

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

James Miller, DVM; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Stephen Dedrick, R.Ph, MS; Dale Stewart, OD; Teme Levbarg, MSW, PhD; and F. Vincent Allison, DDS.

Excused Absence: Heidi Carter, MSPH;

Absent: John Daniel, Jr., MD and Commissioner Brenda Howerton

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

**CALL TO ORDER:** Chairman Jim Miller called the meeting to order at 5:15pm with a quorum present.

Dr. Levbarg asked the Board to reflect for a minute on September 11, 2001 (9/11). Dr. Levbarg stated, "Each generation has significant historical events we'll tell our grandkids about -- where we were the day it happened, how it made us feel, and what it meant for our community, our country, and the world."

"For many of us, September 11, 2001 is one of those events. And while we remember that pivotal day, we remember the fallen, and the heroes who played critical roles in the survival of many. As the world looked on, rescue workers were relentless in their pursuit of survivors, on a scale none of us had ever seen before. That morning, in Winston-Salem, members of the NCPHA Governing Council held hands and offered a prayer of support, hope, protection, and peace, to help heal our suddenly broken world."

"Let's take a moment of silence to remember and honor the fallen and the heroes, as we once again hope for a world less broken."

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO**

**AGENDA:** The following items were added to the agenda:

1. Enterovirus D68 (new business)

Mr. Dedrick made a motion to accept the additions/adjustments to the agenda. Dr. Levbarg seconded the motion and the motion was approved unanimously.

**REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Dr. Fuchs made a motion to approve the minutes for August 14, 2014 meeting. Mr. Dedrick seconded the motion and the motion was unanimously approved.

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

**STAFF/PROGRAM RECOGNITION:**

There were no staff/program recognitions.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **COMMUNITY TRANSFORMATION GRANT UPDATE**  
*(Activity 10.1)*

Kelly Warnock, Nutrition Program Manager provided the Board an update on the Community Transformation Grant.

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What is CTG?

- CDC Grant awarded to NC Division of Public Health
- 5 year grant, ending early in September after 3 years

**Goals:**

- prevent chronic disease
- promote healthier lifestyles
- reduce health disparities
- control health care spending
- Very specific objectives

The State of North Carolina was broken into regions. One large success of the grant is the network of public health professionals that was created by this method. Durham is in Region 5. Region 5 plans to continue meeting quarterly to network, share resources, and continue collaborating on projects.

**Tobacco Free Living:**

- After the implementation of the Smoking Rule, many activities have focused on public awareness, education and support through cessation efforts. Two community wide assessments were conducted to measure our efforts and to identify additional needs. We continue to conduct awareness activities through campaigns, community events and dissemination of compliance cards and other educational materials.
- Prior to the implementation of the Smoking Rule, youth helped by conducting butt cleanups in targeted areas in Durham. Afterwards, youth and at least one agency that works with youth partnered with other community members to conduct environmental scans. Youth and adult leaders were educated about the Rule and were asked to describe what they saw in their communities, targeted areas and bus stops. They helped us to identify numerous smoking violations, notice areas where signage was not originally placed and helped identify areas where more education and communication were needed. As signage increased, less smoking occurred. There was a noticeable amount of cigarette butts in the parks around the children play and shelter areas. Quite a few around basketball courts and seating areas. Some parks more than others. From the last butt cleanup, less were found.
- Most recently, we have built a relationship with downtown Durham community ambassadors that are visible during the day. This group provides information about downtown Durham to the public and help to ensure the area is visibly attractive. Soon, signage on their everyday equipment will be visible to the public to help remind people about the Smoking Rule.
- There has also been strides towards improved signage, replacement of the signs that have been removed and/or damaged; meetings with Duke University Medical Center to improve signage, educate users of the facility which have resulted in a decrease in complaints due to non-compliance in and around the hospital campus.
- Durham County Department of Public Health staff met with NCCU representatives for the consideration of expanding the current 25 foot smoking barrier. At that time, NCCU desired not to extend the distance because too many of the buildings are in areas close to the street and many were associated with safety concerns (such as Fayetteville and Alston Avenue) A small group of students from Public Health Education, Public Administration and Student Health were involved in furthering the conversation with NCCU Administrators. At the time, the University was in search of a Chancellor and preferred the conversation after a candidate was chosen. Conversations have begun again about the current policy

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and how to support students with cessation. Members from the Employee Health committee have also joined the conversation and a smaller group are working on recommendations to bring before the Chancellor for support.

- Began the discussion on the possibility of policy changes in multi-unit housing. An assessment was conducted to identify property management groups that are interested in smoke-free housing. Using this information, those who expressed interest and those who were willing to consider have been contacted for further activities. Since then, two smaller multi-unit housing properties have adopted a smoke-free policy, while two have agreed to allow smoking in designated areas on the properties. Michael Scott, Public Health Education Specialist has provided cessation support for each property.
- Barriers: the concern by property managers that a policy will make it more difficult to attract tenants, legal concerns and the costs to implement. As this has become a statewide interest, support has been available from the NC DHHS Tobacco Prevention and Control Branch. Willa Allen, Health Education Program Manager & Michael Scott, Public Health Education Specialist have received some training on MUH.
- Complaint line and email monitored by Health Education & Environmental Health. The number of complaints have notably decreased.
- Investigation of complaints/violations: All complaints have been investigated and if able to be resolved, resolved.
- Fresh Start/Quit Smart classes continue to be offered to community members and provided for organizations that request onsite classes. In August 2013, five health educators were trained in the QuitSmart methodology through CTG. During the project, 16 smoking cessation series have been conducted. With a supported position, we have been able to start collecting data that will become part of our success rates and to identify areas of need.

**Healthy Eating:**

- Veggie Van: The Veggie Van continues to serve DCo staff and clients. The county provided money to start a new site at Lincoln Community Health Center this spring. DCoDPH was awarded the Ann Wolfe Mini Grant from NCPHA. Money will be used to pilot a veggie prescription program, providing prescriptions and discounted produce to 36 centering patients at each of their 10 appointments.
- Farmers Market Double Bucks Program: DCoDPH will continue to provide technical assistance, outreach and education, and marketing for the Durham Farmers' Market and South Durham Farmers' Markets' Double Bucks Programs. The programs double SNAP dollars up to \$10 (so \$10 of SNAP benefits becomes \$20 to spend at the market). Both markets are also interested in participating in a veggie prescription program. A UNC intern working with DCoDPH is researching different models of prescription programs throughout the country.
- Northern Durham Farmers Market/Health Impact Assessment: We contracted with UNC's Center for Health Promotion and Disease Prevention to facilitate our first health impact assessment around a North Durham Farmers' Market. A large community survey with over 300 participants was performed as was a survey of local farmers. Both showed overwhelming support for the project. We are now evaluating what role DCo should play in the project. The DPS Hub Farm may organize a few individual market days next spring to pilot the idea.
- Durham Public Schools Hub Farm: DCoDPH continues to work with Durham Public Schools Hub Farm to increase student access

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to healthy foods. DCoDPH assisted the Hub Farm staff in writing and was awarded a mini grant from the YMCA to hire three high school students to advocate completion of the sidewalks along Milton Rd., better cross walks and signage. The group hopes to present to the Durham Open Space and Trails Commission and School Board.

- Good For You Project: The Nutrition Division continues to partner with grocery and convenience stores on their Good For You Project. So far we put a healthy check out aisle in Los Primos and completed a healthy corner store conversion in Express Mart (the corner of Roxboro and Geer). Our goal is to work with two new stores in the next year, work on reviving the healthy aisle, and partner with Veggie Van to pilot selling more fruits and vegetables in Express Mart.
- Food Policy Council: DCoDPH continues to partner with a group of nonprofits, for profits, City, County, advocacy organizations, concerned citizens to create a Food Policy Council. The goal is to create a stronger, healthier, more resilient, and more accessible food system in Durham County. A public forum is planned for the end of October.

