. Previous to becoming the Cabarrus Health Alliance, Cabarrus County Health Department was under the state and county government financial system. The state provided some financing for certain programs. The county government provided the rest of the funding. Any leftover monies were returned to the county and any deficit was made up for by the county. (Most health departments work this way under a county government system.) Currently, the Cabarrus County Board of Commissioners funds CHA on an annual per capita basis. This per capita funding has remained constant since 1997, with the total amount funded changing with the population numbers. CHA seeks and receives funding from grants (both government and private), third party reimbursement, and patient fees. Grant funding has allowed CHA to explore and to start new programs, to approach public health more from
a preventive and educational viewpoint, and to be on the cutting edge of new approaches to public health and to meet new needs in public health as they arise. Whenever a problem, need, or opportunity arises in public health, CHA is able to respond more quickly without having to go through all the traditional channels of approval by a Board of Health, the County’s Board of Commissioners, and the state department of public health. (Harkey)

The Grant Initiatives section of Cabarrus Health Alliance is the section that has enabled the agency to expand into these new areas. The Grant Initiatives Team helps to find funding for new and expanding programs, to write and renew grants, and to find new opportunities for grant monies in public health. In 2005, funding for a grant writer was approved as a new employee position. The grants writer assists all the programs of CHA to not only renew funding sources, but to help write grants for new opportunities, to seek funding to assist current programs, and to move the burden of grant writing and documentation to one person, freeing others to see clients and to “do” the work of public health.

TRAIL (Teaching Responsible Actions in Life), BET (Better Educated Teens), and SELF (Smoking, Education, Lifestyle, Fitness) are grant funded programs that reach out to the community. TRAIL and BET are programs that target health issues such as teen pregnancy prevention, HIV education and prevention, and peer health education and promotion. SELF (known locally as “Healthy Lives, Healthy Futures”) trains local low income, African-American groups in nutrition and exercise in order to reduce the side effects of chronic diseases. Local churches have been the main source of outreach for
SELF. The program has now become self-sustaining in that there are those trained in the local churches to teach these subjects. (Goff)

Sisters in Partnership and Men for Living are two previously mentioned outreach programs that target specific health issues (breast and cervical cancer for women, prostate cancer for men, respectively) and also target racial/ethnic disparities in healthcare. Both programs work with African Americans, but Sisters in Partnership is also reaching out to the Hispanic population in order promote screening examinations for minority women. Men for Living was already an active program among African American men in the county, but the grant funds that were awarded for prostate cancer allowed this group of laymen to expand their emphasis to this area. There are currently three CHA staff members who have as part of their job descriptions to assist these programs.

The Cardiovascular Health (CVH) section of CHA has been one of the most successful in terms of programs and funding. Since heart disease is one of the leading causes of death in the county, it was logical that CVH would be able to find grant funding to begin and continue programs. Much has been accomplished in the community including educating senior citizens about their risks for heart attack and stroke, teaching CPR (cardio-pulmonary resuscitation) to county employees, placing AED’s (automatic external defibrillators) in county buildings and public places, and increasing public awareness of the signs and symptoms of stroke through a media campaign.

Many citizens of Cabarrus County benefit from nursing or medical care received in their homes avoiding lengthy hospital stays. Cabarrus Health Alliance-Home Health “provides skilled nursing care by Registered Nurses, physical therapy, speech therapy, occupational therapy, medical social services, nursing assistant care, and nutritional
counseling in the patient’s home.” (“Cabarrus Health Alliance”) Over seventy-five nurses and other healthcare providers provided services to over 25,000 patients last year. The usual case census is five hundred clients at any given time. This much needed and often used department of CHA provides services to any citizen in Cabarrus, Stanly, and Rowan counties, with limited care in Mecklenburg County. Since most all of these patients who need medical care have a payer source (usually Medicare), this department has been an asset financially to CHA. For many years CHA-Home Health has had revenues that exceeded expenses, helping to defray expenses in other departments within CHA that have limited or no revenues. Other local health departments also run successful home health care departments. CHA-Home Health has helped to meet needs of its community’s citizens while adding to the revenues to assist some under-budgeted public health programs. (Reed)

