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NACCHO Recognizes Local Health Departments and Leaders

— California, Florida, Illinois, Kentucky, Minnesota, New Jersey, and Utah Local Health Departments Named Health Departments of the Year —

Orlando, FL, July 10, 2019 — Today, the [National Association of County and City Health Officials](#) (NACCHO), the voice of the nation's nearly 3,000 local governmental health departments, honored local health departments (LHDs) for outstanding achievements in demonstrating innovative ways to improve public health and safety. The awards were presented by NACCHO President George T. Roberts, Jr. during the 2019 NACCHO Annual Conference.

Small Local Health Departments of the Year

- Bernards Township Health Department, New Jersey
- Laurel County Health Department, Kentucky

Medium Local Health Department of the Year

- Champaign-Urbana Public Health District, Illinois

Large Local Health Department of the Year

- Dakota County Health Department, Minnesota
- Florida Department of Health in Sarasota County

Extra Large Health Departments of the Year

- Los Angeles County Department of Public Health, California
- Salt Lake County Health Department, Utah

“Health departments protect the health of citizens in communities large and small, and NACCHO is pleased to recognize the achievements made by this year's recipients,” says NACCHO President George T. Roberts, Jr. “The geographic diversity of this year's winners illustrates the similarities of successes and the contrast of challenges that are represented by this year's awardees.”

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 in the community and public health, and engagement of community and diverse partners.

Small Local Health Departments of the Year

[Bernards Township Health Department](#). The Bernards Township Health Department (BTHD) in Basking Ridge, New Jersey, is a contractual public health agency for six municipalities serving nearly 53,000 people in Bernards Township, Bernardsville Borough, and Peapack and Gladstone Boroughs in Somerset County, as well as Chester Borough, Mendham Borough, and Long Hill Township in Morris County. The Bernards Township Health Department is charged with protecting people's health and well-being. With a population-based focus on prevention and health promotion, their work employs a spectrum of interventions aimed at the environment, human behavior and lifestyle, and clinical services.

BTHD works to bolster traditional services such as environmental inspections, animal control services, vital statistics, health screenings, and health education. Their programs seek to promote healthy lifestyles, prevent the spread of infectious diseases, protect the environment, and prepare for emergencies.

Highlights of the BTHD's community-based collaborations include a dedication to health education in all facets. The health department provides residents with a wide range

of screenings, nutrition programs, and organizational collaboration with regional chronic disease coalitions. The health department also houses the Bernards Township Municipal Alliance, which has created a strong environment of support for health education in substance use disorders, youth services, and mental health. Both programs have high participation by members of the public who most need the information to make positive health changes.

[Laurel County Health Department](#). The nationally accredited Laurel County Health Department (LCHD) in London, Kentucky has created opportunities for private and public partnerships as well as cross-jurisdiction health departments to establish programs in response to needs identified in its community assessment. The Laurel County Health in Motion Coalition, convened and facilitated by the LCHD, has been active over the past decade. The coalition, with representatives from all sectors of the community, was formed to conduct the community assessment, assisting the LCHD in drafting and implementing the community health improvement plan (CHIP), and evaluating the effectiveness of implementation. These collaborations allow partners to share resources of staff, expertise, and funding to strengthen both organizational and infrastructure capacity to provide needed services. In conducting the community health assessment, the Health in Motion Coalition has fostered a culture of working together to seek the resources it needs to support community health.

In 2018, the top two priorities identified in the Laurel County CHIP were substance use and chronic disease prevention and management. Using a data-driven process, the LCHD and partners wanted to pursue dedicated funding to address substance use and chronic disease. Due to the efforts of its health coalition and health department team, the LCHD successfully applied for up to \$300,000 in funding, which allowed LCHD to establish collaborations to increase clinical and community linkages. As a result of the funding, initiatives have been established to assess and plan for gaps and opportunities identified in substance use and opioid prevention, treatment, and recovery services. A harm reduction program has been established that includes a formal syringe exchange program (SEP) at LCHD, as well as a mobile SEP, operated by four independent health department jurisdictions. The SEP offers not only a syringe exchange, but also HIV and hepatitis C testing, hepatitis A vaccine, condoms, education, peer counseling, and referral sources for