**Community-Clinical Linkages:**

- DCoDPH continues to offer Eat Smart Move More Weigh Less, Diabetes Self-Management Education, Chronic Disease Self-Management, and Smoking Cessation (Fresh Start & QuitSmart) series.

- **FINANCIAL REPORTS (Activity 39.2)**

Will Sutton, Public Health Finance Officer provided the Board with an financial overview that covered where Public Health started and ended with its FY14 budget in addition to a comparison to F15; the actuals for expenditures and revenues for FY 14 and briefly covered the source of revenues.

- **FY 2014 Approved Budget**

Total FY14 Approved Budget was \$20,876,989  
The County Funded portion was 71.96% at \$15,023,563  
Medicaid portion was 9.73% at \$2,031,963  
Grant portion was 16.61% at \$3,468,551  
Fees for Services was 1.68%  
Other .02%

- **FY 14 and FY 15 Approved Budget Comparison**

The overall total approved budget increased 4.62% between 14 and 15  
For both 14 and 15 the County funded portion of the total approved budget was 72%  
Medicaid funded portion of the budget from 14 to 15 decreased 3.3%  
Grant funded portion increased 3.35% from 14 to 15

- **Expenditures and Revenues – FY 14 End Result**

These slides were based on the Current Budget as opposed to the Approved July 1 Budget  
Current Expenditure budget was \$22,254,470 and the actual Expenditure total was \$19,414,494 which is an 87% usage overall  
Current Revenue budget was \$6,402,474 and the actual Revenue Collected was \$5,257,968 which is an 82% collection overall

- **Two Year Comparison**  
Two year comparison slide shows FY 13 and FY 14 side by side for Expenditures and Revenues  
Medicaid cost settlement for FY 14 has not been received yet. Therefore the settlement revenue was excluded from the FY 13 totals.  
FY 13 and FY 14 expenditure usage was 85% and 87% respectively  
FY 13 and FY 14 revenue collection were both at 82%  
If the cost settlement had been included with the FY 13 totals then the revenue percentage collection at a whole would have been at 100%
- **Three Year Revenue Type Comparison**  
Chart gives a breakdown of Grants, Medicaid, Fees for Services and Other revenues for the past years FY 12, 13 & 14  
In FY 12 and part of FY 13, Medicaid revenue from CC4C/OBCM was posted into Grants.  
FY 12 & 13 Medicaid numbers will be understated and Grant numbers overstated as a result of the CC4C and OBCM posting
- **Conclusions/Comments**  
Budget monitoring will be improved going forward when better planning is more in depth  
Work with Division Directors and Program Managers to aim for 90%+ expenditure usage and improvement in revenue collection  
Still working out issues with Patagonia and thus improvements in billing should result  
SAP internal training planned to enable better use of the system for reporting and monitoring.

*(A copy of the Financial Report PowerPoint is attached to the minutes.)*

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

The Durham County Board of Health received a copy of the August 2014 vacancy report which included a total of 32.0 FTEs *(4 new positions, 10 resignations, 2 transfer, 3 dismissal, 7 promotions, 1 demotion and 5 retirements)*. *(A copy of August 2014 vacancy report is attached to the minutes)*

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for August 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 August 2014 NOV report and status update is attached to the minutes)*

**Health Director’s Report  
September 11, 2014**

**Division / Program: Nutrition Division / Clinical Nutrition Services—  
Diabetes Self Management Education Program Annual Monitoring  
Site Visit**

**(Accreditation Activity 22.3- Comply with laws and rules relating to programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda.)**

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**Program description**

- The Durham County Department of Public Health's (DCoDPH) Diabetes Self-Management Education (DSME) program underwent an annual monitoring site visit and audit by the North Carolina Division of Public Health (NC DPH) on July 17, 2014.

**Statement of goals**

- Maintain compliance with program standards to allow for continued operation of services and maintenance of American Diabetes Association (ADA) recognized program status.
- Obtain deficiency-free site visit report.

**Issues**

- **Opportunities**
  - Recognized ADA DSME programs that follow national standards of care guidelines are able to bill for DSME services.
  - Registered Dietitians are approved providers for DSME the program delivery and billing.
  - The DCoDPH DSME program services are based on a sliding scale fee and offer a safety net program to Durham residents living with diabetes.
- **Challenges**
  - Assessment and approval of the DSME program by the NC DPH is necessary for the DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

**Implications**

- **Outcomes**
  - DCoDPH's DSME program received a deficiency-free monitoring report.
- **Service delivery**
  - ❖ The DSME program encompasses an initial assessment of each participant and nine hours of group or individual instruction.
  - ❖ Services are provided on-site at the DCoDPH.
- **Staffing**
  - ❖ Fifty percent of a Registered Dietitian's position is committed to management of the DSME program.
- **Revenue**
  - ❖ DCoDPH is a provider for BCBS and Medicaid. Participants not covered under either plan are billed using a sliding scale fee.

**Next Steps/Mitigation Strategies**

- As a program approved through the American Diabetes Association and the NC DPH, DCoDPH's Diabetes Self-Management Education program will continue to provide quality diabetes self-management education to residents of Durham County.
- Collaborative efforts with community health care partners and marketing of the program will continue to ensure optimal use of this resource.

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**Division / Program: Dental Division/ Back to School Smiles Event (Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)**

**Program description**

- On Friday morning, August 22<sup>nd</sup>, the Dental Clinic hosted its annual Back to School Smiles event, prior to the start of the traditional school year.

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**Statement of goals**

- Provide exams (including x-rays) to children who are not covered through insurance and do not have a dental home.
- Provide oral health and nutrition instructions to patients and their families, and raise awareness to the larger community through press releases.
- Provide the opportunity for additional children to start the school year with a treatment plan in place to address oral health issues.

**Issues**

- **Opportunities**
  - In addition to the pediatric dentists who provided screenings, a nutritionist participated in the event, providing information to patients/families and answering their questions.
  - Some children had not seen a dentist in years and were able to receive x-rays and screening.
  - Families were given information about and applications for Medicaid.
- **Challenges**
  - ❖ One of the scheduled dentists was unable to participate, which left two dentists to complete all exams.
  - ❖ The event continues to run as a morning-only session, minimizing the number of patients seen.

**Implication(s)**

- **Outcomes**
  - ❖ The dentists and auxiliary staff worked expeditiously, and numerous parents expressed their appreciation for the exams.
  - ❖ The Division provided the patients with services valued at \$3,500.
  - ❖ Follow-up appointments were scheduled for 11 patients.
  - ❖ Three media outlets covered the event.
- **Service delivery**
  - ❖ The event ran from 8:30 a.m. – 1 p.m. and 22 patients were treated. All patients received x-rays and an exam. Fifteen families met with the nutritionist.
- **Staffing**
  - ❖ Services providers included the Director of Dental Practice, contract dentist (Felecia Swinney) donated her time; three dental assistants, two hygienists, an interpreter, and two processing assistants.

**Next Steps / Mitigation Strategies**

- The team is rethinking future events, and specifically reviewing hours of operation, number of service providers, etc.

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**Division / Program: Community Health Division / School Health Program Outreach**

**(Accreditation Activity 12.3- Participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program description**

- The School Health Program participated in the Durham Rescue Mission's Annual Back to School Backpack Give Away and Cookout on August 21, 2014.

