

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: February 25, 2014

Agenda Item Subject: April BOCC Meeting

Attachment(s): 2014 Joint BOCC-BOH Meeting Agenda
2014 Joint BOCC-BOH Meeting Presentation

Staff or Board Member Reporting: Colleen Bridger

Purpose: Action
 Information only
 Information with possible action

Summary Information: Each year, the Board of Health holds a joint meeting with the Board of County Commissioners. For the past two years, the agenda has focused on a review of the Board of Health Strategic Plan and any emerging issues of note for the BOCC to consider.

Tonight, the Board should discuss and decide on the agenda for this year's joint meeting, to be held on April 14th from 5:30 – 7:00 PM. Attached are the meeting materials from last year's meeting for review.

Some potential topics for discussion include:

- Strategic Plan Update
- Family Success Alliance
- Dental

Financial Considerations: None

Recommended Action: Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to _____
 Accept as information
 Revise & schedule for future action
 Other (detail): Discuss and recommend topics and materials for inclusion in the April joint meeting with BOH and BOCC

**ORANGE COUNTY BOARD OF COMMISSIONERS
AND BOARD OF HEALTH**

JOINT MEETING AGENDA

May 13, 2014
Dinner – 5:00 pm
Meeting – 5:30 pm
Southern Human Services Center
2501 Homestead Road
Chapel Hill, NC 27516

<u>TIME</u>	<u>ITEM</u>	
5:30-5:35 pm	1. Welcome from the Chairs	Barry Jacobs Corey Davis
5:35-5:55 pm	2. Board of Health's Strategic Plan Progress	Corey Davis Susan Elmore Tony Whitaker
5:55-6:25 pm	3. Addressing Child Poverty in Orange County	Colleen Bridger
6:25 pm	4. Questions and Answers	

Orange County Board of Health



2012 – 2014
STRATEGIC PLAN UPDATE



ORANGE COUNTY
HEALTH DEPARTMENT

Highlights

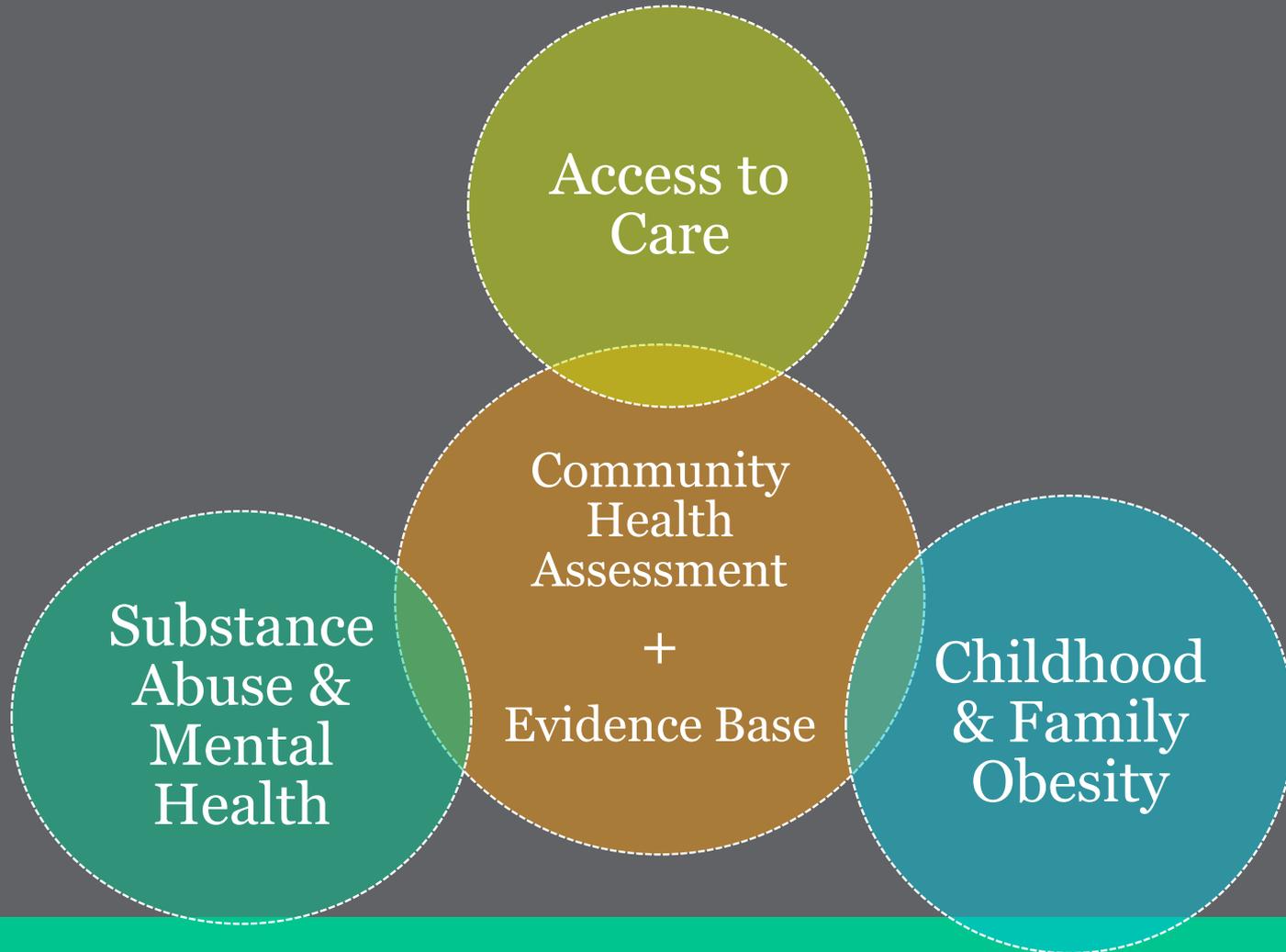


Innovative, Prevention
Focused Plan

Establishing the BOH
as a leader in NC

Laying the
groundwork for HIAP

Priority Areas



Access to Care



- Catalyze and facilitate health access partnerships
- Advocate for policies to improve access to care
- Foster a culture of innovation
- Communicate about effective interventions and advocate for their funding

Evidence-Based Interventions



POLICY

PROGRAM

OCHD to adopt Health Literacy Policy **4**

READY NOW!



1 Promote and support cultural competency training required by OMH Disparities Grant.
BOH member to serve on Transportation Board/Group-local or regional

Work with BOH Obesity group regarding complete streets and land use planning **2**

EXPLORE!



1 Health Literacy programming as model for Partners.

Encourage agency training/forums for all service providers. Sponsor community forum for providers and clients to discuss cultural competency and customer service together **2**

DEFER...



4 Conduct a Health Literacy assessment. Develop and implement plan to address gaps. (6-9 months after EHR Implementation.)

