Healthy & Safe Communities

Catawba County Board of Commissioners

December 12, 2016

AGENDA

2.

3.

PRIORITY
OUTCOMES

PRIORITY OUTCOMES

Healthy and Safe Community Outcomes

Developed by staff and stakeholders:

- Eddie Beard – CVMC
- Bryan Blanton & Andrew Wright – Emergency Services
- John Eller & Heather Ball – Social Services
- George Place – Cooperative Extension
- Jason Reid – Sherriff's Office
- Doug Urland & Zack King – Public Health
- Suzanne White – Libraries

PRIORITY OUTCOMES

ACCESS TO HEALTHY LIVING

- Improve access to healthy food, nutrition, and physical activity.

RIGHT CARE, RIGHT PLACE, RIGHT TIME

- Provide innovative services (Paramedicine, behavioral health urgent care, etc.) that reduce unnecessary emergency room visits for citizens who need behavioral or physical care.

MANAGE INCREASING COMMUNITY EXPECTATIONS

- Ensure continuity of critical public safety services historically provided by community volunteers.

GEOGRAPHIC ACCESS TO SERVICES

- Address transportation/sprawl issues through co-located "shared" service centers in 3-4 geographic areas that offer community-based programming, training, and events.

INFORMATION AND REFERRAL

- Improve information/referral, education, and access for caregivers and vulnerable adults regarding benefits, services, and long-term care options.

