

A Regular Meeting of the Durham County Board of Health, held November 13, 2014 with the following members present:

James Miller, DVM; 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 and F. Vincent Allison, DDS.

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, Jennifer Mauch, Cheryl Scott, Citricia Key and Clementine Buford.

**CALL TO ORDER:** Chairman Jim Miller called the meeting to order at 5:13pm with a quorum present.

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

- Ratifications:
  - \$3000-2014 RWJF Culture of Health Prize Funds
  - \$674.36 - appropriating unassigned fund balance of the general fund for public health grant funding
- Ebola Update
- Increase in Pharmacy Costs
- Legislative Agenda Input ref. G.S.115C-81-Basic Education Program
- Staff Recognition - Duke Health Systems

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

**REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Dr. Levbarg made a motion to approve the minutes for September 11, 2014 and October 9, 2014 meetings. Commissioner Howerton seconded the motion and the motion was unanimously approved.

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

**STAFF/PROGRAM RECOGNITION:**

Gayle Harris announced that she received Communities Joined in Action 2014 Grassroots/ Political Engagement Award related to her work to improve access to care.

Dr. Fuchs read a letter from Dr. William Fulkerson, Executive Vice-President, Duke University Health Care System written to Ms. Harris to recognize the Department of Public Health staff for their collaboration and support related to the patient who was recently hospitalized, evaluated and ultimately found not be infected with the Ebola virus.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **SCHOOL HEALTH PROGRAM (*Activity 9.1*)**

Ms. Harris stated that one of the issues that continues to be of a concern to all is how to expand the school nurse services because the program is woefully understaffed. She introduced the presenters: Ms. Cheryl Scott, School Health Program Manager; Jennifer Mauch, Elementary School Health Supervisor; Clementine Buford, Middle and High School Supervisor; and Citricia Key, Elementary School Nurse Team Leader. They presented two PowerPoint presentations, w School Health Program and Public Health & Public Schools: Partners in Academic Success.

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The following information was discussed:

- How Public Health School Nurses support student educational objectives
- School Health community partnerships
- Public Health School Nurse services
- To provide a community perspective on Public Health School Health Services

The overall goal of the program is to develop, establish and maintain a comprehensive School Health Program. To accomplish this goal, the nursing process is utilized through a collaborative effort with educators and health personnel. Emphasis is placed on health promotion, early intervention and remediation of health problems.

Health-related support services and health education promote students' overall physical, social, emotional and educational growth. Public Health School Nurses are instrumental in planning and providing health promotion and early intervention. These nurses also participate in other public health functions such as disease surveillance and immunization compliance.

*(A copy of the School Health Program and Public Health & Public Schools: Partners in Academic Success PowerPoint Presentations are attached to the minutes.)*

**COMMENTS/QUESTIONS:**

**Dr. Levbarg:** When you say school staff...the people who are being trained to do these amazing things (diabetes, asthma severe allergies, gastric tube feeding and catheterization care) are...?

**Ms. Mauch:** They are school staff. The NC Nurse Practice Act states that unlicensed personnel are allowed to be trained by a registered nurse to perform these procedures. It's usually the secretaries, teacher assistants and many times the classroom teachers. It could be any DPS staff member. We really encourage family members to come to school as much as possible to give care but we all know that is really not very possible.

**Dr. Levbarg:** Jenny I only brought it up because it is so astounding to me and I am sure to many other people. This is pretty overwhelming for someone who is not a trained nurse and yet I know...I have seen it in action...the folks that get trained are amazing in what they do but it is really above and beyond what they signed on for when they got their job at DPS.

**Dr. Stewart:** Are the students allowed to give their own medications to themselves?

**Ms. Mauch:** All medications are brought in by parents and held in a central location. It's a DPS policy. There is a trained medication administrator designated by the principal. There are at least two in each school. They go through a three hour training on the policy and procedures specific to administering medications safely to students.

**Ms. Watterson:** Was there some sort of change in procedure for recording or what caused such a huge increase in the family, social and mental health issues?

**Ms. Mauch:** I think we are doing a better job of identifying issues. I think the school is more aware of our services. I think the community providers and families are more aware that we are there and what our services include.

**Ms. Watterson:** So you think it is more of an identification of these issues rather than...

**Ms. Mauch:** Yes.

**Dr. Levbarg:** Is it also an increase of the number of kids in schools?

**Ms. Mauch:** I think that is definitely part of it. Our community as a whole is growing continuously so I think that is part of it. I think it is a

wide variety of issues. We want to have time to spend with them to provide the services and refer them to the services they need.

**Dr. Stewart:** Are these numbers for an individual student or does the student have multiple issues and this is counted more than once?

**Ms. Mauch:** It's only counted once. If we identify a student with an issue, that student is case managed. We follow them throughout so they are only counted once.

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

**Ms. Mauch:** That could be looked at? You could probably see some differences.

**Commissioner Howerton:** It would be interesting to know; where the largest rate is coming from...Are there particular variants?

**Dr. Allison:** How much of a budget increase would be necessary to reach that goal of 1-nurse per 750 students?

**Ms. Wood:** In order to reach the nurse student ratio of 1:750 our school health program would need at total of 43FTEs. We would need to add an additional 30FTEs. Using a midpoint on the salary grade, the cost would be approximately 2 million dollars. This doesn't include coverage for the charter schools.

**Dr. Stewart:** Do we have an idea of how much it would cost to have a nurse in every school every day?

**Ms. Harris:** That would be just about what that number (\$2 million) would give you.

**Commissioner Howerton:** Do we provide the same medical care/nursing care for charter schools as we do for public schools?

**Ms. Scott:** We don't provide any services to charter schools

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

**Ms. Scott:** I don't know I can find out.

**Ms. Harris:** That's something we need to explore.

**Dr. Allison:** So for most charter schools there is no school nurse

**Ms. Harris:** Not from the health department. I don't know how they are managing that.

**Ms. Scott:** I know one charter school I spoke with had a LPN but she wasn't employed as a nurse she was employed as a safety person.

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

**Ms. Harris:** We don't know how they handle medication administration. With the limited staff that we have we wouldn't have an alternative for them at this point but that is something that Ms. Scott will look into.

**Dr. Allison:** The dispensing of the medications...that's a DPS policy that they have to be trained through DPS policy and procedures and they are being trained on. Right?

**Ms. Harris:** State requires that there is training for managing diabetes.

**Dr. Allison:** I am curious, has there been any discussion at the state level in talking about charter schools that before they can get their charter that part of the process of getting their charter is to make sure they make available some type of health program at the school. I guess that hasn't been discussed?

