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NACCHO Recognizes Local Health Departments and Leaders

*— Colorado, Iowa, Maryland, Missouri, New York, and
Tennessee Health Departments Honored —*

New Orleans, LA, July 11, 2018 — Today, the [National Association of County and City Health Officials](#) (NACCHO), representing the nation's nearly 3,000 local governmental health departments, honored local health departments (LHDs) in Colorado, Iowa, Maryland, Missouri, New York, and Tennessee for outstanding achievements in demonstrating innovative ways to improve public health and safety. In addition, Rex Archer, MD, MPH was honored with the Mo Mullet Lifetime Achievement Award, and the Tri-County Health Department was the recipient of the inaugural National Advocate of the Year Award. The awards were presented during the [2018 NACCHO Annual Conference](#) by NACCHO President Kevin G. Sumner, MPH, who said, "We applaud the passion, ingenuity, and success of this year's award winners. They exemplify what's best about local health departments around the nation. These dedicated professionals help millions of Americans live safer, longer, and healthier lives."

Small Local Health Department of the Year

- Lincoln County Health Department, Fayetteville, Tennessee

Medium Local Health Department of the Year

- Fulton County Public Health Department, Johnstown, New York
- Kansas City, Missouri Health Department
- Linn County Public Health, Cedar Rapids, Iowa

Large Local Health Department of the Year

- Baltimore City Health Department
- Erie County Department of Health, Buffalo, New York
- Nassau County Department of Health, Mineola, New York

Mo Mullet Lifetime Achievement Award

- Rex Archer, MD, MPH, Kansas City, Missouri Health Department

LHD of the Year Award

Applications for the award were judged based on the size of the health department and were scored on their innovation and creativity, implementation, impact on the community and public health, and engagement of community and diverse partners.

Small LHD Category

Lincoln County Health Department (LCHD), Fayetteville, TN

Since 2013, LCHD has developed annual goals to address Tennessee's "Big 4", (tobacco use, caloric intake, physical inactivity, and substance misuse). In 2017, the Tennessee Department of Health made \$10,000 grants available to communities to improve the built environment, as it relates to access to active lifestyle. As a grant recipient, Lincoln County Government worked in partnership with the LCHD to conduct community planning meetings for use of the funds. By engaging partners, sharing expertise, and redirecting valuable resources, the LCHD is achieving success in becoming the chief community health strategist in their region.

To help lessen the burden of chronic disease, the LCHD provides an evidence-based prevention program at the senior citizens' center. The program, Microclinic, is staffed by health department nurses. LCHD also offers the Baby and Me Tobacco Free (BAM) program. BAM is an evidence-based prenatal education program that offers vouchers for free diapers to women if they quit smoking, and remain smoke-free for up to 12 months postpartum.

Medium LHD Category

Fulton County Public Health Department (FCPHD), Johnstown, NY

FCPHD was honored for its Telehealth Initiative. This innovative project includes the integration of health education and prevention in the expanded access-to-care model. Rather than simply being an isolated diagnostic and treatment telemedicine platform, and/or a stand-alone telemedicine doctor concierge service, this telehealth initiative provides a comprehensive integrated remote access to care that incorporates health education and prevention, while also navigating the healthcare landscape in real time, and optimizing the local community resources. FCPHD acts as the chief community health strategist, facilitating the collaboration of many community organizations, businesses, health, and medical entities. The FCPHD is building the necessary infrastructure to virtually enable connections that would not otherwise be possible.

FCPHD demonstrated the integration of evidence-based practices in telehealth, enhanced

the public health system transformation with community, business sector, and other stakeholders through coordinated efforts to identify and address issues affecting community health. The Fulton County Public Health Department used the Delivery System Reform Incentive Payment (DSRIP) program engagement funding in the amount of \$25,000, and secured \$80,000 toward the expansion of a countywide telehealth initiative, under the innovation stream of DSRIP funding to implement the program.

Kansas City, Missouri Health Department (KCMOHD)

In late 2016, the KCMOHD began a collaboration called LifeX, designed to improve the health disparities between white and African-Americans in their area. After receiving support from department leadership, staff worked closely with the city manager's office and key leaders in other city departments to host the LifeX Summit in November 2016. In all, 102 leaders representing all 20 city departments attended.

