

ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON March 23, 2016, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey, Chair, Nick Galvez, Vice Chair, Commissioner Mia Burroughs, Barbara Chavious, Paul Chelminski, Dan Dewitya, Jessica Frega, Sam Lasris, Reena Mehta and Timothy Smith.

BOARD OF HEALTH MEMBERS ABSENT: Susan Elmore.

STAFF PRESENT: Dr. Colleen Bridger, Health Director; Coby Austin, Senior Public Health Educator; Ashley Choate, Temporary FSA Facilitator; Alan Clapp, Environmental Health Director; Kathleen Goodhand, Home Visiting Services Supervisor; Donna King, Health Promotion & Education Services Director; Pam McCall, Public Health Nursing Director; Ashley Mercer, Healthy Carolinians Coordinator; Andrea Mulholland, Family Nurse Practitioner II; Stacy Shelp, Communications Manager; Meredith Stewart, Public Health Program Manager; La Toya Strange, Administrative Assistant II; and Hannah Welch, Temporary Clinical Social Worker Intern.

GUESTS PRESENT: Katrice Perry (Student).

I. Welcome New Employees

Dr. Bridger introduced new staff member: Ashley Choate, Temporary Family Success Alliance Facilitator.

II. Public Comment for Items NOT on Printed Agenda: Sherwin Mena and Benjamin Stevens. Both spoke against the proposed e-cigarette rule.

III. Approval of the March 23, 2016 Agenda

Motion was made by Mia Burroughs to approve the agenda, seconded by Dan Dewitya and carried without dissent.

IV. Action Items (Consent)

A. Minutes Approval of February 24, 2016 Meeting

Motion to approve Consent Agenda without correction to the February 24, 2016 minutes was made by Jessica Frega, seconded by Nick Galvez and carried without dissent.

V. Educational Sessions

A. CHA Review

Ashley Mercer, Healthy Carolinians Coordinator, gave an update on the 2015 Community Health Assessment (CHA) which enables public health officials to address health disparities and identify needs of populations who are most disadvantaged. There were 799 survey household randomly

selected from census blocks, 279 addresses were attempted with 166 door-to-door surveys completed. A new health opinion online survey was completed by 1,548 community residents. There were a total of 1,714 health opinion surveys answered, 5 focus groups conducted and 4 community listening sessions held. The 3 health priorities chosen as a result of the prioritization that occurred at the Healthy Carolinians of Orange County's Annual Meeting were 1) Social Determinants of Health with priority around Access and Poverty, 2) Mental Health & Substance Abuse, and 3) Physical Activity & Nutrition.

As the Board had previously received a copy of the nearly 150 page CHA full report (50 pages before the attachments), Ms. Mercer spoke on the design of the CHA Executive Summary. She also extensively discussed important and pertinent information in regards to each of the 3 focus areas displayed in the CHA Overview document that the Board had also received prior to the BOH meeting. Ms. Mercer addressed questions from the board that pertained to the data represented in the Executive Summary. Jessica asked – regarding the Mental Health and Substance Abuse portion - What's the denominator (percentage of suicides)? How is it defined? Ms. Mercer expressed that she was not 100% positive of the explanation but would get the answer and would follow-up with Jessica after the meeting. Nick asked – What's the process of dissemination? Ms. Mercer responded by stating the CHA will be placed on both the Health Dept. and Healthy Carolinians websites, emailed to various list serves, shared with the community through press releases and social media, shared with County Commissioners, and sent to community partners.

Ms. Mercer thoroughly reviewed and discussed with the Board each of the BOH Requirements for Accreditation including explaining how most of the requirements have been satisfied and the procedures needed to satisfy the remaining benchmark activities. She also went through the dissemination requirements and how they will be satisfied after the Board approves the CHA document. Ms. Mercer explained that there are 8 phases in the CHA process. Currently, it is on schedule and at phase 6 which is to create the CHA document. Upon Board approval, the next phase involves disseminating the CHA document to the community which will include sending to community partners/stakeholders and uploading to different websites.

The BOH members had questions that were addressed by Ms. Mercer and Dr. Bridger.

VI. Action Items (Non-Consent)

A. Integrated Behavioral Health Proposal

Kathleen Goodhand, Home Visiting Services Supervisor, began with an introduction of herself, Hannah Welch, MSW Intern, and Andrea Mulholland, Family Nurse Practitioner II. Ms. Goodhand gave an overview of the results of the integrated behavioral health pilot as well as the need for funding a behavioral health position. First, she explained why integrating behavioral health is important. Some of those reasons included:

- Behavioral and social factors contribute to nearly every cause of death, illness and disability.
- 50% of patients with a mental health diagnosis are seen by their primary care provider.
- 85% of physician visits are for problems that have a significant psychological component.
- 45% of individuals who die by suicide have visited their primary care provider within a month of their death and over 75% had contact within one year.

