

A Regular Meeting of the Durham County Board of Health, held December 11, 2014 with the following members present:

Stephen Dedrick, R.Ph, MS; Teme Levbarg, MSW, PhD; Heidi Carter, MSPH; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Commissioner Brenda Howerton, Dale Stewart, OD; F. Vincent Allison; DDS and Arthur Ferguson, BS.

Excused Absence: James Miller, DVM

Others present: Gayle Harris, Becky Freeman, Rosalyn McClain, Dr. Arlene Sena, Dr. Miriam McIntosh, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Attorney Bryan Wardell, Michele Easterling, Marcia Johnson, Hattie Wood, Will Sutton, and Christian Barfield.

**CALL TO ORDER:** Vice-Chairman Teme Levbarg called the meeting to order at 5:11pm with a quorum present.

Ms. Harris introduced Mr. Arthur Ferguson, newly appointed Public Member-at-Large. He is retired after a long career as a nuclear medicine technologist. The Board of Health welcomed Mr. Ferguson.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** The following adjustments were requested to be made to the agenda.

- Follow-up discussion-sliding fee scale (proof of income documentation)
- Personnel Committee Update

Dr. Fuchs made a motion to accept the additions/adjustments to the agenda. Commissioner Howerton seconded the motion and the motion was approved unanimously.

**REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Ms. Carter made a motion to approve the minutes for November 11, 2014. Dr. Allison seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

Ms. Harris recognized Christian Barfield, BSW, MSW and DCoDPH Triple P Coordinator. Ms. Barfield was recognized by Triple P International for her exceptional work in Durham County with provider engagement.

Triple P International's Communications Manager, Michelle Carson, stated in an email, "Nowhere globally or within any dedicated Stay Positive supported regions has any organization or Triple P Coordinator achieved the level of engagement that you have in Durham County." There are approximately 30,000 practitioners trained by Triple P Coordinators around the world."

"Historically, good measurement of provider engagement within the Stay Positive regions have averaged 60%. Christian Barfield achieved a provider engagement rate of 98%! This phenomenal result stands out and is a testament to a fundamental basis of Triple P implementation – training the right people in the first place."

"Christian excelled in 2 key measures in Stay Positive regions:

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- 67 of 69 accredited providers logged onto and engaged with their supporting provider website and
- 68 of these providers (61 on the English site and 7 on the Spanish site) were promoted to the parent site map in order for Durham County parents to be able to locate them.

Christian's attention to the importance of early engagement and her persistence in ensuring providers use the tools and are visible to parents, is evidence of what can be achieved in just under a year."

Congratulations to Christian on her exceptional results! Parents, families and Triple P providers in Durham County will benefit from her dedication and hard work.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **TRIPLE P PROGRAM** (*Activity 12.3*)

Ms. Barfield provided the board with an overview on the Triple P Program. The following objectives were discussed:

- Benefits of Triple P – Positive Parenting Program
- Intent of Triple P in Durham County
- Implementation/progress of Triple P in Durham County

The Triple P – Positive Parenting Program is one of the world's most effective parenting programs. The overall goal of the program is to give all parents/caregivers in our community tips and ideas to help them deal with the big and small problems of family life. To accomplish this goal, Triple P is being rolled out across Durham as a population-based health approach to parenting with the aim of reaching as many parents/caregivers as possible across the community. In Durham, the 68 providers that have been trained and have earned accreditation come from a range of professions which include nurses, clinical therapists, case managers, parent advocates, pediatric providers, public school counselors/facilitators, social workers, and faith-based leaders.

Triple P is distinctive in that it is not a 'one-size-fits-all' program like other parenting courses. Rather, it is a multi-tiered system that offers increasing levels of support to meet parents' different needs. Parents can choose anything from public seminars or self-help books and DVDs, to more intensive group courses or individual sessions with a trained provider in the community. Triple P has many benefits for families in that it increases parents' confidence and competence in raising their children, improves parent-child relationships, and increases access to parenting information. The goals of Triple P in Durham County are: to enhance the solid foundation of good parent – child relationships; to reduce the incidence of child maltreatment and abuse; to promote the independence and health of families through enhancement of parent's skills, confidence and self-sufficiency; and to enhance developmental and behavioral outcomes for all children.

Triple P has proven to be successful for over 35 years because it leverages the most important and difficult job in the world - parenting. If, as a community, we give parents the tools to nurture their children in infancy then the result will be a more self-confident and resilient human being for decades to come. The evidence that supports Triple P shows that it is far less expensive to coach parents to support children than to maintain prisons years later.

*(A copy of the Triple P PowerPoint Presentation is attached to the minutes.)*

**COMMENTS/QUESTIONS:**

**Dr. Levbarg:** Do you have any insight as to how it is that it has been so widely successful; that there was sixty-eight percent oppose to these other places?

**Ms. Barfield:** As far as the number of providers?

**Dr. Levbarg:** Yes.

**Ms. Barfield:** Everyone keeps saying that's probably me but I don't like to think that. I actually think that it is the application and selection processes. I do take time to go through the applications. If I have questions I call the provider and ask, "How do you work with parents? What is your belief and understanding of what parenting is like and how parents actually get the strategies in which they use already versus what you can possibly offer them?" In addition to that, I do stay behind my providers reminding them of the commitment they've made and the use of taxpayer dollars to be able to provide the trainings. At the end of the day, it's about them getting to provide those quality services to the families they are already working with.

**Commissioner Howerton:** How do you train parents to deal with kids who throw tantrums?

**Ms. Barfield:** There are a couple of strategies. One is called "planned ignoring." I had a mom that asked, "Really, you want me to ignore this 4-year-old that is throwing a tantrum in the middle of the grocery store?" I said to mom, "What's the biggest issue that you have with him throwing a tantrum in the store? Is it that he's throwing a tantrum and will hurt himself or is that you're feeling that people are looking at you and all eyes are on you?" She said, "Of course all eyes are on me!" I said to her, "Well, at the end of the day, I get it 'all eyes are on you'. You don't want people starring at you and asking why you can't control your kid. But if you turned around and said, "Hey, my kid is throwing a tantrum. I get it and if I just let him do this he will realize that I'm just not going to pay attention to it." She said "I beg to differ" and I said, "Just try it." She did try it and by the third time when she went into the store with him, he realized that Mom was going to keep moving and that she was not going to cater to that tantrum; so, he stopped throwing the tantrums. Then Mom set up a reward system for him. If he doesn't throw a tantrum, on the way out of the store he can possibly get one item that he would like to have. He was throwing tantrums because he wanted an item every time he went to the store.

**Dr. Levbarg:** So what happens after the funding is over?

**Ms. Barfield:** We are currently funded through FY 2016. In the midst of all of the other things I'm doing, I'm also serving as a volunteer on the Sustainability Committee with the Department of Health and Human Services. Currently we meet on a monthly basis either via conference call or in person to make sure that we are thinking about who we could contact for funding to be able to have Triple P sustainable within the counties that are currently implementing the program. In about four to five years, the monies allocated for these counties will be reallocated to other counties in order to move toward a gradual statewide implementation of Triple P. One of the ideas the committee is considering is contacting businesses that have Employee Assistance Programs (EAP) and helping them to understand how having this parenting strategy as part of their EAP can benefit staff attendance and productivity. If a business has one parent that is missing time from work because of a child that teachers can't control at school, there could be savings for the business, if the child's behavior could be changed. Then why not discuss with businesses the benefits of offering Triple P as part of their EAP. Businesses could help parents by giving them some positive parenting strategies that will lead to better home environments and better employees in the workplace.

**Dr. Levbarg:** Who can do Level 5?

**Ms. Barfield:** For level 5, we think about providers that have a concentration in therapy, an understanding of child development and

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preferable are licensed in their field. Level 5 services can be billed to Medicaid.

**Ms. Carter:** Is the support for parents mainly for parents of small children or would it also include adolescent parenting skills?

**Ms. Barfield:** In Durham County, we are funded to provide services to parents with children from birth to five. However, the providers that are trained are asked to provide services from birth to twelve because they are trained for birth to twelve. I have met a couple of times with juvenile court counselors. They anticipate a Request for Proposals to be released in February 2015. I'm hoping that someone there will be willing to include Triple P for adolescents in their proposal because we do have a need for training related to adolescent parenting.