**Statement of goals**

- Provide information to the community on school nurse services in Durham Public Schools (DPS) in order to assist families in preparing their children for a safe and healthy school year

**Issues**

- **Opportunities**
  - To make families aware of Public Health School Nurses as key resources in the back to school process in DPS.
  - To encourage parents/guardians to work with Public Health School Nurses throughout the year to partner in monitoring the physical and mental health of students.
- **Challenges**
  - The recommended nurse to student ratio recommended by the state of NC and the National Association of School Nurses is 1 nurse to 750 students. The current ratio is approximately 1 nurse to 1,225 students in DPS. Fifteen (15) Public Health School Nurses provide general school health services for fifty-five (55) Durham Public Schools.

**Implication(s)**

- **Outcomes**
  - ❖ Ten families discussed and received information on specific health concerns
  - ❖ Approximately 300-400 families connected with the Public Health School Nurses and received information on school nurse services.
  - ❖ Additional community agencies/citizens were made aware of the availability of public health school nurse services in Durham Public Schools.
- **Service delivery**
  - ❖ The School Health Program works closely in collaboration with DPS and community partners to implement and manage student school health services.
- **Staffing**
  - ❖ School Health Program nurses

**Next Steps / Mitigation Strategies**

- The School Health Program staff will continue to participate in activities that promote the health and well-being of students and their families.

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**Division / Program: Community Health Division / Tuberculosis Control Program**

**(Accreditation Activity 17.3- Monitor compliance with communicable disease control laws and rules.)**

**Program description**

- A large scale TB contact investigation that involved a local university and an organization in the Research Triangle Park was conducted.

**Statement of goals**

- To ensure that all persons with active tuberculosis will complete a standard multi-drug regimen and to rapidly identify individuals who are high priority contacts to the confirmed case in order to evaluate risk of exposure.

**Issues**

- **Opportunities**
  - Investigation initiated to identify and test all contacts to a 26 year old female diagnosed with active TB

- **Challenges**

- To accurately identify all contacts to a 26 year old female attending a local university who is also employed at a large facility in the Research Triangle Park (RTP). The investigation included identification of all contacts in school (faculty and students), at place of employment, in household, through extracurricular activities, etc.
- To communicate with the university and place of employment in such a way as to provide adequate information without creating undue alarm and anxiety as well as communicate without violating the confidentiality of the student involved.
- To plan and coordinate testing at the employment site to minimize employee time away from the production line. Work schedule was in 12 hour shifts, so testing was scheduled at times convenient to the facility. DCoDPH staff arrived on 3 different days at 3 am and 7 am to test contacts in 4 hour blocks.
- To plan and implement actual TB testing at employment site for the 119 contacts identified (transportation of supplies, staff, paperwork, educational materials, etc).
- To collaborate/coordinate with Oxford Laboratories and RTP employer to provide T-spot testing to employees rather than the traditional TB skin test. The employer paid the cost of testing by this method. T-spot requires only one blood draw, provides more accurate results, and does not require 2 day follow-up to interpret skin test results. A special process was developed for billing, provision of supplies, transportation of tests for processing, employment of phlebotomists (through a temp agency), etc., specifically for this investigation.
- To coordinate identification, notification, and TB skin testing of all 182 student and 11 faculty contacts through university student health.
- To mobilize an adequate number of clinic staff to work with university student health to register and screen contacts, to administer the skin tests (Phase I), and to return 2 days later to interpret/read the results of the skin tests (Phase II).
- To convey to the university the importance of requiring all contacts to be tested as quickly as possible. Response by the students to the university's notification of the need for testing was minimal. With the encouragement of the state TB Program, the DCoDPH TB clinic urged the university to consider other methods to increase participation, such as limiting student access to classes until testing was completed.

**Implication(s)**

- **Outcomes (to date)**

- ❖ Eight contacts at the employment site have tested positive; all have been referred for a follow-up chest x-ray. TB clinic staff will obtain x-ray results and provide care and services, as indicated.
- ❖ Five contacts at the university have tested positive; all have been referred for a follow-up chest x-ray. TB clinic staff will obtain x-ray results and provide care and services, as indicated.

- **Service delivery**

- Ninety-nine of the 119 contacts have been tested at the employment site. Four contacts are no longer employed, but will be contacted by the employer with instructions for testing. Efforts to provide testing to the remaining contacts will continue until all have been tested.
- Fifty-six of the 194 contacts have been tested at the university site. Efforts to provide testing to the remaining contacts will continue until all have been tested.

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- **Staffing**

- ❖ The Non-Sexually Transmitted Communicable Disease supervisor was responsible for the investigation. Overall, testing at both sites required the use of 2 TB nurses, as well as the CD nurse, the Preparedness Coordinator, one Immunization nurse, the TB clinic administrative support person, and the state TB staff nursing consultant.
- ❖ The employer hired phlebotomists, which helped tremendously. The employer risk manager was actively involved in every aspect of planning, e.g., coordinated all logistics and the billing processes and scheduled the times for employee testing, which made the entire process very efficient.
- ❖ University student health staff assisted with identification and notification of contacts, TB skin testing, and follow-up.

**Next Steps / Mitigation Strategies**

- Treatment of the active case has begun; household contacts have been tested; one has begun treatment for latent TB.
- All contacts will be tested again at 8 weeks per CDC recommendations. The schedule for follow-up has already been established with the university and with the employer.
- Ongoing communication with the university and employer to answer questions, provide information, and ensure follow-up will be provided as needed.

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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**

- Increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- Increase the public's utilization of the Department of Public Health's programs and services.
- 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**

- ❖ During the month of August, two (2) media advisories/releases were disseminated. Staff also responded to one (1) direct (unsolicited) inquiry from a reporter. A total of 27 media pieces featuring 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, a segment on *In Touch with Durham County* on the Culture of Health Prize, the growing Corner Store initiative (1)(2)(3), a new state law on Epi-Pens in schools, the dental division's *Back to School Smiles* day (1)(2), restaurant inspection scores, and another Durham-specific RWJF piece in the national blog *Health Affairs* (1).  
**(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)**
- ❖ The department Communications Manager continues to work with staff from Washington, D.C. based Burness Communications months after the Robert Wood Johnson Foundation (RWJF) Culture of Health Prize announcement, as more media outlets are interested in the work taking place in Durham. On August 19, a reporter with *Health Matters with Dr. Sanjay Gupta* interviewed the Public Health Director and key staff members about the progress of key initiatives featured in Durham's RWJF community video. This piece should be released tentatively during the month of September.  
**(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)**
- ❖ On August 20, the department Communications Manager attended a county-level emergency operations planning meeting focusing on the integration of social media use into the functions of the current Joint Information Center (JIC) during an emergency or inclement weather event. Next steps will include the county officially identifying social media platform that they will use to disseminate emergency information, as well as identifying staff who are social media savvy, to supplement JIC resources, in the event of an emergency or inclement weather event. **(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 7.6-Testing of Public Health Preparedness Response Plan)**
- ❖ On August 21, the department Communications Manager attended an emergency preparedness meeting and preliminary planning session, hosted by Duke University, with other PIOs throughout Durham County. Next steps will include refining communication plans and creating more opportunities for PIOs in the county to exercise together before an actual emergency occurs. **(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 Division / Flexible Benefits**  
**(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**

- Flexible Benefits is a four week series, which met once a week for 30 minutes to focus on stretching and flexibility.
- After the first week's overview, the following weeks consisted of a focus on major groups of muscles: upper body, back and abs, lower body.
- All sessions were held in the Durham County Human Services Building Fitness Center and led by a health education specialist who is also a certified fitness trainer.

