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ALEX MAIERSPERGER: We're starting with a riddle today. What is something that enters your blood and never leaves your blood? The answer is, a passion for public health. I'm your host, Alex Maiersperger.

Today on the SAS Health Pulse podcast we have Dr. Iulia Vann, someone with this passion running through her veins. She is public health director in Guilford County, North Carolina. Welcome, Iulia.

IULIA VANN: Well, thank you so much, Alex, for having me here today. It's an honor and a pleasure. Looking forward to the conversation.

ALEX MAIERSPERGER: I studied public health in both undergrad and grad school, and while I like to think that I'm contributing positively to public health, I don't work in it currently. What's the route that you've taken? How did you decide to pursue a career in public health?

ALEX MAIERSPERGER: Yeah. Thank you so much for that question. It's definitely not been your standard road or way to which I got to public health. I started off as a family physician, I went to med school. I really thought that this is going to be exactly what I want to do, the career of my dreams. And then I actually went into practicing and I realized that, at the end of the day, I didn't really feel like I was truly making an impact, like truly making a difference in my community, in my organization.

There were a lot of things that I felt like we could have worked on before those patients were coming into my office. A lot of diabetes, hypertension, heart disease, things that I believe that were really preventable. So I started really looking into that space. My rotation in public health really, during med school, wasn't that long. So it was just like one of those things that we had to do. But I realized that that's really where I would like to focus my attention to, the prevention part of it, the promotion, the health education, how do we really serve the entire community, how do we make sure that those patients-- if they do come into your primary care office, they don't come there when they're 40 or 50. They come later in life, they have a better quality of life, they just are able to maintain those behaviors or promote those healthy behaviors. So that's kind of what my professional life was really telling me. So that's what drove me to really play with the idea that I would like to go and get a master's in public health. During the same time, in my personal life my grandmother was also diagnosed with breast cancer. And that really got me to continuously think, what if we would have went and diagnosed this sooner? What if there would have been some screening that would have been done prior to this diagnosis maybe a few years ago?

So I was also struggling with that situation, again, in my personal life. So I think that all of these kind of came together in this perfect storm to say, I think that this is really the trajectory that I wanted to go. So I went to East Carolina University. I got my master's in public health, and started my career in public health at the local health department of the county that I was living in at that time with my husband, and the rest is history.

I feel like my experience and my knowledge from the medical background, but then brought in my practice in public health just kind of created that really good, let's say, blend of practice and passion. And

now, like I said, I don't really imagine myself really doing anything else other than public health. When it's in your blood, it's in your blood. You can't get it out.

ALEX MAIERSPERGER: I love that. A blend of practice and passion is such a great way to describe your path. Looking at the timeline, you assumed the public health director position just months into the COVID pandemic. What were those days and months like for the agency and for you personally in the early pandemic response?

IULIA VANN: Yeah. Thinking back at that time it's-- it's almost unbelievable. It's unbelievable to think that almost three years ago we started responding to COVID-19. And, yes, I had been named interim health director for my county on March 3rd, after the retirement of my mentor and my friend, long-term-- long-time health director, without even knowing that this is coming. I always laugh with her that she probably had a crystal ball that knew that the pandemic is coming, so she decided to just, you know-- I'm out. I'm retiring.

But, yes. March 3rd. And then March 17th, the first case of COVID was diagnosed in Guilford County. So it was a lot of unknowns, a lot of just insecurity in general about what are we supposed to do. Nobody really knew what are we supposed to do.

I am just a very organized person, so every time I had to deal with a challenging situation or difficult-- I just kind of break it down. So we pretty much brought everybody together on my leadership team. Of course we activated, in great fashion of the public health response, our incident command structure. There are some areas that we knew that we had to address, and we just pretty much sat there for hours in that room, breaking down every single piece of it.

And we knew that communication and data from the very beginning is pretty much going to be the most important part of our entire response-- the way that we communicate what we plan on doing, what the new guidelines are, what we're recommending people to do, or what is mandated that you're supposed to do. So that whole communication spectrum there-- we knew that we have to be really, really focused on that.

And then data, because we knew that the expectation was going to be to have real-time, reliable data that not just us but the public was also supposed to be able to interpret. So it was the very first time in my career that people would call and ask us about the R-naught of COVID-19 or the infectivity rate, the positivity rate, terms that typically are not outside of our own internal bubble of public health professionals.