Health Literacy



Health Literacy Universal Precautions Toolkit

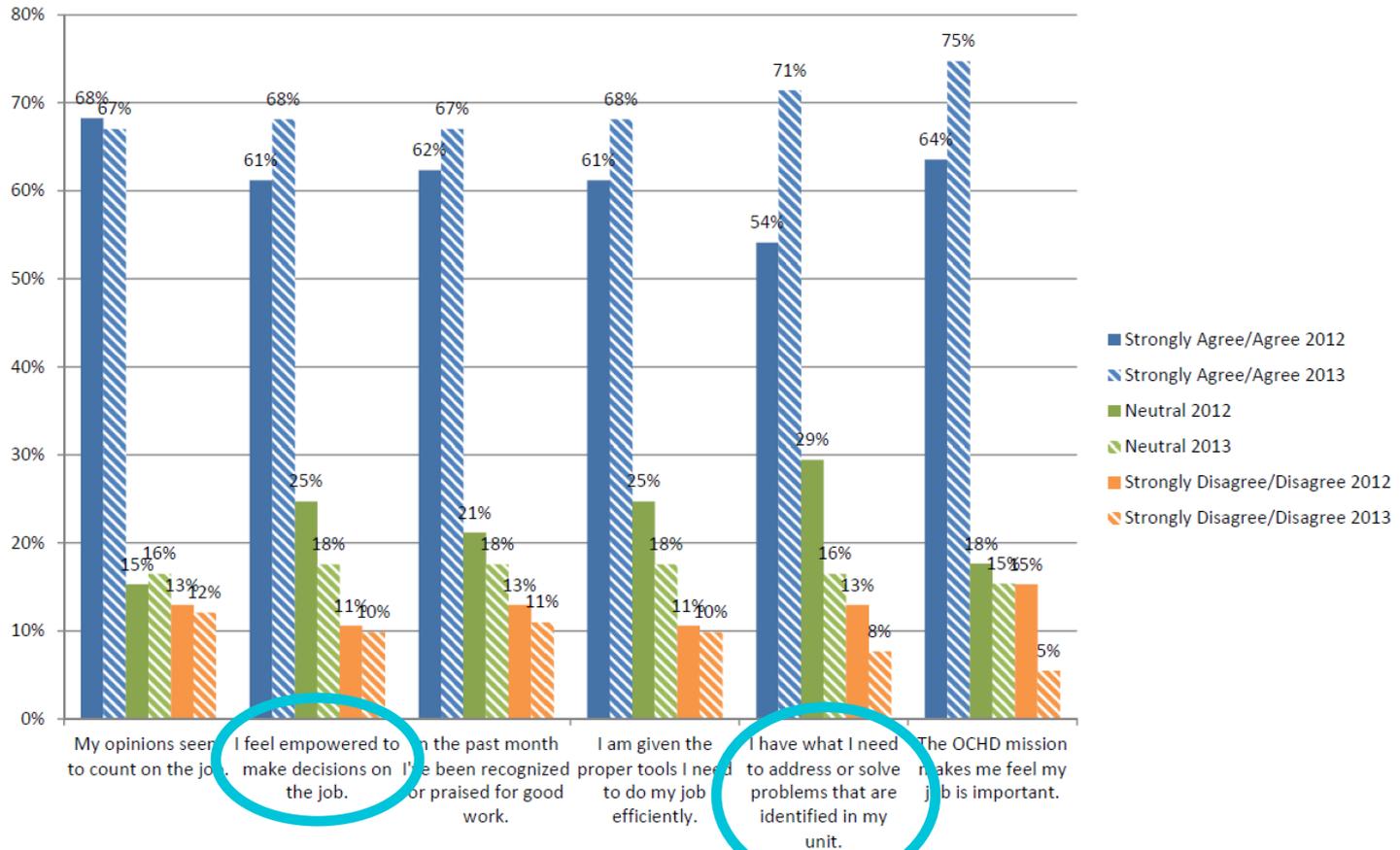


- OCHD Health Literacy policy passed
- Healthy Carolinians planning community trainings
- Toolkit implementation

Innovation



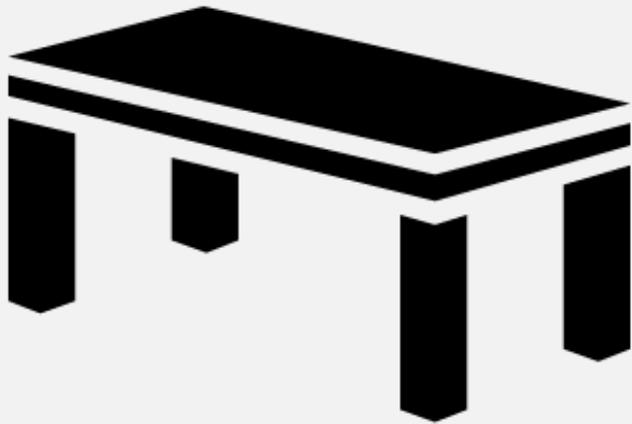
Doing My Job Well



Communication



Using communications to advocate for health needs and effective interventions

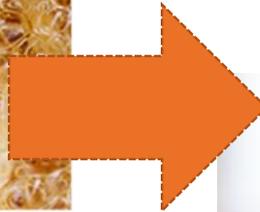


Childhood & Family Obesity



- Catalyze and facilitate obesity prevention partnerships
- Identify evidence-based interventions to implement county-wide
- Advocate for policies to reduce obesity through environmental and regulatory changes

Piloting changes in public food venues



Ongoing Projects



Lactation rooms



After School Physical
Activity



NAPSACC/Let's
Move

Substance Abuse/Mental Health



- Review current smoking ban policies for expansion
- Advocate for improved substance abuse and mental health services
- Explore challenges and solutions of integrating care



OC – Proud to be Smoke Free



Orange County is leading naloxone programs in NC



Got Expired/Unused Meds?

Take 'em to



THE BOX



Safe Use • Safe Storage • Safe Disposal

Drug Drop Boxes are located in the lobbies of the Chapel Hill, Carrboro, and Hillsborough Police Departments.



For more information visit www.orangecountync.gov/healthycarolinians



OCHD is working to increase access to integrated behavioral and primary care services



**Convening
experts:**
Spotlight Series

Identifying Need:
Mobile services in
high-need areas

**Exploring
Integration:**
Challenges and
Successes

2014-2016 Strategic Plan



- In process of creating the 2014 – 2016 Strategic Plan with subcommittees
 - 3 priority areas will remain
 - Focus areas and action steps will change
- Plan will be approved at June BOH meeting

Questions?

