Agenda Item Number:

ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY

Meeting Date: September 28, 2016

Agenda Item Subject: Recent Presentations by OCHD Staff

Attachment(s):
Austin - Healthy Homes slide deck
Mulholland – CDC STD Guidelines & PreP slide decks
Shelp – Making Friends with the Media
Bridger – Naloxone Statewide Standing Order; Cost Settlement Update

Staff or Board Member Reporting: Coby Jansen Austin, Andrea Mulholland, Stacy Shelp, Colleen Bridger

Purpose: ____ Action
_X_ Information only
____ Information with possible action

Summary Information:
Orange County Health Department staff regularly present at conferences, on webinars, and in the community. To share programmatic highlights and get a deeper understanding of some of our current work, staff will share abbreviated versions of recent presentations, including:

- Clinic Staff Adherence to the CDC's STD Treatment Guidelines (Mulholland)
- PreP (Mulholland)
- Making Friends with the Media (Shelp)
- Healthy Homes (Austin)
- Safe Syringe Initiative (Austin)
- Naloxone (Bridger)
- Medicaid Cost Settlement (Bridger)

Recommended Action: ___Approve
___Approve & forward to Board of Commissioners for action
___Approve & forward to _____
_X_Accept as information
___Revise & schedule for future action
___Other (detail):

OCHD & PrEP: Past, Present, & Future

A. Mulholland, DNP, FNP-C

OCHD: Background

- OCHD serves a population of 141,354 (U.S. Census, 2015)
- Clinic staff: NPs, PA, MD, RNs, LPNs, NAs, lab technicians
- New HIV Cases, 3 Year Average Rate : 9.0/100,000 population, Rank: 39 (NC DHHS, 2016)
- STD Visits
  - FY 13-14: 1548
  - FY 14-15: 1407
- HIV Tests
  - FY 13-14: 1077
  - FY 14-15: 827

OCHD: Past, 2014

- May, 2014
  - U.S. Public Health Service's 2014 Clinical Practice Guideline
  - UNC's HIV Update 'Not going to condom our way out of this'
  - Internal Discussion

- Phenomenon: 3 New HIV Diagnoses within OCHD

- Consistent with trends seen on national level (CDC, 2016)

OCHD: Past, 2014

- Internal Discussion
  - Labs: HIV, ?Primary care labs in STD visit
  - Labs: Cost
    - HIV: $32.00
    - BUN: $5.00
    - Cr: $7.00
    - Hepatitis B surface antigen: $13.00
    - Hepatitis B surface antibody: $15.38
  - Use of specialist medication by generalists
  - Truvada: Cost
  - Billing for services- EOB Privacy Laws (Guttmacher Institute, 2012)
  - Encouraging high risk behaviors

OCHD: Past, 2014

- August, 2014
  - PrEP White Paper: OC Health Director, Dr. Colleen Bridger
    - Primary prevention
    - Remove cost barriers
    - Cost of treating HIV positive individuals
    - New HIV case: staff time/DIS time
  - Board of Health Presentation
    - Live Tweeting
- October, 2014
  - Update of website, social media sites by Stacy Shelp
  - Press releases
  - The Herald Sun, The Daily Tarheel

OCHD: Past, 2014

- FY 14-15
  - 6 patients
  - All MSM
  - Average age: 32
  - 5 Caucasian, 1 AA
- FY 15-16
  - 17 patients
  - 15 MSM, 1 Prenatal, 1 Heterosexual male
  - Average age: 29
  - 16: Caucasian, 1 Latina

OCHD: Present

- FY 16-17
  - 3 Patients
  - All MSM
  - Average age: 24
  - 3 Caucasian
- General
  - Total: 26 patients
  - 5 patients: Gilead Patient Assistance
  - Still taking via OCHD: 15
  - 2 patients: TOO LATE!!

OCHD: Future

- Patient Level Education
  - Word of mouth
  - More outreach to high risk populations
  - Keep talking up PrEP via social media, website
- Promoting PrEP
  - Program approved in 2014, make sustainable
- Primary Prevention
- Cost/Benefit
  - 340B, Gilead Pt. Assistance
  - Cost of lifelong HIV treatment
  - Cost of staff time to bring new HIV cases into care
  - Billing Insurance

OCHD, Future

- Generalist v Specialist Care
  - U.S. Public Health Service Clinical Practice Guideline
  - NACTEC
  - UCSF Clinical Consult Line: (888)-448-4911, 7 Days/week
  - Carolina Consultation Center: 1-800-862-6264
- Comprehensive Harm Reduction
  - Needle exchange
  - Naloxone

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Clinic Staff Adherence to the CDC's STD Treatment Guidelines: A QI Initiative in a Local Health Department

A. Mulholland, DNP, FNP-C

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HEALTH DEPARTMENT
Improving health. Inspiring change.

