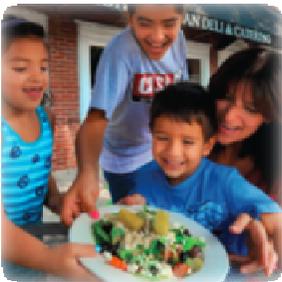


ORANGE COUNTY BOARD OF HEALTH STRATEGIC PLAN



2012-2014

Orange County Board of Health Strategic Plan 2012-2014

Mission

The mission of the Orange County Health Department is to enhance the quality of life, promote the health, and preserve the environment for all people in Orange County, North Carolina.

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Timeline

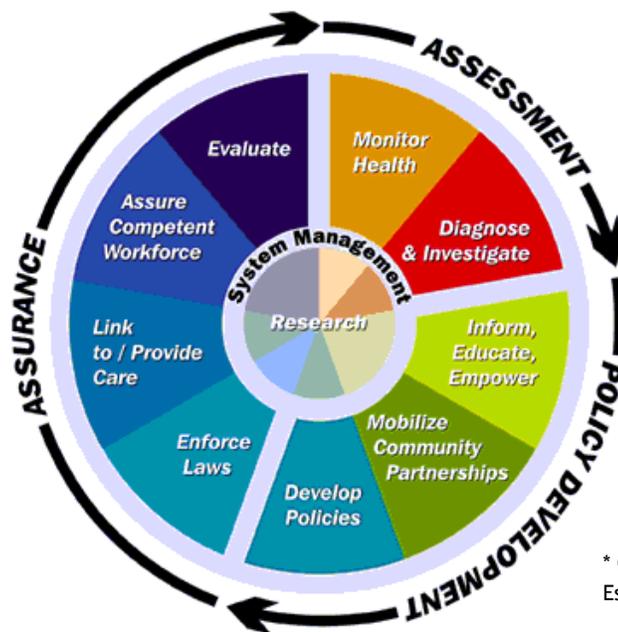
Introduction

Every four years the Orange County Board of Health commissions a Community Health Assessment to identify pressing community health issues. The latest Community Health Assessment was completed in December of 2011, and in February the Board undertook a participatory group process to identify their top three health priorities for the next four years (2012-2016).

The three priorities: 1) *Access to Care*; 2) *Child and Family Obesity* and 3) *Substance Abuse/Mental Health* will drive the work of the Board of Health, which is detailed in their Strategic Plan, for addressing these priorities for the time period of July 2012 to June 2014. In 2014 the Board will develop their next Strategic Plan based on the results of their work to date, while maintaining these three priorities.

To oversee the work of this extremely ambitious Strategic Plan, the Board of Health has formed three oversight committees—one for each priority—that will meet regularly to ensure action steps and deliverables meet the deadlines established in the plan.

In addition to the three priority areas, and always at the core of all the activities in which the Orange County Board of Health is involved, is a commitment to fulfilling the *10 Essential Public Health Services.



* Graphic representation of the 10 Essential Public Health Services.

To ensure alignment and coordination of the Board of Health strategic priorities outlined in the following plan with the ongoing work of the health department, each priority area and its related action steps falls within the public health framework provided by the 10 Essential Public Health Services.

Access to Care

According to the 2011 Community Health Assessment, residents of Orange County have less than ideal access to health care services. Issues such as lack of awareness of resources, low health literacy and sporadic availability of transportation provide barriers to accessing appropriate medical service at the proper time. The Board of Health will work to address these issues through four focus areas:

- 1) Serving as a catalyst and facilitator for health access partnerships in the county;
- 2) Advocating for and pursuing policies/legislation that improve access to health care;
- 3) Fostering a culture of innovation at the Health Department so that new ways of addressing this issue can be tested and developed and
- 4) Actively communicating about effective interventions and advocating for their funding.



Action Steps

Focus Area #1 - Serve as a catalyst and facilitator for health access partnerships in the county

- 1) Using evidence-based practice research as a framework, Health Department staff will conduct a gap analysis of existing and potential partners/activities in the areas/categories of 1) resource awareness; 2) health literacy and 3) transportation. Starting in September 2012 staff will present the results of the gap analysis by category with a different category presented in September, October and November Board of Health meetings.
- 2) Health Department staff will present a synthesis of the results of the evidence-based practice research (i.e., what should we have) and the gap analysis (i.e. what we really have) to the Board of Health at their January Board of Health meeting.
- 3) Based on the results of the gap analysis, the Board of Health Chair will convene a leadership roundtable consisting of the area's leaders in public health, community health, hospital care and health care management, for example, to develop a plan to address one or more of the gaps no later than April 2013.