So that's when I realized that this time the public demands and expects something different from us. So we just broke it down in smaller pieces, and we just try to tackle each one as it came. We knew that testing is going to be important, so we used our experience in mass distribution. So we typically do mass distribution of medications or something like that, but we just used those same lessons learned from the past to apply it.

So our first testing site was in a parking deck. It was the beginning of the summer. North Carolina summers are hot and humid, so we knew that we couldn't be in the sun, so the parking deck was giving us a little bit of shade. It was circular. It was making that flow feel very nicely.

But that's when I really got in-- because I was working the testing center myself, too. That's when I started seeing how sick people were. Because I was in my office, I was coordinating this whole process, but I'm not a provider. I was not in a hospital. I was not actually providing direct services to these patients. But I started seeing them coming through our testing center at the beginning of summer of 2020. So that was

just a huge eye-opening for me, to say we need to-- if we think that we've done good so far, we need to do more and we need to really get through this.

So, great team. I wouldn't have been able to do it without the team. We wouldn't have been able to do anything with everybody just working 100, 120 hours a week pretty much. It was exhausting, but motivational at the same time.

In my personal life I have two small kids, so at that time they were six and three. So just very critical years in their own development, so trying to balance my own responsibilities as a mom and a professional. My husband was just very excited-- just like I was at the beginning of March. He got a new job, so he was just very excited about that-- just to be laid off from that brand-new job beginning of June. You know? First in, first out, I guess. So that was just very difficult.

My parents and my family were supposed to come and visit us during the summer. Of course no transportation, nothing was flying in and out. So it was just a lot going on in my own personal life as well. But I'm just a very optimistic person. I typically see the glass half-full, so we just had to keep trucking and just keep going at it and make sure that the community trust us. And hopefully they're going to follow the things that we're telling them that they should. So, yeah, it's just been insane. It was crazy.

ALEX MAIERSPERGER: Optimism is definitely something we celebrate. I had kids at home during the pandemic as well, so can definitely relate to that balance. Absolutely hope everything is going well for you personally now. How did those experiences change your perspective on where you wanted to take the agency?

IULIA VANN: So, yes. A lot of lessons learned during these last few years. Definitely a lot of stress and exhaustion, but we did learn a lot from COVID. So I do embrace that part of it, because I think that it's going to only help us move further, better, faster, more efficiently. So we've learned a lot. And that has really helped me decide what the vision is moving forward.

I think that one of the most important things that we've learned is the creation of relationships that we have either built prior to COVID or during COVID, because that was tenfold. The way that we built those relationships during that time would have probably taken me, as a brand-new health director, 5 to 7 years to build the same relationships and the closeness of those relationships in, like, 1 to 2 years.

So continuing to maintain those relationships-- I think it's part of our future, because we can't do anything together. And it's not just the pandemic response, but it's our typical basic public health services that we offer. We need to have those partners right there with us. So I think that also creates this vision of openness and transparency and being there in the community, being visible, being accountable for the things that we do. And just really not consider ourselves living in this ivory tower that we're just preaching our public health dogma, but we have to be there in the community letting people see how do you actually apply those practices in your everyday life.

So meeting people where they are. I think that's also part of my vision for the health department moving forward. Everybody is on a spectrum of understanding of what is the best way to approach public health, their own health, their own well-being. So really giving them what they need at that particular time when they're asking for it or when they need it I think is really important.

We've also learned a lot about equity, health equity, how do you actually put it in practice. So bringing that vision to the forefront is also something that came out of our entire response. It's very easy to say, oh yes, absolutely health equity is a pillar of our organization and we're doing these things that are in line with a health equity lens, but it's completely different to actually do it.

When we're talking about our vaccine distribution process, we couldn't just say, oh yes, we're applying a health equity lens to the way that we're distributing vaccines. No. There are actual stands that we have to make and be intentional to say, no, 40% of our vaccines are going to be put aside for our historically marginalized communities, and we're going to only serve those communities with those vaccines. Just that intentionality behind it, I think, was really important.