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Durham County Board of Health received a copy of the November 2014 vacancy report which included a total of 21.0 FTEs (2 new positions, 11 resignations, 2 transfer, 2 dismissal, and 5 promotions).

*(A copy of November 2014 vacancy report is attached to the minutes)*

**COMMENTS/QUESTIONS:**

**Dr. Levbarg:** When I look at the numbers the largest section (48%) of the pie chart is resignations. Those seem very high.

**Ms. Harris:** Most of the resignations came from the Durham Diabetes Coalition. The grant funding from Centers for Medicare and Medicaid Services (CMS) will end in June 2015. This fiscal year, we've lost: the program manager to a PhD program where she will focus on research regarding diabetes; both licensed clinical social workers, one to a PhD program in social work with a focus on research and the other one left to provide services in an Asian country; a Communication Specialist who enrolled in a Master's Program and returned to work with a previous employer; a nutritionist relocated with her husband who received an academic appointment at Rutgers University; and a Community Health Worker was selected to fill a non-grant funded HIV prevention position in Wake County.

- **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for November 2014. The report documented notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems."

*(A copy of the November 2014 NOV report is attached to the minutes)*

**Health Director's Report  
December 11, 2014**

**Division / Program: Dental Division—Mental Health First Aid Training**

**(Accreditation Activity 10.3 -Employ evidence-based health promotions/disease prevention strategies, when such evidence exists.**

**Program description**

- Consistent with the County's Strategic Plan, Goal 2: Health and Well-being for All, Durham County has sent staff from various Departments (including the Dental Division) to become Mental Health First Aid (MHFA) trainers. These individuals will then train others in the MHFA model so that they may be able to offer help to a person experiencing a mental health issue or crisis. Similar to CPR, the first aid is given until appropriate treatment and support arrives.

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**Statement of goals**

- To teach members of the County workforce and the public how to respond in a mental health emergency and offer support to someone that appears to be in emotional distress.

**Issues**

- **Opportunities**
  - Given that six (6) percent of all adults suffer from a serious mental illness (not including those experiencing mild or moderate forms), the County is now providing training for staff to prepare individuals to support those who might be in a crisis.
  - As more individuals are trained in MHFA, the better the chance to reduce the stigma associated with mental health problems.
- **Challenges**
  - Finding the most effective way(s) to offer the training, which can run up to nine hours. In addition, there have been some initial challenges identifying sites to host the sessions.

**Implication(s)**

- **Outcomes**
  - ❖ Trained individuals may be able to offer help to a person experiencing a mental health issue or crisis.
- **Service delivery**
  - ❖ As of this report, nearly 100 Durham County staff members have been trained in MHFA. This number will more than double by the end of the fiscal year.
- **Staffing**
  - ❖ Staff from all Departments have participated in the training.

**Next Steps / Mitigation Strategies**

- Trainings are being scheduled one time per month, and will continue in this manner for the next year.
- While the current training has focused on staff, it is desired to reach out to the larger community with these trainings.

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**Division / Program: Nutrition Division / DINE / Durham Diabetes Coalition—Food Day (Accreditation Activity 10.2 –Carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)**

**Program description**

- Food Day is a national event, occurring on October 24<sup>th</sup> each year, which inspires Americans to make positive changes to their diets and to our food policies.
- In recognition of Food Day 2014, the DINE team collaborated with the Durham Diabetes Coalition (DDC) and Inter-Faith Food Shuttle (IFFS) to conduct grocery store tours at a local Food Lion.

**Statement of goals**

- To increase nutrition knowledge of families living in Durham.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.
- To provide a hands-on learning experience of selecting healthy yet affordable foods.

### Issues

- **Opportunities**
  - The Inter-Faith Food Shuttle (IFFS) is a non-profit hunger-relief organization serving seven counties in central North Carolina.
  - By collaborating with the Inter-Faith Food Shuttle, DCoDPH nutritionists and health educators were able to utilize the IFFS's Share Our Strength's "Cooking Matters at the Store" curriculum, which comes with participant incentives including healthy eating booklets, reusable grocery bags, calculators, and \$10 gift cards for use during a hands-on learning experience.
  - The grocery store tour format for nutrition education provides a unique opportunity to connect with SNAP-eligible participants in a familiar setting where food choices are made on a weekly basis. By using real examples in the store, answering questions about personal food shopping choices, and actually helping participants shop for healthy foods, facilitators are able to gain insight about usual behaviors and target education based on the needs of the participants.
- **Challenges**
  - Time for grocery store tours:
    - Selecting the best time for the grocery store tours is challenging, as it needs to be during a low-traffic time for the store, but also be convenient for both participants and facilitators. Conducting the sessions during the middle of the day may prohibit some participants from being able to attend if they work during the day.
    - Some participants were unable to complete the entire session, which may be mitigated in the future by more deliberately communicating the full time commitment of the program.
  - Since the tour group is intentionally small to encourage dialogue, it can sometimes be difficult to balance teaching with comments/questions from participants, especially depending on the mix of participants in a group.
  - A few participants were Spanish-speaking, so having bilingual staff available was important in order to be able to include these individuals.

### Implication(s)

- **Outcomes**
  - ❖ Provided three nutrition education sessions at the Food Lion store on Fayetteville Street in Durham on October 24, 2014.
  - ❖ Twenty-four adults participated in the sessions and completed the "\$10 Challenge" activity.
- **Service delivery**
  - ❖ Nutrition education was provided via grocery store tours. Small groups of participants were led around the store by facilitators (nutritionists and health educators), stopping in each section to discuss relevant nutrition topics. Participants learned key skills for healthy eating on a budget, such as reading food labels, comparing unit prices, finding whole grain foods, and identifying ways to purchase affordable produce. This format is designed to engage participants in conversation, using the array of food products at the store for hands-on learning. Additionally, informational handouts, recipes, and educational incentives reinforced the topics discussed.
  - ❖ After the completion of the grocery store tour, participants were challenged to buy a healthy food item from each of the five food groups, all for under ten dollars. They put their new knowledge to work and with some guidance from the

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facilitators, filled their baskets with healthy foods and used their \$10 incentive gift card to make the purchase.

- **Staffing**
  - ❖ Nutrition education was provided by three DINE nutritionists and a nutrition intern, in collaboration with two DDC health educators, one IFFS staff member and one IFFS volunteer.

**Next Steps / Mitigation Strategies**

- The DINE program will continue collaborations with the Durham Diabetes Coalition and the Inter-Faith Food Shuttle to deliver programming and promote healthy eating for families in Durham.
- Additional grocery store tours are currently being planned in Durham for March 2015 to highlight and celebrate National Nutrition Month.

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**Division / Program: Nutrition Division / DINE—Environmental Cues in Grocery Store**

**(Accreditation Activity 10.2 -Carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)**

**Program description**

- DINE for LIFE Healthy Environments is a community-based nutrition program aiming to increase low income residents' access to fresh fruits and vegetables and assist corner and grocery store owners in making changes to their facilities that promote healthy eating.
- Save-a-Lot is a grocery store located in East Durham on 812 Liberty Street since 2012. The USDA Economic Research Service considers this census tract a "food desert," where a significant share of residents are low income and have low access to a grocery store.
- Assistance is given to grocery and corner stores to improve environmental cues that enhance visibility of healthy items and promote healthy eating.

**Statement of goals**

- To increase the visibility of healthy items in a grocery store in East Durham.
- To work with shoppers to be able to identify healthy items and prepare low cost healthy recipes through the establishment of a "healthy shelf," shelf talkers, grocery store tours, taste tests, and recipe flyers.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.

**Issues**

- **Opportunities**
  - Save-a-Lot is located in an area that provides an opportunity to reach low income Durham residents where they shop for groceries.
  - DCoDPH staff has an existing relationship with store management that creates opportunities for communication with the store. Save-a-Lot management has been amicable to setting up a healthy shelf, putting up shelf tags identifying healthy choices, and conducting in-store events such as tours and taste tests.