Child Poverty in Orange County

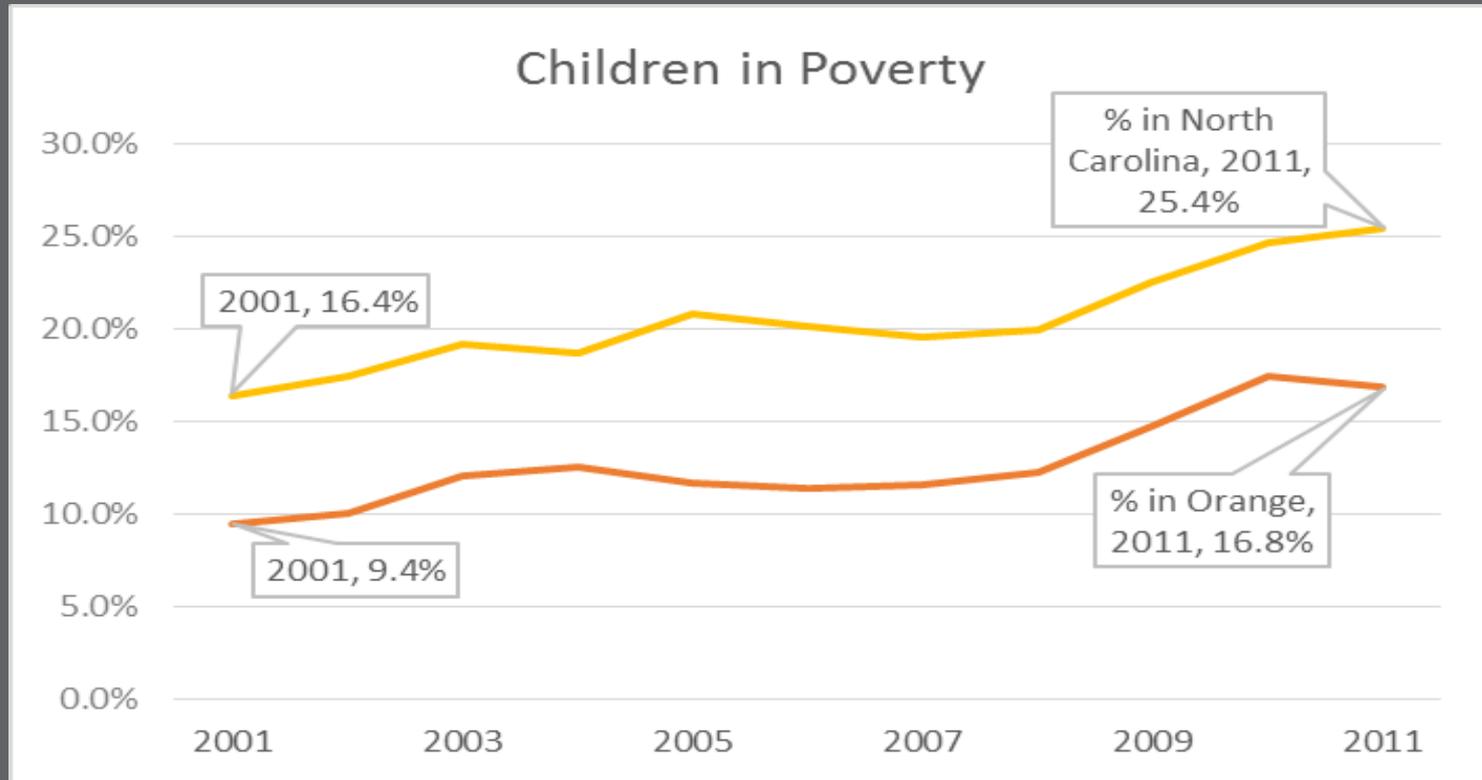


A PUBLIC HEALTH APPROACH TO BUILDING
A PIPELINE TO SUCCESS



ORANGE COUNTY
HEALTH DEPARTMENT

Orange County – A Snapshot



The number and percent of children in poverty has increased in Orange County and NC since 2001.