**Statement of goals**

- Introduce awareness of muscle groups and exercises that can help maintain flexibility
- Introduce exercises that can be replicated at home with no additional equipment
- Stress the importance of maintaining flexibility
- Protect against injuries, improve circulation and decrease tension

**Issues**

- **Opportunities**
  - The 2013 Fitness Center employee survey indicate interest in strength and flexibility.
  - Better flexibility may improve performance in physical activities and/or decrease the risk for injuries by helping the joints move through their full range of motion, enabling the muscles to work most effectively. Stretching increases blood flow to the muscle.
  - 100% of the participants that completed the evaluations stated the time was perfect and it was a great way to start the day.
- **Challenges**
  - Space was adequate and comfortable for 8 participants with the mats; however, it is not large enough to expand the group.

**Implication(s)**

- **Outcomes**
  - ❖ Attendance was steady but did decrease from 10 to 8 participants.
  - ❖ Evaluations of the program indicated improvements from week to week in flexibility of large muscle groups.
  - ❖ Over 50% have requested that the program return to the schedule or continue weekly with no end date.
- **Service delivery**
  - ❖ The ratio of participants to instructor was 1:8
  - ❖ The program was delivered once a week on Wednesdays from 8:00am-8:30am in the aerobics room.

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- **Staffing**
  - ❖ One health educator with a solid background and experience in fitness instruction created and delivered the program
- **Revenue**
  - ❖ None. Program was free and targeted Durham County Government employees
- **Other**
  - ❖ Participants have expressed interest in future activities offered by the Fitness Center.

**Next Steps / Mitigation Strategies**

- Based on the evaluations, Flexible Benefits will return in the fall with a few modifications,
- To continue building on skills learned, additional levels may be offered for participants completing the series.

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**Division / Program: Health Education Division / Reproductive Health & Safety**

**(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**

Reproductive Health & Safety Education is the official name for comprehensive sexuality education provided under the Healthy Youth Act of 2009. This state law went into effect in the 2010-2011 school year and redefined what is to be included in the human sexuality education component of healthful living classes for North Carolina students in 7<sup>th</sup> and 8<sup>th</sup> grades and throughout high school. The law replaced Abstinence until Marriage Education with comprehensive sexuality education that includes abstinence. The law also eliminated the public hearing process by which Durham County adopted its policy of comprehensive sexuality education in the late 1990's.

**Statement of goals**

- Provide young people with the tools to make informed decisions and build healthy relationships;
- Stress the value of abstinence while also preparing young people for when they become sexually active;
- Provide medically accurate information about the effectiveness and failure rates of all FDA approved contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STI's, including HIV/AIDS;
- Encourage family communication about sexual health and sexual risk reduction;
- Teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical and sexual advances; and
- Teach young people how alcohol and drug use can affect responsible decision making.

**Issues**

- **Opportunities**
  - To provide high quality education to a large group of students at one time.
  - Increase family communication about sexual health and sexual risk reduction.
  - DCoDPH in collaboration with NC Department of Public Instruction and North Carolina Central University Public

Health Education program has offered several trainings/workshops to include the use of evidence-based curricula like *Successfully Teaching Middle/High School Health* and *Making Proud Choices to DPS Healthful Living* teachers, certifying them as “highly qualified” to teach Reproductive Health & Safety in the schools.

- **Challenges**

- One School Health Educator is assigned to assist Healthful Living Teachers with providing Reproductive Health & Safety Education in approximately 9 Durham Public Schools (DPS) middle schools and 6 DPS high schools. In addition, the School Health Educator responds to requests for assistance with Human Growth & Development classes from DPS and public charter elementary and middle schools.
- Forty minute class periods do not allow for implementation of evidence-based curricula like *Making Proud Choices (which features eight one-hour modules)*, with fidelity or as intended.
- Schools having a high census and 90 minute classes are more difficult for one person to cover in the 4 days allotted each semester. An additional Health Educator sometimes needs to assist with these schools.

**Implication(s)**

- **Outcomes**

- ❖ The School Health Educator provided instruction on Reproductive Health & Safety in 3 DPS Middle, 2 Durham Public Charter Middle and 2 DPS High Schools for a total of 110 educational sessions reaching 3,293 students.

- **Service delivery**

- ❖ The School Health Educator typically responds to requests for assistance with Reproductive Health & Safety from the Healthful Living (Health & Physical Education) Teacher at a middle or high school
- ❖ The School Health Educator usually schedules four (4) days per semester per requesting school and between 4-6 sessions each day in order to serve all students.

- **Staffing**

- ❖ One Health Education Specialist with 9 years of experience in School Health Education.

- **Revenue**

- ❖ Reproductive Health & Safety Education is provided at no cost to students attending Durham Public Schools in accordance with the Memorandum of Agreement between Durham County Department of Public Health and Durham Public Schools.

**Next Steps / Mitigation Strategies**

- The School Health Educator will continue to provide assistance with Reproductive Health & Safety from requesting DPS and Public Charter Middle and High Schools during the 2014-2015 school year.
- A plan is being developed to determine which curricula each middle and high school is using for Reproductive Health & Safety education across DPS.

**COMMITTEE REPORTS:**

There were no committee reports discussed.

**OLD BUSINESS:**

• **E-CIGS-PUBLIC HEALTH DOCUMENT:** *(Activity 34.5)*

Ms. Harris shared a copy of the letter of support sent by Dr. Miller, Chairman on behalf of the Board of Health to the Food and Drug Administration (FDA) supporting the FDA proposal for new regulations of electronic cigarettes, hookah tobacco, cigars, and other tobacco products including pipes, nicotine gels, and dissolvables.

*(A copy of the Letter of Support is attached to the minutes.)*

**NEW BUSINESS:**

• **BUDGET RATIFICATIONS:**

The Department of Public Health requested approval to appropriate unspent funds allocated in FY 2013-14 for Hepatitis C grant to FY 2014-15 Public Health Budget in the amount of \$11,741.

Dr. Allison made a motion to approve the budget ratifications to appropriate unspent funds allocated in FY 2013-14 for Hepatitis C grant to FY 2014-15 Public Health Budget in the amount of \$11,741. Dr. Fuchs 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 \$9,439 from NCDHHS Women's and Children's Health Section Nutrition Services Branch. The money was earned by DCo Environmental Health for inspecting Summer Food Service Program participants. The SFP is funded through the United States Department of Agriculture, Special Supplemental Nutrition Program, 7 CFR 225, CFDA 10.559 and provides lunches to Durham County children during summer months when many may not have access to nutritionally sound mid-day meals.

Dr. Levbarg a motion to approve the budget amendment in the amount of \$9,439. Ms. Watterson seconded the motion and the motion was unanimously approved.

• **ENTEROVIRUS D68 UPDATE:** *(Activity 2.3)*

Dr. Sena provided the Board of Health with an update on the outbreak of Enterovirus-D68 (EV-D68). Dr. Sena reported the virus is a new respiratory illness outbreak in the Midwest that involves six states in the Midwest. EV-D68 was first isolated in California in 1962 and has been reported infrequently since that time. Dr. Sena stated that there is no specific treatment but preventive measures for EV-D68 but children with asthma exacerbations or other severe manifestations may require hospitalization. Dr. Sena stated in the meantime what we have done is posted information on our CD website for providers and then we will be blast faxing to pediatricians and family practitioners. The flu vaccine has arrived and we plan to be proactive and began to provide the vaccine to providers, pregnant women and children.

*(A copy of the Letter from the North Carolina Department of Health and Human Services Division of Public Health dated 9/9/14 is attached to the minutes.)*

**Comments/Questions:**

**Dr. Fuchs:** Yes. That's good and the reason I asked is because we have been having internal discussions at Duke. I know UNC is also having the same discussions and a concurrent concern is about the capacity to accommodate these children in intensive care. The admissions could put our organization at capacity. If across our state we don't have enough PICU beds, it would present some challenges. The feedback that we are getting from other hospitals from across the country is that 200 kids are

16 A Regular Meeting of the Durham County Board of Health, held September 11, 2014.

showing up in the emergency department. It is potentially very concerning.