Introduction

- STDs are a major public health burden
- 20 million new infections per year, $16 billion in healthcare costs (CDC, 2013)
- Cases of chlamydia, gonorrhea, syphilis on rise for 1st time since 2006 (CDC, 2015)
- Prompt screening, treatment essential to prevent long term sequelae

Introduction

- LHDs: critical access points
- OCHD serves a population of 141,354 (U.S. Census, 2015)
- Clinic staff: NPs, PA, MD, RNs, LPNs, NAs, lab technicians
- STD Visits
  - FY 13-14: 1548
  - FY 14-15: 1407

Purpose & Objectives

- Assess clinic staff adherence to CDC's STD Treatment Guidelines (2010) for treatment & follow-up of chlamydia, gonorrhea, syphilis
- Three most prevalent, reportable STDs
- Excluded: Herpes simplex virus, HIV, Trichomoniasis

Background

- Overall, adherent treatment was noted throughout the literature.
- Low rates of return for rescreening
- Various factors: provider, patient, organizational

Background

Provider	Patient	Organization
Numbers of GC cases managed (Anschuetz et al., 2014; Tabidze et al., 2015) Non public health providers (Lechtenberg et al., 2014; Swails, et al., 2014) Lack of familiarity w/public health laws (Navale et al., 2014)	Asymptomatic, No previous STD history (Beymer et al., 2014) Race, age, sex, sexual orientation (Kerani et al., 2015; Lechtenberg et al., 2014; Tabidze et al., 2015; Shi et al., 2013) Pts seen in STD clinics (Marcus et al., 2011)	Busy lab, lack of staff interest (Beymer et al., 2014) DIS, EMR (Hotton et al, 2011) Policies/strategies to promote rescreening (Park et al., 2010) Missed opportunities for rescreening (Teplow-Phipps et al., 2015) Cost (Shi et al., 2013)

Methods

- Chart review of clients who were screened & treated in OCHD (Chapel Hill & Hillsborough) July 1, 2014-July 1, 2015
- Organizational approval: June, 2015
- IRB Expedited approval: November 25, 2015
- Survey designed via Qualtrics©, sent February 3, 2016
  - What is your role within the OCHD?
  - How many years of public health experience?

Methods: Data Collection

Patient Factors

- Type of STD
- Appropriate treatment
- Follow-up
- Age
- Race
- Hx of STD
- STD Symptoms

Provider Factors

- Type of staff
- Years of public health longevity
- Education on follow-up

Methods: Analysis

- Frequency distributions: amount, treatment, F/U, race, education, Hx of STDs, presence/absence of symptoms
- Central tendencies: Age, staff's years of public health experience
- Chi-square tests: Association between follow-up and presence/absence of symptoms, Hx of STDs, education
- One-way ANOVA: Association between follow-up and client's age, public health experience
- SPSS© Version 23

Results

(*N*=114)

STD	Txtment	F/U	Education on F/U	Race	Age	Hx of STD	Symptoms
CT *n*=58	96.6% *n*=56	34.5% *n*=20	63.8% *n*=37	W: 39.7% AA: 37.9% W-H: 15.5%	25 (16-43)	41.4% *n*=24	43.1% *n*=25
GC *n*=44	91% *n*=40	29.5% *n*=13	70.5% *n*=31	AA:65.9% W:34.1%	31 (17-63)	68.2% *n*=30	70.5% *n*=31
Syphilis *n*=12	100%	50% *n*=6	100%	W: 50% AA: 33.3% W-H: 8.3% Other: 8.3%	30 (20-57)	58.3% *n*=7	58.3% *n*=7

Results

N=19

- 18 respondents, 95% response rate
- 12: Nurses, 6: Providers, 1: Non-respondent
- Average years of public health experience: 9.5 (*SD*=11.2)
- Nurses' average years of experience: 10 (*SD*=11.4)
- Providers' average years of experience: 8 (*SD*=11.9)

Results

Chi-square tests

N=114

Follow-up	X^2	**df**	***p***
STD symptoms	1.0	1	0.31
Hx of previous STD	0.55	1	0.46
Education on F/U	1.3	1	0.26

Results

One-way ANOVA

$p < 0.05$

Follow-up	Mean F/U	Mean No F/U	df1	df2	*F*	*Sig.*
Age	28 (9.5)	28 (8.2)	1	112	0.001	0.98
Years of Experience*	9 (9.17)	12 (12.46)	1	99	2.1	0.15

*Welch & Brown-Forsythe statistic used due to a violation of Levene's test for homogeneity.

Discussion

- High levels of guideline adherence by OCHD staff for treatment of CT & GC (Anschuetz et al., 2014; Lechtenberg et al., 2014; Swails et al., 2014; Tabidze et al., 2015; Teplow-Phipps et al., 2015)

- Monotherapy w/cephalosporins = most common non-adherent GC therapy (Anschuetz et al., 2014; Lechtenberg et al., 2014)

- Lack of provider awareness, need for staff education

Discussion

- 2/58 clients w/CT=not able to be reached for treatment
- Result of patient factors
- Strategies for communicating w/difficult to reach populations

- 100% treatment rates for syphilis
- No expedited partner therapy offered (Navale et al., 2014)

Discussion

- Low rescreen rates (Beymer et al., 2014; Hoover et al., 2013; Shi et al., 2013; Teplow-Phipps et al., 2015) despite use of high intensity strategies (Park et al., 2010)

- No influence: Patient factors (Beymer et al., 2014; Shi et al., 2013) & provider factors (Anschuetz et al., 2014; Lechtenberg et al., 2014; Swails et al., 2014)

Discussion

- Organizational factors (Beymer et al., 2014; Hotton et al., 2011): influence rescreen rates
- Cost (Shi et al., 2013), not applicable to LHDs due to NCAC § 46 0214 & § 41A 0204
- Patient factors: less engagement w/healthcare providers (Marcus et al., 2011), anonymity, social determinants of health

Limitations

- Missing data
- No inter-rater reliability
- Use of duplicated cases
- Different types of staff
- Patient factors: outside facilities, gender, sexual orientation
- External factors: DIS, social determinants of health
- Sample size
- Convenience sample

Recommendations
#1. Staff Education

- OCHD Staff have knowledge of CDC's guidelines, less knowledge of NCAC § 46 0214 & § 41A 0204
- STD management = core public health service
- Educate all levels of employees
- More staff engagement, appointment availability, avoidance of problems noted by Beymer et al. (2014)

Recommendations
#2. Patient Education

- Different types of staff provide STD services.
- Regardless of staff type: succinct, consistent patient education
- Timeframe results will be ready, risk reduction, need for 3 month rescreen
- Similar messages will help improve best practice.