treatment and recovery. To address the harms of addiction to the family, the LCHD has been able to provide professional trainings on adverse child experiences (ACEs) to build protective health factors to increase community and family resilience. In addition, the LCHD has provided awareness education of neonatal abstinence syndrome (NAS) and has partnered with the primary prenatal provider in the region to place a community health worker at their site to work with addicted pregnant women receiving medication assisted treatment (MAT), and to connect clients with needed resources. Partnerships have also been developed to support the implementation of chronic disease programs to tackle tobacco use and diabetes. The LCHD partnered with a local primary care center to address health disparities in low-income pregnant women who smoke or use other tobacco products, and also partnered with the Kentucky Department of Public Health Diabetes Program, two federally qualified health centers, and cross-jurisdiction health districts to provide a bi-directional secure referral network to connect individuals to accredited diabetes self-management education and support (DSMES).

Medium Local Health Department of the Year

[Champaign-Urbana Public Health District](#). The Champaign-Urbana Public Health District (CUPHD), a Public Health Accreditation Board (PHAB) health department, has been serving Champaign-Urbana and the surrounding County since 1937. CUPHD is a unit of local government that has expanded its current role as convener and facilitator for public health emergencies to add to those duties the role of strategist to address emergent and entrenched issues that have an impact on the social determinants of health and perpetuate health inequalities.

Champaign County is home to one of the largest immigrant populations in Illinois, outside of the Chicagoland area, and the health department is “honored to be a part of such a diverse community and serve as a Community Health Strategist, bringing together disparate resources to strengthen services to our increasing immigrant community,” said Julie Pryde, CUPHD administrator. CUPHD has created a unified response and plan for empowering and assisting immigrants, migrants, and refugees in Champaign County.

Large Local Health Departments of the Year

[Dakota County Health Department](#). The Dakota County Public Health Department (DCPHD) is being honored for its extensive work in innovative ways that use internal and external partnerships. Examples of this work include the Birth to Age 8 Initiative, which is creating intentional partnerships with local school districts to surround children and families with the supports to help them succeed long-term; Communities for a Lifetime Initiative, which has partnered with local community groups to offer transportation options and training for older adults; the Disease Prevention and Control team, which led the way as the first in Minnesota to use telemedicine for treatment of tuberculosis; and the Health Promotion team, which has been building trusting relationships with the local Latinx and Somali communities to improve the health of children and youth. Additionally, staff participate in the Statewide Health Improvement Partnership (SHIP), and have been leaders in, for example, establishing the Breastfeeding Friendly Health Departments model and family home visiting programs. Staff are also encouraged and supported to work regionally, statewide, and nationally to improve health and advance the field.

Outcomes for the highlighted programs and initiatives speak for themselves and to the value of innovation and partnerships. In 2012, the Breastfeeding Friendly Health Departments (BFHD) initiative established a framework and process for local health departments to follow in order to promote and support breastfeeding in their community. DCPHD partnered with ten local health departments for the pilot period, and the Minnesota Department of Health has since expanded the work statewide. Today there are 30 health departments across Minnesota with the Breastfeeding Friendly designation. Additionally, DCPHD's work on using telemedicine for tuberculosis treatment – the first in the state – has saved money and increased client and staff satisfaction, and provides a more culturally and religiously sensitive treatment. DCPHD's work with children and families successfully prevents illness and injury, and promotes well-being and early identification. In 2018, more than 130 children and their families that would not have received information otherwise were connected to their school district, resulting in more than 100 children enrolled in early childhood programs.

[Florida Department of Health in Sarasota County](#). Sarasota County Health and Human Services (SCHHS) is itself a collaboration between the Florida Department of Health in Sarasota and Sarasota county government. SCHHS is proud to be a part of community

collaborations resulting in positive outcomes for residents and the community. This includes collaborations tackling behavioral health, aging, and the first years of life, supported by multiple charitable foundations and agencies committed to finding successful avenues for improvement. By working together and aligning intentions and goals, the community has succeeded in coordinating action to maximize positive outcomes. The Behavioral Health Stakeholders Consortium, Age-Friendly Sarasota, and First 1,000 Days Sarasota County are three thriving examples.