Child Poverty Related Indicators

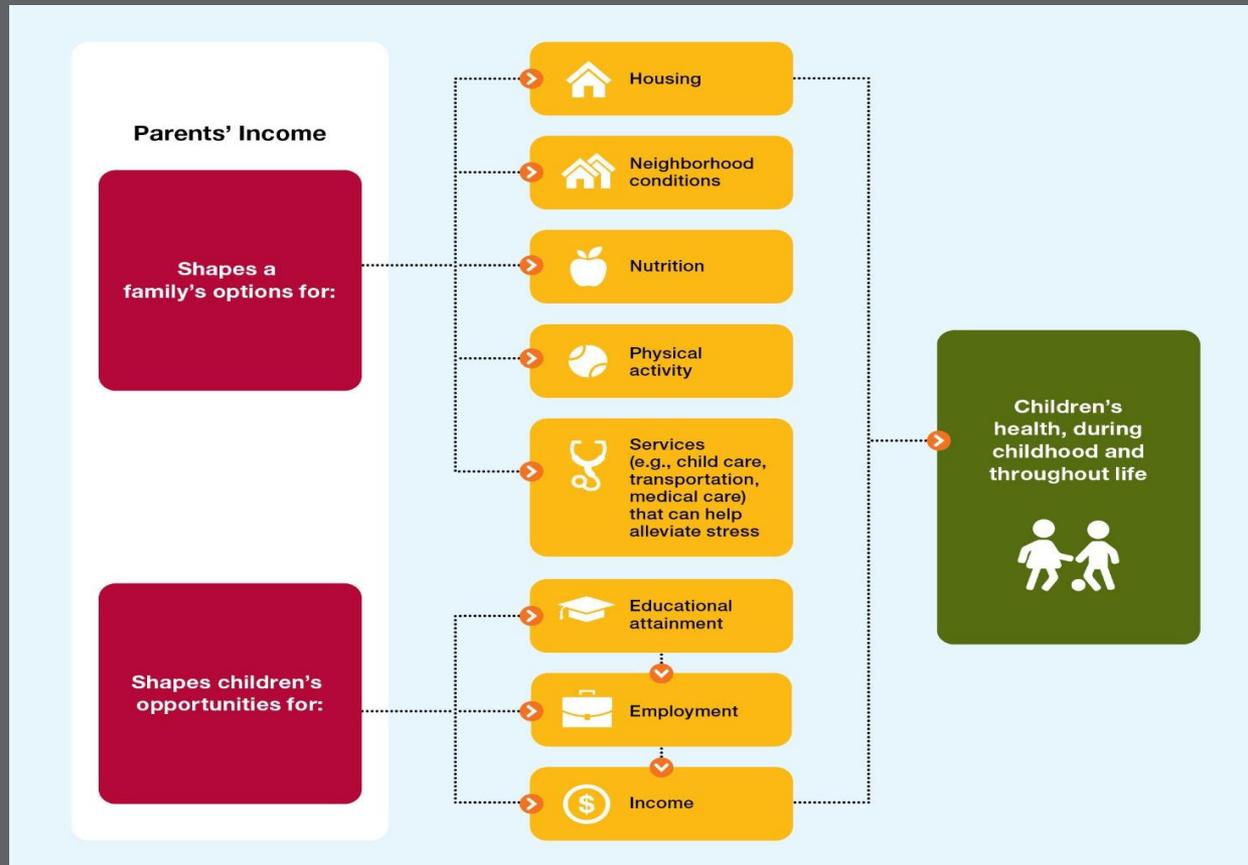


		Current	<u>Orange</u> Past	Change	Current	<u>NC</u> Past	Change
increase	Children in poverty	17%	9%	+7%	25%	16%	+9%
increase	Children on Medicaid	25%	17%	+8%	41%	28%	+13%
increase	Students in free & reduced lunch	32%	26%	+6%	56%	49%	+8%
increase	Unemployment	6%	4%	+2%	10%	6%	+3%
increase	low birthweight births (minority)	12%	11%	+1%	11%	13%	-3%
increase	low birthweight births (all)	9%	7%	+2%	9%	9%	same
decrease	foster care children reunified w/in 12mo	28%	57%	-29%	54%	59%	-4%
increase	Uninsured Children, <200% poverty	20%	7%	+13%	11%	20%	-9%

1 of 3 students in our schools qualify for free or reduced lunch

1 of 4 children in Orange County are enrolled in Medicaid

Poverty Matters



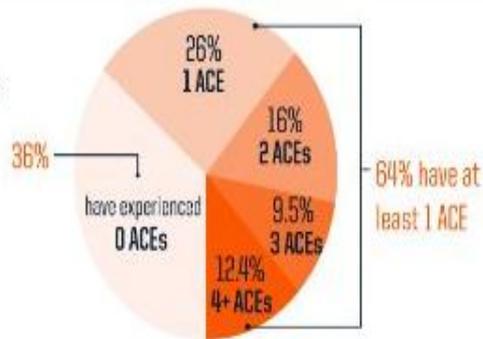
Income affects a child's chances for health throughout life.

ACEs: Why childhood intervention matters

The Adverse Childhood Experiences Score is an aggregate measure of 10 early traumatic experiences.

These events are **far more common than expected** and many of these experiences are **disproportionately experience by those in poverty**.

Of 17,000 ACE study participants:



The ACE study* revealed the following estimates:

ABUSE

Physical Abuse 28.3%

Sexual Abuse 20.7%

Emotional Abuse 10.6%

percentage of study participants that experienced a specific ACE

NEGLECT

Emotional Neglect 14.8%

Physical Neglect 9.9%

HOUSEHOLD DYSFUNCTION

Household Substance Abuse 26.9%

Parental Divorce 23.3%

Household Mental Illness 19.4%

Mother Treated Violently 12.7%

Incarcerated Household Member 4.7%

ACEs: Why childhood intervention matters

A large and growing body of literature strongly ties high ACEs to a range of high risk public health relevant behaviors and outcomes.

Behavior

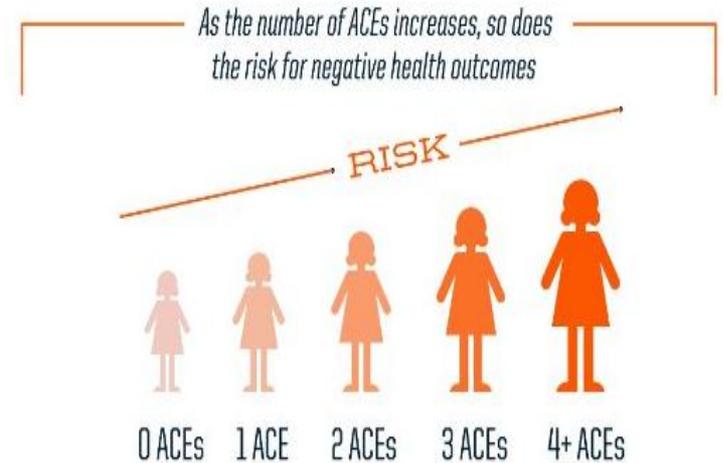
- Physical inactivity
- Smoking
- Alcoholism & drug use
- Missed work

Physical Health

- Obesity
- Diabetes
- STDs
- Heart disease
- Cancer
- Stroke
- COPD

Mental Health

- Depression
- Suicide attempts



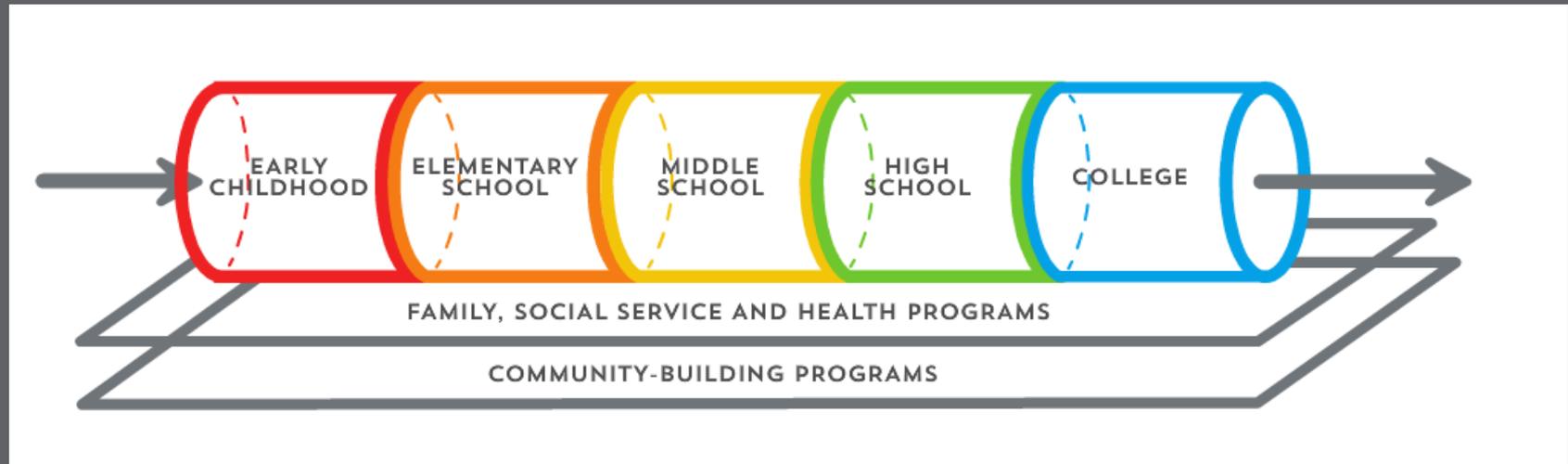
Takeaway?