At the LifeX Summit, the health, neighborhoods, and city planning departments jointly presented historical trends in life expectancy. LifeX participants broke into small, facilitated breakout groups in which they discussed what their respective departments were currently doing that could have an impact on life expectancy and what they envisioned for the future. Following the LifeX Summit, KCMOHD compiled input they received and developed a cross-walk with objectives of the Citywide Business Plan, which was shared with the city manager, mayor and city council.

In November of 2017, the planning group reconvened for LifeX 2.0 to look at the evolving data, celebrate LifeX projects from the past year, and to invite select partners from the nonprofit, business, clinical care, and philanthropic communities into the conversation. Attendees to a LifeX summit don't attend only to absorb information; the summits are carefully curated by experts to result in action-oriented commitments.

Stepping up as the chief community health strategist requires creating a culture of innovation. The success of LifeX is not measured by whether the project "succeeds," but rather, by the risks the city takes. Because of the success of LifeX, the department has embarked on projects across the city geared towards the social factors that impact health, working with local government and NGO partners, both new and well established. A total of 25% of LifeX summit participants surveyed 60 days post-event indicated an increase in collaboration with departments with whom they had never established working relationships.

Linn County Public Health, Cedar Rapids, Iowa

In 2016, the Linn County Board of Health was awarded a State Innovation Model (SIM) grant

to allow for community care coordination (C3). The SIM C3 funding allowed Linn County Public Health to act as a neutral integrator organization and develop a coalition to study and address social determinants of health to improve health outcomes. Through the Community Health Assessment and Community Health Improvement Planning (CHA/CHIP) process, addressing the social determinants had previously been identified as a community priority. The overarching goal of this project was to study and establish a standardized cross-sector referral system to improve residents' health outcomes. Linn County Public Health was uniquely positioned to act as the integrator and convener, because of its years-long experience in fostering collaborative partnerships for CHA-CHIP efforts and other community initiatives.

Linn County Public Health included many medical and social service partners to form a Community Care Coordination (C3) coalition. Coalition partners included representatives from hospitals, the Federally Qualified Health Clinic, social service organizations, free clinics, schools, mental health, transportation, substance abuse, aging, housing, and many others. The coalition worked together to understand how their resource-rich, but geographically fragmented, services cause barriers for residents needing medical and social services.

The most important outcome of this initiative was the launch of the TAVConnect Care Coordination system, which has allowed for closed-loop referrals to occur between the community's health and social services organizations. This has created a "no wrong door" system, and allowed for referral transparency among community partners. Community partners can now better identify and address social determinants of health without placing the burden on the client to repeatedly re-tell their story and navigate the system on their own.

Large LHD Category

[Baltimore City Health Department](#)

Under the leadership of Health Commissioner Dr. Leana Wen, the Baltimore City Health Department (BCHD) has the mission to protect health, eliminate disparities, and ensure the well-being of every Baltimorean through education, advocacy, and direct service delivery. Dr. Wen and the BCHD team believe that public health can level the playing field of inequality and advance social justice in Baltimore City. In August 2016, BCHD launched Baltimore 2020, a strategic blueprint outlining key priorities designed to promote health and well-being in Baltimore City, with one overarching vision: to cut health disparities in Baltimore by half over the next ten years. Building on BCHD's prior accomplishments, Healthy Baltimore 2020 was designed following an 18-month community listening tour with representatives from healthcare institutions, community partners, faith-based institutions, local businesses,

universities, youth groups, and many others. BCHD applies the lens of race, equity, and inclusion to each aspect of its work; focuses on residents' well-being through the application of trauma-informed care; and addresses critical issues across Baltimore City, including education, criminal justice, and economic development through the lens of health.