Sarasota County's Behavioral Health Stakeholders Consortium (BHSC) convenes monthly with service providers, law enforcement, hospital representatives, consumers, family members, and the managing entity for state mental health and substance abuse funding to identify and solve system issues. With leadership and staff support from Sarasota County Health and Human Services, the BHSC has developed at least two programs worthy of recognition. Since 2006, 2,020 participants have been served through a ten-week Voluntary Interim Placement – Enhanced Recovery (VIP-ER) Program developed through the BHSC. The completion rate is 76%, and for 84% of graduates located a year after completing the program, 90% remain sober, while the industry standard for sobriety 12 months after completing a program is 10%. Additionally, 97% remained in stable housing, and 68% remained employed.

With 36% of Sarasota County's population more than 65 years of age and a projected influx of aging baby boomers in the coming years, Age-Friendly Sarasota has been another successful collaboration with far-reaching implications. In its fifth year, Age-Friendly Sarasota is a multi-sector collaboration that connects government, businesses, nonprofit organizations, media, and residents to build a community for all ages. With support and leadership from local government, The Patterson Foundation, and multiple partners, Sarasota County added age-friendly language to its Comprehensive Plan, so it now considers age-friendly features in the built environment and promotes intergenerational relationships. The Parks and Recreation Department built age-friendly amenities into several parks to encourage active living by seniors and intergenerational activities. The Planning Department created a voluntary universal design and visibility standards for builders, including fast-track permitting as an incentive.

SCHHS also focuses on the early years of life through First 1,000 Days Sarasota County, in which a collaboration was formed to improve access and coordination of services for families and babies. The goal is to ensure improved health outcomes and lifelong success starting with prenatal care. Championed by the Charles and Margery Barancik Foundation, First 1,000 Days comprises 40+ nonprofit, early childhood, healthcare, government, and philanthropic partners, including SCHHS.

Extra Large Health Departments of the Year

[Los Angeles County Department of Public Health](#). Under the leadership of Barbara Ferrer, Director of the Los Angeles County Department of Public Health (LACDPH), the department has embarked on a transformational journey to effectively engage efforts that build health equity and embrace racial justice. In collaboration with the Los Angeles County Health Agency, other county departments, labor partners and community-based organizations, the department launched the Center for Health Equity in 2017 to facilitate the transformation, and based its efforts on the following principles: increasing organizational competency and capacity to engage in sustained equity work; communicating in ways that amplify community voices and authentic narratives to drive action; forging partnerships to enhance and promote efforts that result in equitable health outcomes; and aligning current resources to work that eliminates inequities. The department faced extreme challenges, included aligning these principles with public health efforts. This is especially difficult, since the newly established health equity commitment came without additional funding.

The department's equity framework recognizes that the conditions that shape our health are rooted in resources and opportunities in local communities and that these social determinants create the context in which people make choices. The same holds true in work environments; individual choices and behavior reflect the way work is organized. LACDPH's commitment to justice and equity needs to extend to every colleague. To move the equity framework forward internally, the department worked intently with labor partners to create a work environment at every level in the organization where adverse events including interpersonal conflict, hazardous conditions, and system problems can be recognized, reported, and assessed without fear. Establishing a "just culture" balances accountability, recognizing both organizational and individual responsibilities. It

challenges the department's workforce to view system issues and behavioral choices as linked and guides responses to problems and concerns in the values of fairness and kindness.

Recognizing that environmental injustice affects the poorest communities of color, LACDPH lead an unprecedented outreach event in one of the most burdened communities. Exide Technologies, a battery recycling facility, operated for years without proper permits from the California Department of Toxic Substances Control (DTSC). The facility released harmful chemicals, including lead, arsenic, and benzene, which pose ongoing risk of cancer, lead poisoning, respiratory illness, and learning disabilities. The soil contamination affects approximately 21,000 homes and 100,000 residents; most residents are Latino with limited income. Although DTSC is assigned responsibility for California's largest clean-up of toxic contamination, to date fewer than 500 lots have been cleaned. To respond to this environmental crisis, LACDPH partnered with Supervisor Hilda Solis, labor unions, community organizations, and residents to undertake a large-scale door-to-door outreach effort. During a span of six hours, 1,500 LACDPH and Health Agency staff, labor partners, and community volunteers visited 16,000 homes to provide resource packets and collect information from residents about their concerns and needs for additional support. The outreach and environmental remediation activities have cost approximately \$1.3 million. Approximately 600 LACDPH staff participated in the large-scale door-knocking effort in affected communities.