School nursing is one area that has also expanded. Starting with three nurses in 1989, growing to eight, and then in 1999 the school nurse program grew to cover one nurse per school, with a current total of thirty-five nurses in thirty-five schools with three nurse supervisor/directors. This expansion was a unique collaborative effort between the two public school systems, the local hospital, the local Juvenile Justice Committee, the Cabarrus County Commission, and Cabarrus Health Alliance. The Chamber of Commerce helped by raising money from businesses to pay for equipment for nurses offices. Every time a new school is added to one of the two systems, that system and CHA has been able to continue providing a school nurse for those schools. The CHA School Nurse Program is one of only a few in the state to provide a nurse in every public school. (Odell, 10 March 2006) Since the beginning of this program in 1999, school
districts throughout the state have expanded their own programs and in 2005-2006, the North Carolina state government is helping to fund 100 new nurses throughout the state. Through the CHA school nurse program, some of the county's most vulnerable population, its children, receive attention, nursing care, help with medications for ADHD, asthma, or diabetes, as well as screening and education for different health needs. A registered nurse in each school during hours that students are there has provided a great benefit to both students and staff. Teachers no longer have the full responsibility of watching out for the medical needs of students who may have many complicated healthcare issues. Nurses serve as a resource for teachers and as a provider of care in the schools.

*Organizational Structure and Changes*

Prior to becoming Cabarrus Health Alliance, the organizational structure of Cabarrus County Health Department was very hierarchical like many other local health departments. The supervisors or leadership team was somewhat informal, but the overall structure was heavy on the side that provided the most direct services. The Public Health Nursing Supervisor had the greatest number of direct reports to her, and each of those manager/supervisors had many people reporting directly or indirectly to them. (See Organizational Chart Pre-1997.) This system was maintained pretty much intact after the Cabarrus Health Alliance was formed.

In 2000, however, the local health director saw a need to provide empowerment to the leadership team at the lowest level. He reorganized the agency to become a very flat structure. There was a much larger Leadership Team consisting of seventeen leaders of different programs. (Organizational Chart 2000-2006.) By becoming a very flat
organization, the director hoped to allow each leader the authority to make decisions for each program or department without the necessity of going through layers and layers of approval. His instructions were that each leader had the power to make things happen.

The actual organizational chart appears as a group of circles or bubbles (often referred to as “pods”) with the majority of them connected to the health director. Most all of the seventeen leaders reported directly to the health director. The Leadership Team met weekly reporting to each other on important events and issues. They were also able to ask for guidance, suggestions, or help through this forum. There was very little turnover at this level of the organization. However, due to the large number of direct reports, the span of control for the health director was more than the recommended five to eight. This caused issues in access to the health director and lack of guidance from him.

After almost six years of this flat organizational structure, in January 2006 the local health director decided it was time to reorganize again. Things were apparently getting a little stagnant and he believed that reorganization would help move the agency to a new level. Although the flat structure worked in some areas, it didn’t in others. In restructuring, the organization became a little less flat but not as hierarchical as pre-2000. (See Organization Chart FY 2006-2007.) The Leadership Team consists of three people: the health director and two others who “huddle” daily to discuss news, issues, problems, solutions, etc. The Senior Management Team is made up of fifteen supervisor/managers and plans to meet at least monthly, more often as needed. Each member of the leadership team has five senior managers who report directly to him or her. This has made the span of control much more consistent with the recommended five to eight. As this paper is
being written, the structure is still very new, making it difficult to assess any changes or improvements at such an early date.

Services Provided

Local health departments must provide certain services to their communities as mandated or directed by state or federal guidelines. CHA provides those functions as part of its services. Each local health department in North Carolina must provide both death and birth certificate services (vital statistics). Environmental Health services such as inspecting and permitting restaurants, day care facilities, well and septic tanks are the basic services provided. Recently with the increase of West Nile Virus, CHA's Environmental Health department added a vector-borne section for surveillance, control, and education regarding different vector borne illnesses.

The Communicable Diseases Department is another one of the more traditional parts of public health. Surveillance and prevention of various diseases serves as the core part of this department. North Carolina has 86 reportable communicable diseases which provide a challenge for each health department to screen, investigate; and report. Immunizations for both children and adults are offered, some free of charge, and others on a fee for service basis. Screening and treatment of basic sexually transmitted diseases (STDs) are offered in conjunction with HIV/AIDS testing and counseling services. HIV/AIDS Case Management services are one way to provide for the needs of a needy portion of the community that might not receive that sort of assistance elsewhere.