**Ms. Harris:** I really don't know. We have talked about inviting the leadership of the charter schools here to talk about how they are managing health issues within the school setting in order to get an understanding of their needs are

**Commissioner Howerton:** There was someone from the charter schools and someone from the public schools on TV last week and they had some different opinions but they didn't mention any thing about medications or health care.

**Ms. Harris:** We will have conversation with them and bring you an update on it before we get into the budget cycle.

**Dr. Levbarg:** What is the typical number of kids in schools that are being treated with insulin on a regular basis?

**Ms. Mauch:** I'd say it runs about fifty at least one student per school and the numbers are increasing every year. It takes a lot of time to care for juvenile diabetes - checking blood sugars finding low sugar levels and giving insulin.

**Ms. Buford:** We have a lot of students in the middle and high school as well but when they get out of the age that is mentioned in the video we are able to work with the students and parents to be able to manage that with them and help them to learn how to become more independent but they still need our help.

**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?

**Ms. Mauch:** I don't have that number but that is something that we could bring to you. There're so many reasons why kids are out and a lot of times it's because they missed the bus but there are so many other times where they may be having an asthma attack that morning. That could be because their health issue is not being managed or they are not seeing their provider on a regular basis to receive preventative medication so that these flare ups don't happen so often. We do connect with their healthcare providers in order to manage the medications correctly at school.

**Ms. Harris:** Could one of you talk a little bit about the new software surveillance system related to school absences.

**Ms. Mauch:** Durham Public School Exceptional Children Nurses serve individual classrooms instead of the whole school but they are part of this pilot and received laptops to track absenteeism based on chronic illness.

**Commissioner Howerton:** That would be good information to have the Board of County Commissioners.

**Dr. Fuchs:** Compared to other larger counties in the state like Mecklenburg, Wake and Guilford do you know what their ratios are of nurses to students?

**Ms. Buford:** In Mecklenburg they have one nurse per every school.

**Ms. Mauch:** It was a process, they didn't do it all at one time but it's really working out for them. I think by this April 2015 they will be at that number.

**Ms. Buford:** It was started by a parent.

**Commissioner Howerton:** We could start with the PTA.

**Ms. Carter:** That's a great idea. I believe in the power of the people in this community in working to develop a campaign for what we think our children need. This is such an issue that would help address the Mayor's Initiative to Reduce Poverty and Chairman Page's goals around the African American Male community in "My Brother's Keeper Initiative". They are talking about strategies that could help African American Males be successful. The Superintendent has priority goals that include having a health or human services professional in every building that could be part of the administrative team to do the things that this wonderful video demonstrated for us but also to try to figure out which children need a tighter connection to the community resources that we have here in Durham. We need that in order for the kids to be successful in school. That's an initiative that the whole community could wrap itself around.

**Mr. Dedrick:** I am listening to all this and thinking about "What do we do about this" who owns this...this is a community awareness issue...I didn't have a clue until I saw the video that it was this bad and I don't know how we get the community involved so that...I think if they saw this...they would start getting it. Maybe it is the PTA, I think that is a great idea. I think they should show this video at every PTA in Durham County.

**Ms. Mauch:** Another message is that you may have a child that is very healthy and without a chronic illness but you don't know from one day to the next if their child might develop diabetes and how important that school nurse will be in helping the child be successful during the school day.

**Mr. Dedrick:** Maybe the additional push is in the elementary schools where kids are more dependent on getting help than maybe the older students are. Maybe that's a good place to start.

**Ms. Carter:** There are a couple of things that the school district is interested in that overlaps with the public health and the school nurse issue. The other one is the school start time and both of them require raising awareness of the importance of the issues. I think we are all struggling with that.

**Ms. Harris:** We have had some conversations with Dr. Holly Rogers, a psychologist and a parent, who is very interested in the impact of lack of sleep in connection with academic achievement. Dr. Rogers has spoken with Mel Downey-Piper, Director of Health Education and myself on two occasions. We are discussing how hosting a community forum to educate parents about the need for different bell schedules to accommodate biological rhythms that impact student sleeping habits. I know that the school board discussed delaying school ten minutes for each grade level.

**Ms. Carter:** Everyone recognizes that ten minutes is not enough time to make a significant impact. What I think the real emphasis there is this could be a phasing in of a shift. We can't make any substantial shifts for next year because it is too late. If we made any changes next year we could try to do the ten minute shift with the expectation that we would either be flipping the bell schedule meaning the elementary schools would start earlier or the high school later and we would be adding time to everyone's schedule.

**Ms. Harris:** One of the things that we had discussed is looking at communities that made the shift and the kinds of campaigns they put in place before the shift was made. We do know from the literature review that there was opposition because of the impact on everyday routines but many communities have been successful in making those shifts. We are looking for lessons learned by the communities in the literature review presented at the June meeting. We are hoping we can get a graduate student on board to help us look at this issue.

**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 corps that could be put together in order to put a nurse in every school maybe 2-3 days a week. They may not be Public Health Nurses but perhaps the public health framework could help guide....I wonder is there different way to do it knowing there are always budget constraints. 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. I can tell you there are a bunch of retired nurses who want to do different types of activities and 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 opening the clinics.

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

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

**Ms. Harris:** We can do a literature review and see what's there.

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

**Dr. Levbarg:** To maybe even start with the kind of information shared tonight; certainly the video that would be amazing.

#### **COMMUNITY HEALTH ASSESSMENT (Activity 38.1 and 38.2)**

Ms. Downey-Piper provided the Board with an overview of the 2014 Community Health Assessment (CHA) findings. CHA is conducted every

three years and Durham's current CHA will be completed by December 1, 2014. During this process, a community survey was conducted in the fall of 2013, community input sessions were held in the fall of 2014 and health priorities were finalized on October 15<sup>th</sup>. The comprehensive document is being finalized. This report summarizes the input sessions and selected health priorities for the next three years. The priorities will remain the same as those identified in 2011: Access to Care, HIV and Sexually Transmitted Infections, Obesity and Chronic Illness, Substance Abuse and Mental Health, Poverty and Education. Ms. Downey-Piper said that the Board, other community partners, colleagues or neighbors that want to participate can get involved in the next phase of Community Health Assessment process by giving feedback over the next six months (Jan-June 2015) when the Community Health Improvement Plan/action plans are developed.

*(A copy of the Community Health Assessment PowerPoint Presentation and priorities are attached to the minutes.)*

**COMMENTS/QUESTIONS:**

**Dr. Levbarg:** How do people get involved?

**Ms. Downey-Piper:** We collected e-mail addresses and phone numbers of all the community members that came to the input sessions. With their permissions, they will be added to our e-mail distribution list. The meetings are open to anyone. Press releases will be sent out when a meeting is scheduled.