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- **Challenges**

- Using CDC healthy vending guidelines to select healthy snack items available in the store limited the selections available for the designated shelf.
- Because Save-a-Lot is a national chain and not independently owned, more intensive changes within the store such as offering new healthy products or moving less healthy items to lower visibility areas are subject to corporate approval.

**Implication(s)**

- **Outcomes**

- ❖ In October of 2014, Save-a-Lot regional management agreed to partner with DCoDPH to put a “healthy shelf” in the front of the store with signage that is visible to shoppers at the entrance.
- ❖ DCoDPH employees inserted healthy choice tags under 31 food items within 15 food categories throughout the store (examples include whole grain breads, high fiber cereals, low sodium vegetables, and fruits with no added sugars).

- **Service delivery**

- ❖ Environmental cues will be maintained at regular intervals by the DINE Healthy Environments nutritionist.
- ❖ Save-a-Lot staff will be guided by the DINE Healthy Environments nutritionist on which items go on the healthy shelf in order to make the shelf a permanent infrastructure of the store.

- **Staffing**

- ❖ DINE Healthy Environments nutritionist.

**Next Steps / Mitigation Strategies**

- Continue working with Save-a-Lot to maintain the current environmental cues and deliver programming in the future such as tours and taste tests and promote healthy shopping and eating for families in East Durham.
- Collect feedback from store management about sales of healthy items, as well as survey feedback from shoppers about the environmental cues as part of an evaluation plan
- Conduct grocery store tours with a nutrition lesson, followed by a guided tour of healthy items located throughout the store.

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**Division / Program: Nutrition Division / DINE—Take a Loved One to the Doctor Event**

**(Accreditation Activity 10.1 -Develop, implement, and evaluate population-based health promotion/disease prevention programs and materials for the general public.)**

**Program description**

- A “Take a Loved One to the Doctor” event was held on Saturday, November 1, from 10am – 2pm in the Human Services Building. The free event featured cooking and fitness demonstrations, health screenings, and activities for children.

**Statement of goals**

- To increase the nutrition knowledge of Durham families by providing nutrition and health information, budgeting techniques, recipes, and resources.
- To demonstrate how to prepare healthy holiday dishes.
- To encourage simple behavior changes towards healthier food selection, cooking, and eating.

**Issues**

- **Opportunities**
  - Partnership with other programs within DCoDPH and the community allowed DINE nutritionists the opportunity to expand their reach to SNAP participants.
  - Radio spots allowed increased reach for DINE program messages.
  - The DINE display table during the event offered a chance to distribute information on the Farmers' Market Double Bucks program, a program created by a collaboration among local groups including DCoDPH and the Farmers Market.
- **Challenges**
  - As with any health fair, anticipating numbers of participants presented a challenge for planning.
  - Providing a "cooking demonstration" in a space in which no cooking is allowed may have decreased the effectiveness because the process can only be discussed, not fully performed.
  - To be eligible for certain drawings, event attendees were given a card that required signatures the listed vendors, which may have created more traffic to the displays of vendors listed on the card. DINE may have had a greater reach had it been listed on the vendor card.

**Implication(s)**

- **Outcomes**
  - ❖ At least 70 people approached the DINE table and engaged in discussion about MyPlate and healthy eating. Some also discussed the Farmers Market Double Bucks program.
  - ❖ Cooking demonstrations attracted crowds of about 20-30, most of whom took home recipes as well as verbal tips about preparing healthy holiday dishes.
- **Service delivery**
  - ❖ DINE nutritionists provided three cooking demonstrations -- Kale Salad, Sweet Potato Soup, and Apple Crisp. Recipes and taste tests were provided to participants with each demo.
  - ❖ DINE nutritionists also staffed a "MyPlate" nutrition display table where they were able to interact with participants through an educational "build a MyPlate" game and distribute educational handouts.
  - ❖ Handouts on the Farmers Market Double Bucks program were also distributed.
- **Staffing**
  - ❖ The cooking demonstrations and nutrition display table were staffed by four nutritionists from the DINE program.

**Next Steps / Mitigation Strategies**

- Continue to partner with other DCoDPH programs in order to bring nutrition information to this event in the future.

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**Division / Program: Nutrition Division /Clinical Nutrition— Nutrition Services for Spanish Speaking Clients**

**(Accreditation Activity 9.6 –Assure that information disseminated by the agency reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.)**

**Program description**

- DCoDPH Nutrition Clinic provides medical nutrition therapy (MNT) to Spanish speaking clients.

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**Statement of goals**

- To make MNT readily available to clients whose primary language is Spanish
- To support the County's Strategic Plan, Goal 2: "Health and Well-being for All", by providing MNT, both in English and Spanish, from Registered Dietitians with the most current knowledge and expertise in nutrition management of disease prevention/treatment

**Issues**

- **Opportunities**
  - Approximately 13% of residents of Durham County are Spanish speakers (2013 State of the County Health Report).
  - Among Hispanics living in the U.S., 12% have diabetes and are at risk for complications of diabetes. Obesity and physical inactivity are the main risk factors for diabetes among Hispanic Americans.
  - Approximately 40 - 50% of clients referred to the DCoDPH Nutrition Clinic speak Spanish as their primary language.
  - Hispanics referred for nutrition services are more likely to see a nutritionist if the service provided will be conducted in Spanish.
- **Challenges**
  - A bilingual processing assistant in the Nutrition Clinic to greet clients and attend to their needs on the day of the appointment would be ideal.

**Implication(s)**

- **Outcomes**
  - ❖ Approximately 60 Spanish speaking clients are seen for MNT in the Nutrition Clinic monthly.
  - ❖ Of the Spanish speaking clients seen for nutrition counseling, approximately 90% have a diagnosis of diabetes, pre-diabetes or overweight.
  - Providing services in Spanish aids the Health Department's efforts to increase both patient compliance and satisfaction in optimal health maintenance.
- **Service delivery**
  - ❖ The Nutrition Clinic provides counseling Monday through Friday from 8:30am- 5:00pm and on Tuesday until 7:00pm by appointment.
- **Staffing**
  - A bilingual nutritionist provides counseling in both English and Spanish but focuses on Spanish speaking clients.
  - Interpreters or the language line is available to assist non-bilingual nutritionists when counseling Spanish-only speaking clients.
  - A bilingual office assistant in the Nutrition Division assists in scheduling Spanish-only speaking clients.
- **Revenue**
  - Fees for MNT are based on a sliding scale fee and Medicaid and other 3<sup>rd</sup> party reimbursement sources are billed if applicable.

**Next Steps / Mitigation Strategies**

- Continue to provide MNT to Spanish-only speaking clients in Durham who have limited access to MNT services.
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**Division / Program: Administration / Information and Communications**

**Program description**

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

**Statement of goals**

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

**Issues**

- **Opportunities**
  - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
  - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
  - Prioritizing the topics to publicize
  - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

**Implication(s)**

- **Outcomes**
  - ❖ Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
  - ❖ Visibility of public health information from the department has substantially increased.
- **Service delivery**
  - ❖ No media advisories/releases were disseminated during November; however, staff responded to five (5) direct (unsolicited) inquiry from reporters, which is definitive proof that the Department is a solid and trusted source for health information in Durham County and throughout the region. In all, a total of 29 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including our monthly *My Carolina Today* segment, Ebola response (1, 2, 3, 4) Ebola outreach (1, 2), the start of Affordable Care Act enrollment (1, 2, 3), healthy eating at Thanksgiving, and restaurant inspection scores. (**Accreditation Activity 5.3 -Health Alerts to Media, 9.1-Disseminate Health Issues Data, 9.5 -Inform Public of Dept. / Op. Changes, 10.2 -Health Promotion –Disease Prevention, 21.2 -Make Available Information About LHD Programs, Services, Resources**)
  - ❖ During the month, the Department Communications Manager met and worked with internal and external stakeholders to

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develop relevant and up-to-date web content and signage to educate staff, visitors, and county residents about Ebola.