Next, she spoke on the impact of integrated behavioral health and how it increased patient, family and provider satisfaction. Ms. Goodhand also expressed that mental health should be viewed as a part of physical health. Ms. Welch talked about the population that the Health Department's integrated behavioral health pilot has served.

- Total number of patient encounters: more than 300
- Total number of patients referred: 90
- Total number of patients served: 58
- Total number of integrated visits: more than 30
- Total number of ongoing psychotherapy appointments: 71

She continued by noting the two ways behavioral health services were provided. One way was as requested by clinicians during a clinic visit which would involve the provider asking Ms. Welch to see a patient during a primary care visit after patient issues were identified. The second way was via follow up interventions for issues that required longer term intervention. Dependent on the patient's needs, the services were provided either by phone and/or through in person counseling sessions. Passive suicidality, interpersonal violence, active PTSD (current or from the past), anxiety, depression and stress management were just a few of the patient conditions/issues that the integrated behavioral health pilot have addressed.

Ms. Mulholland provided patient examples and provider feedback which supported the need for the funding of a behavioral health position. She also spoke on the client and provider benefits. The benefits are:

- Patients – having immediate, open access to mental health services; safety net; less stigma; client comfort and safety; improved health outcomes.
- Providers – on-site, accessible specialty care; support for clinic staff; better control of chronic conditions; lower no-show rates; improved clinic efficiency; indispensable service; lifeline for patients and providers.

Lastly, Ms. Goodhand gave the Board details on the projected costs for funding the behavioral health position and posed the staff's recommendation to the Board.

Motion to approve the request for one additional FTE for a Social Work Clinical Specialist to provide integrated behavioral health services and forward to the Board of County Commissioners for action was made by Paul Chelminski, seconded by Barbara Chavious and carried without dissent.

The BOH members had questions that were addressed by Ms. Welch, Ms. Goodhand and Dr. Bridger.

B. Strategic Planning Process Pt. 1

The Board embarked on its first step in the 2016-2018 Strategic Planning process. The priorities that resulted from the 2015 Community Health Assessment are Social Determinants of Health, Mental Health/Substance Abuse and Physical Activity/Nutrition. Keeping with the precedent from previous Board of Health Strategic Plans, the Chair and Vice-Chair of the Board of Health decided to adopt the same priorities that resulted from the CHA. Dr. Bridger presided over the process which required the Board to narrow down the priorities to focus areas, discuss those focus areas and the vote for the focus areas that will become the priority for each subcommittee. The priority subcommittees are:

- 1) Social Determinants of Health – focus on FSA, Cultural & Language Barriers and Access
- 2) Mental Health/Substance Abuse – focus on Integrated Care focus, Service Delivery and Access

- 3) Physical Activity & Nutrition – focus on Preschool & School Nutrition & Physical Activity and Healthy Food Access/Policy & Access to Safe Places

The priority subcommittees will meet to discuss and prioritize action steps for their focus areas and report their recommended action steps to the Board at the May Board of Health meeting.

The BOH members had questions that were addressed by Dr. Bridger.

VII. Reports and Discussion with Possible Action

A. Health Director Report

There were no questions from the Board regarding the Health Director's Report included in the packet. Dr. Bridger presented the Board with a get well card for Dr. Robert Blackburn, former Director of NALBOH and the NCALHD, and asked them to sign. She also reminded the Board of the public comment/public hearing that will take place at next month's BOH meeting and its process. She also expressed that the public hearing isn't the only avenue for the public to share their opinions. The other methods are via email, the online survey link on the Health Department's website, the telephone message line and postal mail. Lastly, Dr. Bridger informed the Board that she was invited to the WCHL Community Leaders' Luncheon where concerns about life/issues in the community were discussed such as the challenge of covering the Syringe Exchange Program.

The BOH members had questions that were addressed by Dr. Bridger.

B. Media Items

Media items were in the packet which focused on Orange County's events and our involvement in various efforts.

VIII. Board Comments

Barbara Chavious commended the OCHD staff for all that they do.

IX. Adjournment

A motion was made by Nick Galvez to adjourn the meeting at 8:50 p.m., was seconded by Reena Mehta and carried without dissent.

The next Board of Health Meeting will be held April 27, 2016 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD
Orange County Health Director
Secretary to the Board