**Ms. Harris:** I'd like submit an announcement on behalf of the Board of Health to be read during a televised Commissioners meetings prior to the action plan meetings

**Dr. Levbarg:** Maybe as a side line, one of the things that I have found personally really helpful is the SCOTCH report I think that they are easier to get your head around....something about what's in there but it's a really quick and easy way to kind of get on board with the whole picture. I just want to say that it's not every county that does this and we do it and do it really well.

**Ms. Harris:** Ms. Downey-Piper mentioned that we moved from 4 year to 3 year cycle to accommodate the IRS rule that non-profit hospitals have to do a comprehensive community needs assessment every 3 years and develop action plans to help improve population health outcomes. We changed our cycle to accommodate the health system. On the Duke website there are community health action plans for both hospitals related to the same community priorities.

**Commissioner Howerton:** What other ways can people access copies of the Community Health Assessment?

**Ms. Downey-Piper:** We have copies in the library and we print copies but what we will be doing this year is making sure that it gets out even more by creating a short presentation that people can bring around to different community groups.

**Ms. Carter:** You all do such a wonderful job and it's a great way for the community to become engaged in the real life blood work of Durham so I like this idea of how else can we disseminate the opportunity to be involved. Do you report or interaction in any way with the Inter-Neighborhood Council?

**Ms. Downey-Piper:** We have in the past by at least sending this presentation to their e-mail address but we can definitely try to get on their agenda.

**Ms. Carter:** What about PTAs again?

**Ms. Downey-Piper:** That's another opportunity again. That's definitely a possibility. We would have to figure out to do that one because there are so many PTAs.

**Ms. Carter:** There is the Durham Council of PTAs and there is a president of Council and representatives from all of the schools.

While the presenters transitioned, Ms. Harris shared the "Together We Can Stop the Flu" video with the Board. The video can be viewed on the Durham County Department of Public Health YouTube channel at <https://www.youtube.com/watch?v=OC4yBy9n3BE> Please feel free to share through social media and encourage others to get their flu vaccine! This is an original song (royalty free music, lyrics by Marissa Mortiboy, vocals by Durham School of the Arts student, Haley Mosley).

**EBOLA UPDATE (Activity 2.3)**

Dr. Sena provided the Board with a review of recent local events involving a person from Liberia with suspected Ebola virus disease (EVD), who was admitted to Duke University Hospital and subsequently found negative for EVD through testing at the state lab. Although the individual's family resided in Person County, DCoDPH assisted with the patient's discharge planning and active monitoring for 21 days.

Ms. Harris stated that the department has a contact within the local Liberian Community who is a social worker and will be conducting some cultural competency training for our staff that work with people who come from West Africa.

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

The Durham County Board of Health received a copy of the October 2014 vacancy report which included a total of 24.0 FTEs (3 new positions, 11 resignations, 2 transfer, 2 dismissal, 5 promotions and 1 retirements). (A copy of October 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 October 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 October 2014 NOV report and status update is attached to the minutes)

**Health Director's Report  
November 13, 2014**

**Division / Program: Dental Division / Tooth Ferry - Repairs**  
**(Accreditation Activity 21.3- Develop and implement strategies to increase use of public health programs and services.)**

**Program description**

- The Tooth Ferry is a mobile treatment dental van that has been in operation since 2001. The van provides oral health services at Durham elementary schools and various summer programs during the year.

**Statement of goals**

- To take much needed dental care to many children who would not be able to receive the services any other way.

**Issues**

- **Opportunities**
  - The van provides families the convenience of having their child treated in the school setting, without their needing to take time off from work, find transportation, etc.
  - Students without a dental home may complete treatment (when necessary) within the Department's Dental Clinic.
  - Each year, the Tooth Ferry visits up to ten (10) schools based on their number of free and reduced lunch recipients.
- **Challenges**
  - Throughout the summer and into the fall, the Tooth Ferry has been out-of-service for repairs. The major repair involved a cracked cylinder block, which required replacement of the engine.

**Implication(s)**

- **Outcomes**
  - ❖ Repairs completed during the summer included replacing the engine, servicing the generator, replacing the alternator, replacing the radius arm (part of steering system), and replacing the batteries.
  - ❖ Current repairs are focused on the heating system in the van, replacing the heating element for the fresh water reservoir (so water does not freeze), and replacing the motor on the stairs.
- **Service delivery**
  - ❖ Although the downtime has decreased service capacity, once completed, the repairs will ensure a more reliable and safe vehicle for service delivery.
- **Staffing**
  - ❖ While the van is out of service, the staff (Dentist, Hygienist, and Dental Assistant) have been covering in the clinic.

**Next Steps / Mitigation Strategies**

- The team has begun compiling a list of scheduled maintenance and operational tasks that will be implemented based on time, as opposed to miles (as the Tooth Ferry travels locally).

**Division / Program: Nutrition Division / DINE for LIFE - Alive! Newsletter**

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

**Program description**

- The Alive! newsletter is sent to over 18,000 Supplemental Nutrition Assistance Program (SNAP) households every quarter.

**Statement of goals**

- To increase the nutrition knowledge of Durham families by providing health and physical activity information, budgeting techniques, recipes, and resources.
- To encourage simple behavior changes toward healthier eating and activity habits.

**Issues**

- **Opportunities**
  - The partnership with Department of Social Services allows Durham County Department of Public Health an opportunity to expand its reach to SNAP participants through a quarterly newsletter.
- **Challenges**
  - The newsletter is not currently published in Spanish so we are unable to appropriately communicate in this format to our Spanish-speaking audience.

**Implication(s)**

- **Outcomes**
  - ❖ The May edition of the newsletter includes a survey card to gather knowledge and behavior changes prompted by the information in the newsletter.
  - ❖ In 2014, 86% of survey respondents were pleased with the Alive! newsletter. 72% of respondents correctly answered the question “Which method of food preparation is heart-healthy?”

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- 46% of respondents have made nutrition and/or activity changes because of the Alive! newsletter.
- ❖ Follow-up phone surveys to gather additional feedback and information are also conducted with participants who provide their contact information.
  - **Service delivery**
    - ❖ Newsletter information is aligned with the current Dietary Guidelines for Americans and is written to reflect feedback gathered from surveys.
    - ❖ Once written, the newsletter is sent to the contracted printer for publishing. The printer sends the final copies to Professional Mail Services for the addition of the mailing labels. DSS provides the Professional Mail Services the names and addresses of SNAP benefit recipients for the mailing labels. Professional Mail Services delivers the newsletters to the post office for mailing.
  - **Staffing**
    - ❖ The newsletter is written by a Community Nutrition Specialist and mailed in February, May, August, and November.