**(Accreditation Activity 10.2 -Health Promotion –Disease Prevention, 21.2 -Make Available Information About LHD Programs, Services, Resources)**

- ❖ The Department Communications Manager attended the day-long monthly Central Region Preparedness Meeting on November 20. This meeting was specifically opened to the region’s Public Health PIOs, to discuss strategies and review CDC Crisis/Risk and Emergency Communication guidelines. **(Accreditation Activity 6.2 - Role in County Emergency Operations Plan, 6.3 -Participate in Regional Emergency Preparedness Exercise), 7.6 -Testing of Public Health Preparedness Response Plan)**

**Next Steps / Mitigation Strategies**

- Continue building/developing various communication channels as well as the Department of Public Health’s delivery of information and communications.

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**Division / Program: Health Education / Nutrition/ Administration / Durham Diabetes Coalition Take a Loved One to the Doctor Day Event**

**(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)**

**Program description**

- In observance of Diabetes Awareness Month, Durham Diabetes Coalition and DCoDPH partnered with Radio One Raleigh to host a combined *RWJF Culture of Health* prize Celebration and Take a Loved One to the Doctor event at the Human Services Building, November 1, 2014 from 10am-2pm. The theme of this year’s event was “Your Health Matters.”

**Statement of goals**

- To raise awareness of diabetes and the many people impacted by the disease.
- To link individuals to available community resources.
- To celebrate Durham County being recognized as one of six national winners of the *RWJF Culture of Health* prize.

**Issues**

- **Opportunities**
  - ❖ Event was scheduled on a Saturday in an effort to reach individuals who may be unable to participate in events during the work week.
  - ❖ The Partnership for a Healthy Durham expanded the event to embody a “culture of health” by funding bags of local produce for attendees who visited booths and raffling off three children’s bicycles. The Divas and Dude (a senior citizen cheerleading group) also participated showing that seniors can be physically active.
  - ❖ Department of Social Services agencies participated in this year’s event for the first time.
- **Challenges**
  - ❖ Due to poor weather, participation may have been adversely impacted.

**Implication(s)**

- **Outcomes**
  - ❖ A total of 233 community members registered at the event (158 adults, 75 children). Event began with the RWJF celebration ceremony. Thirty-one (31) community members were present for the ceremony.
  - ❖ Free screenings (diabetes, blood pressure, HIV/STI) and flu shots were provided along with community information and resources, fitness and cooking demonstrations, fresh produce and giveaways for adults and children.
  - ❖ Four (4) fitness and three (3) cooking demonstrations were offered. Fifty-six (56) participated in the fitness demonstrations while 86 participated in the cooking demonstrations.
  - ❖ Forty-nine (49) participants received an A1C screening. Results showed 25 screened had normal values, 17 had pre-diabetes and 7 had diabetes. Twenty-two (22) participants received a flu shot. Six (6) participants were tested for HIV/Syphilis/Hepatitis C. Five (5) were tested for Gonorrhea/Chlamydia. (Blood pressure data not available.)
  - ❖ 20 live radio interviews were conducted with community stakeholders.
- **Service delivery**
  - ❖ DDC utilized radio ads, the DDC website, Facebook and Twitter pages to promote and provide event information, and updated the community on coalition activities.
- **Staffing**
  - ❖ The DDC Health Education Specialists and the Information and Communications Specialist led the event planning and staffed the event.
  - ❖ Other public health staff participated in the event as vendors.
- **Revenue**
  - ❖ RWJF provided \$3,000 to fund the celebratory event. DDC also funded the event.

**Next Steps / Mitigation Strategies**

- A variety of health events will occur throughout the month of November.
- Neighborhood outreach will continue in targeted neighborhoods.

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**Division / Program: Health Education / Partnership for a Healthy Durham**

**(Accreditation Activity 1.1 – The local health department shall conduct a comprehensive community health assessment every 48 months; Accreditation Activity 19.2- include linguistically and culturally representative persons in planning (a) and implementing programs (b) intended to reach underserved population groups.)**

**Program description**

- Community input sessions were held as a part of the community health assessment to gather ideas on the best ways to address Durham's health priorities.

**Statement of goals**

- To host community conversations and rank ideas to address health priorities
- Use community input to guide Community Health Improvement Plans
- Recruit more community members to join Partnership for a Healthy Durham

**Issues**

- **Opportunities**
  - ❖ Use existing community meetings to solicit input
  - ❖ Use members of the Partnership for a Healthy Durham to lead input sessions
  - ❖ Create more robust, community-driven health improvement plans
  - ❖ Collect participant information and email results thus creating a better feedback loop and invitation to participate in future events and meetings.
- **Challenges**
  - ❖ Some facilitators used a different methodology for gathering input
  - ❖ The Partnership for a Healthy Durham Coordinator position was vacant while the majority of input sessions were held

**Implication(s)**

- **Outcomes**
  - ❖ A total of eight sessions were held reaching 205 community members in October and November. The topics included obesity/chronic illness, access to healthcare, HIV/STIs, poverty, substance abuse and mental health.
  - ❖ One session was held in Spanish.
  - ❖ Each session was summarized and votes were tallied for the best strategies.
- **Service delivery**
  - ❖ A standard presentation was developed which gave an overview of the Partnership for a Healthy Durham, the community health assessment and current ways that that specific health priority was being addressed. Participants then broke into small groups and wrote their ideas on large sheets of paper. The ideas were shared and then each participant had three votes.
- **Staffing**
  - ❖ The Health Education Director coordinated the effort and received support from Duke Medicine Division of Community Health and other Partnership for a Healthy Durham members.

**Next Steps / Mitigation Strategies**

- The input sessions were summarized and presented to the Partnership for a Healthy Durham and the Board of Health. They will also be included in the community health assessment document.
- Committees will review the summaries when drafting Community Health Improvement Plans in early 2015.

**COMMITTEE REPORTS:**

- **PERSONNEL COMMITTEE** (*Activity 37.4 & 37.5*)

Ms. Levbarg stated that the Health Director Evaluation Survey was sent out. The completed surveys are due by Monday, January 5, 2015

**OLD BUSINESS:**

- **SCHOOL HEALTH PROGRAM-FOLLOW-UP DISCUSSION:** (*Activity 9.1*)

Ms. Wood provided follow-up responses to questions/comments the Board posed concerning the School Health program presentation at the last Board of Health Meeting. (*Questions/comments taken from minutes of last meeting.*)

**Topic: Connection with the PTA Council**

**Comment:**

**Ms. Carter:** If there is an interest I could help connect you with the PTA Council. There is a Council of all the PTAs and that might be a good way to reach all the PTAs.

**Follow-up Response:**

**Ms. Wood:** Ms. Carter provided the contact information for Ann Rebeck, President of the Durham Council of PTAs. Our team looks forward to building Public Health School Nurse awareness within the PTA Council and within our community. We plan to contact Ms. Rebeck and hopefully plan a presentation to the council, that would include the benefits students and families receive when they have access to School Nurse services. We will also include information regarding the growing number and complexity of medical needs students experience during the school day.

**Topic: School Demographics (Unofficial)  
Chronic Health Conditions/Medication/Skilled Procedures in Elementary Schools (by region)**

**Question:**

**Commissioner Howerton:** Are you able to determine whether it's a particular school, the demographics...which school had the highest rate?

**Follow-up Response:**

**Ms. Wood:** General demographics collected by school nurses at this time do not include race or ethnic origin.

The worksheet below provides information on the number of chronic health conditions, skilled procedures and medications in each individual elementary school.

<b>Elementary</b>	<b>Chronic Health Conditions</b>	<b>Medications</b>
<b>Northern County</b>		
Mangum	30	34
Little River	32	69
Eno Valley	70	53
Easley	80	55
Hillandale	65	31
Holt	79-356	45-287
<b>Southern County</b>		
Parkwood	85	39
Southwest	62	37
Pearsontown	101	48
WG Pearson	55	48
Creekside	59	33
Hope Valley	50	25
Lakewood	11	13
Forestview	37-460	47-274
<b>Eastern County</b>		
Glenn	43	8
Eastway	30	42
YE Smith	52	33
Bethesda	17	6
Merrick Moore	36	34
Oak Grove	35	22
Sandy Ridge	116	50
Club	61	25
Spring Valley	46-436	23-243
<b>Mid-Town</b>		
EK Powe	69	31
Watts	55	86
Burton	50	20
Fayetteville Street	30	13

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RN Harris	33	31
CC Spaulding	36	35
Morehead	36-309	7-233

The chart below shows the number of medical needs known by the school nurse in elementary schools and reported by regions in the city. Even though parental/guardian input is requested, teacher observations reported to nurses are followed up, school nurses follow up on students' reports, and collaborate with health care providers in the community, all student needs may not be identified.