The Community Assessment done with the assistance of the Healthy Cabarrus Board is a very important aspect of the core functions of public health. This assessment not only determines what the health needs are, but also looks at other needs of the
community. In 2004, information to determine the health needs of the community was
gathered through various means including community listening groups, statistical
indicators, telephone surveys, and stakeholder meetings. The 2004 Assessment showed
several areas of need. One of the most pressing needs and disparities was in dental care.
“Access to Dental care was identified as a need in Cabarrus County – especially for
adults without insurance or those that receive Medicaid benefits. In fiscal year 2004 only
22% of adult Medicaid recipients received dental care paid for by Medicaid.” (Healthy
Cabarrus)

Access to healthcare and health insurance was another issue identified by the
Community Assessment due to the increase in unemployment in the area. Other
disparities in healthcare among the Hispanic population, high rates of sexually
transmitted diseases among minorities, and higher than average rates of prostate cancer
and heart disease were also noted as some major problem areas. The CHA Leadership
Team chose to work on three main aspects of the Community Assessment for their
strategic initiatives: access/disparities in dental care, disparities in STDs, and prostate
cancer screening. Appropriate departments were asked to assist in decreasing these
disparities. It remains an on-going priority of the Cabarrus Health Alliance to assure that
these assessed needs are met.

In addition to the mandated services, each local health department chooses to
provide services that might not be available or services where there is a gap for their
community. Family Planning and Maternal Health are two of the most common, non-
mandated services that CHA has chosen to provide. Many of the clients (almost all are
women) seek their care at CHA for various reasons, the most common being that they do
not have a payer source so they cannot seek this type of care in a private physician's office. As part of the annual agreement addenda, the state health department gives the local health department money to assist in providing this service, but some clients still pay based on income levels and type of services received. Many maternity patients qualify for state funded Medicaid for their prenatal care and often for their children during the first two years of life.

Children are a group that is often neglected for provision of healthcare services. CHA offers primary care and sick care for children, some with a payer source, and some with none or limited ability to pay. Two pediatricians and three family nurse practitioners provide both inpatient and outpatient services to children from birth in the hospital up through age eighteen years. A special clinic for children ages three to twenty-one years who have ADD/ADHD is a new service that assisted many in the community. A pediatrician working part-time, who is a specialist in this area, helps provide medical care for children with this often overlooked health risk.

The educational and outreach arm of CHA is usually referred to as "Health Initiatives." Many of the programs in this department are grant-funded, some having long-term and some having short-term grants. TRAIL, BET, and SELF were mentioned earlier as grant funded initiatives and do serve as an important part of the Health Initiatives team. Other areas of health education that are included are Cardiovascular Health, Breast and Cervical Cancer, and Teen Peer Outreach (for HIV and pregnancy prevention).

Each public school in both the Cabarrus County School system and the Kannapolis City School system has a Registered Nurse who works the same hours and
days that the students are in school. This unique perspective began in 1999 through a cooperative agreement with NEMC, the two school systems, the Juvenile Justice Committee, Cabarrus County Commissioners, and CHA. (Odell, 2006) These nurses help “prevent or identify student health or health-related problems. School nursing contributes directly to the student’s education, as well as to the health of the family and the community.” (Cabarrus Health Alliance, 2006)

**Challenges for future**

As with any business, local health departments face changes and challenges through the years. Cabarrus Health Alliance also faces problems and challenges in order to better serve its population, the citizens of Cabarrus County. If CHA is to maintain its high standard to quality health care and achieve its mission statement, “Achieving the Highest Level of Individual and Community Health Through Collaborative Action,” then the agency must continue to grow and meet the challenges that lie ahead. (Cabarrus Health Alliance, 2006)

One area of challenge has been and will continue to be the issue of funding. As already mentioned the Grant Initiatives program has been expanding not only to continue to meet the current needs, to access funding for current programs, but also to find and secure funding for more public health endeavors while not putting a burden on the current staff. The hiring of a grants writer is one step in achieving more stability in the grants funding area.
When the Cabarrus Health Alliance was formed, the Cabarrus County Commissioners agreed to contract with the Alliance to continue providing public health services to the county’s citizens with the Commissioners providing approximately $25 per capita per year. That amount has remained stable, with only the total amount changing based on the current estimated population. With that level of funding from the County Commissioners, Cabarrus County was second in the state in per capita funding. But inflation and increased costs in healthcare, has caused the county to fall to ninth place statewide in county funding. (Harkey) If Cabarrus Health Alliance, its Board, and the Cabarrus County Commissioners desire to continue leading the state in quality public health programs, they may want to consider increasing the per capita allocation.

Since 9/11/2001, the United States has been challenged in many areas public health included. With the anthrax scare of 2001, and the war in the Middle East, Public Health has had to deal with issues never before dreamed about: smallpox, anthrax, plague, and other bioterrorism agents. Public Health in the U.S., North Carolina, and Cabarrus County has spent many hours and millions of dollars preparing for threats such as these. Public Health Preparedness and Response (PHP&R) is now a vital department in every local health department including the Cabarrus Health Alliance. Over two-thirds of CHA’s employees have now received basic training in the Incident Command System that will be the structure of response to all-hazards. Both funding and personnel issues are ones that need to be addressed and resolved. The federal government, including the Centers for Disease Control and Prevention (CDC), has given out funding in order to help state and local governments prepare for responses in a bioterrorist attack or natural
disaster. The challenge remains for CHA and other local health departments, to stay prepared, up-to-date, and ready to respond in any disaster.