**Dr. Levbarg:** What is the nature of the disease? Does it start as a cold and then escalate to be this virus?

**Dr. Sena:** I read the CDC report and it doesn't really specify, but with any viruses usually you get symptoms and then you get pretty much the other symptoms rapidly especially; if you have asthma or any respiratory complications. The regional report said that there were cases in North Carolina but there have been no confirmed cases so far.

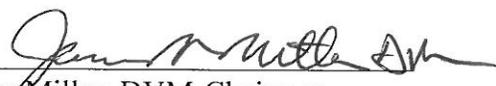
**AGENDA ITEMS-OCTOBER 2014 MEETING**

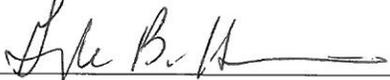
- ❖ Personnel Committee
- ❖ Program Update

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

- ❖ DINE Newsletter distributed to the Board

Mr. Dedrick made a motion to adjourn the meeting at 6:30pm. Ms. Watterson seconded the motion and the motion was unanimously approved.

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

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



**DURHAM COUNTY**  
1881

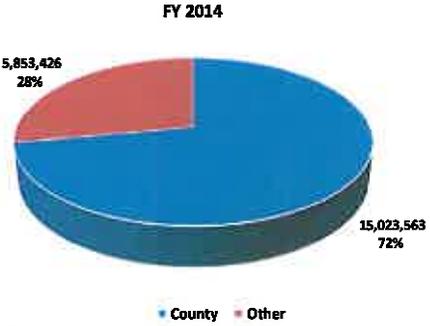
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# FY 2014 FINANCIAL OVERVIEW

DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

## FY 14 STARTING BUDGET GENERAL FUND

- **FY 14 Approved Budget**  
**20,876,989**
- **County Funding**  
**15,023,563**
- **Other Funding**  
**5,853,426**



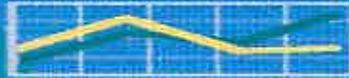
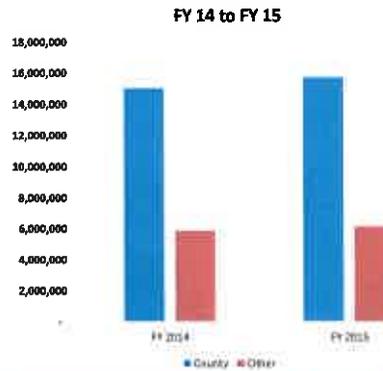
**FY 2014**

Funding Source	Amount	Percentage
County Funding	15,023,563	72%
Other Funding	5,853,426	28%



## FY14 TO FY15 BUDGET GENERAL FUND

FY 14 = **20,876,989**  
 County = **15,023,563**  
 Other Source = **5,853,426**  
  
 FY 15 = **21,841,914**  
 County = **15,719,673**  
 Other Source = **6,122,241**



### EXPENDITURES - WHERE WE ENDED

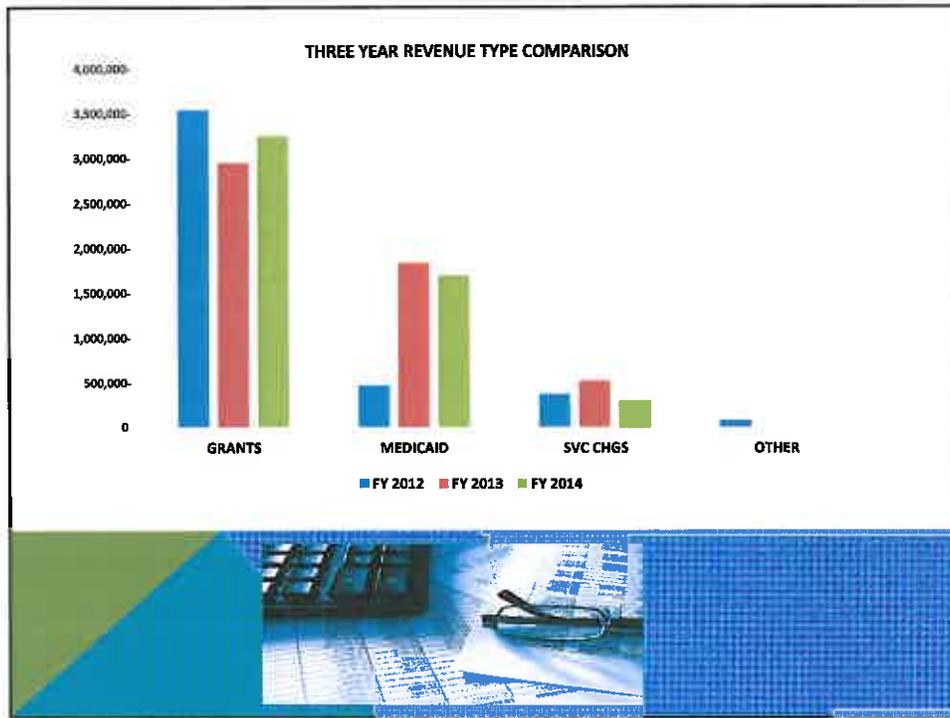
EXPENDITURES		FY 2014		
Cost Center	Description	Current Budget	Total Exp	Pct
5100621100	ADMIN	2,153,209	2,059,039	96%
5100621200	DEPARTMENTAL	1,521,841	1,270,300	83%
5100621500	NUTRITION	1,275,465	1,005,378	79%
5100621600	HEALTH EDUCATION	1,145,313	1,060,100	92%
5100621700	LABORATORY	727,788	645,395	89%
5100621800	DENTAL	996,745	917,712	92%
5100622100	GENERAL HEALTH	921,489	760,647	83%
5100622200	IMMUNIZATION	376,011	357,440	95%
5100622300	TB	514,171	518,117	101%
5100622400	PHARMACY	716,041	677,637	95%
5100622500	FAMILY PLANNING	895,924	713,782	80%
5100622600	ADULT HEALTH	29,121	12,700	44%
5100622700	AIDS CONTROL	351,666	275,499	78%
5100622900	DIABETES COAL PROJ	1,144,298	514,705	71%
5100623100	GENERAL NURSING	152,206	151,601	100%
5100623200	MATERNAL HEALTH	1,121,296	987,756	88%
5100623300	CHILD HEALTH	762,658	679,195	89%
5100623500	JAIL	3,229,848	3,057,648	95%
5100623600	SCHOOL HEALTH	1,588,246	1,267,215	80%
5100623800	DURHAM CONNECTS	306,702	250,000	82%
5100623900	BABY LOVE PROGRAM	596,285	467,732	78%
5100624100	GENERAL INSPECTIONS	935,745	806,497	86%
5100624200	PARENTING PROGRAMS	225,815	199,480	88%
5100624400	WATER & WASTE INSPEC	475,456	376,389	80%
5100624500	LOCAL PUBLIC HEALTH	97,330	95,347	98%
<b>TOTALS</b>		<b>22,254,470</b>	<b>19,414,484</b>	<b>87%</b>