Focus Area #2 - Advocate for and pursue policies/legislation aimed at improving access to care

- 1) Health Department staff will plan and host an "Advocacy Training, Part II" training for Board of Health members by October 2012.
- 2) Based on the results of the gap analysis, the Board of Health will partner with Healthy Carolinians to sponsor a roundtable discussion with local experts/providers to identify priority policy/legislative areas by August 2013.

Focus Area #3 - Foster a culture of innovation at the Health Department

- 1) The Board of Health Chair will sponsor a resolution for approval by the full Board proclaiming the Board's support of innovation and encouraging staff to seek innovative solutions to public health issues. Resolution presented at the August 2012 Board of Health meeting.
- 2) The Board of Health Chair will work with the Health Director to develop a budget reporting mechanism that highlights and quantifies innovative programming as a way to identify and measure an increase in innovation at the Health Department. First report due to the Board of Health at their August 2012 meeting.
- 3) The Board of Health will oversee the development of an "Innovation Grant Program" where staff from the Health Department will receive Health Department funding to pilot innovative ideas on a small scale prior to submitting major grants to external grant-makers. The first grant(s) will be awarded in January 2013.
- 4) Based on the results of the gap analysis, Health Department staff will identify and arrange for a nationally recognized speaker on innovation in "_____" (blank filled in after gap analysis complete) to present at the March 2013 Board of Health meeting.

Focus Area #4 - Actively communicate about effective interventions and advocate for their funding

- 1) A communications strategy document will be developed by the Health Communications Manager and Health Director and presented for approval by the Board of Health by August 2012.
- 2) The Communications Manager will meet with each Board of Health Priority Committee to help them identify the key stakeholder(s) for each activity to help them design and target their messaging according to the communications strategy document starting in September 2012.
- 3) Based on the results of the: 1) gap analysis; 2) roundtable discussions and 3) research on evidence-based interventions shown to improve access to care, the Board of Health will develop an action plan outlining specifically how they will work to improve access to care for residents of Orange County by January 2014.

Childhood and Family Obesity

Obesity remains a top health concern for Orange County. Primary prevention of obesity by working with children and their families remains the most effective intervention. The Board of Health will work to address this issue through three focus areas:

- 1) Serving as a catalyst and facilitator for obesity prevention partnerships in the county;
- 2) Identifying family specific, evidence-based nutrition and physical activity interventions that can be implemented throughout the county and
- 3) Advocating for and pursuing policies/legislation aimed at reducing obesity through environmental and regulatory changes.



Action Steps

Focus Area #1 - Serve as a catalyst and facilitator for obesity prevention partnerships in the county

- 1) Health Department staff will review and update the Healthy Carolinian's inventory of existing and potential child and family obesity prevention partners and distribute to the Board of Health by September 2012.
- 2) Board of Health's Child and Family Obesity Committee members will invite partners to an intervention planning meeting by February 2013.
- 3) Partners will commit to a county-wide intervention by April 2013 for implementation in FY 2014.

Focus Area #2 - Identify and implement evidence-based nutrition and/or physical activity interventions

- 1) The Health Department's MPH Intern will present a synthesis of the research on evidence-based interventions to reduce child obesity to the Board of Health by September 2012.
- 2) The Child and Family Obesity Committee will review the above research and present 1-2 recommended interventions to the Board of Health at their November 2012 meeting. At this meeting the Board of Health will decide which intervention(s) to pursue in collaboration with the appropriate partners.
- 3) Based on the selected intervention(s) above, Health Department staff will present recommended partners to the Board of Health for review and approval by November 2012.
- 4) Partners will implement a county-wide intervention in FY 2014.
- 5) The Child and Family Obesity Committee will receive quarterly reports on the partnership's intervention progress starting July 1, 2013 through the duration of the project.