Recommendations
#3. Technology

- Internet has eased rate & speed people can find sexual partners (Kachur et al., 2015)
- Effectively used for STD risk reduction, education (Kachur et al., 2015; National Coalition of STD Directors, 2010)
- Harness power of technology w/guidance from authorities to communicate w/hard to reach & anonymous clients
- Text message, web based notification, email reminders

Recommendations
#4. Ongoing QI

- Evaluating numbers of STDs & level of adherent therapy: part of data driven decision making
- Prevalent in healthcare (Raghupathi & Raghupathi, 2014)
- Improve efficiency, reduce errors, improve practice (Raghupathi & Raghupathi, 2014)
- Communicate w/front line staff to stimulate shared decision making

Recommendations
#5. Public policy & funding

- NCAC § 46 0214 & § 41A 0204
- Public health spending: NC: $14.16/person, US: $30.61/person (N.C. Association of Local Health Directors, 2013)
- STDs on rise, need for advocacy of LHDs to legislators
- Sustained funding: prevent reduction in services, new infections, new complications
- Increased funding: expansion of services, messaging systems

Conclusion

- STDs are on the rise, LHDs resources for patients & communities
- Similar to the literature, OCHD had high levels of adherent treatment, low rates of rescreening
- No significant provider or patient associations

Conclusion

- Succinct, consistent staff & client education
- Integration of technology
- Regular QI activities
- Fiscal support, proactive public policies
- Improve practice, consistent w/the Triple Aim
- Strategies needed for LHDs to meet needs of patients & communities

THANK YOU!

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Acronyms

- AA: African American
- CDC: Centers for Disease Control & Prevention
- CT: Chlamydia
- DIS: Disease Intervention Specialists
- EMR: Electronic Medical Record
- F/U: Follow-up
- GC: Gonorrhea

Acronyms

- LHDs: Local Health Departments
- NCAC: North Carolina Administrative Code
- MSM: Men who have sex with men
- OCHD: Orange County Health Department
- STDs: Sexually transmitted diseases
- W: White
- W-H: White Hispanic

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Healthy Homes Pilot Program

Orange County Health Department

Healthy Communities Webinar
July 2016

Coby Jansen Austin, MPH

ORANGE COUNTY HEALTH DEPARTMENT

PREVALENCE (Medicaid Insured Only)

Countywide: 9.2% (n=1225)

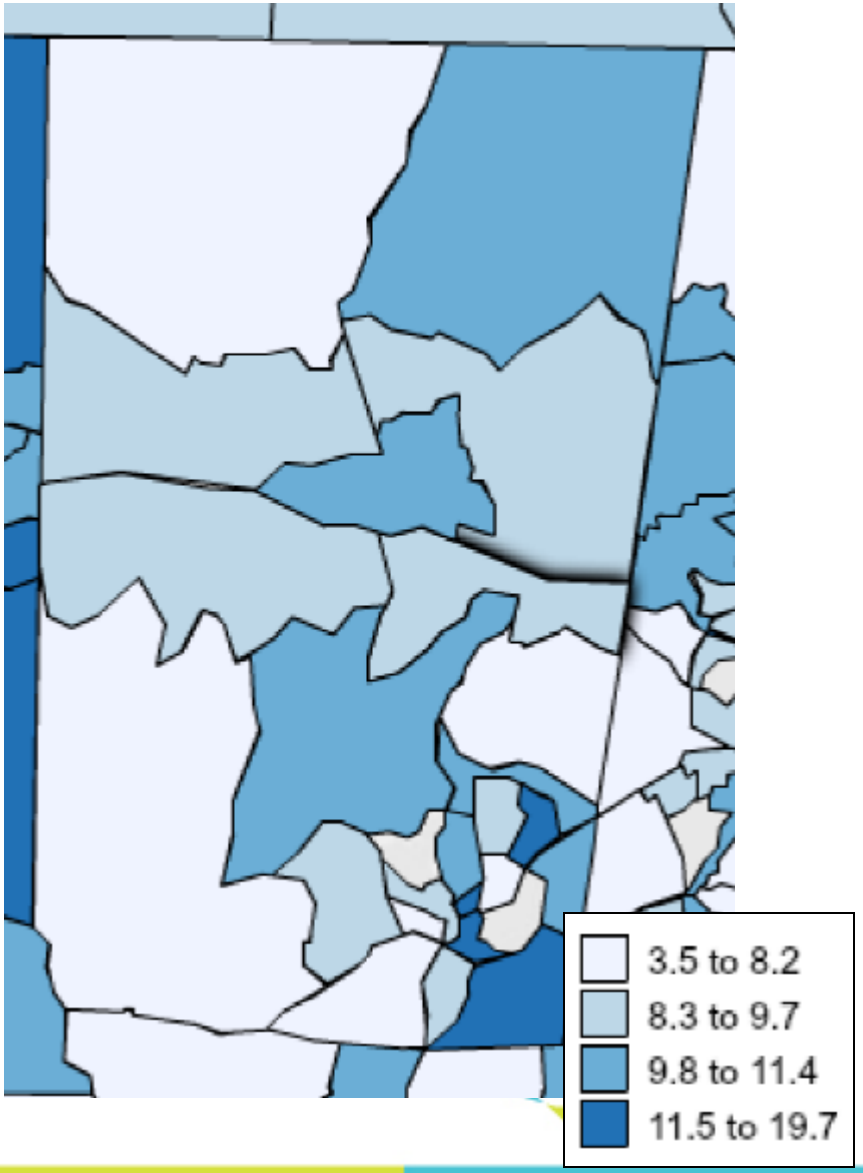
- Child (0-20) 10.2% (n=940)
- Adult (21+) 6.9% (n=285)