### REVENUES - WHERE WE ENDED

REVENUES		FY 2014		
Cost Center	Description	Current Budget	Total Rev	Pct
5100621100	ADMIN	120,127	94,855	79%
5100621200	DEPARTMENTAL	120,499	91,268	76%
5100621500	NUTRITION	716,060	380,805	50%
5100621600	HEALTH EDUCATION	486,068	380,172	80%
5100621700	LABORATORY	40,000	0	0%
5100621800	DENTAL	213,000	200,993	94%
5100622100	GENERAL HEALTH	135,041	187,770	139%
5100622200	IMMUNIZATION	84,838	95,110	112%
5100622300	TB	124,161	124,457	100%
5100622400	PHARMACY	25,000	15,055	60%
5100622500	FAMILY PLANNING	358,465	285,859	80%
5100622600	ADULT HEALTH	29,121	20,010	72%
5100622700	AIDS CONTROL	189,928	28,000	15%
5100622900	DIABETES COAL PROJ	1,242,823	1,022,065	82%
5100623100	GENERAL NURSING	2,467	2,467	100%
5100623200	MATERNAL HEALTH	595,696	465,057	78%
5100623300	CHILD HEALTH	698,423	699,305	100%
5100623500	JAIL	4,000	2,565	64%
5100623600	SCHOOL HEALTH	177,415	182,160	103%
5100623800	DURHAM CONNECTS	82,522	34,891	56%
5100623900	BABY LOVE PROGRAM	508,656	500,814	98%
5100624100	GENERAL INSPECTIONS	55,863	84,710	152%
5100624200	PARENTING PROGRAMS	233,497	188,216	81%
5100624400	WATER & WASTE INSPEC	100,760	103,827	103%
5100624500	LOCAL PUBLIC HEALTH	80,000	78,820	98%
<b>TOTALS</b>		<b>6,402,474</b>	<b>5,257,968</b>	<b>82%</b>

### TWO YEAR COMPARISON

TWO YEAR COMPARISON		EXPENDITURES		REVENUES	
Cost Center	Description	FY 13 Expended	FY 14 Expended	FY 13 Collected	FY 14 Collected
5100621100	PUBLIC HEALTH ADMIN	98%	96%	48%	79%
5100621200	DEPARTMENTAL	66%	83%	100%	76%
5100621500	NUTRITION	91%	79%	77%	50%
5100621600	HEALTH EDUCATION	88%	92%	96%	80%
5100621700	LABORATORY	90%	89%	13%	0%
5100621800	DENTAL	95%	92%	205%	94%
5100622100	GENERAL HEALTH	88%	83%	114%	139%
5100622200	IMMUNIZATION	93%	95%	99%	112%
5100622300	TUBERCULOSIS SCREENI	83%	101%	100%	100%
5100622400	PHARMACY	92%	95%	112%	60%
5100622500	FAMILY PLANNING	86%	80%	67%	80%
5100622600	ADULT HEALTH	56%	44%	94%	72%
5100622700	AIDS CONTROL	100%	78%	100%	15%
5100622900	DIABETES COAL PROJ	36%	71%	42%	82%
5100623100	GENERAL NURSING	100%	100%	57%	100%
5100623200	MATERNAL HEALTH	89%	88%	72%	78%
5100623300	CHILD HEALTH	91%	89%	113%	100%
5100623500	JAIL	91%	95%	68%	64%
5100623600	SCHOOL HEALTH	70%	80%	84%	103%
5100623800	DURHAM CONNECTS	82%	82%	12%	56%
5100623900	BABY LOVE PROGRAM	92%	78%	103%	98%
5100624100	GENERAL INSPECTIONS	93%	86%	149%	152%
5100624200	PARENTING PROGRAMS	100%	86%	100%	81%
5100624400	WATER & WASTE INSPEC	90%	80%	88%	103%
5100624500	LOCAL PUBLIC HEALTH	69%	98%	79%	96%
<b>OVERALL</b>		<b>85%</b>	<b>87%</b>	<b>82%</b>	<b>82%</b>



## FINAL THOUGHTS

- Budget Planning
- Budget Monitoring
- Billing Improvements
- Internal Training

## QUESTIONS/COMMENTS

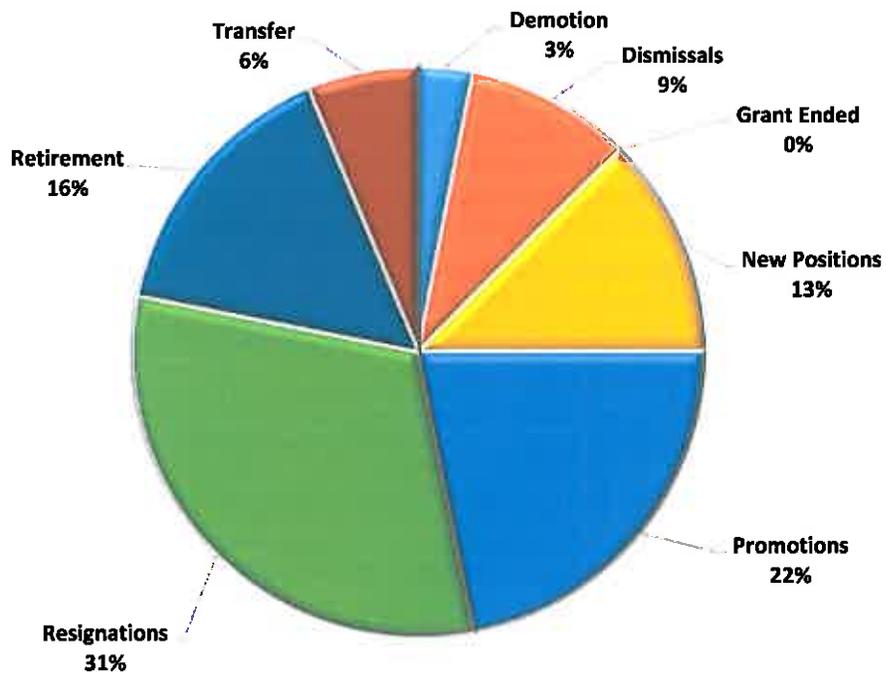


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**PUBLIC HEALTH VACANCY REPORT**  
**July 1, 2014 through June 30, 2015**  
**Month Ending 8/31/2014**

<u>Vacancy Reasons</u>	<u>#</u>	<u>%</u>
Demotion	1	3%
Dismissals	3	9%
Grant Ended	0	0%
New Positions	4	13%
Promotions	7	22%
Resignations	10	31%
Retirement	5	16%
Transfer	2	6%

**32 (19 vacancies were from FY 13-14)**



**VACANT POSITIONS in FY 2014/2015**  
**Month Ending: August 31, 2014**

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007629	Sr PH Nurse	7/20/13	11/25/13 & 4/24/14	2/28/14 & 5/8/14	7/21/14	
40001120	Comm Hlth Assist	8/30/13	10/31/13	on hold		VACANT
40001138	Sr PH Nurse	10/13/13	1/6/14, 8/11/14	2/7/14, 8/29/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40008050	Nutrition Specialist (*new)	12/19/13	1/13/14	4/25/14		VACANT-Req to HR 1/6/14
40008051	Nutrition Specialist (*new)	12/19/13	1/13/14, 6/30/14	4/25/14, 8/15/14		VACANT-Req to HR 1/6/14
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14	8/18/14	
40001057	Physician Extender	1/22/14	2/17/14, 4/21/14	4/4/14, 5/16/14	8/21/14	
40001031	Processing Assistant	2/21/14	6/30/14	7/11/14		VACANT
40000947	Processing Assistant	3/14/14	5/26/14	6/6/14	8/18/14	
40002020	Office Assistant	4/27/14	5/26/14	6/6/14		VACANT
40001042	Pharmacist	4/30/14	5/5/14	5/24/14		VACANT
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1		VACANT
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14	8/18/14	
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23	6/20/14, 7/18	8/18/14	
40001164	Env Health Specialist	6/20/14	7/7/14, 8/11	7/25/14, 8/22		VACANT-Req to HR 7/1/14
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14		VACANT
40006525	Med Lab Technician	7/25/14	8/4/14	8/15/14		VACANT
40007628	Sr PH Nurse	7/25/14				VACANT
40008250	Env Health Spec (*new)	7/28/14	8/11/14	8/22/14		VACANT
40008251	Env Health Spec (*new)	7/28/14	8/11/14	8/22/14		VACANT
40007577	Clinical Social Wrk	8/4/14				VACANT
40006775	Dental Assistant	8/8/14	6/23/14	8/1/14		VACANT
40007576	Comm Hlth Assist	8/13/14				VACANT
40005364	Nutrition Specialist	8/15/14				VACANT
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40001140	Sr PH Nurse	8/15/14	8/11/14	8/29/14		VACANT-Req to HR 8/21/14
40001099	Social Worker II	8/15/14				VACANT-Req to HR 8/21/14
40007828	Info & Comm Spec	8/22/14				VACANT