**Next Steps / Mitigation Strategies**

- Continue to produce and send the Alive! newsletter to households with SNAP benefits.
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**Division / Program: Nutrition Division / Health Promotion - Food Policy Council Development**

**(Accreditation Activity 12.1- Participate in a collaborative process to identify strategies for addressing community health problems.)**

**Program description**

- A group of stakeholders that call themselves Durham Farm and Food Network, and include DCoDPH, Neighborhood Services, nonprofits, and community members, have been working to create a food policy council for Durham County.

**Statement of goals**

- To create a just, sustainable and equitable food system in Durham so that all Durham residents who want to eat healthy can do so.
- To encourage participation in the council and determine the community's assets and needs.

**Issues**

- **Opportunities**
  - A council will bring together people from different sectors in the economy to promote working together to bring best practices into Durham County.
  - Bringing so many people who are passionate about sustainable agriculture and food access into one room at the same time created an amazing energy that is hard to match.
- **Challenges**
  - With so many people involved, it may be a challenge to agree on what structure a council should take and on a few achievable tasks for the council to work on.

**Implication(s)**

- **Outcomes**
  - ❖ Over 90 community members attended a community forum held on Oct. 23, 2014. Attendees included food producers, grocery store personnel, government employees, hunger relief

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- advocates, and community members including those from low wealth neighborhoods.
- ❖ Attendees provided feedback on the role of a food policy council in Durham. The main themes included:
    - ❖ decrease food insecurity
    - ❖ increase access to organic, sustainably grown, and local foods
    - ❖ teach youth living and going to school in Durham about where their food comes from and how to grow and cook it
    - ❖ help support current farmers in Durham and grow our farming economy
    - ❖ better communicate what is currently being done and current opportunities for involvement
  - **Staffing**
    - ❖ Two DCoDPH nutritionists have attended meetings for the past year and helped plan the forum and plan to continue their involvement.
    - ❖ Two Durham Diabetes Coalition staff attended the forum.
  - **Other**
    - ❖ The group received a \$2,500 mini grant from the Durham Diabetes Coalition to pay for facilitation from the Center for Environmental Farming Systems to create a council structure based upon Durham's unique needs.

**Next Steps / Mitigation Strategies**

- The working group that organized the forum will meet again on November 5<sup>th</sup> to discuss next steps and how to further engage the community around these efforts.
- A statewide meeting of food policy council members will meet in December in Winston Salem to network, collaborate, and share best practices.
- DCoDPH will continue working with facilitators to create the council.

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**Division / Program: Nutrition Division / Clinical Nutrition - Collaboration with Durham Public Schools**

**(Accreditation Activity 12.1- Participate in a collaborative process to identify strategies for addressing community health problems.)**

**Program description**

- Medical Nutrition Therapy (MNT) is provided by Registered Dietitians in the Department Nutrition Clinic, in home visits throughout Durham County, and in Durham Public Schools (DPS) in collaboration with teachers and school nurses.
- A target population for the DCoDPH Clinical Nutrition program is school age children in Durham County.

**Statement of goals**

- To increase the health status of children in Durham by providing MNT to school age children and their families and by collaborating with DPS through school nurses and teachers, trainings for DPS personnel, and presentations to the Durham Council of PTAs.
- To support the Healthy North Carolina 2020 Objective: "Increase the Percent of High School Students Who are Neither Overweight nor Obese".

**Issues**

- **Opportunities**
  - Recent and planned collaborations include:

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- Coordination of care with school nurses at elementary schools to facilitate twice monthly weight checks for selected students at school. This decreases the burden on families to come to the clinic or schedule home visits every month.
  - Collaboration with DPS teachers to track food intakes for children who are underweight and share strategies that are successful in the school setting.
  - Training over 60 DPS personnel from all schools in the district on diabetes management for children.
  - Discussions with Southern High School personnel and school nurse to explore providing MNT for students during school hours at school.
  - Upcoming presentation “Nutrition to Help Kids Thrive” to Durham Council of PTAs to provide nutrition education and resources to DPS PTA presidents who will share information with their home schools.
- **Challenges**
    - Establishing relationships with school personnel and school nurses is a challenge when teachers and nurses are very busy serving children.
    - Complying with HIPAA and FERPA regulations when in schools.

**Implication(s)**

- **Outcomes**
  - Clinical nutritionists saw 188 children for initial or follow up MNT appointments and completed 360 consults and 36 public enquiries in FY 2013-2014.
  - Clinical nutritionists worked with schools, school nurses, PTAs, pediatricians, and local programs such as Duke’s Healthy Lifestyles to coordinate care, share resources, and strive for best outcomes for children.
- **Service delivery**
  - Clinical nutritionists worked with schools, school nurses, PTAs, pediatricians, and local programs such as Duke’s Healthy Lifestyles to coordinate care, share resources, and strive for best outcomes for children.
  - Referral sources for the MNT included pediatricians, school personnel, parents, social workers, pediatric and family-focused community agencies.
- **Revenue**
  - MNT is billed to Blue Cross Blue Shield, Medicaid or State grant.

**Next Steps / Mitigation Strategies**

- Continue collaboration with schools, school nurses, health care providers, case managers, and therapists to provide nutrition services to children and their families.
- Continue to identify potential referral sources and strengthen relationships with schools, school nurses, and PTAs as well as health care providers in the community.

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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

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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**
  - ❖ During the month of October, four (4) media advisories/releases (1) were disseminated. Staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 18 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 preparedness, Ebola outreach to Durham's West African community (1, 2, 3), the start of flu vaccination efforts, community food system transformation, 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 spent numerous hours in meetings and worked with internal and external stakeholders to 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**)

**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: Community Health Division / General Nursing (Accreditation Activity 12.3- Participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program description**

- The Community Health, Environmental Health, and Health Education Divisions provided an educational outreach program on Ebola and other communicable diseases to the West African community in Durham County on October 11, 2014 at St. Phillips Episcopal Church.

**Statement of goals**

- To provide information to the West African community on Ebola and other communicable diseases.
- To help decrease possible stigma of Ebola in the West African community.

**Issues**

- **Opportunities**
  - Collaborate with Diaspora Alliance on providing education and information to the West African community in Durham County
  - Increase awareness in the West African community of the signs and symptoms of Ebola and other communicable diseases
  - Discuss what preparedness measures the Centers for Disease Control (CDC), North Carolina, and specifically, Durham County officials have in place, in the event a suspected Ebola case should occur.
  - Increase awareness, reduce stigma, and increase communication and trust with public health among the West African community
- **Challenges**
  - Dispelling the stigma and myths in the West African community on Ebola transmission and treatment
  - Widely publicizing the workshop to inform the entire community

**Implication(s)**

- **Outcomes**
  - ❖ Information and education on Ebola and other communicable diseases were given to individuals
  - ❖ Ebola information session with Q&A was presented to the West African Community by Dr. Arlene Sena, DCoDPH Medical Director
  - ❖ Several media staff attended and interviewed Dr. Sena and Esteria Woods, Director of Diaspora Alliance
  - ❖ A link was established with West African community leaders and organizations in Durham County
- **Service delivery**
  - ❖ The Divisions of Community Health, Environmental Health, and Health Education provided an informational and educational outreach on Ebola and other communicable diseases to the West African community in Durham County

- **Staffing**
  - ❖ DCoDPH Medical Director, Public Health Nurses, Environmental Health Staff, Health Educators, and Information and Communications Manager

**Next Steps / Mitigation Strategies**

- Continue to collaborate with community partners and participate in community outreach activities to promote health and well-being for all.
- Continue to disseminate information and education on Ebola received from the State Department of Health and Human Services (DHHS) to West African community leaders in Durham County.