Among children:

- Black / African Amer. 14.1%
- White 9.6%
- Hispanic 7.5%
- Other 7.5%
- Combination (non-wt) 10.5%
- Unreported 10%

- Female 9.1%
- Male 11.3%

- **Black, male children 15.3%**



Data Source: NC HIP (https://nchip.n3cn.org)
Year Ending in March 2013

Healthy Homes Pilot - Aims

Improve asthma control

- Reduce exposure to triggers
- Improve medication management

Measures of Success

- ED/urgent care visits
- Hospitalization
- Symptoms
- Missed school
- Oral steroid use
- Self-reported control

Conducted by UNC External Evaluator

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Home Visits

- **Healthy Homes Team**
  - Registered Environmental Health Specialist
  - Nurse
  - FSA Zone Navigator & interpreter, as appropriate
- **Assessment Tools**
  - EPA Asthma Home Checklist
  - NC Healthy Homes Assessment
  - Nurse protocol – Asthma control & management
- **Resources**
  - Green Cleaning Kit
  - Quit Kit (smokers), with free NRT
  - HEPA vacuum loan

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Green Cleaning Kit

- White distilled vinegar
- Lemon juice
- Baking soda
- Borax
- Castile soap
- Hydrogen peroxide
- Club soda
- Corn meal
- Olive oil
- Sponges
- Spray bottle

- Mattress & pillow covers
- Roach bait
- Mouse traps
- Bucket

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Referrals

Eligibility criteria

- 0-17 years old
- Live in Orange County
- Meet asthma control criteria

Priority children

- Family Success Alliance
- Medicaid/uninsured

Pilot began Oct. 12, 2015

ORANGE COUNTY HEALTH DEPARTMENT

Healthy Homes Pilot Fax Referral

Fax : 919-644-3328

Please confirm receipt: 919-245-2424

The Health Department will provide a free in-home assessment to help identify indoor asthma triggers and other housing-related health hazards.

Our goal is to improve the health and quality of life for children with asthma by improving the indoor air quality and safety of their home environment. The purpose of a Healthy Homes visit is to identify potential asthma triggers and health hazards in a home, educate the parents and caregivers on steps they can take, and provide resources to assist in the control of those hazards.

REFERRING ORGANIZATION **Date Fax Sent:** ____/____/____

Person making referral (check one): ☐ School Nurse ☐ Medical Provider ☐ ED Navigator

Name: _____ Organization: _____

Phone: _____ Fax: _____

To receive a participant's Assessment Report, you must be a HIPAA-Covered Entity

I am a HIPAA-Covered Entity (check one) ☐ Yes ☐ No ☐ Don't Know

Check if you do NOT want to receive an Assessment Report. ☐

PATIENT

Patient Name: _____ Date of Birth: _____

Patient's Parent/Guardian: _____

Phone Number: _____ Back-up Number: _____

Street (Apt): _____

City, State, Zip: _____

Language Preference: ☐ English ☐ Spanish ☐ Other: _____

Patient's School (if applicable): _____

Insurance: ☐ Medicaid ☐ Private ☐ None ☐ Other: _____

I give permission to share this information about my child with the health department and its partners, which may include nurses from the school, UNC Health Care, or Medicaid (as appropriate) and a Family Success Alliance Zone Navigator, so they can contact me to conduct a home visit.

Doy permiso para que se comparta esta información sobre mi niño/a con el departamento de salud y sus asociados, lo cual puede incluir a enfermeras de la escuela, UNC Health Care o Medicaid (según sea apropiado) y Navegantes de Zona con la Alianza del Éxito Familiar, para que se puedan comunicar conmigo y lleven a cabo una visita a mi hogar.

PROGRAM ELIGIBILITY

The Healthy Homes Pilot serves patients 0-17 years old that live in Orange County and meet <u>at least one of the following criteria</u>. Please indicate which criteria this patient meets (check all that apply):

- ☐ Poorly-controlled persistent asthma, as diagnosed by a medical provider or identified by a school nurse
- ☐ Hospital admission for asthma exacerbation in past 12 mo.
- ☐ Repeated ED or urgent care visits for asthma within past 6 mo.
- ☐ Overuse of rescue medication in last 6 mo.
- ☐ More than one course of oral steroids in last 6 mo.

Parent/Guardian Signature: _____ Date: _____

If no signature above, check the appropriate box below:

☐ *Parent/guardian is not available to sign the referral form, but is aware of the referral*

☐ *Parent/guardian is <u>not aware</u> they are being referred, but I believe they would benefit from it*

Note: Please acquire authorization from parent/guardian if possible. Lack of a signature above may delay services.