ACCESS TO HEALTHY LIVING

Poverty

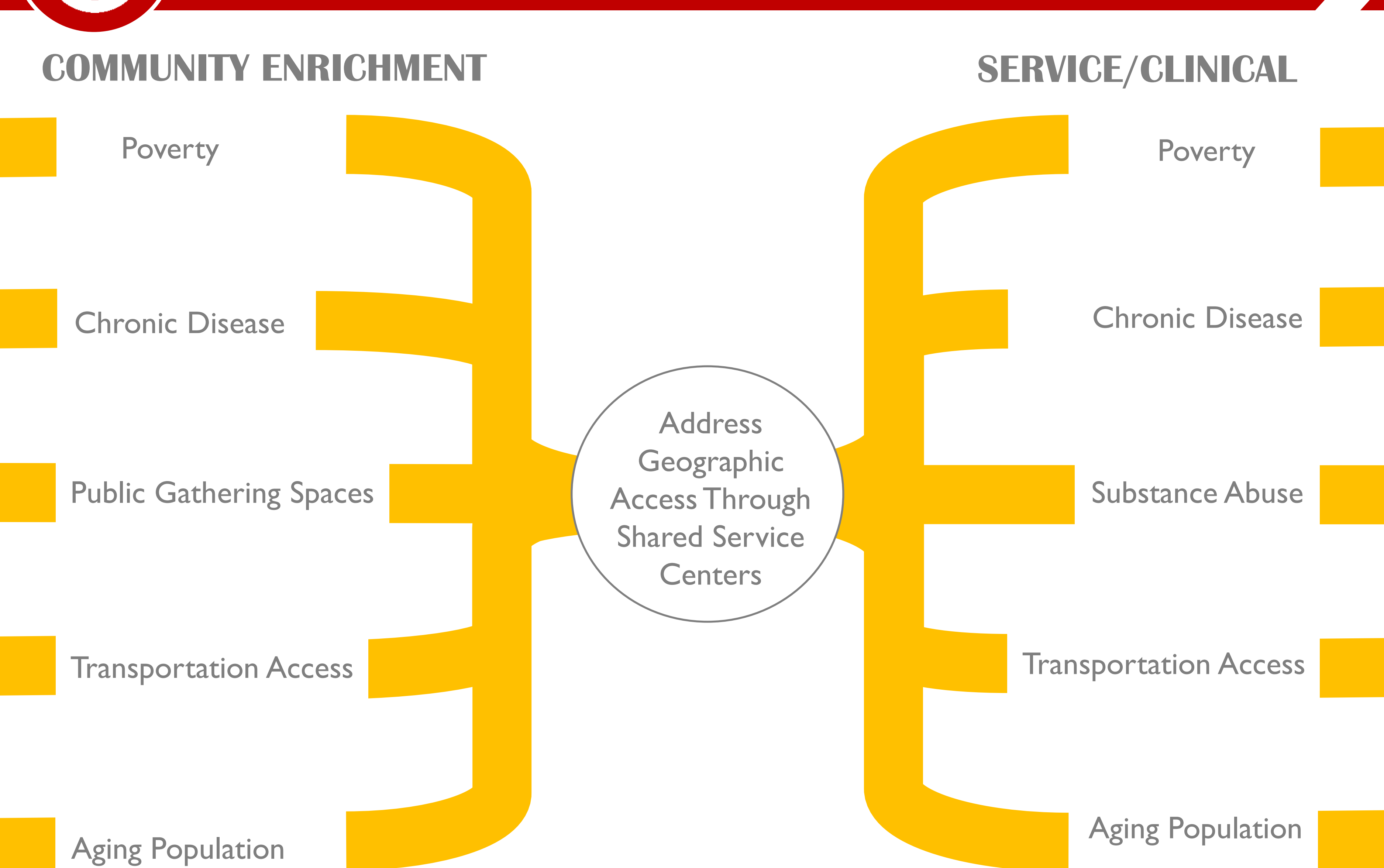
Chronic Disease

Transportation Access

Aging Population

Access to Healthy Food, Nutrition, & Physical Activity

GEOGRAPHIC ACCESS



INFORMATION & REFERRAL

Poverty

Chronic Disease

Substance Abuse

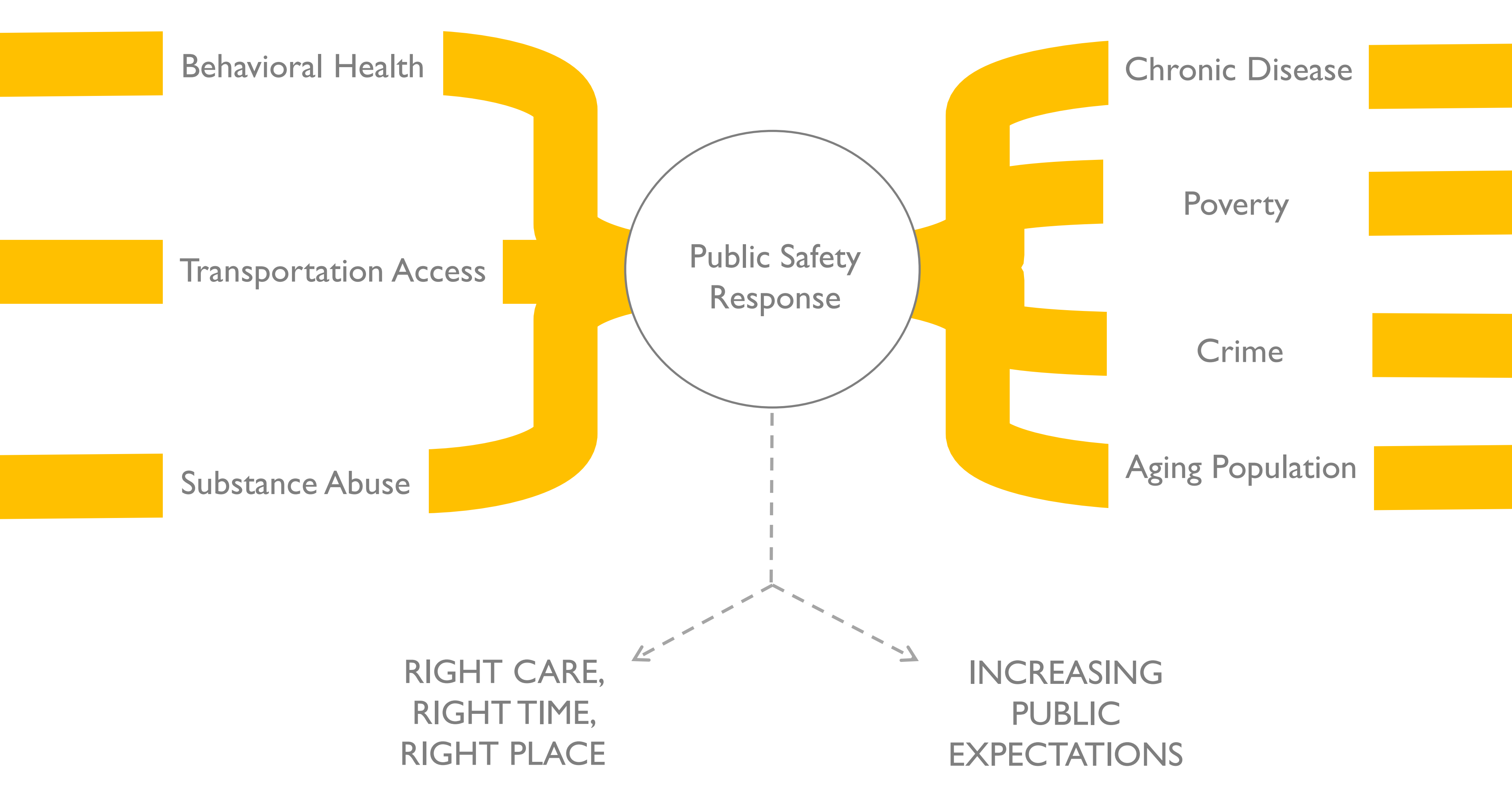
Behavioral Health

Transportation Access

Aging Population

Improve Information & Referral

PUBLIC SAFETY RESPONSE



CURRENT
STATE & BEST
PRACTICE

ACCESS TO HEALTHY LIVING

Improve access to healthy food, nutrition, and physical activity.

Current State

- 6 food deserts, 10% meeting fruit and vegetable consumption recs.
- 13 "play desert" tracts, half of adults not meeting activity recs.
- Heavy burden of chronic disease and related behaviors.
- Working with municipalities to include health considerations in plans and processes.
- Diabetes Prevention Program
- Catawba County Health Partners
- Exercise is Medicine
- Coordinated School Health
- Faith Community Collaboration

Opportunities

- Publically-accessible opportunities for physical activity was number one suggested community improvement, specifically among 19-44 year olds.
- Community and professional momentum around community-based prevention.
- Multiple local plans include goals related to health.
- Funding opportunities centered around community-based, sustained strategies focused on both health and social determinants.

ACCESS TO HEALTHY LIVING

Best Practice and Peers

Greenville, SC: Healthy Eating and Active Living

- Coordinated support of local resources: community gardening, mobile market
- LiveWell on the Menu healthy option labeling with local restaurants and vendors
- Summertime park promotion (Park Hop)
- Mobi-Rec program increasing active access across community
- Park Heroes promotes parks and volunteerism
- LiveWell Near You

Other Best Practices for Local Government:

- Davidson Design 4 Life Health Impact Assessment Initiative
- Bike/Pedestrian Boards and Commissions: Wake, Durham, Buncombe, Pitt
- Adopting a Health in All Policies approach at local level

GEOGRAPHIC ACCESS