The aging public health workforce consists mostly of nurses. Local health departments are challenged with recruiting, training, and maintaining a skilled, professional staff. Cabarrus Health Alliance is partnering with the NC School of Public Health to develop its workforce. (UNC-CH SPH, 2006) In 2005, CHA employees were asked to complete an on-line survey to determine their needs in different areas of workforce preparedness. A committee is now functioning within the Alliance to try and implement some of the recommendations of that workforce study. The Health Alliance must have a knowledgeable and prepared workforce to meet its future.

Cabarrus Health Alliance has much to offer other health departments also. That is one reason why it chose to participate in the NC Public Health Incubator Partnerships.

"The purpose of The Southern Piedmont Partnership for Public Health is to assess, address, and assure the public health of our rapidly growing and changing citizenry through flexible, synergistic, and innovative collaboration. Such collaboration is solution-oriented, based on trust, and will enable member agencies to enjoy a critical mass of thinking and resources to effectively and efficiently leverage scarce core resources."

(NC Public Health Partnerships, 2006)

Cabarrus Health Alliance is leading in the financial study portion for the seven-county partnership. They hope to encourage and demonstrate to others, ways that local health departments can stay afloat financially in an increasingly challenging world.
Policy Development is one of the core functions of public health. In studying and reviewing for this paper, the author has seen very little in the way of public health policy that has been developed and implemented through Cabarrus Health Alliance. In 1998, a recommendation was made to the Cabarrus County Commissioners that all county-owned buildings (including government buildings and schools) be non-smoking facilities. This policy was approved and implemented by the Commissioners. Other than this one policy, the author was unable to find any other public health policies that CHA has initiated in the last nine years. The determination and implementation of public health policy is one method that the CHA Board and Leadership team could and should try to use to improve the health of its citizens.

One final challenge that Cabarrus Health Alliance will be addressing in the near future is the opportunity to participate in the NC Research Campus in Kannapolis, to be located on the one hundred acres once occupied by the Pillowtex (Fieldcrest-Cannon) textile mills. (Mainhart, 2005) Four of North Carolina's major universities will be involved in this campus that will conduct research in biotechnology, have a public health academy, house a private high school for girls to study science, and possibly the opportunity to house the health department of the future. (Mainhart, 2005) If Cabarrus Health Alliance is to be that health department, there will be changes needed as it addresses the needs and services public health can continue to provide at minimal cost while still staying on the forefront of preparedness, education, and research. There will be costs in moving to such a new facility, including costs to expand services. At this time, CHA would not be ready within itself to provide for that move to a new facility and those expanded services, whatever they might be. Those resources would have to come from
the outside. Certainly there are those in the Health Alliance who can guide its current leadership and management teams to make those changes and to meet those challenges of the health department of the future.

**Conclusion**

Cabarrus Health Alliance is a unique agency, a public health authority, functioning as a local health department to meet the needs of the citizens of Cabarrus County. Throughout the nine years that it has existed as the Alliance, CHA has faced many challenges. It continues to serve the population by providing essential services which include Environmental Health, vital statistics, Communicable Disease surveillance and prevention, and Maternal and Child health services. Grants have provided many opportunities to expand the Health Initiatives department that reaches out to the public not only with unique educational opportunities for prevention of disease, but also to provide services that would not otherwise be funded.

The organizational structure of the Alliance has changed and, hopefully, benefited the programs as the Leadership Team aids employees in serving the public. As Cabarrus Health Alliance leadership and other employees look to the future, they must prepare for many new challenges that await them. Perhaps the most exciting is the chance to be a part of the new North Carolina Research Campus in Kannapolis.
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Cabarrus Health Alliance
2000-06 Organizational Chart

CEO/ Public Health Director

Support Services

Finance

Community Health Initiatives

Public Health Preparedness

Communicable Diseases

Home Health

Medical Director

Lab

Kannapolis Clinic - Child Health

WIC

Logan Clinic - Family Planning

Interpreter Services

Quality Assurance

Facility Services

Technology Support

Human Resources

Clerk to the Board

Healthy Cabarrus

Community Health Initiatives

Support Services

School-Preschool Health

Environmental Health

Dental Clinic Services

Maternal Health

KEY = CHA Team
Leaders (17) ●
250 Employees
3 Operational Sites