Signature of person making referral: _____ Date: _____

Asthma Control Criteria

- **Poorly-controlled persistent asthma**, as diagnosed by a medical provider or identified by a school nurse
- **Hospital admission** for asthma exacerbation in past 12 months
- **Repeated ED or urgent care** visits for asthma within past 6 months
- **Overuse of rescue medication** in last 6 months
- More than one course of **oral steroids** in last 6 months

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Referral Sources

23 referrals from 7 sources

1 not eligible; 2 moved

EVALUATION RESULTS

Participant Demographics		
Avg. age in years	5.7 (range 2-11)	
Insurance	Medicaid	9
	BCBS	1
Language preference	English	7
	Spanish	2
	Karen	1
Have Primary Care Provider	100%	
See asthma specialist	33%	

Includes the 10 participants who completed initial and 4-week visits

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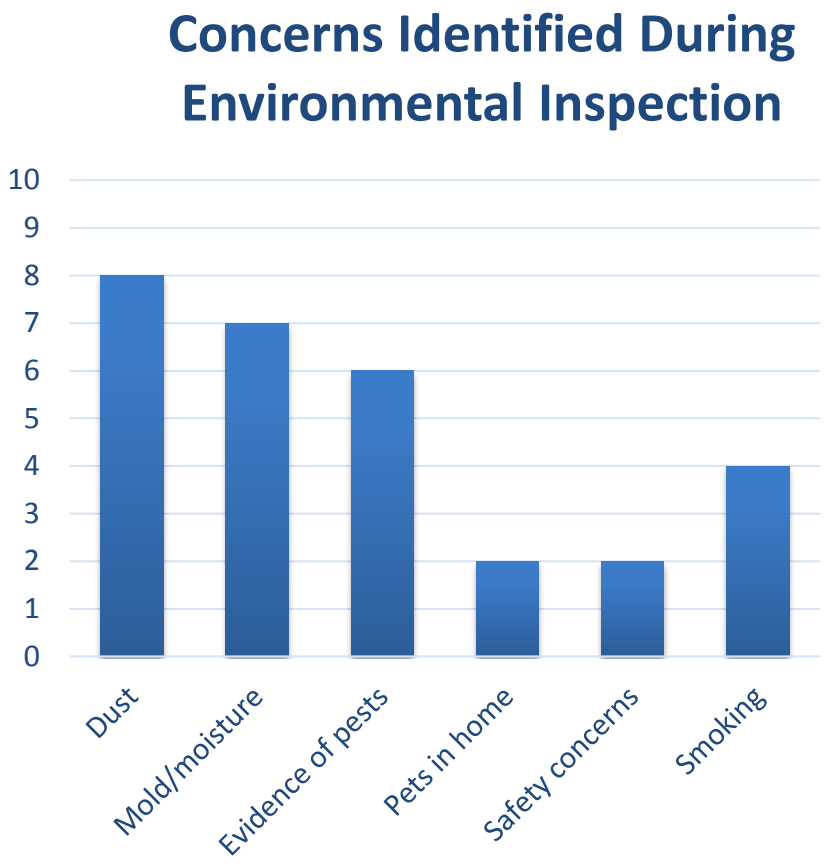
ISSUES IDENTIFIED AT INITIAL EVALUATION

- 13% of those using inhaler medications were not using a spacer
- 22% did not have an asthma action plan or access to medications at school
- Low initial parental confidence
  - 40% reported feeling “very confident” with medication use
  - 60% were “very confident” with equipment use
- 60% of parents felt their child’s asthma was well controlled



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INITIAL VISIT

Intervention	#
Environmental assessments reviewed with parent and faxed to referral source	10
Green Cleaning buckets given	10
Mattress covers provided	10
HEPA Vacuum loan	7
Smoking cessation services provided (counseling, NRT)	4
Instruction provided on asthma medication use	6
Facilitated access to equipment (nebulizer)	1

Includes the 10 participants who completed initial and 4-week visits

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CHANGES AT 4-WEEK FOLLOW UP: SUBJECTIVE PARENT-REPORTED OUTCOMES

	Initial Visit	4-week Follow Up
Reported feeling “very confident” with medication use	40%	**90%**
Reported feeling “very confident” with equipment use	60%	**100%**
Parents felt asthma was well controlled	60%	**100%**
Reported making changes as a result of recommendations given in the initial visit		**100%**

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Sample Outcomes: Environmental

- Several caretakers have quit smoking or are attempting to quit with free nicotine replacement therapy
- Removed plug-in air fresheners
- Cleaned mold with Green Cleaning Supplies and better moisture control
- Increased frequency of washing bedding
- Apartment management remediating mold & water damage in carpet and walls (in process)
- Many families borrowed HEPA vacuum
- Repairman shadowed during assessment and began repairs immediately

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SMOKING CESSATION

- Assess Interest in Quitting
  - Have you tried to quit before? What worked well?
  - What are the reasons you are thinking about quitting?