Address transportation/sprawl issues through co-located "shared" service centers in 3-4 geographic areas that offer community-based programming, training, and events.

Current State

- 5 Sr. Nutrition Sites (East Hickory, Maiden, Newton, West Hickory, Claremont).
- Branch libraries host programming in partnership with SS, PH.
- Community and recreation centers exist but are underutilized.
- Inconsistencies and lack of formal policies around open-use school facilities.
- Need for add'l 30 foster homes and 25 Meals on Wheels delivery route volunteers.

Opportunities

- Shared service centers (governments and NGO's) with a hotline or web-based info.
- Create a website and include podcasts and blogs.
- Combine services / resources where there is duplication.
- Enhance utilization of existing structures (rec centers, schools, churches).
- Range of potential services spans continuum from enrichment to clinical.
- Gathering spaces foster increased sense of community, relationship building, and connectedness.

GEOGRAPHIC ACCESS

Best Practice and Peers

Wake County, NC: Shared Services Community Centers

- Geographically spread throughout community,
- Services tailored to the specific needs of each neighborhood served

INFORMATION & REFERRAL

Improve information/referral, education, and access for caregivers and vulnerable adults regarding benefits, services, and long-term care options.

Current State

- 211
- DSS Adult Services Intake
- DSS Information and Option Counseling
- DSS Senior Nutrition Sites
- Council on Aging
- Area Agency on Aging
- SIR (Senior Information and Resource)
- Neighbors Network
- Aging Providers in general such as: Adult Life Programs, PACE, In Home Aide Providers, NC Baptist Aging Ministry, Adult Care Home & Nursing Facilities etc.

Opportunities

- Identify a centralized agency or call center to receive calls and make referrals out to agencies and providers to assist seniors, families, and caregivers. SIR currently exists and continues to evolve and develop to also provide education.
- Senior Center could serve as a "hub" for information and referral and house entities such as SIR.
- Creation of an Aging Services Organization where Aging services are housed (similar to our early childhood programs).