BCHD operates one of the most aggressive programs in the country for opioid overdose prevention and access to addiction treatment as a disease. In October 2015, Dr. Wen issued a standing order (blanket prescription) for naloxone, the opioid overdose antidote, to all 620,000 Baltimore City residents. Since then, everyday residents have saved the lives of over 2,375 of their fellow Baltimoreans. BCHD also makes the connection between addiction and issues including housing, criminal justice, and employment. BCHD's federal-level advocacy efforts include emphasizing the importance of Medication-Assisted Treatment (MAT) – the “gold standard” of opioid addiction treatment – combined with wraparound services and psychosocial support. Recognizing that hospitals play a central role in responding to the opioid epidemic, Mayor Catherine E. Pugh and Dr. Wen launched the Levels of Care initiative with Baltimore City's 11 acute-care hospitals. BCHD will soon be opening a Stabilization Center – the beginning of a 24/7 “ER” for addiction – where patients will be connected to critical social supports and behavioral health services. In its efforts to fight the criminalization of addiction, BCHD partners with public safety agencies to treat addiction as the disease that it is; the Law Enforcement Assisted Diversion (LEAD) Program refers individuals caught with small amounts of drugs to treatment, rather than incarceration.

BCHD also views other social concerns as connected to health. For example, violence follows the same pattern as infectious diseases, spreading from person to person. Recognizing the need to intervene and prevent the spread of violence, BCHD started Safe Streets, an evidence-based program based on the national Cure Violence Model that hires individuals from the communities they serve as conflict mediators. These outreach workers de-escalated more than 1,000 conflicts last year, four out of five of which were deemed likely or very likely to result in gun violence. Three out of the program's four sites have gone at least one year without a fatal shooting.

To break the cycle of violence and poverty, BCHD employs targeted upstream interventions. Understanding the importance of health to education, BCHD convened nonprofit, academic, and private sector partners to start Vision for Baltimore, which aims to conduct vision screenings and assist all Baltimore City Public School students, grades K-8, with eyeglasses, if they need them. Before the program started, about 25 percent of schoolchildren

(upwards of 20,000 students) needed glasses, but were not getting them. Upwards of 20,000 students were experiencing disruptions to their education due to vision problems. Since the program began in 2016, more than 2,000 students have received eyeglasses.

Further upstream, BCHD has moved the needle on reducing infant mortality by setting its sights on improving outcomes for Baltimore City's most vulnerable babies and young children. The B'More for Healthy Babies (BHB) initiative provides home visits by nurses, social workers, and community health aides. Staff teach parents the "ABCs" of Safe Sleep (Alone, on the Back, in a Crib), help new mothers with breastfeeding, provide resources to quit smoking, and refer mothers to services like housing assistance. Since BHB started in 2009, Baltimore has cut infant mortality by nearly 40 percent, and reduced the disparity between African-American and white mortality by half. Moreover, BHB's engagement with every Baltimore hospital, as well as dozens of community groups and churches, has resulted in a 70% reduction in sleep-related infant deaths in just seven years.

Erie County, NY Department of Health, Buffalo, New York

Erie County Department of Health (ECDOH) leads in the development of innovative programs and strategies to address the opioid epidemic crisis. When opioid overdose deaths doubled from 2015 (127) to 2016 (256), Dr. Gale Burstein, the ECDOH Commissioner, decided that Erie County (EC) needed to take a community-wide public health response to address this quickly escalating public health crisis. Dr. Burstein assumed a chief community health strategist role to lead ECDOH's opioid epidemic initiative and assembled a countywide, multi-disciplinary, coordinated team to work strategically on their opioid crisis. She proposed to the county executive the creation of a cross-functional task force, which led to the creation of the EC Opiate Epidemic Task Force (ECOETF) in January 2016.

Assembling all relevant stakeholders, the initial ECOETF meeting created one of the first comprehensive and multi-disciplinary opioid epidemic response task forces in the nation. Approximately 150 individuals from human service agencies, law enforcement, government, medicine, substance abuse, and the community came together to develop a systematized, coordinated, community-wide response. Introductions to each organization, their staff, and the role they play in the opioid epidemic helped open the lines of communication to foster collaboration and strategic planning.