**ENVIRONMENTAL HEALTH**  
 Onsite Water Protection Notices of Violation  
 August 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.
3/14/2013	2707 Little River Dr	Surface discharge of effluent	4/14/2013	Y	N		Application for repair permit has been received, Met septic contractor onsite 3/12/13. System determined to be non-repairable. New NOV issued directing property owner to pursue permit for discharging system through NC DWQ. 9/30/13 - No application has been received by NC DWR. 2/3/2014 - Site visit verified system is still failing. 3/5/2014 - NOV forwarded to County Attorney's office. 3/27/2014 - Owner contacted NC DWR regarding application for discharging permit. 6/2/14 - Verified with DWR that owner has applied, hired an engineer, and is moving forward with the permit process. DWR contacted for status update, awaiting reply 8/4/2014. System design has been approved and a construction authorization has been issued by NC DWR.
8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	Y	N		9/4/2013 clarified repair question via email. Still need a repair application to replace the tank. 10/7/2013, application has been received and the repair permit has been issued, waiting for installation. 2/3/2013 - Site visit performed by EH staff. House is occupied and tank has not been replaced. 3/5/2014 - NOV forwarded to County Attorney's office. 3/14/14 - Letter received from owner's attorney stating that owner has contracted with an installer. 30 extension granted by Env. Health to allow ground wetness conditions to improve prior to installation. 4/21/2014 - Contacted by Joel Glass (installer) about requirements for tank installation. No appointment has been scheduled. 6/2/2014 - Owner continues to delay installation of replacement septic tank. Legal action is recommended.

1/16/2014	Little River Community Complex	No Subsurface Operator	2/16/2014	N	N	No Subsurface Operator. Meeting with potential operator 3/3/2014. Meeting rescheduled for 3/10/2014 due to inclement weather. Facility management has been instructed to have tanks pumped and to save receipts. 3/19/2014 - Electrician repaired power control, restored power to effluent pumps. Facility management has been negotiating with certified operators. No contract submitted to Env. Health as of 4/1/2014. 4/29/14 - Manager notified by EH to comply immediately to avoid legal action. 5/30/2014 Management continues to delay regarding a certified operator. Manager claims to have hired an operator. No contract has been provided as of 8/31/2014.
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	N	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.
4/17/2014	5430 Lake Vista	Back-up of sewage into septic tank	7/17/2014	N	N	Property owners contacted Env. Health for repair evaluation. Parcel does not have sufficient available space for a repair drainfield. Referred owners to NC DWR for NPDES permit. CA has been issued by DWR.
4/21/2014	2813 S Roxboro	Surface Discharge of effluent	5/21/2014	N	N	Verified failing system 4/10/2014. Sewer is available. NOVs issued by Environmental Health and City of Durham Stormwater Services. 4/24/2014 Contacted City of Durham for status update, awaiting reply 8/4/2014.
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	N	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 will be forwarded to County Attorney's office.
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	N	N	No Subsurface Operator. NOV will be forwarded to County Attorney's office
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	N	N	Bank owned, collapsed septic tank. NOV will be forwarded to County Attorney's office.
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.
8/22/2014	11 Fellowship	Suspected straight pipe	9/22/2014	N	N	System appears to have a straight pipe in the front yard. Owner has been in contact, investigation is ongoing.

## **NOV Highlights for August 2014**

**3923 Hanford** – NOV forwarded to County Attorney for legal remedy.

**2707 Little River Dr** – Replacement system design has been approved by NC DWR and a construction authorization has been issued.

**2121 Fletchers Chapel** – NOV forwarded to County Attorney for legal remedy.

**Little River Community Complex**- Manager claims to have hired a certified operator but no contract has been provided to EH.

**7001 Herndon**- Owner has completed annexation process to obtain sewer.

**913 Cartman** – NOV forwarded to County Attorney for legal remedy.

**5430 Lake Vista**- Design has been approved and construction authorization has been issued by NC DWR for replacement system.

**2813 S. Roxboro**- Owner has applied for sewer connection and all fees have been paid, awaiting tap installation by City of Durham.

**5677 Kemp** – Ongoing lack of cooperation from the estate, EH has requested guidance from County Attorney prior to enforcement.

**4324 Trenton** – Forwarded to County Attorney for legal remedy.

**209 Bacon Rd** – Forwarded to County Attorney for legal remedy.

**RE: Food and Drug Administration (FDA) Proposed Rule: Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products; Extension of Comment Period**

The Durham County Department of Public Health (DCoDPH) and its Board of Health would like to provide input on the Food and Drug Administration's (FDA) Proposed Rule (Docket No. FDA-2014-N-0189; Regulatory Information Number 0910-AG38). DCoDPH supports the FDA proposal for new regulations of electronic cigarettes, hookah tobacco, cigars, and other tobacco products including pipes, nicotine gels, and dissolvables.

Durham's economy was built on the tobacco industry, but in 2012 it passed one of the most progressive Board of Health Smoking rules in the country. Durham is known as the City of Medicine because of our booming healthcare industry and research facilities. Most recently, Durham County was a national winner of the Robert Wood Johnson Foundation's *Culture of Health Prize*. We pride ourselves in advocating for the health of our residents and setting policies that prevent poor health outcomes.

Tobacco use remains the leading preventable cause of death in North Carolina. The use of products such as cigarettes, cigars, and smokeless tobacco are responsible for 12,500 deaths in our state each year. In Durham County, 15.1% of adults and 19% of high school students smoke. The death rate for smoking related cancers is almost 70%. Without changes in current smoking rates, 180,000 North Carolina children alive today will die from smoking. Medical care alone for smoking related illnesses cost North Carolina \$3.8 billion each year.

Many North Carolinian tobacco users want to quit. In fact, in 2012, 69% of North Carolina smokers aged 18-34 made a serious but failed attempt to quit smoking. The 2012 Durham County Board of Health Smoking Rule addresses the growing number of tobacco use related deaths, rising cost of related health care and creates an environment that supports quitting tobacco products. The Board of Health Rule prohibits smoking on various public properties, including within 100 feet of bus stops; in public parks and on trails; and on public sidewalks abutting schools, hospitals, and city and county property. The focus of the rule is protecting non-smokers from the harmful effects of secondhand smoke.

The Durham County Department of Public Health also has a strong history of supporting evidence-based interventions to prevent and reduce tobacco use and eliminate exposure to secondhand smoke. We currently offer two evidence-based programs, Fresh Start and Quit Smart, free of charge to the Durham community.

New smoking behaviors, specifically within the younger age demographic, pose a growing threat to tobacco use reduction efforts. A recent study at a local university in Durham revealed a widespread belief that little cigars and cigarillos are not as addictive

as cigarettes. Participants noted little cigars are rarely addressed in antismoking campaigns and not broadcast as being as unhealthy as cigarettes.