Intervene **Early** and **Comprehensively**



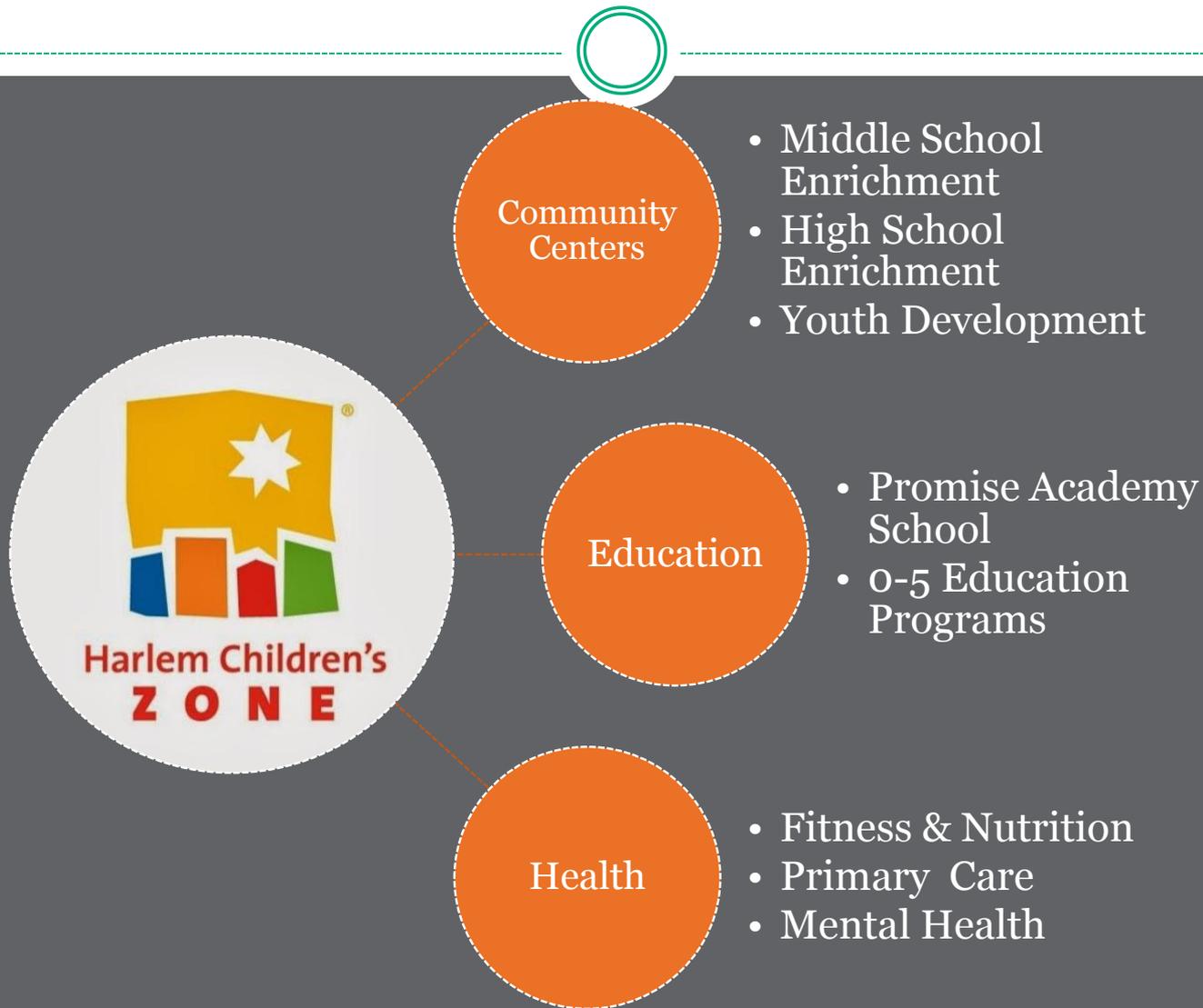
- Promise Academy elementary students eliminated racial disparity in math and English test scores
- 99.5% of Harlem Gems students were school ready
- HCZ Asthma Initiative ↓ ER visits for asthma from 47.2% to 16.1%

Harlem Children's Zone Pipeline to Success



“The objective is to create a safety net so tightly woven that children just can’t slip through.”

Key Pipeline Components



Adapting the Model



President Obama's “Promise Zones”



East Durham Children's Initiative



Where is OUR zone?

Building a Neighborhood Poverty Index



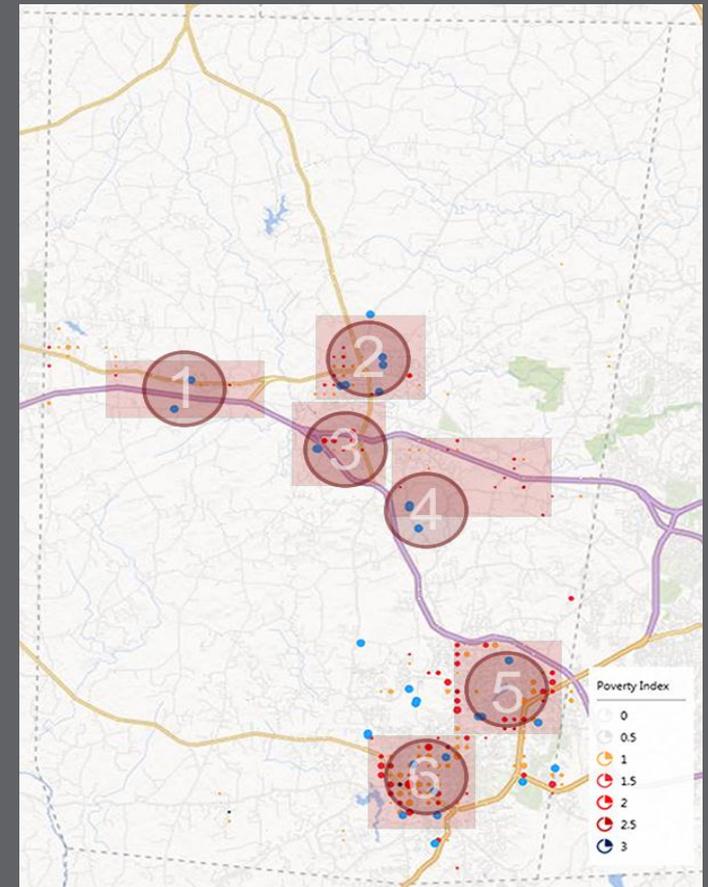
Goals:

- Attempt to adjust for population density
- Use multiple data layers for assurance
- Drill to neighborhoods with distinct types if possible