  (Motivational Interviewing approach)

- Refer for Support
  - 1-800-QUIT-NOW
  - Local resources within your community? E.g., Group classes, individual counseling

QuitlineNC.com

1-800-QUIT-NOW

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Sample Outcomes: Safety

- Removal of partially filled gas container from interior closet
- Replaced frayed electrical cords
- Water quality testing done & sent to state lab

www.ruralking.com

www.tradesmenontime.com.au

www.homeandhearthinspectionservices.com

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CHANGES AT FOLLOW UP:
PARENT-REPORTED ASTHMA MORBIDITY

Reported Asthma Symptoms over the Previous 4 Weeks – Median (Range)			
	Initial	**4-week**	**3-month**
Days with asthma symptoms	14 (2-30)	0 (0-1)	0 (0-14)
Days of school missed	3 (0-7)	0	0 (0-2)
Wheezed with exercise?	86%	0	29%
Wheezed unrelated to exercise?	100%	0	14%
Nighttime wheezing?	100%	14%	29%
Missed school?	86%	0	17%
Missed activities?	86%	0	29%
Days needing rescue meds?	5.5 (2-30)	0 (0-12.5)	0 (0-30)
Greatest number of times child needed rescue med in 1 day	1 (0-1)	0	0 (0-3.5)

Data includes all 7 children who completed the initial, 4-week, and 3-month follow ups

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Long-Term Outcomes (make note of different time intervals)			
	Initial	4-week	3-month
Emergency visits	5 (0-15) in last 6 months	0 in last 4 weeks	0 (0-4) in last 3 months
Steroid courses	1 (0-3) in last 6 months	0 in last 4 weeks	0 (0-2) in last 3 months
Hospitalizations	0 (0-5) in last 6 months	0 in last 4 weeks	0 (0-1) in last 3 months

Other Parent-Reported Outcomes			
	Initial	4-week	3-month
Confidence with meds (% very confident)	29%	86%	86%
Confidence with equipment (% very confident)	57%	100%	86%
% whose parents felt asthma was well controlled	43%	100%	67%

Data includes all 7 children who completed the initial, 4-week, and 3-month follow ups

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PARTICIPANT SATISFACTION

- 100% felt that the program was helpful to decrease their child's asthma symptoms
- 100% reported they would recommend the program to a friend
- Some comments from parents:
  - "I used to use Clorox around the house and my daughter would cough. Now I use the green cleaning supplies and she doesn't react."
  - "Wonderful program. Helps out so much…. They actually care about the patient."
  - "I didn't know vinegar and borax could do all that!"
  - "I didn't feel uncomfortable talking to staff about smoking. You didn't come in here telling me to quit. You came in trying to support me and teach me."

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LIMITATIONS

- Response bias
  - Participants expect the program to improve asthma
  - Desire to please the examiner
  - Incentives provided (cleaning materials, NRT) make positive responses more likely
- Recall bias – many questions rely on parents' abilities to recall frequency of events
- Small sample size limits ability to test for significant differences
- Need longer follow up time to determine if changes are sustained

Many thanks to Mary Currie, MD, MPH, Ceila Loughlin, MD, Lisa Alarcon, RN & the team at UNC Pediatric Pulmonary Clinic.

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Resources on Housing

Standards for Housing

- Municipal and county minimum housing codes
- North Carolina housing code ("Dirty Dozen")

Usually covered: condition of roofs, foundations, stairs, rails, floors, ceilings, counters, cabinets, walls, windows, screens, doors, locks, ventilation, plumbing (including water leaks), wiring, sanitation, HVAC systems, pest control, etc.

NOT usually covered: mold or bed bugs

More on bed bugs here:
http://www.orangecountync.gov/departments/health/bedbugs.php

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Healthy Homes Programs

- Durham – Medical-Legal Partnership https://law.duke.edu/partnershipforchildren/ (UNC also has one)
- Alamance County Healthy Homes http://www.alamance-nc.com/envhealth/wp-content/uploads/sites/9/2014/10/Healthy-Homes-Program-brochure-approved.pdf
- Greensboro Housing Coalition – Healthy Homes http://greensborohousingcoalition.com/healthy-homes/
- Wake County Healthy Homes (CCNC) http://www.asthma.ncdhhs.gov/docs/2013-AsthmaSummit/BTilsonKeynote-ReducingEnvironmentalExposuresforPatientswithAsthma.pdf

Check out the inventory!

ORANGE COUNTY HEALTH DEPARTMENT

Making Friends with the Media

Stacy Shelp
Communications Manager & Public Information Officer

ORANGE COUNTY
HEALTH DEPARTMENT

So where do I begin?

1. Develop relationships

How do I get my story in the news?

1. Develop relationships
2. Create high-quality, informative press releases and media advisories

ORANGE COUNTY HEALTH DEPARTMENT

Media Contact
Stacy Shelp, Public Information Officer
Phone: (919) 245-2462 or Cell: (919) 636-8842
Email: sshelp@orangecountync.gov

FOR IMMEDIATE RELEASE

ORANGE COUNTY HEALTH DEPARTMENT OFFERS MOSQUITO CONTROL RESOURCES AND EDUCATION TO AID IN DISEASE PREVENTION

Hillsborough, NC (June 14, 2016) – Summer is in full swing and the mosquitos are out in force. The Orange County Health Department is proactively working to provide residents with the information and resources necessary to help protect them from the variety of diseases spread through the bites of mosquitoes. Mosquitoes can carry a variety of diseases including: Zika, West Nile Virus, Chikungunya, Dengue, and Eastern Equine and Lacrosse Encephalitis.

