

Health Director's Report

January, 2016

- I officially took over as the President of the Health Director's Association at the State Health Director's Conference in January. I gave a short welcome speech which I've attached to this report.
- Medicaid Reform and Cost settlement have had me spending a lot of time in Raleigh. In fact, one week I went to Raleigh 4 consecutive days. We are making progress on both and I know that this time will be beneficial not just to statewide public health, but also to Orange County.
- This is budget season, so we are learning about budget submission requirements under new leadership at both the state and county level. More changes locally than at the state, but we always have a strong budget, so I'm not terribly worried.
- Meredith and I attended a 1.5 day training on Facilitative Leadership sponsored by Blue Cross and Blue Shield foundation. It was a good refresher for both of us as we increasingly work with our communities to address the social determinants of health.
- Work is finishing up on the Community Health Assessment. This work is the foundation for our BOH strategic planning process which will start in March. I've attached a more detailed outline of what to expect to this report.
- I started teaching this semester. The first two classes have gone well. The only concern I have is that the class is 3 hours and after class I barely have a voice left. Apparently life as a politician is not in the cards for me! My voice couldn't take it.
- Meredith and I are both fielding a lot of calls about naloxone. The state wants to expand access by making some changes to how naloxone can be distributed and a few counties who are dealing with spikes in opioid-related deaths want to quickly establish programs through their Health Departments.
- Speaking of naloxone, we accepted the Innovation in Government award in December for the collaborative effort to dispense naloxone through training and partnerships with law enforcement.
- Speaking of innovation, we have rolled out the third round of Innovation Grants for the Health Department. This year was spectacular with the most applications from the most first time applicants. We funded a diverse set of innovative ideas include one for which I'd like us to explore patent options.
- I've been doing some strategic planning work with the Family Success Alliance (I don't know what it says about a person for whom strategic planning is one of their absolute favorite things to do.), and they are doing a nice job of settling into their roles while building the plane as they learn how to fly it. I'm super impressed with all involved.
- We spent some time working with the state to correct a published report on the number of syphilis cases in Orange County. They are reporting more cases than we have. We think they

have figured out the problem and look forward to the next report that will reflect a slight increase, but not the 300% increase they erroneously reported.

- We are working with Caitlyn and the Jail Alternatives groups to pilot a Health In All Policies process. We will keep everybody posted on our progress and I will send you the report Caitlyn is giving the BOCC.
- A group of 6 people from Orange County attended a 1.5 day MCH Action Institute to learn how to work collectively to improve infant mortality rates. The irony is that the training was on Collective Impact 101 and we've already advanced to at least the 300 level. It was a required training to receive \$20,000, so we went and then gave our feedback about how they could improve. Overall, however, it was not a good use of our time.
- I've conducted two "Personnel trainings" over the last few weeks for supervisors, primarily focused on hiring, disciplining and terminating employees. Because we fall under the state personnel act rather than the county's personnel ordinance, we can't rely on HR to provide this training for us.
- Finally, to end on a good note, at the Board meeting you'll see a video and nomination packet for Phase II of the Robert Wood Johnson Culture of Health Prize. We're super excited about this national competition and feel extremely proud of our nomination. I believe you will too.

Good morning and welcome to the ___ Annual State Health Director's Conference. This is my 18th time participating in this conference, and my advice for those of you for whom this is your first is this: the presenters are amazing, some of the best you'll see no matter what conferences you attend; the food is better than average (except that one year they served fish...well, we *think* it was fish); but it is the company which is truly the best part of the next two days.

I've been a local health director since 1997 and many of you may know that I took an 18-month sabbatical to move to South Carolina, where I worked with a great group of folks in Greenville to start and direct a statewide non-profit called the Institute for Child Success or ICS. ICS combines research and advocacy to influence policies which support children during that most important time from birth through third grade.

That experience was everything I'd hoped it would be except for one thing: I was professionally lonely. I didn't have a network of people throughout the state who faced the same challenges that I could call with questions or just to vent. You know, that person whose board member/commissioner/employee is crazier than yours. Without that I realized all I really had in Greenville was a job. What I had in North Carolina public health was a family who provided the support I needed to return to a job that is the most invigorating, frustrating, exhausting, exhilarating, amazing *calling* ever. So my advice to you is to spend as much time with your public health family as you can. Hang out in the hospitality suite and sit with new people at lunch and dinner. Build those relationships which ultimately will keep you going through thick and thin. Make sure you use the time we're gathered here to do so.

And since I have the podium for another few minutes, I will also share a secret with you: we all feel overwhelmed, unsure and scared when faced with a new change regardless of how long we've been doing this. You know what they say...the only person who likes change is a wet baby. I imagine we'll hear about more new changes in the next two days and for most of us we'll wonder if dealing with this change will be the straw that breaks the camel's back.