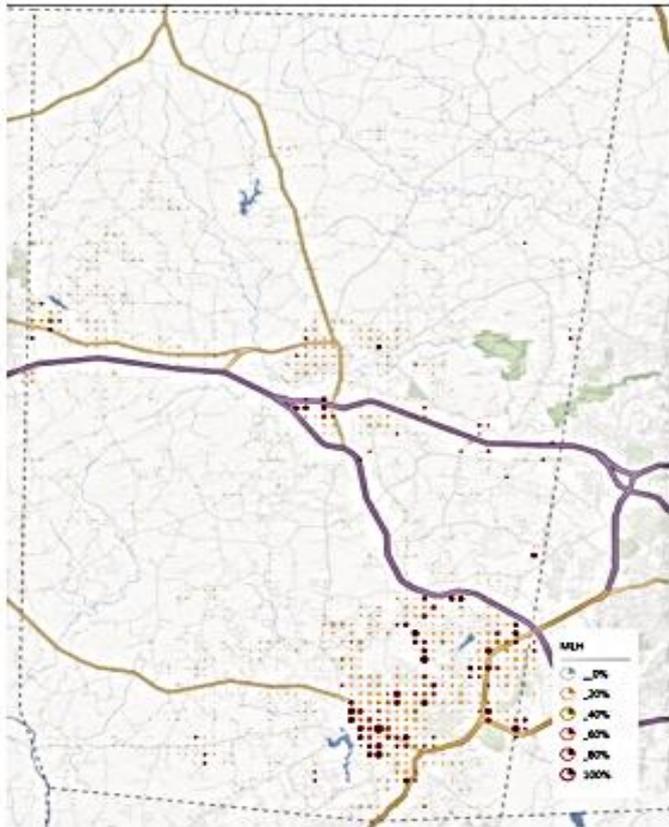
What is it?

- An aggregate indicator
 - **Likelihood of a neighborhood** being low-income
 - Scored from **0 to 4**
 - Calculated for every **1/4 mile block**
 - >30 residential addresses of any type.
- Data Sources:
 - (1) **residential structure type** from the Land Records/GIS
 - (2) **active housing choice vouchers** from housing
 - (3) **children on Medicaid** from DSS
 - (4) **clinic patients** from the health department.
- Follows school boundaries where possible

No individual address information is represented on this map.



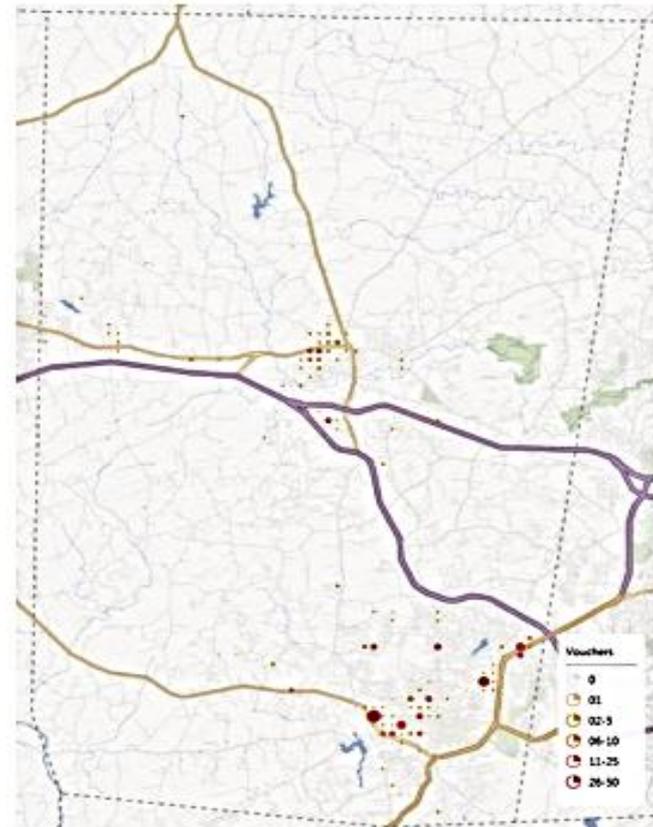
Four “Layers” Build the Index



Residential MLH Addresses

Sized by # of addresses in 1/4 mile block. Colored by % multi/low-income housing types. 47,942 addresses.

Data from Planning Dept

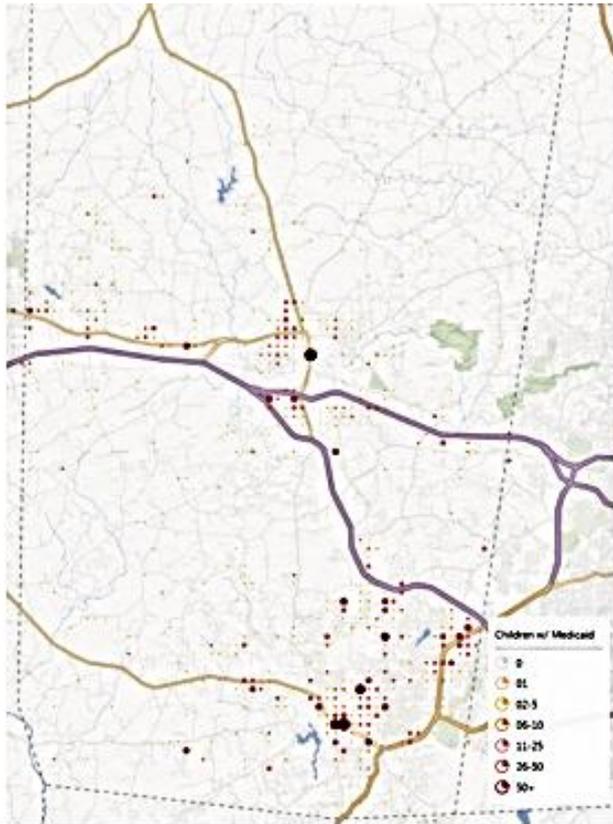


Housing Choice Vouchers

Sized and colored by number of vouchers in 1/4 mile block. 622 vouchers.