This innovative and collaborative effort to combat opioid use disorder (OUD) facilitated groundbreaking communication between addiction medicine experts, drug treatment

specialists, law enforcement, healthcare providers and insurers, consumers, educators, and government officials. Introductions to each organization, their staff, and the role they play in the opioid epidemic helped to open the lines of communication to foster collaboration and strategic planning. ECOETF used best practices, strategic planning, public and private input, knowledge, personal experiences, treatment, and support to create many innovative practices designed to prevent opioid overdose deaths. Erie County began to address the opioid addiction crisis across all municipalities and jurisdictions, maximized collaboration, minimized duplication of effort, and avoided working in silos. Erie County was among the first in the country to use the approach of bringing together multiple partners with wide-ranging perspectives and expertise to formulate a plan attacking OUD on several fronts. This work marked an unprecedented shift: approaching OUD as a chronic medical disease. In 2017, EC experienced a 17% reduction in opioid overdose deaths compared to 2016. This downward trend continues in 2018.

Nassau County Department of Health, (NCDH), Mineola, New York

As the chief community health strategist, NCDH became the unifying entity for all of its county's hospitals in achieving consensus on health priorities for Nassau County's Community Health Improvement Plan (CHIP). While the county's hospitals deliver high-quality care, each has its own niche. Pushing everyone to a common cause, even outside of their comfort zones, would prove to be of paramount importance. To achieve consensus on a strategy to improve the population health outcomes involved first establishing the common needs of respective communities. This was achieved by joining all stakeholders in creating one county-wide Community Health Assessment (CHA). NCDH invited representatives from all local hospitals, as well as a range of community partners to a kick-off meeting. NCHD made this initiative and invitation known to senior hospital leadership as a clear priority. At the first meeting, they presented their goal of collecting data to drive a strategic CHIP, targeted appropriately at the highest-risk communities in working towards health equity. NCHD expressed the need to collaborate and work together towards the common goal of a healthier Nassau County. A key strategy was to keep the focus on the residents, rather than individual organizations. To best serve their residents, NCHD needed to know their health needs and concerns. Subsequently, the hospitals and many CBOs distributed surveys in person and via the health department's website. A series of meetings were held to discuss the results and agree upon the selected priorities: (1) Reducing Obesity in Adults and Children, and (2) Increasing Access to High

Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings for the 2016-2018 cycle. In addition, while their CHIP was limited to the top two priorities, all agreed to continue working towards improved mental health outcomes, especially in light of the emerging opioid crisis.

Maurice "Mo" Mullet Lifetime of Service Award

Rex Archer, MD, MPH, [Kansas City Missouri Health Department](#) (KCMO)

Dr. Archer is a thought leader, known at the local, regional and national levels. He is a leader among peers, staff, and the public. With a career that has focused on public health, he serves his communities with energy and passion. Dr. Archer has been an active leader in NACCHO since 1997, and continues to support NACCHO on committees, the Past Presidents' Council and review of awards and promising practices. The body of public health work impacted by Dr. Archer includes local, regional, and national accomplishments. Dr. Archer is an innovator, pioneer, and early adopter in many areas of public health. He demonstrates community involvement in his daily activities to support, build, and enhance collaboration among partners. Demonstrating this mutual collaboration and respect, the Metropolitan Organization for Racial and Economic Equity recognized Dr. Archer as the 2012 Equity Partner of the Year. Their local Clergy Caucus has also invited him to become their only non-clergy member. Under Dr. Archer's leadership the Kansas City Health Department is recognized as the leading local health department in working innovatively with community organizers. Dr. Archer continues to work with religious/faith-based community organizations to address social determinants of health, with the goal of moving beyond a medical model to a social/ecological model. He has also facilitated bringing together two groups, Communities Creating Opportunities (CCO) and More2 (Metropolitan Organization for Racial and Economic Equity), representing 40 and 20 congregations respectively, to work together. This combined group, Aim4Peace, was recognized by NACCHO as a Promising Practice in 2011 and has contributed to a decrease in homicides in the areas of the city covered by the program.

During his year as president of NACCHO, Dr. Archer led the committee that developed the first local governmental public health logo, which was launched in 2006. As chair of NACCHO's marketing committee, he led the development of a public health marketing/branding policy statement that was unanimously approved by NACCHO's board in July 2012. He has been involved in the public health accreditation discussion since 2004. He has served on the PHAB board since 2008, and KCMO was one of the first 19 state, local, and

tribal health departments to receive national accreditation through PHAB. In 2005, Dr. Archer was elected and served as president of NACCHO.