Orange County residents can stop by one of the health department's three locations to pick up mosquito dunks to treat areas of standing water. The dunks are being given away on a first come, first serve basis with a limit of two packs to residents who can't afford to purchase them. The mosquito dunks are also available for purchase at most home improvement and hardware stores. Mosquito dunks are an effective form of mosquito control because they kill larvae before they can mature into biting adults. Dunks contain naturally occurring bacteria that are toxic to mosquito larvae but are not harmful to other wildlife or humans. They can treat areas up to 100 square feet and can be broken into pieces to effectively treat smaller areas as well.

Another way the Orange County Health Department is working to assist residents in reducing the number of mosquitos is with a short video highlighting ways to eliminate breeding areas through tip and toss methods and property awareness and maintenance, and using effective insect repellents to repel biting insects.

The health department is also working with the Orange County Department of Environment, Agriculture, Parks and Recreation to place boxes at the entrance of seven county parks to make insect repellent available to park visitors. The "Spray before you Play" stations will include cans of spray and a sign with instructions in English and Spanish on to how to apply the spray. The boxes are scheduled to be placed in mid-July and stay up through the end of September.

"We know bugs are going to bite but we are doing what we can to empower our residents to help minimize the number of breeding grounds in the county, prevent bites through effective use of repellents, and stay vigilant while enjoying the wonderful outdoor spaces in our county." said Environmental Health Director Alan Clapp.

Additional tips to reduce exposure to mosquito bites and illness:

- Wear long-sleeved shirts, long pants, and socks.
- Wear insect repellent registered with the Environmental Protection Agency. When used as directed, EPA-registered repellents are proven safe and effective, even for pregnant and breast-feeding women.
- Keep playground equipment and toys away from yard edges and out from under trees.
- Use air conditioning or make sure windows and door screens are in place and without holes.

Learn more on the Orange County Health Department's Fight the Bite webpage: http://bit.ly/1rWN14a

Mosquito Dunk Initiative

It is recommended that you call the health department at (919) 245-2400 before visiting to ensure availability.

Orange County Health Department mosquito dunks pick-up locations:

Hillsborough	**Medical Clinic Front Desk** 300 West Tryon Street Hillsborough, NC **Environmental Health Front Desk** 131 West Margaret Lane Suite 100 Hillsborough, NC
Chapel Hill	**Medical Clinic Front Desk** 2501 Homestead Road Chapel Hill, NC

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How do I get my point across?

1. Develop relationships
2. Create high-quality, informative press releases and media advisories
3. Have talking points

Talking Points – *Short & Sweet*

Include:

- Main message – Purpose or Mission
- Background – Why?
- Relevant data – Easy to understand / Social Math
- Call to action
- Where to go for more info

- *Personal story/ Quote – When appropriate*

What if I mess up?

1. Develop relationships
2. Create high-quality, informative press releases and media advisories
3. Have talking points and a variety of ways to say them
4. Don’t be intimidated

Practice. Practice. Practice.

Include in preparedness exercises

Offer spokesperson training

How do I keep them coming back?

1. Develop relationships
2. Create high-quality, informative press releases and media advisories
3. Have talking points and a variety of ways to say them
4. Don’t be intimidated
5. Make their job easy

Make it easy

Kids

Events

Access to interviews

Dignitaries

Demonstrations

Visually interesting

If you remember nothing else

- Answer the question asked
- Be concise
- Avoid jargon
- Maintain confidentiality
- Communicate with other organizations impacted by your story prior to the interview to coordinate

If you remember nothing else

- Stand up for a telephone interview
- Use a landline when possible
- Don’t cross your arms or rock
- Use appropriate emotion and facial expressions
- Don’t perpetuate myths

If you remember nothing else

- Stick to your talking points
- Avoid clothes with busy patterns
- Speak slowly and clearly
- Avoid filler words such as ‘sure’ and ‘um’
- Watch/ listen to the news as a learning tool

Questions?

Stacy Shelp

sshelp@orangecountync.gov

(919) 245-2462

Twitter

@StacyShelp

www.OrangeCountyNC.gov/Health

Naloxone Statewide Standing Order

Colleen Bridger, MPH, PhD
Orange County Public Health Director

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WHAT IS NALOXONE?

- Opioid inhibitor
- Instant detox
- In NC over 1,000 people a year die from opioid overdose
  - For every death there are:
    - 10 treatment admissions
    - 32 ED visits for misuse/abuse
    - 130 people who abuse or are dependent
    - 825 non-medical users

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NC's Statewide Standing Order for Naloxone

June 20, 2016

- Gov. McCrory signed legislation authorizing state health director to issue statewide standing order for naloxone
- Authorizes any pharmacist practicing in the state and licensed by the N.C. Board of Pharmacy to dispense Naloxone to:
  - Persons who are at risk of experiencing an opiate-related overdose
  - Persons who are the family member or friend of a person at risk of experiencing an opiate-related overdose.
  - Persons who are in the position to assist a person at risk of experiencing an opiate-related overdose.