Elementary Schools in the southern region of Durham appear to have the highest number of chronic health conditions, medications and skilled procedures. Variants (i.e., the number of schools in a region, parental/guardian involvement and school size-ratio of absences to number of students, and reports/communication of health issues) make it challenging, at this time, to determine the relationship between absences and health concerns in relationship to individual schools and/or regions.

<i>Region</i>	<i># Chronic Health Conditions and Skilled Procedures</i>	<i>Medications</i>	<i>Total Chronic Health Conditions and Medications</i>
Northern	356	287	643
Southern	460	274	734
Eastern	436	243	679
Midtown	309	223	532

**COMMENTS/QUESTIONS:**

**Commissioner Howerton:** What were the reasons for Southern numbers being so high?

**Ms. Wood:** It could depend on the number of students in the school and it could depend on how many students are in that part of Durham. You have to take the variants into consideration.

**Ms. Harris:** We can develop a map that will show the schools by those regions to provide a better sense of the issues.

**Ms. Carter:** How hard would it be to have this information by school?

**Ms. Harris:** Not hard at all.

**Ms. Carter:** I think that would be fascinating.

**Dr. Allison:** Could we also get the total attendance of each school so we can figure out if you have a high percentage in certain areas?

**Topic: Charter Schools-Provision of Health Services**

*(There are 11 charter schools)*

**Question:**

**Dr. Stewart:** Do they contract for themselves or not?

**Follow-up Response:**

**Ms. Wood:** Each charter school was contacted and asked if school nurse services were available on/off site. Ten schools responded, "No.". Out of the 10 schools, one school stated they have first responders available on site. One school was unable to be contacted due to a change in the phone number on file.

Health and Safety information that is required to be provided to parents of students attending charter schools is specified in G.S. 115C-238.29F (a) and G.S. 115C-375.3:

**GS115C-238.29F. General requirements.**

(a) Health and Safety Standards. - A charter school shall meet the same health and safety requirements required of a local school administrative unit. The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about

meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide parents and guardians with information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases. This information shall be provided at the beginning of the school year to parents of children entering grades five through 12. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide students in grades seven through 12 with information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

The Department of Public Instruction shall also ensure that charter schools provide students in grades nine through 12 with information annually on the manner in which a parent may lawfully abandon a newborn baby with a responsible person, in accordance with G.S. 7B-500.

The Department of Public Instruction shall also ensure that the guidelines for individual diabetes care plans adopted by the State Board of Education under G.S. 115C-12(31) are implemented in charter schools in which students with diabetes are enrolled and that charter schools otherwise comply with the provisions of G.S. 115C-375.3.

**G.S. 115C-375.3. Guidelines to support and assist students with diabetes.**

Local boards of education and boards of directors of charter schools shall ensure that the guidelines adopted by the State Board of Education under G.S. 115C-12(31) are implemented in schools in which students with diabetes are enrolled. In particular, the boards shall require the implementation of the procedures set forth in those guidelines for the development and implementation of individual diabetes care plans. The boards also shall make available necessary information and staff development to teachers and school personnel in order to appropriately support and assist students with diabetes in accordance with their individual diabetes care plans. Local boards of education and boards of directors of charter schools shall report to the State Board of Education annually, on or before August 15, whether they have students with diabetes enrolled and provide information showing compliance with the guidelines adopted by the State Board of Education under G.S. 115C-12(31). These reports shall be in compliance with the federal Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g. (2005-22, s. 3(a), (b); 2009-563, s. 1.)

I was not able to learn who in each school is designated as the responsible staff for implementing these requirements or administering medications.

**Question:**

**Dr. Allison:** So how would they handle dispensing medication at a traditional public school?

**Follow-up Response:**

**Ms. Wood:** Durham Public Schools staff are trained per their policy, 4400 Administration of Medication to Students. Principals designate school staff to be trained by public health school nurses to administer and document administration of medications. Records medication storage sites

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are audited by the school nurse at a minimum, each semester. Medication administration trainings are provided annually and as needed/requested by DPS principals

**Topic: Absences due to Chronic Illness/Other medical issues**

**Question:**

**Dr. Miller:** Is there a percentage of absenteeism due to illness (flu or whatever) that may help me appreciate how many days kids were out?

**Follow-up Response:**

**Ms. Wood:** Even though the number of absences per school is able to be obtained, there is no procedure/protocol in place at this time to accurately determine the specific cause of the absences. Unofficially, we can share that of the two elementary schools that were randomly selected, one had a weekly absenteeism rate of approximately 18% and the other approximately 29%. Absences may be due to illness, missed buses, homelessness, and/or other socioeconomic concerns.

**Topic: Volunteer School Nurse Program**

**Comment:**

**Dr. Fuchs:** I think it would be great to have a nurse in every school. I remember when I was in school everyone relied on the nurse. Has anyone thought about that many of the parents of the students are nurses? There are a lot of nurses in the county and has anyone thought of a volunteer course that could be put together and perhaps managed and coordinated to put a nurse in school maybe 2-3 days a week and some are volunteers but they are nurses. They may not be Public Health Nurses but perhaps the public health framework could help guide....I wonder if there are different ways to do this knowing there are always budget constraints because moms volunteer in school all the time whether they are on PTA or they're doing other things to help raise funds or do whatever. I'm sure that people would like to use their nursing skills and I can tell you there are a bunch of nurses at an age right now and in addition are retiring and want to do different types of activities. I would think being a school nurse would be a really cool thing for them to do. This is something to think about this may be an opportunity.

**Dr. Allison:** Also has anybody ever considered telemedicine?

**Ms. Harris:** We have talked a little bit about telemedicine particularly with the schools where we are getting ready to open the clinics.

**Dr. Miller:** That sounds like a good idea with the volunteer nurses. That would be a good idea to explore.

**Question:**

**Dr. Fuchs:** I wonder if there are other examples across the country. I would love to see if there are examples.

**Follow-up Response:**

**Ms. Wood:** The state of Florida enacted a "Public School Volunteer Health Care Practitioner Act". The purpose of this was to establish a public school volunteer health care practitioner program with incentives and coordinate the program with the "School Health Services Act," it was developed to encourage health care practitioners to provide their service without compensation, in the public schools thereby increasing the level of health care in public schools. This would include licensed physicians, podiatrist, optometrist nurse practitioners, registered nurses, licensed practical nurses, licensed pharmacists, dentists, dental hygienist, and midwives.

The statute is specific for the school district establishing a schedule for health care practitioners who participate in the programs. A health care practitioner must complete all forms and procedures for participation in the program prior to the applicable license renewal date. To participate in the program, a health care practitioner must:

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- Have a valid, active license to practice his or her profession in this state.
- Submit fingerprints and have a background screening in accordance with the requirements of S. 381.0059, unless already provided and completed for practitioner licensing, profiling, or credentialing purposes.

The school district, through its self-insurance program, shall bear the cost of any increase in premiums for liability protection for health care practitioners participating in the program other than those employed by the school or school district.

The Department of Health shall have the responsibility to supervise the program and perform periodic program reviews as provided in S. 381.0056(3).

The Department of Health, in cooperation with the Department of Education, shall publicize the availability of the program and its benefits.

Palm Beach County School Health Program, Washington County School Health Services, and Orange County Florida have volunteer school health nurse programs. The requirements are the same according to the statute. The volunteer school health nurses are offered free CEUs and other training, Liability and Workers Compensation coverage, and when eligible, licensure renewal fee waiver.

**References:**

**Public School Volunteer Health Care Practitioner Program**

**<http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/volunteer-health-care%20.html>**

**Florida statute:** 381.00593 Public school volunteer health care practitioner program.—381.0056 School health services program.

**COMMENTS/QUESTIONS:**

**Ms. Harris:** I was just asking Ms. Carter if there are any NC Statutes that would require enabling legislation to implement a volunteer school nurse program in Durham Public Schools or would that be a local decision.