INFORMATION & REFERRAL

Best Practice and Peers

Mecklenburg County, NC: Just One Call, Aging Information and Referral

- One-stop source of information and assistance for seniors and adults with disabilities, including family members and caregivers.

Rowan, McDowell, Cleveland, and Ashe County Senior Centers

- Robust senior centers serving as community hubs for info and referral and services for seniors and caregivers, along with education and training.
- Aging services centers where programs are co-located.

RIGHT CARE > PLACE > TIME

Provide innovative services (paramedicine, behavioral health urgent care, etc.) that reduce unnecessary emergency room visits for citizens who need behavioral or physical care.

Current State

- EMS call volume increase = 3.79%
- EMS average response time to emergency calls was 8:01 in FY16.
- Approximately 50% of calls for service were for those 65 and older.
- Reimbursement model generally based on transportation to a hospital.
- Significant uncertainty exists around future reimbursement model.
- Behavioral health cases consume significant staff time (Sheriff, SS) and hospital resources (beds).

Opportunities

- Community Paramedic program could address repetitive patients, hospital readmissions, alternate destinations (behavioral health, substance abuse, minor injury/illness) and patient navigation.
- Results = improved outcomes and possible cost avoidance (internal and external) by providing the right care at the right place and at the right time.
- Explore establishing behavioral health urgent care centers.

Best Practice and Peers

There are currently 19 Community Paramedic programs in North Carolina:

- Program type and delivery varies greatly from agency to agency and is based on needs of the local community.
- Program types include:
  - Alternative destinations (clinics, urgent cares, PCPs, Specialist Physicians, Substance abuse centers, mental health facilities)
  - Frequent faces
  - Hospital readmission reduction
  - Specific disease process programs (DM, HTN, COPD, CHF, Falls)
  - Mental health/behavioral health/substance abuse crisis intervention
  - Local resource navigation
  - Disaster planning (pre-plans for home bound/medical dependent patients)

Best Practice and Peers

Wake County EMS

- Delivery through Advanced Practice Paramedics
- Alternative destination – mental heath and substance abuse
- Alternative treatment – falls in assisted living facilities
- Alternative transport – low acuity patients in cab/other vehicles

Gaston, Lincoln, and Wake County Behavioral Health Crisis Centers

- Behavioral Health Urgent Care
- Emergency Room Diversion
- Triage

INCREASED PUBLIC EXPECTATIONS

Ensure continuity of critical services historically provided by community volunteers (public safety).

Current State

> Fire, rescue and first response provided in Catawba County by outside agencies through contractual relationship.
> Decline in volunteerism reported locally and across the nation.
> Call volume increasing at approximately 3.5% annually.
> Since 2012, investments have been made to supplement volunteers with paid staff.
> All agencies except one have some paid staff members.

Current State (cont'd)

> FY-16 medical first response average response time to emergency calls was 5:18 (11,999 emergency calls).
> FY-16 fire department average response time to all calls was 4:56 (15,452 total calls).
> 5 rescue squads funded via general fund (2/3rd of a penny annually).
> 14 individual fire service districts with tax rates ranging from $0.062 and $0.12.

MOVING
FORWARD

LINKAGES BETWEEN PRIORITIES

Two Priorities Affect The Others:

> Staff recommends moving forward in exploring strategies around
  – Right care, right place, right time
  – Shared service centers

> Addressing these 2 objectives has the potential to move the needle on each of the others

> Best chance of positive return-on-investment / "most bang for the buck"

LINKAGE

Does the linkage between these two outcomes and the others resonate?

KEY QUESTIONS

#1 SHARED SERVICE CENTERS

If County supports exploring, what types of services should staff focus on exploring?

#2 BEHAVIORAL HEALTH URGENT CARE

If County supports exploring, what focus area?

KEY QUESTIONS

COMMUNITY PARAMEDICINE

If County were to explore, what focus area? repetitive patients, alternate destinations, mental health, substance abuse, minor injury/illness, hospital readmissions, patient navigation?

RESPONSE TIME METRICS

Is response time (EMS, Fire, Rescue) still a relevant metric?

#5

EMS ACCREDITATION

Is BOC interested in pursuing Commission on Accreditation of Ambulance Services accreditation for EMS (CVMC & Public Health)?

Reactions/Questions