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**Division / Program: Community Health Division / School Health Program – Epi-Pen Training**

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

**Program description**

- Epi-Pen auto-injectors contain the medication epinephrine which can help prevent adverse reactions and death in persons experiencing a severe allergic reaction.
- Effective November 1, 2014, a provision of the 2014 budget bill, § 115C-375.2A., School Supply of Auto-Injectors, required all North Carolina public schools and charter schools to have “in a secure but unlocked and easily accessible location, a minimum of two epinephrine auto-injectors”.
- Federal legislation aimed at increasing the availability of epinephrine in schools was signed in November 2013.
- Public Health School Nurses are focusing on training, policy creation and logistics, and developed an Epi-Pen training curriculum for public schools and charter schools staff.

**Statement of goals**

- To reduce morbidity and mortality from anaphylaxis occurring in schools by providing training to immediately monitor and manage signs and symptoms of anaphylaxis exhibited by persons on school grounds.
- To provide resources to Durham Public Schools Local Education Agency (LEA) and Durham charter schools that will assist them in developing comprehensive, emergency anaphylaxis action plans that will emphasize avoidance of allergens. The plans will also include awareness of health risks, emergency preparedness and access to epinephrine, and immediate medical care.
- To establish collaborations with Durham Public and Durham Charter Schools, Durham private schools and other community partners in implementing this initiative in all school sites.

**Issues**

- **Opportunities**
  - Each principal must designate one or more school personnel to be trained in the emergency use of the epinephrine auto-injectors.
  - The training must be conducted by a school nurse or qualified representative of the local health department.
  - DCoDPH Public Health School Nurses may provide training for schools’ staff in the symptoms of anaphylaxis and the administration of treatment.



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- DCoDPH, as the local health department serving the area in which Durham public schools are located, will provide the non-patient-specific prescriptions for epinephrine auto-injectors (Epi-Pens).
- EpiPen4Schools is a program created by Mylan Specialty (a pharmaceutical company) that will provide two Epi-Pens free of charge to public and private schools in the US with a valid prescription.
- The prescriptions may be filled by a pharmacy of choice or by the Epi4Schools program <http://epipen4schools.com/>.
- Any North Carolina licensed pharmacy can immediately receive prescriptions for and dispense, epinephrine auto-injectors to school personnel under this statute.
- The federal School Access to Emergency Epinephrine Law provides a financial incentive to states to increase the supply of epinephrine at schools. States that require schools to maintain a supply of the medication and permit trained school personnel to administer it will receive preference for receiving federal children's asthma-treatment grants.
- **Challenges**
  - ❖ Training sessions included emphasis on the importance of continuing constant vigilance of exposures to known possible allergens to prevent anaphylactic reactions from occurring.
  - ❖ Even though the law does not apply to private schools, they will be invited to attend trainings and provided information about this initiative.

**Implication(s)**

- **Outcomes**
  - ❖ Durham Public and Durham Charter Schools will be able to provide emergency medical aid to persons experiencing an anaphylactic reaction during the school day and at school-sponsored events on school property.
- **Service delivery**
  - ❖ Public Health School Nurses trained fifty-two (52) school staff on October 22, 2014 (one class) and October 30, 2014 (two classes). Three (3) staff from one charter school attended one of the trainings on October 30, 2014.
- **Other**
  - ❖ The state budget does not provide funding for schools to buy the auto-injectors, which cost about \$100.00-\$150.00 each.

**Next Steps / Mitigation Strategies**

- School Health Program staff will plan strategies to increase public/private schools awareness of activities and public health initiatives that promote the health and well-being of students, their families and school staff.

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**Division / Program: Community Health Division / School Health Program - Tdap Clinics**

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

**Program description**

- DCoDPH School Nurses coordinated three (3) county-wide Tdap (tetanus, diphtheria and acellular pertussis) clinics to support Durham Public School (DPS) students' compliance with the N.C. state mandate that requires all rising 6th grade students attending public school receive a booster dose of Tdap vaccine if five years

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or more have passed since the last dose of tetanus/diphtheria toxoid.

- Two clinics were held at the DPS Staff Development Center; the third clinic was held at the Durham County Department of Public Health.

**Statement of goals**

- To provide protection against three bacterial illnesses: tetanus, diphtheria and acellular pertussis (whooping cough);
- To help protect the health of our community by immunizing individual children;
- To assist parents in complying with vaccinations required by N.C. state law.

**Issues**

• **Opportunities**

- Provide an additional point of access to obtain this state required vaccine
- Provide medical home referrals for families without a primary health care provider
- Promote and develop positive health practices and attitudes among students and families to promote lifelong wellness
- Maintain close collaborations with Durham Public Schools and other community partners

• **Challenges**

- Sixth graders are required by law to have the Tdap vaccine by the 30<sup>th</sup> day of school.
- The clinic held on September 22, 2014 at the Durham County Department of Public Health was strategically scheduled to provide a final opportunity for eligible students not yet vaccinated with the required Tdap to receive it on the day before the 30 day deadline.
- This final 2014 Tdap clinic was well publicized by DPS which contributed to the highest demand for vaccines and yielded the highest utilization of clinic offerings to date for this school year.
- Due to the high demand at the final clinic on the 22<sup>nd</sup>, the Immunization Clinic exhausted all available Tdap vaccines before all children requesting the vaccine were served.

**Implication(s)**

• **Outcomes**

- ❖ Public Health School Nurses organized Tdap clinics to provide every rising 6<sup>th</sup> grade student in Durham Public Schools additional opportunities to be immunized against diphtheria, tetanus and acellular pertussis.
- ❖ The final clinic on September 22<sup>nd</sup>, held in the Department Immunization Clinic provided 115 vaccines between 3:30pm and 6:00pm.
- ❖ A total of 147 Tdap vaccines were administered at the three county-wide clinics.