**Ms. Carter:** Of course, I said I didn't know.

**Ms. Harris:** Could you check on that on your end and let us know?

**Ms. Carter:** What exactly do you want me to check on?

**Ms. Harris:** If we had the resources, could we implement a volunteer nurse program to help augment what we currently have in the School Health Nurse Program?

**Ms. Carter:** You are asking me to see if there are any district concerns to do with that.

**Ms. Harris:** Yes.

• **LEGISLATIVE INPUT-G.S.115C-81-BASIC EDUCATION PROGRAM FOLLOW-UP DISCUSSION: (Activity 40.2)**

Ms. Harris shared with the Board a copy of the information sent to Deborah Craig-Ray, Legislative Liaison and Assistant County Manager responsible for Public Information, on behalf of the Board. The information sent was as follows:

**Goal Title: Allowing medical providers in school-based health centers to provide care within their scope of practice.**

**Goal Description:** While teen pregnancy rates in North Carolina continue to decline, the rates are still unacceptable. According to Healthy People 2020, “negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended....Teen mothers:

Are less likely to graduate from high school or attain a GED by the time they reach age 30.

Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s.

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Receive nearly twice as much Federal aid for nearly twice as long.”  
(Data from *Healthy People 2020, Family Planning*).

The 2013 teen pregnancy rates position Durham County as 36<sup>th</sup> in North Carolina. See the table below for comparative **rates per 1,000 girls ages 15-19**.

	<b>Overall</b>	<b>White</b>	<b>African Americans</b>	<b>Hispanics</b>
<b>NC</b>	35.2	24.7	49.2	57.9
<b>Durham</b>	39.5	11.0	46.1	87.8

Additionally, North Carolina’s overall pregnancy rate per 1,000 girls 15-17 is 16.6 while Durham County’s rate for the same group is 23.9.

Currently in Durham, medical providers staffing clinics operated by entities of the local healthcare system located on school property are not allowed to fully meet the needs of their patients based on the interpretation of the current language in NCGS Chapter 115c-81. This situation can be remedied by amending NCGS Chapter 115c-81.

1. Remove NCGS Chapter 115c-81(e1) (9): “Contraceptives, including condoms and other devices, shall not be made available or distributed on school property.”
2. Recommended changes: “Medical providers providing care in school-based health centers shall provide services within their scope of practice that meet the needs of their patients.”

At the request of the Board of Health, Bryan Wardell is contacting the NC Board of Medical Examiners to get information about how they view this law, the interpretation of the law and its impact on medical practice. Additional information may be added to this request.

This request supports Durham County’s Strategic Plan Goal 2 – Health and Well-being for All.

Attorney Wardell reported that he contacted the NC Medical Board not the NC Board of Medical Examiners to determine if as a professional organization they would take a position on this issue. At the time of the meeting, he had not received a response.

There was no additional discussion.

- **ANNUAL BOH POLICY REVIEW: (Activity 37.2)**

The Board of Health, by statute, is authorized to be the policy-making body for the local health department. While the Board does not have to directly approve all policies of the local health department (LHD), it certainly has a role in the policy making process of the LHD. This activity ensures the Board’s involvement in this process. The following policies were sent to the Board for review:

BOH: 1-Policy/Procedure Introduction, Implementation, and Review

BOH: 2-Delegation of Authority to the Public Health Director

BOH: 3-Public Contact with the Durham County Board of Health

BOH: 4-Compliance with Public Health Laws and Regulations

BOH: 5-Adjudication Process (Appeals)

BOH: 6-Adopting, Amending or Repealing Durham County Board of Health Rules

BOH: 7-Public Participation Policy

HD: - Employee Recruitment, Retention, and Professional Development

No changes were made to the policies.

Dr. Fuchs made a motion to approve the eight BOH policies. Dr. Allison seconded the motion and the motion was unanimously approved.

- **SLIDING FEE SCALE (PROOF OF INCOME DOCUMENTATION): (Activity 37.2)**

Mr. Ireland provide the board with an overview of the process in determining gross income for clients served at the Durham County Department of Public Health as requested in an earlier meeting.

**A. Determining Gross Income**

1. All clients seeking clinical services offered at the DCoDPH will have their financial eligibility determined, upon each separate visit.
  - a) **Gross Income** is the total of all cash income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.
    1. Salaries, wages, commissions, fees, tips
    2. Overtime pay
    3. Earnings from self-employment
    4. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
    5. Public assistance moneys
    6. Unemployment compensation
    7. Alimony and child support payments
    8. Military allotments including re-enlistment bonuses and jump pay
    9. Social Security benefits
    10. Veterans Administration benefits
    11. Supplementary Security Income (SSI) benefits
    12. Retirement and pension payments
    13. Workers compensation
    14. Regular contributions from individuals not living in the household
    15. All other sources of cash income except those specifically excluded
    16. Lawn maintenance, as a business
    17. Housekeeping, as a business

**Exceptions:**

- I. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster Grandparents, and others) of the Domestic Volunteer Service Act of 1973.
- II. Payments received under the Job Training Partnership Act.
- III. Payments under the Low Income Energy Assistance Act
- IV. The value of assistance to children or families under the National Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977.

No client will be refused services when presenting for care based on lack of documentation, however each client will be billed at 100% until proof of income and family size is provided to DCoDPH. The client will have 30 days to present this documentation in order to base the previous 100% charge to a sliding fee. If no documentation is produced in 30 days then the charge stands at 100% for that visit.

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Exception: Family Planning (Title X states that if a patient presents for services without proof of income they cannot be charged at 100% and the agency must use declaration for that visit.

**COMMENTS/QUESTIONS**

**Dr. Allison:** Why are numbers 16 & 17, Lawn maintenance, as a business and Housekeeping, as a business, listed separately rather than included in number 3, Earnings from self-employment? ...To separate these items seems a little racist to me.

**Mr. Ireland:** This list was developed by NCDHHS. For our purposes, we can incorporate numbers 16 & 17 as examples for number 3.

**NEW BUSINESS:**

• **LINCOLN PRIMARY CARE CLINIC:** (Activity 41.2)

**Ms. Harris:** Over the years, the Department's midlevel providers have expressed concern about not being able to connect their patients with primary care when chronic conditions are identified. Through an expansion grant, Lincoln Community Health Center will add a primary care provider and clinic to their services housed at Durham County Department of Public Health beginning in January 2015.

• **HIV PRE-EXPOSURE PROPHYLAXIS:** (Activity 41.2)

Dr. Sena provided the Board with an overview of a new HIV prevention strategy, Pre-Exposure Prophylaxis (PrEP), which will be discussed among with high-risk patients presenting to the STD clinic.

**Summary Information:**

- PrEP is a way for people who do not have HIV but who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%.
- On May 14, 2014, the US Public Health Service released the first comprehensive clinical guidelines for HIV PrEP. Since September, DCoDPH has been meeting with representatives from the NC HIV/STD Prevention Branch, Lincoln Community Health Center, Duke and UNC to discuss increased PrEP education and referrals among men who have sex with men (MSM) in the area.
- The STD clinic will begin providing additional risk reduction counseling for MSM, and offer PrEP referral to prescribing providers at Lincoln or other providers in January. The clinic will also assist with periodic screening for HIV/STDs, medication adherence counseling, and other risk reduction strategies.

• **ELITECH T. VAGINALIS STUDY:** (Activity 29.2)

Dr. Sena provided the Board with an overview on a new research study to be conducted in the DCoDPH STD Clinic by UNC-CH research staff titled "A prospective, multi-center study to demonstrate the clinical performance of artus® *T. vaginalis* QS-RGQ MDx Kit on detecting the presence of *Trichomonas vaginalis* in subjects using DNA samples obtained from clinical specimens."

**Summary Information:**

With an estimated 7.4 million new trichomoniasis cases occurring annually in the United States, *Trichomonas vaginalis* infection is the most common, curable, non-viral, sexually transmitted disease (STD). Effective diagnosis and treatment of *T. vaginalis* infections in women are necessary to prevent disease acquisition, transmission, and associated complications.