And then the last part, which is truly the one that covers all of them-- relationships, equity, communications-- is our own relationship with the data that we produce. So the health departments typically are data producers. We produce a lot of data in so many different areas. But we're also data and gestures, and we want to get data from other places to make sure that we get a better understanding of what's happening in our community or nationally. So we have to be able to visualize how is this data modernization going to look like for us moving forward?

So my vision for our organization as a county is to embrace the fact that data is here, that we need to use it, that it's for our own advantage to be data-driven in our decision-making process, and just to make sure that we're transparent with that as well. So we don't just keep it for ourselves, but we put it out there for everybody to see.

So, yeah. Just a variety of different things in so many different categories that I have been able to take from the last three years to really gather and put together this package of a vision that I have moving forward.

ALEX MAIERSPERGER: You talked about embracing data. Can you talk to us about your vision for the next step in turning that data into decisions? What does modernizing analytics within the Guilford County Health Department look like?

IULIA VANN: Yeah. So this is really an opportunity to dig a little bit deeper into that conversation there. Public health has been just really behind when it comes to analytics, data visualization, data projections and modeling. For some reason, over the years I think that we've spent a lot of time in our ability to implement programs and making sure that our initiatives are for our community or that we are getting team members in, but really not focused on our data infrastructure.

There's so many different platforms and systems. And I think that just recently I was talking to one of our colleagues, and I think that we have over 30 different systems that we're using right now for different-- from environmental health to communicable disease to vital records. Each one of them has a different system that we're supposed to work in. So it just really creates this very fractioned, very piece-by-piece type of system that is very inefficient altogether.

So we were just realizing some of those inefficiencies not too long before COVID, and then COVID just exposed a lot of this to the world. And I think that that's a great-- it was a good thing. It was a struggle and it was a lot of very sleepless nights because of that data and because of the questions that we were getting from the community, our elected officials. But at the end of the day, we were able to really show the fact that we have some work to do in that space.

So we have to be able, for us in Guilford-- we have a pretty large population. We're the third largest county in North Carolina, so we have to be able to apply the skills that our team has, that we're meeting the expectations of our community. So the plan is to make sure that moving forward we're really able to get that real-time, reliable, good data that we're able to actually work with.

There's nothing worse than really having an idea in your mind on how do you want to present a particular piece of data or how to make decisions, and then when you're actually looking at the data it's not helpful,

it's old, or it hasn't been cleaned appropriately. So that's just one main piece that we want to move forward to this idea of real-time or new, clean data that we can work with.

Also, bringing all of these different systems somehow together. Find a way that we can get them to connect to each other, either with our state partners or our county government. But to be honest, I'm not waiting for other people to solve this problem for me. So that's where our partnership with SAS really came into place, because I know that it could happen. It probably will happen. But I'm not waiting another two, three years. I'm not even waiting another year. This needs to happen now, and sometimes you just have to really take that problem and just run with it and just try to fix it.

Another area of the plans that we have for our data modernization is to really help us internally and externally. So working to have those dashboards not just for COVID, but for a variety of other public health areas of focus. We still have a lot of chronic illness. We still have cancer. We still have areas in environmental health that we need to be able to educate our community about.

And then also internally, how do we create-- or how do we use our own data to make better decisions moving forward? So a big, big piece. Like I said, communications and data, really huge points that we need to focus on.

ALEX MAIERSPERGER: Bringing together that data and communication side sounds key. What are some of the things you're hoping to see out of this? What are some of the improvements in your agency's daily operations that you hope to see after these internal and external changes?

IULIA VANN: Yeah. So I'm very excited because this has been one of my close-to-my-heart projects, and I think that we're going to continue. We're in phase one now. We're looking forward to a potential phase two on how this project can continue into partnership with SAS.

But right now, like I've mentioned, there are two trajectories. So our own internal trajectory and our own internal operations that we believe are going to be significantly improved because of this partnership, and then also the external part, too.

So when it comes to the external part, I think that having the ability to give our community the insight into what is going on from a public health perspective I think is really important. Being able to drive traffic to a dashboard or to some type of visualization of what performance measures we have is really important, not just for the community but for our leadership. For our elected officials just to see the difference that public health makes, to really be able to tell the story that public health is in your life from the moment that you are born all the way until you go meet the creator. So there's this spectrum of services that we pretty much have for everybody.