• **Service delivery**

- ❖ This unexpected number of students coming for the final clinic required enlisting the services of additional public health staff who readily volunteered to register, screen for eligibility and provide vaccinations.
- ❖ Parents/guardians of students who did not receive the vaccine were offered the opportunity to place their names on a confidential list to be called and offered appointments to receive the Tdap after additional vaccine was ordered and received.
- ❖ Parents/guardians of students who did not receive the vaccine were also given information on other providers in the

community and the option to contact them to receive information on the availability of the vaccine.

**Next Steps / Mitigation Strategies**

- Immunization rules for middle and high school students will change effective July 1, 2015. The School Health and Immunization Programs will partner to educate students, families, school staff and health care providers to these changes.
- School Health Program staff will continue to participate in activities that promote the health and well-being of students and their families.

**Division /Program: Environmental Health / Local Public Health Preparedness**  
**(Accreditation Activity 7.6- Annually test or implement the local public health preparedness and response plan.)**

**Program Description**

- Ensure the readiness of DCoDPH to respond to public health emergencies through planning, readiness testing, and coordination with community and state responders
- Conduct a mass influenza vaccination clinic in a POD (point of dispensing) format using Department employees to plan and conduct the clinic and Department employees to receive vaccinations.

**Statement of goals**

- To test the effectiveness of the DCoDPH plan to manage, repackage, and rapidly dispense the assets of the Strategic National Stockpile (SNS) to those in need in Durham County in the event of a disaster, attack, pandemic, etc.
- To use performance measures to assess effectiveness of Department staff performance and overall implementation of the plan
- To administer influenza vaccine to all employees of the Durham County Department of Public Health on one designated day to test the plan

**Issues**

- **Opportunities**
  - Employees readily available for vaccination during staff development day on October 8, 2014
  - Perfect venue and opportunity to test the effectiveness of the DCoDPH SNS plan (Point of Dispensing- POD)
  - Ideal time to train staff to the roles they would be assigned in the event of an actual emergency situation with need for POD
  - Perfect opportunity to implement use of the Incident Command Structure.
- **Challenges**
  - Planning the event far enough in advance to ensure full development of every aspect of the plan for implementation (planning, logistics, operations, education of staff, safety, and finances.)
  - Pre-registering all DCoDPH employees into the electronic medical record system (Patagonia) in order to correctly capture and bill Blue Cross and Blue Shield for each vaccination given.
  - Entering all employee vaccination data into the NC Immunization Registry within 24 hours after the event (as required by state regulations)

**Implication(s)**

- **Outcomes**
  - ❖ 166 employees (85%) were vaccinated on the designated day
  - ❖ 24 employees (12%) declined the vaccination
  - ❖ The remaining employees had already been vaccinated elsewhere
- **Service delivery**
  - ❖ Four vaccination stations were staffed with nurses along with support personnel to process forms and ensure clinic flow was maintained.
  - ❖ At station five, the DCoDPH Medical Director reviewed requests for medical exemptions, declinations, etc.
- **Staffing**
  - ❖ A total of 43 staff from a variety of DCoDPH departments and divisions participated as event staff

**Next Steps / Mitigation Strategies**

- A “hot wash” was conducted with event staff after the event. Overall, staff considered the event a success. Suggestions were made to have a second table to process those seeking exemptions and to change the placement of the vaccinators at each table to improve flow.

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**Division / Program: Health Education Division / Health Promotion and Wellness**

**(Accreditation Activity 12.3 - The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program description**

- A series of activities were held during Men’s Health Awareness Month. Activities included a Men’s Health presentation, two webinars (prostate cancer awareness and men’s health in general) and participation in Duke’s Men’s Health Initiative.

**Statement of goals**

- Discuss the leading causes of death in men, ways to reduce or prevent these causes of death, and how proper nutrition plays a role in prevention. Discuss Prostate Cancer signs, symptoms, screening procedures and treatments option.
- Encourage men to get free prostate cancer screenings, digital rectal exams, blood pressure exams, body mass index testing, lung function testing, and diabetes screenings.

**Issues**

- **Opportunities**
  - ❖ A relationship with the Kappa Alpha Psi was developed through the Men’s Health Advisory Committee. As a result, the event was held at the Kappa’s of Durham Foundation Community Center at no charge. The organization has stated that we are welcome to utilize the space for future events.
  - ❖ Historically, the Durham County Department of Public Health has not offered many men’s health activities related to chronic disease. In the past, female health educators conducted workshops and received evaluations that although the presentation was good, it would have been better coming from a male health educator. The chronic disease team now has a male health educator to meet this need.
  - ❖ The Men’s Health Advisory Committee shared topics of interest and stated that they are more likely to attend health

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related activities if they were planned specifically for men. Using this information, the Men's Health presentation was planned and implemented during Men's Health Awareness Month.

- ❖ The Men's Health Workshop afforded an opportunity for a male health educator and male nutritionist to partner and offer education to a targeted male audience.

- **Challenges**

- Men in general are a hard to reach population and typically do not participate in health related events.
- Publicizing the workshop proved to be challenging despite the launch of marketing information at least one month in advance to increase public participation
- An official press release was not issued prior to event
- There is a need for increased coverage of agency sponsored events on the agency's webpage and social media sites

**Implication(s)**

- **Outcomes**

- ❖ Although participation could have been better, the event showed that this typically hard to reach population is interested in and willing to discuss health issues with their peers in a setting with other men
- ❖ Evaluations of workshop showed the topic and method of delivery were well received
- ❖ Word of mouth advertising was helpful in addition to mentions on the websites of other groups/organizations outside of Durham County Department of Public Health.

- **Service delivery**

- ❖ The Prostate Cancer Awareness webinar was offered September 16<sup>th</sup> from 10:00am -11:00am
- ❖ The Men's Health workshop was offered on Thursday September 18<sup>th</sup> from 6:00pm-7:30pm
- ❖ The Annual Men's Health Initiative was held Saturday September 20<sup>th</sup> from 8:00am –12pm at Lincoln Community Health Center and Sunday September 21<sup>st</sup> from 12pm-4:00pm at Duke Clinic 2B/2C. Several DCoDPH health educators participated as exhibitors for this event.
- ❖ The Men's Health webinar was offered September 23<sup>rd</sup> from 10:00am-11:00am

- **Staffing**

- ❖ Health Education Specialist Michael Scott and Registered Dietician Tyrone Hall co-facilitated the Men's Health workshop. This was the first opportunity to team up with a male nutritionist to promote a unified chronic disease prevention health workshop.
- ❖ Michael Scott facilitated Prostate Cancer and Men's Health webinars
- ❖ The Annual Men's Health Initiative was staffed by volunteers from Duke Hospital, DCoDPH, and various community based organizations

**Next Steps / Mitigation Strategies**

- The workshop will be offered again at a date to be determined
- Recruitment efforts will begin at least two months prior to events to ensure increased attendance

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- Employ additional recruitment strategies to attract more participants in planned events

Dr. Levbarg stated that she finally received information from Forest River. Dr. Levbarg has been talking with them about the possibility of them donating an RV bus, mostly the shell of the bus and their final decision was that they felt it was too far out of their comfort zone and had never done anything like that before. After hearing that, Dr. Levbarg stated that she started to do some poking around about other possibilities and wants to set up a time to meet with staff about it.