ELITechGroup Inc Molecular Diagnostics (EGI MDx), in conjunction with QIAGEN, is developing a *T. vaginalis* screening test, the artus *T. vaginalis* QS-RGQ MDx Kit. The aims of this study are to establish the clinical performance of the artus *T. vaginalis* QS-RGQ MDx Kit for the detection of *Trichomonas vaginalis* in vaginal swabs, endocervical swabs and urine as compared to a combined reference testing of vaginal swabs by wet mount microscopy and the FDA-cleared Hologic|Gen-Probe APTIMA *T. vaginalis* assay.

Eligible women  $\leq$  18 years of age will be recruited prior to their STD evaluation by research personnel. Following written informed consent, study subjects will undergo routine evaluations and additional specimen collection for study purposes, including urine, two vaginal swabs, and a cervical swab.

Eligible clinic patients will receive compensation for participation in the study. Enrolled women may also benefit by receiving more sensitive tests for TV infections than methods currently provided at the health department.

The resources to be requested from DCoDPH include:

- 1) recruitment of potential study participants from the STD clinic
- 2) space for recruitment, enrollment, and follow-up

There were no questions or comments from the Board.

- **BUDGET RATIFICATION:**

The Department of Public Health requested approval to recognize additional funds in the amount of \$21,360 from the NC Immunization Branch, Division of Public Health. Funds will be used to develop an immunization communication plan specifically intended to promote awareness of the new and revised immunization rules and requirements as indicated in NCAC 10A, 41A 0401, Dosage and Age Requirements for Immunizations, which become effective on July 1, 2015. The immunization communication plan is required by the NC Immunization Branch. These additional funds must be expended or encumbered by December 31, 2014.

Mr. Dedrick made a motion to approve the budget ratification in the amount of \$21,360. Ms. Carter seconded the motion and the motion was unanimously approved.

- **BUDGET AMENDMENT:**

The Department of Public Health requested approval to recognize funds in the amount of \$13,757 from the NC Department of Health and Human Services Division of Public Health to develop and implement policy, systems, and environmental change interventions that improve local food systems, increase food security, promote active living through planning, reduce and prevent tobacco use, and prevent chronic diseases, violence and injury.

Dr. Fuchs made a motion to approve the budget amendment in the amount of \$13,757. Ms. Carter seconded the motion and the motion was unanimously approved.

**COMMENTS/QUESTIONS:**

**Ms. Watterson:** Do you have any idea what physical activities you will be doing with these funds?

**Ms. Harris:** I am not remembering specifically how these funds will be used. We have had several different funding allocations targeted at these very same initiatives. We still need to do some work with signage related to the Smoking Rule and there is a lot of effort going into addressing food

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insecurity issues where we are trying to get fresh fruits and vegetables closer to our residents.

**Dr. Allison:** I just want to mention the “no smoking signs” especially at the bus stops. As I look at the signage, I think a lot of folks look at that sign and say “that means no smoking on the bus. I don’t know how to improve it.

**Ms. Harris:** We do want to enlarge the signs so that they are more of the size of a “no parking” sign and we can put some wording on it – “no smoking at the bus stop”.

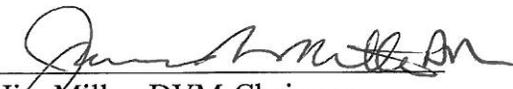
**AGENDA ITEMS JANUARY 2015 MEETING**

- Naloxone Update
- Mayor’s Poverty Reduction Initiative
- Senior Pharm*Assist*

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

- NALBOH-National Association of Boards of Health’s annual conference will be held in August 2015 in Kentucky. Funds are budgeted for three board members to attend. Dr. Levbarg asked that members visit the association’s website to get more information about the planned agenda.
- Board members were told that agenda with hyperlinks (the electronic Board packet) will be sent on January 5, 2015 because of modifications being made to the County website.

Mr. Dedrick made a motion to adjourn the meeting. Ms. Watterson seconded the motion and the motion was unanimously approved.

  
\_\_\_\_\_  
Jim Miller, DVM-Chairman

  
\_\_\_\_\_  
Gayle B. Harris, MPH, Public Health Director

# Triple P Positive Parenting Program



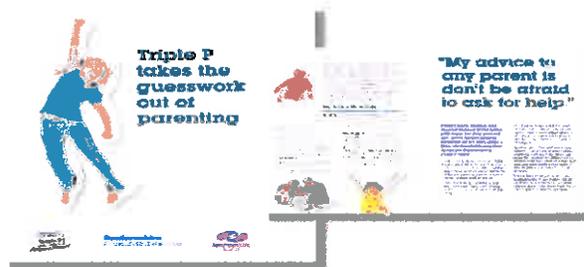
Christian Barfield, BSW, MSW  
Triple P Program Coordinator  
Community Health Division  
Durham County Department of Public Health

## Objectives

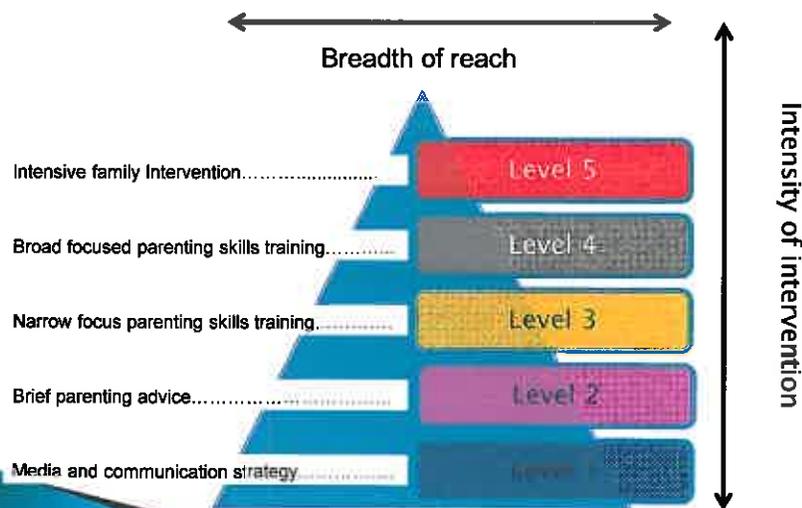
- ▶ Overview of the Triple P – Positive Parenting Program
- ▶ Benefits of Triple P – Positive Parenting Program
- ▶ Intent of Triple P in Durham County
- ▶ Implementation/Progress of Triple P in Durham County

## What is Triple P

- ▶ Developed at the University of Queensland in Australia
- ▶ An evidence-based parenting program
- ▶ Multi-level Triple P System



## Triple P System



## Overall benefits of Triple P

- ▶ Increases parents' confidence and competence in raising their children
- ▶ Improves parent-child relationships
- ▶ Increases access to parenting information
- ▶ Offers multiple ideas/strategies that parents can choose from to suit their own needs
- ▶ Encourages parents to have realistic expectations
- ▶ Encourages parents to take care of themselves



## Intent of Triple P in Durham

- ▶ To enhance the solid foundation of good parent - child relationships.
- ▶ To reduce the incidence of child maltreatment and abuse.
- ▶ To promote the independence and health of families through enhancement of parent's skills, confidence and self-sufficiency.
- ▶ To enhance developmental and behavioral outcomes for all children.