Data from Housing Dept

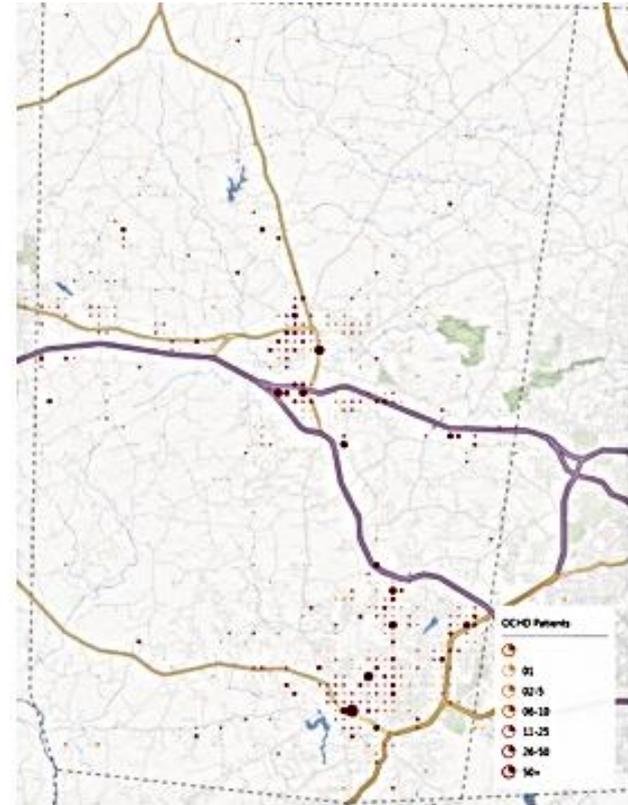
Four “Layers” Build the Index



Children w/ Medicaid

Sized and colored by number of children w/ Medicaid in 1/4 mile block. 4,555 children on Medicaid mapped.

Data from DSS



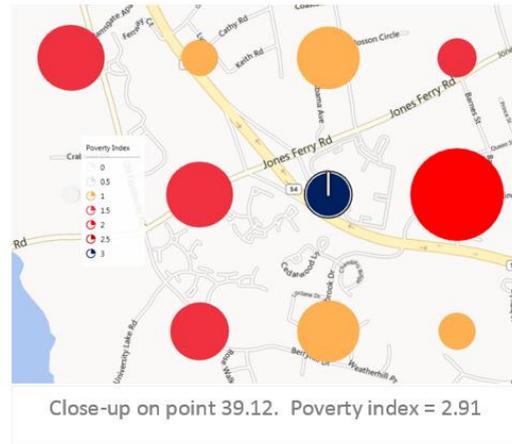
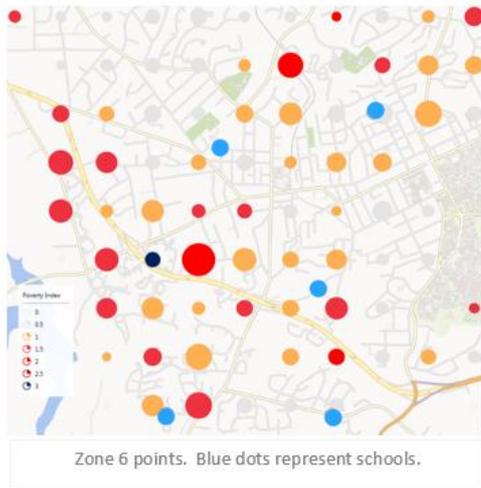
OCHD Patients

Sized and colored by # patients in 1/4 mile block.

8,417 OCHD patients mapped.

Data from OCHD Health Dept

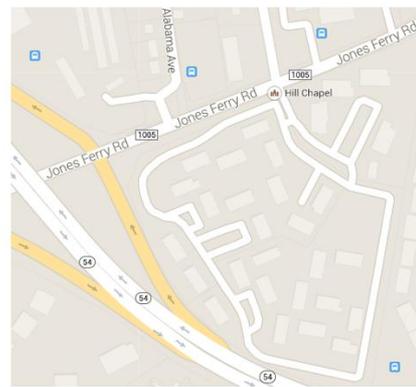
Concrete Example: Zone Six



Point Name: 39.12

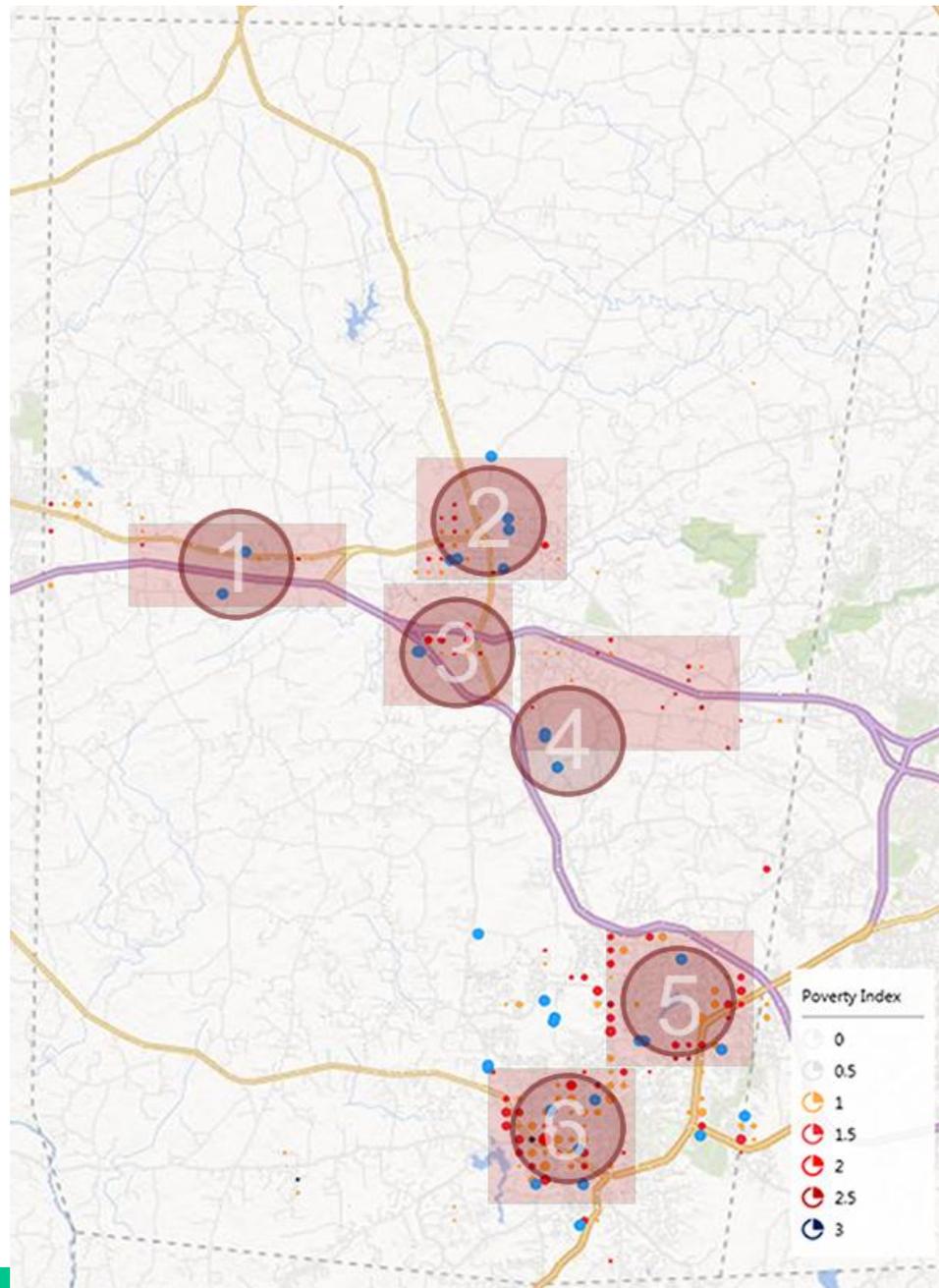
	#	%	score
Residential Addresses	107		
MLH Type Addresses	107	100%	1
Addys w Children on Medicaid	95	89%	0.89
Addys w Housing Choice Vouchers	8	7%	0.15
Addys w Clinic Patients	94	88%	0.88
Poverty Score			2.91