**COMMITTEE REPORTS:**

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

Teme Levbarg, Commissioner Howerton, Steve Dedrick, Bergen Watterson and Chairman Miller (ex-officio) were appointed to the Personnel Committee to evaluate the Public Health Director with a deadline of January 8, 2014. Dr. Levbarg will send an e-mail out to the committee members on the process.

**OLD BUSINESS:**

There was no old business discussed.

**NEW BUSINESS:**

- **CHILD HEALTH ASSESSMENTS AND PREVENTION PROGRAM (CHAPP) FEES:** (*Activity 39.3*)

CHAPP is a collaborative program between Durham County Department of Public Health (DCoDPH), Durham Public Schools and Duke Community Family Medicine. Enhanced Role Registered Nurses from DCoDPH will provide well child assessments and preventive health care services for DPS students and their siblings ages 0-18. Fees for services specific to CHAPP and not included in the current health department fee schedule need approval to bill for services. The Department of Public Health requested approval to recognize and approve the fees for CHAPP that will be held in 5 elementary schools in the Durham Public School System. (*A copy of the CHAPP Fee Schedule is attached to the minutes.*)

Mr. Dedrick made a motion to approve the CHAPP fees. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **BUDGET RATIFICATIONS:**

The Department of Public Health requested approval to recognize funds in the amount of \$19,947.00 from the NC Immunization Branch, Division of Public Health. Funds will be used to develop a 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 Department of Public Health requested approval to recognize funds in the amount of \$1,000 from the NC Communicable Disease Branch, Division of Public Health. Funds will be used to ensure that clients receive supplementary educational materials to reduce the spread of STDs, including HIV and syphilis. Materials purchased will be appropriate to the population at risk for STDs in Durham County and will be offered to clients at each clinic visit or encounter. Funds may also be used to support continuing education for mid-level providers to assure ongoing competency as a provider of STD clinical services.

The Department of Public Health requested approval to recognize additional grant funds in the amount of \$173,203 from the Division of Social Services, North Carolina Department of Public Health and Human

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Services for the expansion of the DINE for LIFE program. The funds will be used to expand nutrition education programming in five additional Durham Public Schools and in new community settings and to support a new processing assistant position for the DINE for LIFE program.

The Department of Public Health requested approval to recognize additional funds in the amount of \$3,000 from the Robert Wood Johnson Foundation to celebrate the RWJF Culture of Health Prize.

The Department of Public Health requested approval to appropriate unassigned fund balance of the general fund for public health program grant funding. At the close of fiscal year 2014, there were unspent restricted grant funds received from the City of Durham and the United Way Greater Triangle of Durham in the amounts of \$559.24 and \$115.23, respectively. These funds were inadvertently not included in Public Health's submission to Finance of restricted fund balance for public health programs at year end. As a result, these unspent restricted funds closed to unassigned fund balance. As such, Public Health is requesting approval of this budget amendment in order to use these unspent restricted grant funds for the appropriate public health programs accordingly. While the balance of these funds are immaterial, because they are unspent grant funds, they must be spent in adherence to the restrictions of the grants.

Mr. Dedrick made a motion to approve all the above mentioned budget ratifications. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **INCREASE IN PHARMACY COST**

Ms. Harris stated that the cost for our medications will increase dramatically. Ms. Harris stated that the department recently learned that our vendor learned that they were charging all of the health departments inappropriate rates. There was a 340B audit and Cardinal Health learned that it had applied 340B pricing to our medications. Approximately \$152,000 was spent for a significant list of medications last year. The correct pricing going forward is almost 450% more or nearly \$680, 000. The pharmacy technician removed the cost of the HIV medicines out of the \$680,000. Approximately, \$280,000 remained for all medicines excluding the HIV medicines, which totaled approximately \$485,000. In order to address the issue (1) staff need to look for funds within the FY 14-15 budget to finish out the year; or (2) look at other options, such as AIDS Drug Assistance Program (ADAP). Staff can attest that we can't afford this increase because the costs will go from \$7,000 a month to possibly \$35,000 a month. At the recommendation of a representative at ADAP, Phil Harewood at Lincoln Community Health Center was contacted to discuss potential opportunities to partner in order to reduce costs through the Early Intervention Clinic. Ms. Harris stated that the Assistant Budget Director, Deputy County Manager and County Manager have been informed of this unanticipated increase in costs.

**Questions/Comments:**

**Commissioner Howerton:** What is the percentage of increase in HIV in the jail?

**Ms. Harris:** I can't speak to that but every year that we have talked about our costs and how they have risen in the jail, it's always based on the HIV patients and their acuity.

- **LEGISLATIVE INPUT-G.S.115C-81-BASIC EDUCATION PROGRAM (Activity 40.2)**

Ms. Harris stated that it's time for the Board of County Commissioners to start talking about their legislative agenda. At one of the recent Board meetings, Ms. Carter mentioned that she would like to address the restrictions on contraceptives availability and distribution in the DPS system. Ms. Harris stated that Article 8 G.S. 115C-81, Subchapter IV. states "Contraceptives, including condoms and other devices, shall not be

made available or distributed on school property". Deborah Craig-Ray, Legislative Liaison and Assistant County Manager responsible for Public Information has asked that legislative agenda items be sent to her for the Board of County Commissioners to consider. Ms. Harris asked the Board if this would be an issue that they would like to address and if so what outcome is desired.

**Comments:**

**Ms. Carter:** Clarification is needed that allows prescriptions for contraceptives by medical providers in the school-based health centers. We are not making them available technically on school campuses nor are we providing the prescription. The Lincoln Health Director contacted me about this and if we could get this into a memorandum of agreement between DPS and Lincoln by way of our school-based health centers (Hillside and Southern High Schools) we might be able to write prescriptions for contraceptives. It does reduce teen pregnancy.

**Dr. Allison:** I am a little confused about that for just one second...let me make sure I am clear. At the school-based health center there actually are providers and that's the child's primary care provider. Am I correct? So that's part of Lincoln Community Health Center?

**Ms. Harris:** Yes. That is part of Lincoln.

**Dr. Allison:** So what they are saying is the state can override a medical provider providing a prescription for their patient. Is that what they are saying?

**Ms. Carter:** Our superintendent has communicated with our attorney and every other superintendent from large districts on how this is handled in their districts and no one wants to touch it but what the advice has been so far is that our district has not been willing to sign a memorandum of agreement saying that doctors can prescribe.