Externally, we're also focused on the ability to give our community-based organizations the ability to use some of our own data for their own purposes. So, for example, we have community-based organizations and stakeholders that are focusing on maternal mortality and morbidity, or child well-being. They're willing to maybe write grants or apply for sponsorships or really tell the story of the area that they're focusing on. It's just easier for them to have access to this data so they can also be efficient in the work that they're doing in the community.

And then internally that second trajectory, let's say, is for our own accreditation purposes, making sure that we're showing the North Carolina Accreditation Board that Guilford County Public Health is going above and beyond to where we're supposed to go, that our own financial integrity is where it's supposed to be, that we're following the contract and we're doing the things that we're supposed to be doing.

And then also for our own decision-making purposes. Where do I need to put more resources? Is this particular area something that we need to focus on more? When we bring GIS into the conversation, where-- what census track do we have to focus more on? Or maybe this particular area here needs more access to care. Maybe we need to have a school-based center in this space right here. So really for that decision-making purposes, our project is hugely impactful. So I'm just super excited about this. I could probably talk about it all day.

ALEX MAIERSPERGER: Sign me up. We're learning a lot, so we'd love you to. There's a lot of talk about making health care more resilient. What do you think are the keys to being prepared for the future health care challenges that we face?

IULIA VANN: Yeah. That's a great question. And I know that over the last few years we've talked about resilience a lot.

I think that it's important to just make sure that we always keep in the back of our minds the true definition of being resilient and that ability to really come back real quick from trauma, from stress, from a negative situation that is happening. Because recently I've heard resilience being used in a variety of other contexts, and it's more in a sense of, we need to do more with less, or you need to be able to push your team to be more resilient, meaning that now they have to do more work but somehow they still have to be able to have a smile on their face.

So I would really ask for everybody who's listening to this to really dig a little bit deeper to what is resilience really for them, for their teams, for their community. Because it doesn't mean everything, or the same for everybody.

And then of course resilience, in my opinion, can be applied in a variety of different structures or settings. You, as an individual, how can you be resilient? How can your organization be more resilient? And how can the system be more resilient? So in my case, how can my public health system as a whole, particularly in North Carolina, be more resilient? How can I respond when-- and again, I'm using the term "when" because we know that another pandemic will probably come again. It's the term "when." When is that going to happen? Hopefully not in my lifetime. But if that happens and when that happens, what did I learn-- me, as a person-- from this experience?

I've learned that people want to have a leader that is expressing their vision and their path forward. So being able to do that for my team has been really important. So I know that that's what I need to carry forward. Me as a person, I know that I need to be flexible, that I need to be able to very quickly switch things around. And I might have been prepared for a press conference right now talking about the COVID-19 vaccines, but just five minutes ago certain guidelines have changed at the CDC. I need to be able to really quickly switch that message to now be more appropriate to that. So individually there's a lot that I've learned, and I'm able to move forward.

As an agency, being resilient to me means going forward, investing in our team members, investing in our infrastructure, and just being human in general in the way that we're leading our team. Understanding that, bringing that humanity and that empathy and the relationship that we have with our team members is going to motivate them. It's going to want them to give more to their agency and to their community. And working collectively, bouncing ideas off of each other, brainstorming together, leaning on each other, knowing that we're going through this trauma together-- it's really important moving forward.

And then, as a system being more resilient in public health is getting to understand that funding needs to be flexible. It needs to be continuous. It doesn't have to be only when we have emergencies and when we

have pandemics, but continuously in order for us to be successful. That data modernization is at the forefront and we need to focus on that. And that, as we're moving forward, people to know that public health is not just emergency response, but it's all of the things that prevent that from happening.

So again, resilience in more than one category. But that's what my personal perspective is.

ALEX MAIERSPERGER: Prevention is so key. Dr. Vann, I'm so appreciative of your time today. Thank you so much for joining us.

IULIA VANN: Oh, thank you for having me. I'm so glad I was able to be here. Thank you so much.

ALEX MAIERSPERGER: We've learned how public health departments reacted to a pandemic and how they're using those learnings to invest in people and technology that will respond to the next health challenges faster and better, and lead us to a healthier future. Come join us on The Health Pulse Podcast. Send us an email, thehealthpulsepodcast@sas.com. We're rooting for you always.