Focus Area #3 - Advocate for and pursue policies/legislation aimed at reducing obesity

- 1) The Child and Family Obesity Committee will identify speakers/training opportunities on the role of Board of Health policy-setting to decrease child obesity through the built environment and nutritional practices by January 2013.
- 2) The Child and Family Obesity Committee, working with members of the Healthy Carolinians Task Force will develop and present 1-2 built environment and/or nutrition policies for recommended action at the May 2013 Board of Health meeting.
- 3) Health Department staff will work with the Child and Family Obesity Committee to implement these policies and will report their progress to the Board of Health by April 2014.
- 4) The Child and Family Obesity Committee, working with members of the Healthy Carolinians Task Force will develop and present 1-2 built environment and/or nutrition policies to the Board of Health for their action at their May 2014 Board of Health meeting.

Substance Abuse/Mental Health

Substance abuse and mental health issues permeate local public health. From exposure to environmental tobacco smoke causing an increase in cardiovascular disease to the challenges associated with ensuring medication compliance in a depressed patient with a communicable disease, mental health and substance abuse have far-reaching health and economic impacts. Addressing these problems will take a fully engaged and active presence by all organizations serving these clients. The Board of Health will work to address this issue through three focus areas:

- 1) Reviewing current smoking ban policies for expansion;
- 2) Advocating for and pursuing policies/practices/legislation aimed at improving substance - abuse and mental health services and
- 3) Working with our partners to explore the challenges and potential solutions of integrating mental health and primary care services.



Action Steps

Focus Area #1 - Review current smoking bans for expansion

- 1) Board of Health members will view the University of North Carolina (UNC) School of Government's webinar on Local Authority in Tobacco Control and familiarize themselves with the related toolkit on the NC Division of Public Health's Tobacco Prevention and Control's website by the June Board of Health meeting.
- 2) Dedicate the June 2012 Board of Health meeting to a discussion of the logistics of tobacco bans and laws. (**If the Board of Health decides to expand tobacco-free public places in Orange County, continue on to step 3.*)
- 3) Health Department staff, in consultation with the state, will draft the Rule for review at the August 2012 Board of Health meeting. If approved, a public hearing will be scheduled and a vote held at the September 2012 Board of Health meeting.
- 4) From September through October, a team comprised of a Board of Health member, the Health Director and appropriate Health Department staff member and/or community advocate will meet with key stakeholders to garner their support for the County-Wide Ordinance.

Note: Key Stakeholders include: Mayors/Board Chairs for each municipality (including Mebane), Hospital leadership, University leadership and members of the Board of County Commissioners.

- 5) The Board of Health Chair will formally request that the Board of County Commissioners pass a County-Wide Ordinance that adopts the Board of Health's rule at their November 2012 meeting.
- 6) If passed, implementation would be effective July 1, 2013.

Notes:

- 1) Coordination of community/grassroots communication will be via the TRU Campaign and the National Association of County and City Health Officials' (NACCHO) tobacco-free workgroup.
- 2) Community Transformation Grant funds can cover many of the implementation expenses such as signage and media/public awareness.

Focus Area #2 - Advocate for and pursue policies/practices/legislation aimed at improving substance abuse and mental health services

- 1) The Board of Health's Substance Abuse/Mental Health Committee will invite Judy Truitt with Orange, Person, Chatham (OPC)/Piedmont Behavioral Health (PBH) to the August 2012 Board of Health meeting to review the new mental health structure in Orange County.
- 2) Health Department staff will research evidence-based practices to reduce accidental drug overdose, misuse and abuse and present their findings with recommendations to the Board of Health by March 2013.

Focus Area #3 - Explore, with our partners, the challenges and potential solutions of integrating mental health and primary care services

- 1) Working with OPC/PBH leadership, the Health Director will identify existing area leaders in mental health and primary care integration by September 2013.
- 2) Working with OPC/PBH leadership, the Board of Health Substance Abuse/Mental Health Committee will seek to increase understanding of existing "promising" mental health/primary care services in Orange County through a "spotlight speakers" series where local providers provide a 10-minute overview of their program/service at Board of Health meetings. This spotlight series will start by October 2013.
- 3) Working with leaders identified in step 1 and programs presented in step 2, the Board of Health Substance Abuse/Mental Health Committee will co-sponsor with OPC/PBH a "meet and greet" with area mental health and primary care providers and showcase examples of successful integration by January 2014.
- 4) Working with OPC/PBH leadership and UNC hospital/university leaders, the Board of Health will seek to co-sponsor an Orange County summit on the integration of mental health and primary care services to be conducted by June 2014.