The popularity of hookah smoking has increased in the past few years. Although smoking has been banned in bars and restaurants since 2010 in NC, many hookah bars are ignoring the law, saying they are exempt. The impact of hookah use is of significant concern, since Durham is home to two major universities, as well as a community college. This impacts Durham since we are home to two major universities as well as a community college.

Although cigarette advertising has been banned from TV since 1971, electronic cigarette advertising is not, and it is appearing in NC more than any other state. The Triad is the nation's top hot spot for electronic-cigarette television advertising, according to a report released by a national journal focused on youth health care. The Triad had the most e-cig TV ad exposure, as measured by target ratings points compiled by research firm Nielsen. There were 770 e-cig spot TV ads in the Triad (Greensboro, Winston-Salem and High Point) during the study's time period.

As regulatory, economic, and social strategies have been established as the best way to eliminate the negative health and economic effects of tobacco use, DCoDPH strongly supports the proposed regulations that include: 1) prohibiting sales to children under age 18; 2) requiring retailers to verify age for all over-the-counter sales and provide for federal enforcement and penalties against retailers who sell to minors; 3) restricting vending machines to adult-only facilities, prohibiting free samples; 4) requiring all tobacco products containing nicotine to carry an addiction warning and cigars to carry one of four other warnings as well; 5) requiring disclosure of ingredients and documents related to health, prohibiting the introduction of new or changed products without prior FDA review; 6) prohibiting manufacturers from claiming a tobacco product is less harmful or will expose a consumer to fewer harmful substances without first providing the FDA with scientific evidence; and 7) authorizing the FDA to set standards governing the content of tobacco products.

Durham stands with the FDA in supporting any measures that will ensure the safety and health of not only our residents but all citizens of the United States.

Sincerely,

James M. Miller  
Chair, Board of Health



North Carolina Department of Health and Human Services  
Division of Public Health

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Penelope Slade-Sawyer  
Division Director

Date: September 9, 2014, (2 pages)

To: All North Carolina Health Care Providers  
From: Megan Davies, MD, State Epidemiologist  
RE: **Respiratory Infections due to Enterovirus D68 (EV-D68)**

Enterovirus D68 (EV-D68) has recently been identified in association with respiratory illness outbreaks in the Midwest. As of September 9, 2014, no cases of EV-D68 infection have been confirmed in North Carolina. This memo is intended to provide general information regarding EV-D68 and recommendations for North Carolina health care providers.

#### Enteroviruses – Background

Enteroviruses are very common viruses. There are more than 100 types of enteroviruses. It is estimated that 10–15 million enterovirus infections occur in the United States each year. Most people infected with enteroviruses have no symptoms or only mild symptoms, but some infections can be serious. Most enterovirus infections in the United States occur seasonally during the summer and fall, and outbreaks tend to occur in several-year cycles.

#### Clinical and Epidemiologic Features

EV-D68 is an enterovirus that was first isolated in California in 1962 and has been reported infrequently since that time. EV-D68 has been associated almost exclusively with respiratory disease, which can range from mild to severe. The full clinical spectrum of EV-D68 illness is not well-defined.

EV-D68 has been identified with increasing frequency during recent years, sometimes in association with large respiratory illness clusters in the United States and elsewhere. Whether this increase in recognized cases is attributable to improved diagnostics or emergence of the pathogen is unknown. EV-D68 infections appear to be more common in the fall. No data are available regarding the overall burden of morbidity or mortality from EV-D68 in North Carolina or in the United States.

#### Diagnosis

Enteroviruses can be detected by several commercial, multi-pathogen detection systems. However, the sensitivity of these systems for EV-D68 detection is unknown. Some of these systems use broadly reactive primers that amplify RNA from either human rhinoviruses or enteroviruses, and results are reported as "entero-rhinovirus" or "human rhinovirus/enterovirus". Most hospital and commercial laboratories are not able to perform enterovirus typing.

The North Carolina State Laboratory of Public Health (NCSLPH) offers viral culture to detect rhinoviruses and enteroviruses and serotyping for the detection of several specific enteroviruses, including enterovirus 70 and 71, echoviruses and coxsackieviruses.

[www.ncdhhs.gov](http://www.ncdhhs.gov) • <http://epi.publichealth.nc.gov/cd/>  
Tel 919-733-7301 • Fax 919-733-1020

Location: 225 N. McDowell Street • Raleigh, NC 27603  
Mailing Address: 1902 Mail Service Center • Raleigh, NC 27699-1902  
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The gold standard test for EV-D68 identification is partial sequencing of the structural protein genes, VP4-VP2 or VP1. Facilities or providers interested in the specific detection of EV-D68 can submit specimens to the NCSLPH for submission to the CDC. Testing prioritization will be based on severity of illness. **Providers should contact their local health department or the Communicable Disease Branch epidemiologist on-call (919-733-3419) prior to submitting specimens.**

Acceptable specimen types include nasopharyngeal (NP) or oropharyngeal (OP) swabs in viral transport media (> 1ml) or an NP/OP wash or aspirate (> 1ml). Specimens should be collected within 1 week of illness onset, preferably within 48 hours post-onset. Specimens should be shipped on cold packs or dry ice. All specimen submissions must be accompanied by a completed CDC 50.34 DASH form (<http://slph.state.nc.us/Forms/CDC-Dash-NCSLPH-013114.pdf>), a NCSLPH virology form (<http://slph.state.nc.us/Forms/DHHS-3431-Virology-20130809.pdf>) and a descriptive case history for prioritization. Please contact Myra Brinson (919-807-8835) or Peggy Brantley (919-807-8820) at the NCSLPH if you have questions regarding enterovirus testing and specimen collection and shipment.

### **Treatment**

There is no specific treatment for EV-D68 infections. Many infections will be mild and self-limited, requiring only symptomatic treatment. Patients with asthma exacerbations or other more severe manifestations may require hospitalization for supportive therapy. Vaccines for preventing EV-D68 infections are not currently available.

### **Public Health Recommendations**

To help reduce the risk of infection with EV-D68 and other respiratory viruses, health care providers should recommend the following:

1. Wash hands often with soap and water for 20 seconds;
2. Avoid touching eyes, nose, and mouth with unwashed hands;
3. Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick;
4. Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick; and
5. Stay home when feeling sick, and obtain consultation from your health care provider.

### **Infection Prevention**

Contact and Droplet isolation precautions are recommended for patients in whom infection with EV-D68 or another respiratory virus is suspected. Use of antimicrobial soap and water is preferred for hand hygiene, as alcohol-based hand rubs have limited activity against EV-D68 and other enteroviruses.

### **Reporting**

Providers should be aware of EV-D68 as one of many causes of respiratory illness. Providers who identify clusters of severe or unusual respiratory illness are asked to contact their local health department or the Communicable Disease Branch epidemiologist on-call 24/7 number (919-733-3419).

Additional information is available at <http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>. This is an evolving situation and recommendations may change as new information becomes available.

### **References**

1. CDC (2014). Severe Respiratory Illness Associated with Enterovirus D68 — Missouri and Illinois, 2014. MMWR Morb Mortal Wkly Rep 63 – early release. Available at <http://www.cdc.gov/mmwr/pdf/wk/mm63e0908.pdf>. Accessed September 8, 2014.
2. CDC (2011). Clusters of acute respiratory illness associated with human enterovirus 68 – Asia, Europe, and United States, 2008–2010. MMWR Morb Mortal Wkly Rep 60, 1301–1304. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6038a1.htm>. Accessed September 8, 2014.