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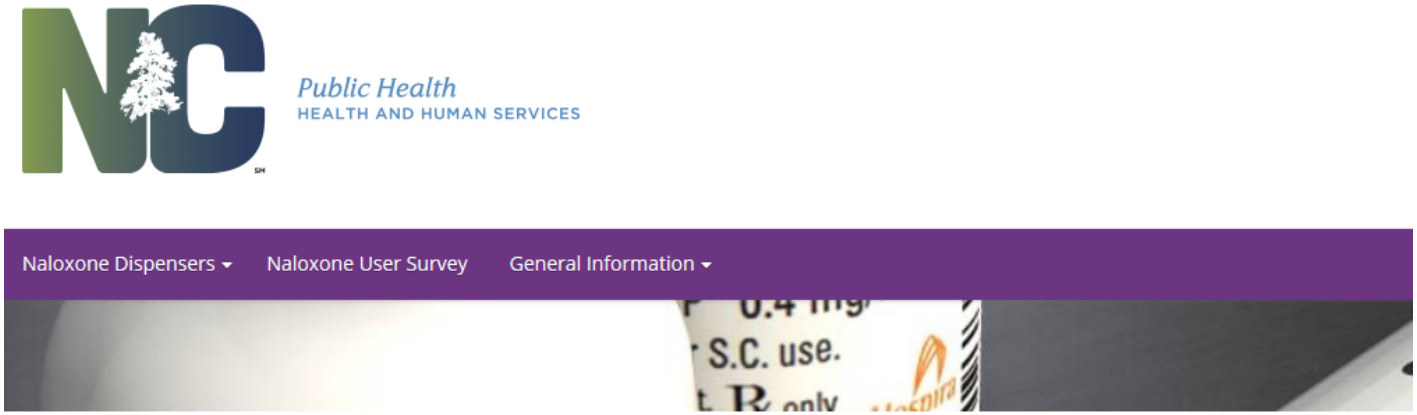
NaloxoneSaves.Org: Directory of Pharmacies



Home / General Information

GENERAL INFORMATION

- North Carolina's Standing Order for Naloxone
- N.C. Pharmacies that Offer Naloxone Under a Standing Order
- Naloxone and Overdose Prevention FAQs
- Local Treatment Resources
- N.C. Good Samaritan/Naloxone Access Law
- N.C. Health Departments that Offer Naloxone

General Information

NaloxoneSaves.org is a website designed to educate pharmacists and the public about the North C statewide standing order for naloxone.

n Carolina Division of Public Health, Injury and Violence Prevention Branch's Poisoning Program works in collaboration with many partners statewide to address drug overdose in North Injury Prevention Research Center. Together, we bring you this website.

On June of 2016, the State Health Director of North Carolina signed a standing order to authorize state and licensed by the North Carolina Board of Pharmacy to dispense naloxone to any person w and is:

- At risk of experiencing an opiate-related overdose
- A family member or friend of a person at risk of experiencing an opiate-related overdose
- In the position to assist a person at risk of experiencing an opiate-related overdose

The purpose of this website is to:

ORANGE COUNTY HEALTH DEPARTMENT

PHARMACIES IN NC

- Over 1,000 have signed up since June
- Most take Medicaid, private insurance when available.
- Average costs range from $75 - $125

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LOCAL HEALTH DEPARTMENTS OFFERING NALOXONE

- Alexander, Duplin, Durham, Forsyth, Hoke, Johnston, Madison, Orange Pender, Pitt, Union, Wake, Wilkes
- Patients without insurance/Medicaid can get naloxone kits at much lower price through their local health department
- Contents of kit cost less than $25

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HEALTH DEPARTMENT NALOXONE KIT

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WHY SHOULD HD STILL OFFER NALOXONE?

- Community Saturation
- Access for uninsured/underinsured
- Establishing a trusting relationship facilitates treatment requests/referrals
- One component to a community's comprehensive drug overdose death response
- Saves lives

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Thank You!

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Cost Settlement Update

Colleen Bridger, MPH, PhD
Orange County Public Health Director

ORANGE COUNTY
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COST SETTLEMENT OVERVIEW

- Annually, Health Departments receive Medicaid Cost Settlements
  - Federal Share of difference between cost to provide Medicaid services and Medicaid reimbursement
  - ~ $20 million per year
  - Rules governing settlement process contained in a State Plan Amendment (SPA)
  - Cost settlement funds can be used in the clinic that generated the revenue and cannot supplant existing county funding

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CHANGES OVERVIEW

- Centers of Medicare and Medicaid services (CMS) changed the way the calculation was made to make it easier to audit
- Changes went into effect in the 2014 SPA, and DMA was instructed to retroactively apply this change to 2011 cost reports
- After negotiations facilitated by NCACC staff DMA decided not to retroactively apply the changes to 2011 and 2012

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CHANGES OVERVIEW (CONTINUED)

- DMA asked permission from CMS to not apply the changes retroactively to 2013
  - We are still awaiting that decision
- New changes implemented starting with the 2014 cost report (done in 2015)
- These changes mean that if the visit wasn't successfully billed, it won't count toward cost settlement
- Health Departments were given no time to prepare for this change

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WHY DOES THIS MATTER?

- CPT billing is relatively new for local health departments
- Huge variability in billing accuracy from below 50% to 90+%
- The higher your billing accuracy, the more you've maximized your cost settlement payment
  - If Medicaid didn't pay a claim for a service, for cost settlement purposes, it didn't happen
  - Many Health Departments saw a decrease in funding as a result

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SO WHAT SHOULD WE DO?

- Ask your Health Director what your HD billing accuracy percent is
  - 2015 was the first year this information was available

- Invest in Billing
  - New positions
  - Training
  - Electronic Health Records
  - Etc….

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WHAT ELSE?

- There was a one time allocation of ~$14 million in the recently approved NC budget to offset losses associated with this change
  - It doesn’t completely neutralize the loss, but helps considerably
- These funds, while technically state funds, will need to be treated like cost settlement funds with the same strings attached
- As health departments adapt to the new rules, the potential exists for them to see the same if not more funds as before the change

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Thank You!

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