Calculations behind poverty score for point 39.12



- It encompasses five schools (Carrboro Elementary, Carrboro High School, Grey Culbreth Middle, Phoenix Academy and Northside Elementary).
- These schools include over 2,000 students on Free and Reduced Lunch and 21 neighborhood points with a poverty index >1 (red and black on map).
- The highest poverty index on the map, scoring 2.91, is at Jones Ferry Rd. and Highway 54.

Full Map



Data on Zones, Schools, Neighborhoods



- **Zones & Neighborhoods:** Kids w/ Medicaid, Vouchers, Clinic Patient data, aggregated school data
- **School:** Free & Reduced Lunch, EOG & Graduation rates

		Make Up			Free & Reduced Lunch		MLH	Kids w	HC	Clinic	Poverty
		Est Pop	Sq Mi	# Pov In>1	ADM	FRL %	Addresses	Mcaid	Vouchers	Patients	Score
Zone 1	Efland Corridor	2,100	6.75	2	915	54%	212	0	20	223	3
Zone 2	Dtown Hillsborough	7,800	6.75	9	3,681	38%	596	482	110	1,009	4
Zone 3	85/40 junction	3,800	4.00	6	1,513	34%	935	217	22	578	1
Zone 4	W of 40	2,300	9.00	9	1,252	55%	651	214	17	567	5
Zone 5	15-501 & 40	16,000	5.50	14	3,137	27%	2,675	549	117	820	6
Zone 6	Downtown CH	27,200	6.88	21	2,203	30%	6,092	990	205	1,636	2

Zone	School	Est Pop	Sq Mi	# Pov In>1	ADM	FRL %	MLH	Kids w	HC	Clinic	Poverty
1	Efland Corridor	2100	6.75	2	915	54%	212	0	20	223	3
	Efland Corridor	2100	6.75	2	915	54%	212	0	20	223	3
2	General Elementary	7800	6.75	9	3681	38%	596	482	110	1009	4
	Charles W. Goodland Middle	7800	6.75	9	3681	38%	596	482	110	1009	4
	Hillsborough Elementary	7800	6.75	9	3681	38%	596	482	110	1009	4
	Charlotte Elementary	7800	6.75	9	3681	38%	596	482	110	1009	4
3	Downtown Hillsborough	7800	6.75	9	3681	38%	596	482	110	1009	4
	Strady Brown Elementary	7800	6.75	9	3681	38%	596	482	110	1009	4
4	W of 40	2300	9.00	9	1252	55%	651	214	17	567	5
	W of 40	2300	9.00	9	1252	55%	651	214	17	567	5
5	15-501 & 40	16000	5.50	14	3137	27%	2675	549	117	820	6
	15-501 & 40	16000	5.50	14	3137	27%	2675	549	117	820	6
6	Downtown CH	27200	6.88	21	2203	30%	6092	990	205	1636	2
	Downtown CH	27200	6.88	21	2203	30%	6092	990	205	1636	2

Detailed data on schools available. Not meant to be read on this slide!

Adapting the Model to Orange County



Common Agenda

Common Progress Measures

Mutually Reinforcing Activities

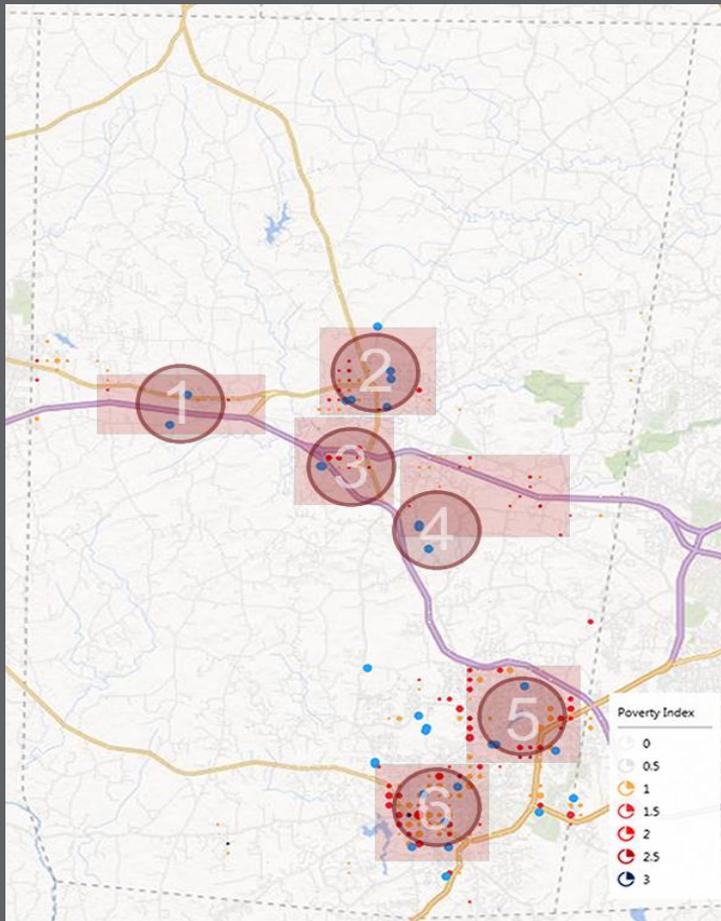
Communications

Collaborative Partners

Backbone Organization

- Use a collective impact model to identify shared goals and fill gaps
 - A “backbone organization” coordinates the work of partners and specific work groups
- Advisory board to direct prioritization and activities
 - Draft charter included in packet

Adapting the Model to Orange County



- New position to plan for implementation in FY '14-'15 OCHD budget request
 - Identify focus areas, coordinate partners, locate funding, and recommend implementation plans
- Prepare for future private, state and federal funding opportunities

Next Steps



1. Finalize Budget – June
2. BOCC Approval of Advisory Board – June
3. Hire Program Coordinator – July
4. Finalize Community Snapshots - August
5. Convene first Advisory Board meeting – August
6. Select neighborhoods – October
7. Begin Project - October