## Implementation/Progress of Triple P in Durham County



### Building Community Relationships

- ▶ Establish and convene local Advisory Board
  - Comprised of 21 community partners
  - Primary in key decision making process of Triple P implementation
  - Board members meet on a quarterly basis
- ▶ Collaboration with Key Stakeholders
  - Between 12/9/2013 & 4/30/2014 Presentations given at 26 community businesses
  - Between 5/1/2014 & 10/31/2014 Presentations given at 40 community businesses and 10 faith based organizations



## Training & Accreditation

- ▶ **Training Sessions 2014**
  - Level 3 Primary Care – 3 provided
  - Level 4 Standard Care – 1 provided
- ▶ **Accredited Providers**
  - Level 3 Primary Care – 58 out of 60 providers earned full accreditation
  - Level 4 Standard Care – 10 out of 10 providers earned full accreditation
- ▶ **Provider Engagement**
  - Achieved 98% Provider Engagement
  - 68 Providers are promoted on the NC parent website

## Proposed Training Sessions 2015

- ▶ 1 Level 2 Brief Primary Care Triple P training
- ▶ 1 Level 4 Standard Triple P training
- ▶ 1 Level 2 Selected Seminars training
- ▶ 1 Level 4 Group Triple P
- ▶ 1 Level 3 Primary Care Stepping Stones Triple P training
- ▶ 1 Level 5 Enhanced Triple P training or Level 5 Family Transitions Triple P training (depending on community need)
- ▶ 1 Group Life Styles Triple P training offered as an open enrollment process; sponsored by Triple P America – Hosted by Durham County Department of Public Health

## Conclusion

- ▶ Triple P is an evidenced based approach to parenting that assists parents with learning how to have a much more enjoyable family life.
- ▶ Triple P is needed in Durham County to increase the knowledge, skills and confidence of parents to prevent child maltreatment and abuse and reduce out of home placements.
- ▶ Successful implementation of the Triple P Parenting Program within a public health context only happens when there is commitment and engagement from the entire community.



## Final Thought



If we give parents the tools to nurture their children in infancy then the result will be a more self-confident and resilient individual for decades to come. Triple P proves it is far less expensive to coach parents to support children than to maintain prisons years later.

## Question & Answer Time



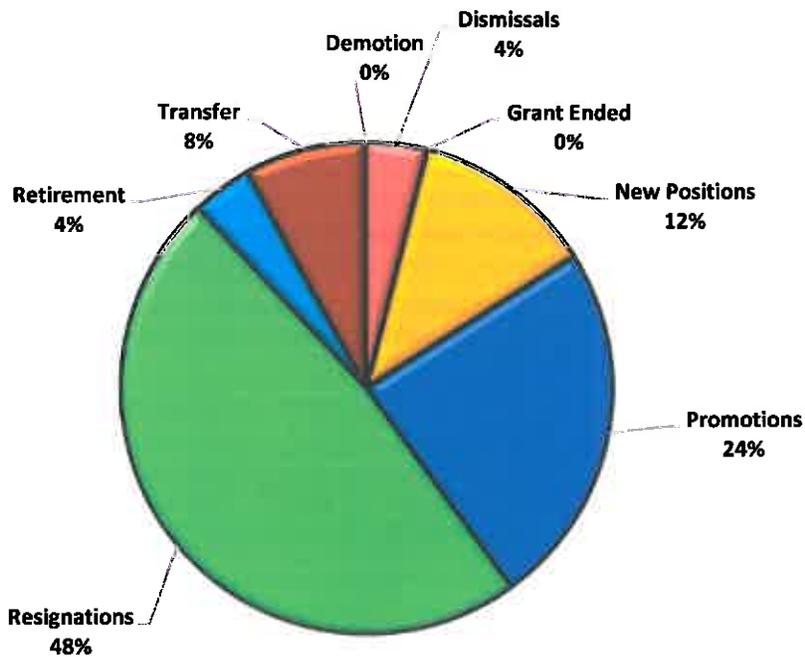
**Q & A time**



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**PUBLIC HEALTH VACANCY REPORT**  
**July 1, 2014 through June 30, 2015**  
**Month Ending 11/30/2014**

<u>Vacancy Reasons</u>	<u>FY 13/14*</u>	<u>FY 14/15**</u>	<u>#</u>	<u>%</u>
Demotion	0	0	0	0%
Dismissals	0	1	1	4%
Grant Ended	0	0	0	0%
New Positions	1	2	3	12%
Promotions	1	5	6	24%
Resignations	1	11	12	48%
Retirement	1	0	1	4%
Transfer	0	2	2	8%
	<b>4</b>	<b>21</b>	<b>25</b>	<b>100%</b>



\*4 vacancies remain unfilled from FY 13/14

\*\*FY 14/15 vacancies are cumulative

3 positions became vacant in November FY 14/15

**VACANT POSITIONS in FY 2014/2015**  
**Month Ending 11/30/2014**

Cost Center	Position Title	Notes	Position Number	Leave Date	Start Date
CH/OBCM	Social Worker II		40001342	10/31/13	7/7/14
Nutrition	Nutritionist		40005377	10/27/13	7/7/14
Health Education	PH Education Spec		40007078	10/13/13	7/7/14
CH/Adult Health	Physician Extender		40001119	10/31/13	7/21/14
CH/School Health	PH Nurse Specialist		40007500	12/22/13	7/21/14
CH/School Health	Sr PH Nurse		40007629	7/20/13	7/21/14
Admin/Services	Processing Assistant		40000947	3/14/14	8/18/14
CH/CC4C	HS Coord II		40001100	5/30/14	8/18/14
Nutrition	Nutrition Prog Mgr		40005361	5/30/14	8/18/14
CH/Adult Health	Physician Extender		40001057	1/22/14	8/21/14
*Nutrition	Nutrition Specialist		40008050	12/19/13	9/1/14
Admin/Lab/Pharm/Support Svcs	Pharmacist		40001042	4/30/14	9/2/14
Admin/Services	Office Assistant		40002020	4/27/14	9/15/14
Health Education	Sr PH Educator		40007403	9/2/14	10/13/14
Env Health	Env Health Specialist	VACANT-Req to HR 7/1/14	40001164	6/20/14	11/10/14
Admin/Services	Processing Assistant	VACANT	40001031	2/21/14	11/24/14
Nutrition	Nutrition Specialist	VACANT	40005364	8/15/14	11/24/14
Nutrition	Nutritionist	VACANT	40005376	11/23/14	
Admin/Lab/Pharm/Support Svcs	Sr Med Lab Assist	VACANT	40001013	9/11/14	
CH/CC4C	Social Worker II	VACANT	40001099	8/15/14	
CH/Maternal Health	Comm Hlth Assist	VACANT	40001120	8/30/13	
CH/School Health	Sr PH Nurse	VACANT	40001138	10/13/13	
CH/School Health	Sr PH Nurse	VACANT	40001139	7/20/14	
School Health	Sr PH Nurse	VACANT	40001140	7/20/14	
Nutrition	Nutrition Specialist	VACANT	40005369	11/6/14	
Nutrition	Nutritionist	VACANT	40005378	8/29/14	
Admin/Lab/Pharm/Support Svcs	Med Lab Technician	VACANT	40006525	7/25/14	
Dental	Dental Assistant	VACANT	40006775	8/8/14	
Comm & Information	Comm & Info	VACANT	40007076	10/10/14	
Nutrition	Clinical Soc Wrk	VACANT	40007476	10/10/14	
DDC/Nutrition	Nutrition Specialist	VACANT	40007477	11/4/14	
Nutrition	Comm Hlth Assist	VACANT	40007576	8/13/14	
Nutrition	Clinical Soc Wrk	VACANT	40007577	8/4/14	
CH/School Health	Sr PH Nurse	VACANT	40007628	7/25/14	
CH/School Health	Sr PH Nurse	VACANT	40007632	5/23/14	
Comm & Information	Comm & Info	VACANT	40007828	8/22/14	
Nutrition	PH Project Mgr	VACANT	40007894	8/15/14	
*Nutrition	Nutrition Specialist	VACANT-Req to HR 1/6/14	40008051	12/19/13	
*Env Health	Env Health Specialist	VACANT	40008250	7/28/14	
*Env Health	Env Health Specialist	VACANT	40008251	7/28/14	
*New Position					

**ENVIRONMENTAL HEALTH**  
Onsite Water Protection Notices of Violation  
November 2014

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	N		Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV forwarded to County Attorney's office 8/14/2014.
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	N		No Subsurface Operator. NOV forwarded to County Attorney's office 8/14/2014.
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	Y	N		Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned.
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	N		Failing septic system. Non-repairable. Owner is attempting to gain access to municipal sewer line. City Council approved sewer connection on October 6 2014. Property owners are working with the City to facilitate the connection.
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y		Sewage discharging due to nonoperational lift pump. House is connected to municipal sewer but is outside the City limits. Forwarded to County Attorney's office 10/20/2014. 10 day demand letter mailed to owner by County Attorney's office 10/30/2014.
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	N		No subsurface wastewater system operator