Disease control is critical in keeping LA County residents safe. In 2017, various California counties and cities faced large outbreaks of hepatitis A among persons experiencing homelessness or substance use disorder; in San Diego County, over 560 cases of hepatitis A were reported among people who were homeless or active users of illegal drugs. With nearly 58,000 homeless persons within its borders, LA County perceived the threat to health as imminent and serious. Once there were two confirmed cases of locally acquired hepatitis A, LACDPH declared an outbreak and coordinated a multi-agency response with a full range of emergency services, law enforcement, Department of Public Works, regional planning, health services, human resources, homeless services, shelter and healthcare providers, and community organizations to prevent a similar outbreak in LA. LACDPH distributed or directly administered more than 35,000 doses of hepatitis A

vaccine, and private providers administered thousands of additional doses. Improvements were made to more than a dozen homeless encampments, access to bathrooms and showers for homeless people dramatically increased, and over 50 partner organizations took various actions to contain the outbreak. This effort is credited with preventing hundreds of hepatitis A cases in LA County.

[Salt Lake County Health Department](#). Salt Lake County Health Department (SLCoHD) recognizes that partnerships and collaboration are critical to the success of public health efforts. From their innovative response to a hepatitis A outbreak to completing a new public health center and internally reorienting the department to increase capacity around real-time public health data, the success of these efforts has required the creative thinking of the department's staff.

The hepatitis A outbreak that affected many areas nationally reached Salt Lake County soon after having an impact on the San Diego area. Most of the cases in Salt Lake County were traced to the San Diego outbreak and similarly affected the county's homeless, drug-using, and incarcerated populations. SLCoHD knew that to effectively control the outbreak, they needed to focus their efforts on these populations, which are difficult to reach using traditional methods. The department brought into its response multiple community partners and government agencies that regularly worked with these populations.

SLCoHD employed nontraditional ways to vaccinate vulnerable populations to quickly increase vaccination rates in those communities. They developed mobile immunization teams with One Voice Recovery (OVR), a local nonprofit syringe exchange program that was viewed by the illicit drug community as a trusted resource. These teams, which operated from backpacks and the trunks of cars, also provided immunizations at area homeless shelters and increased the number administered by developing an incentive program that rewarded word-of-mouth referrals by issuing grocery store gift cards to those whose referrals showed up for immunizations.

The department also partnered with area hospitals to develop a protocol that outlined how a contagious homeless person should be discharged from hospital care. Upon release of these individuals, hospitals notified SLCoHD staff, who coordinated efforts with Volunteers of America to transport the individuals to pre-arranged motels, where they

were housed until they were noninfectious. The contagious patients were restricted to their rooms, and had meals provided daily, along with phone calls and nurse follow-up visits to chart their health progress. SLCoHD purchased cleaning supplies and gloves for the motel and showed them how the rooms needed to be cleaned and the protective clothing that should be donned to ensure that the disease was not spread further.

Efforts to curtail the outbreak expanded beyond immunizations and hospitals to include efforts to increase handwashing among the vulnerable populations and those that could potentially be exposed to the disease. SLCoHD's food inspectors went to restaurants and convenience stores that were close to identified homeless encampments and hepatitis A cases, knowing that their bathroom facilities were often used by homeless individuals, to teach them proper ways to sanitize against the virus and the most effective chemicals. To further reinforce the importance of immunizations within the food service industry, the SLCoHD created a temporary amendment to the food code requiring all employees who were exposed to hepatitis A to be vaccinated within 14 days, or the employee would be excluded from work for 28 days. This amendment became a permanent part of the local food regulations in May 2018. Further, the department purchased cleaning supplies for the area homeless shelter, so that the facility could afford to clean the bathrooms more regularly.

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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.