Dr. Archer has twice been recognized as a “Public Health Hero.” In 2008, Research America named him an “American Public Health Hero” for working “tirelessly every day to protect the public,” particularly for support of smoke-free legislation in Massachusetts, Michigan, and Kansas City. In 2003, he was awarded the Crisis Management Award by the Kansas City chapter of the American Society for Public Administration for leadership in response to cross-contamination of anthrax from the Washington, DC area Brentwood facility to a local stamp fulfillment center in Kansas City. KCMO Health Department received National Accreditation from Public Health Accreditation Board in August 2013; the 2018 Samuel J. Crumbine Consumer Protection Award; NACCHO’s 2017 Local Health Department of the Year Award; the 2016 Robert Wood Johnson Foundation’s Culture of Health Prize; 2015 Model Practice/Promising Practice Awards from NACCHO; FDA Voluntary National Retail Food Regulatory Program Standards in 2015; and NACCHO Project Public Health Ready in 2004.

Model Practice Awards

NACCHO recognized 29 outstanding local health departments with the Model Practice Award for programs that demonstrate exemplary and replicable qualities in response to a critical local public health need. A committee of peers selected the recipients. The NACCHO Model Practice searchable online database contains Model Practice Award-winning best practices on an expansive range of public health issues, including immunization, infectious diseases, emergency preparedness, and many others. Read more about these award-winning programs [here](#).

2018 Model Practice Awards Winners:

California

- Los Angeles County Department of Public Health, *Increasing Healthcare Personnel Influenza Vaccination Coverage in Hospitals in Los Angeles County*
- San Francisco Department of Public Health, *Developing policies, plans and partnerships to protect and support Housing Security and Healthy Homes for Pregnant Women and Families Served by Public Health*

Colorado

- Denver Public Health, *Healthy Beverage Partnership*

- Tri-County Health Department, *Utilizing Web-based GIS Technology to Address the Opioid Crisis at the Neighborhood Level*

Florida

- Florida Department of Health – Leon County, *Workforce Development*
- Florida Department of Health in Broward County, *Pediatric Special Needs Shelter Registry*
- Florida Department of Health in Duval County, *Teen Health Centers in Collaboration with Duval County Public Schools*

Georgia

- Cobb & Douglas Public Health, *Growing a 501(c)3 Organization to Diversify Public Health Funding*

Illinois

- Kane County Health Department, *Nontraditional Partnerships Strengthen Community Health*

Michigan

- Kent County Health Department, *Kent County Inclusive Preparedness Program*; and *Moms Helping Moms Breastfeed – Peer Mentoring Program*

Minnesota

- Dakota County Public Health Department, *Child Care Emergency Preparedness Outreach*; and *Birth to Age Eight Collaborative Initiative*

Missouri

- City of Kansas City, Missouri Health Department, *Improving Health Outcomes and Advancing the HIV Care Continuum Through Linkage to Care Innovations*

New York

- Albany County Department of Health, *Municipalities on the Move: Complete Streets Collaboration*; and *Project Orange*
- Nassau County Department of Health, *Environmental Health Air Quality Protection Program* and *Enhanced-Early Intervention Service Coordination: A Health Equity Initiative for Early Intervention*
- Oswego County Health Department, Oswego, New York, *Bridging Community and Medical Practice to Enhance Smoking Cessation for Prenatal Women and to Induce Tobacco Norm Changes in a Rural County*

Ohio

- Columbus Public Health, *Women's Health & Wellness Center: Increasing Access to Same-day LARC* (Long-acting reversible contraception)
- Cuyahoga County Board of Health, *Implementing High Quality Supermarkets Through Community Organizing and Public Health*

Texas

- Harris County Public Health, *Blueprint for an In-house Creative Agency; 2Video Directly Observed Therapy (VDOT) – A Useful Approach to Tuberculosis Treatment in a Natural Disaster; and Public Health Surveillance and Response in a Large Evacuation Shelter Post Hurricane Harvey, Harris County, Texas*
- Houston Health Department, *Innovative Strategy to Increase Identification of Infants born to Chronic Hepatitis B Mothers; and Houston Community Capacity Building Pilot Project*
- The City of San Antonio Metropolitan Health District, *Baby Café*

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About NACCHO

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit www.naccho.org.