Maybe, though there really isn't such a thing as a new change. Maybe it is more like when a marching band learns a new routine. Anybody here a band geek like I was in High School?

In marching band, you learn 4-5 routines each year. So the end result for the audience is a completely different set of moving pictures set to an exciting musical script...a new routine. But for those of us in the band, however, each new routine mostly built on a skill set we already had. In my case, I played trumpet. I didn't have to learn how to play the trumpet from scratch for each new routine. I learned new music which built on my existing knowledge. I also knew that if we were marching in a square on the field for example, we did that in a very similar way to how we marched in a rectangle the last time, again building on my existing skills.

Every single change we will encounter in the future will build on our experiences in the past. Are you worried about Medicaid Reform? Me too, but I also know that we've already experienced significant health system reform over the last 20 years. Think about the balanced budget act of 1997 or the terrifying switch health departments had to make to start billing using CPT codes in 1988. Think about how many health departments have electronic health records today when most didn't even have personal computers twenty years ago. I could go on and on...but think about it. All of these big new

changes have two things in common: 1) before we made it through each of them, there were some who portended the end of local health departments as a result of that particular change and 2) each change gave us a fundamental skill that made the next change easier. Think about it...as a result of BBA we became better lobbyists to help politicians, especially at the Federal level, understand the effects of their decisions and a couple of years later most of the worst parts of BBA were repealed. We now have a paid lobbyist and work daily to develop the personal relationships we need with decision-makers to help ensure the public's health is forefront on their minds.

The transition to using CPT codes made adopting ICD 10 way easier than anybody predicted. And think of all the technology skills we've learned in the last 20 years that are allowing us to embrace the use of EHRs along with apps and telehealth.

So, yeah, Medicaid Reform scares me, but like Isaac Newton I know we stand on the shoulders of giants...those in our public health family who went before us and built the platforms from which we have learned everything we need to thrive. I know that from these platforms, what we learned last year and what we'll learn here together over the next two days will prepare us to survive and even thrive in the face of any change-related challenges we face. I hope you'll enjoy this conference as much as I expect I will and I hope to see you at lunch, dinner and in the hospitality suite.

2016-2018 Board of Health Strategic Planning Process

The 2015 Community Health Assessment is complete and the resulting Community/Healthy Carolinians priorities are:

- 1) Mental Health/Substance Abuse,
- 2) Social Determinants of Health (e.g., transportation, access to care, poverty), and
- 3) Physical Activity/Nutrition.

The report will be finalized and submitted to the state and the Board of Health in March 2016.

Keeping with the precedent from previous Board of Health Strategic Plans, the Chair and Vice-Chair of the Board of Health have decided to adopt the same priorities as the Community/Healthy Carolinians priorities listed above. The Board will go through a prioritization process together to select the focus areas for each priority. Then, each subcommittee will work to select their action steps for the 2016-2018 Board of Health Strategic Plan.

The proposed timeline and process are:

- **March BOH meeting**
 - Presentation of CHA report, including Community Priorities
 - BOH votes to accept CHA
 - 5-6 potential focus areas for each priority presented to the full board for discussion and additions, and prioritization (dot voting exercise)
- Subcommittee meet once between March and May BOH meetings to develop their action steps
- **May BOH meeting**
 - Subcommittees present their recommended action steps
 - Between May and June BOH meeting, staff compile action steps into 2016-2018 strategic plan with timelines
- **June BOH meeting**
 - Full Board vote to approve 2016 – 2018 BOH strategic plan

Note:

Focus Areas are broad strategies to address a health priority topic area. Examples from the 2014-2016 strategic plan Access to Care priority are:

- 1) Serve as a catalyst and advocate for health outcomes in the Orange County Child Poverty Project
- 2) Advocate for and pursue policies/legislation to improve access to care
- 3) Foster a culture of innovation at the Health Department
- 4) Actively communicate about effective interventions and advocate for their funding

Action steps are specific, time-limited activities to make progress toward the focus area in a short period of time.

Examples from the 2014-2016 strategic plan Access to Care priority, Focus Area 1 are:

- 1) By July 2014, the Access to Care Subcommittee will designate a Board of Health member to serve on the Orange County Child Poverty Council.
- 2) By October 2014, the Access to Care Subcommittee or their appointee will present the project overview to identified county stakeholders.
- 3) At least twice per year, the Board of Health will receive regular reports on the activities and progress of the Orange County Child Poverty Council, and provide input as appropriate.
- 4) By July 2016, the Access to Care Subcommittee will review the gap analysis report on programs and services to achieve a pipeline to success in Orange County from the Orange County Child Poverty Council, and provide recommendations on priority public focus areas, programs and policies.