**Dr. Allison:** But you see what I am saying this is a patient-doctor relationship or patient-provider relationship and it doesn't matter where the clinic is located; they should be able to prescribe whatever they want to their patients.

**Attorney Wardell:** Is the issue prescribing without the parent's knowledge?

**Ms. Harris:** The law allows adolescents to get contraceptive services without parental permission.

**Attorney Wardell:** So what's the issue? I'm trying to understand the general statute.

**Dr. Levbarg:** Is the issue writing and actually handing....

**Dr. Miller:** That's where I am getting caught up at...the wording is "shall not be made available."

**Ms. Harris:** This is probably written for the general school system that doesn't have school-based clinics and so it's being interpreted by people who have school-based clinics as being applicable or not. So what I hear is your request is clarification of the language that would allow within the confines of a school-based clinic standard operating procedure can occur.

**Dr. Levbarg:** And then my next question is if we are pushing for the some change is it unreasonable to push for being to actually distribute contraceptives?

**Ms. Harris:** If someone wants a long-acting method of contraception are you saying that the provider should be able to insert it during a visit to the school-based clinic. So your request is for clarification of the statute so that prescriptions for contraceptives can be written on school campuses within school-based health centers. In our particular community the school-based health centers are run by a separate entity on the school property and they are staffed and billed through another source, Lincoln has Hillside High School, Duke Community and Family Medicine has Southern High School.

**Dr. Allison:** If it was up to me I would ask that #9 be deleted from the document. That would be my suggestion. I understand what the statute is saying but it puts the law between a provider and their patient which is not right. That's the problem I see as a provider.

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Ms. Carter made a recommendation to get more supporting information from the medical board and also from other jurisdictions that have taken on this same issue and have been successful if this motion passes.

Ms. Carter made a motion to remove line 9 from the document and to allow school-based health centers to deliver services to their patients according to client needs. Ms. Watterson seconded the motion and the motion was carried with one opposing vote.

**AGENDA ITEMS DECEMBER 2014 MEETING**

- Follow-up Legislative Input

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

Dr. Levbarg made a motion to adjourn the meeting. Dr. Fuchs seconded the motion and the motion was unanimously approved.



Jim Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director



## DukeMedicine

**William J. Fulkerson, M.D.**  
Executive Vice President  
Duke University Health System

November 12, 2014

Gayle B. Harris, RN, BSN, MPH  
Durham County Public Health Director

Dear Gayle,

I wanted to send along a brief note to say how much we appreciated the collaboration and support of the Durham County Health Department related to the patient who was recently hospitalized, evaluated, tested and ultimately found not to be infected with the Ebola virus.

This was another demonstration of what we believe to be a strong and healthy working relationship between Duke University Health System and the Durham County Health Department. While I know we are comparing notes on lessons learned through this experience, I believe the handling of this situation from start to finish reflected a high degree of preparedness, coordination and skillful management of a very sensitive situation. Our collaboration was a major reason for this outcome.

I'd like to extend our compliments to all your staff who were involved in this response.

Sincerely,

A handwritten signature in black ink that reads "WJ Fulkerson MD".

William J. Fulkerson, M.D.



## SCHOOL HEALTH PROGRAM

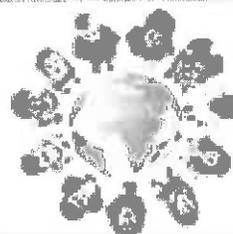
Citricia Key, RN, BSN, Jenny Mauch, RN,  
Clementine Buford, RN, BSN, MPH, NCSN  
Cheryl Scott, RN, MN/MPH

November 13, 2014

## SCHOOL HEALTH PROGRAM

**Durham County School Nurses support student educational objectives through:**

- Identification and management of chronic and acute illnesses



## SCHOOL HEALTH PROGRAM

Durham County School Nurses support student educational objectives through:

- Health Screenings
- Care Coordination



## SCHOOL HEALTH PROGRAM

School Nurses Work in Partnership with:

- Durham Public Schools
- Parents and Guardians
- Durham Parks and Recreation
- Community Education



## SCHOOL HEALTH PROGRAM

### School Nurses Work in Partnership with:

- Alliance Mental Health Services
- Local Health Care Providers
- Welcome Baby
- Prevent Blindness of NC
- Department of Social Services



## SCHOOL HEALTH PROGRAM

### Current and Recent School Nurse Activities

- Epinephrine law and school staff training
- Provided health services for Read to Achieve Summer Reading Camp



## SCHOOL HEALTH PROGRAM

### Current and Recent School Nurse Activities

- Durham Rescue Mission Back-to-School Backpack Outreach Project
- Kindergarten Kick Off and Kindergarten Welcome Night
- My Carolina Today TV Program



## SCHOOL HEALTH PROGRAM

### School Nurse Services:

- Management of Chronic Health Conditions



**SCHOOL HEALTH PROGRAM**

**School Nurse Services:**

- Medication Administration Training
- Diabetic Care Management Training



**SCHOOL HEALTH PROGRAM**

**School Nurse Services:**

Train School Staff to Perform Skilled Procedures

- Diabetes-Type 1
- Asthma
- Severe Allergies
- Gastric Tube Feeding
- Catheterization



**SCHOOL HEALTH PROGRAM**

**School Nurse Services:**

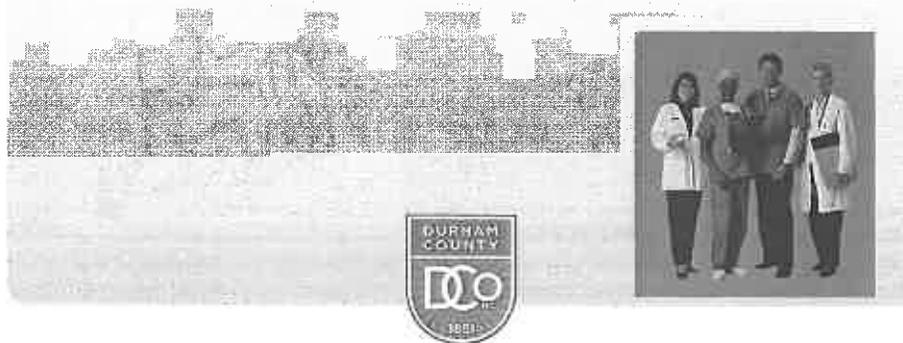
**Assessment of Illness and Injury**



**SCHOOL HEALTH PROGRAM**

**School Nurse Services:**

**Referrals for Physical and Mental  
Health Evaluations**



**SCHOOL HEALTH PROGRAM**

**Chronic Health Conditions *Increased***

- 2011-12 School Year            **2056**
- 2013-14 School Year            **2787**

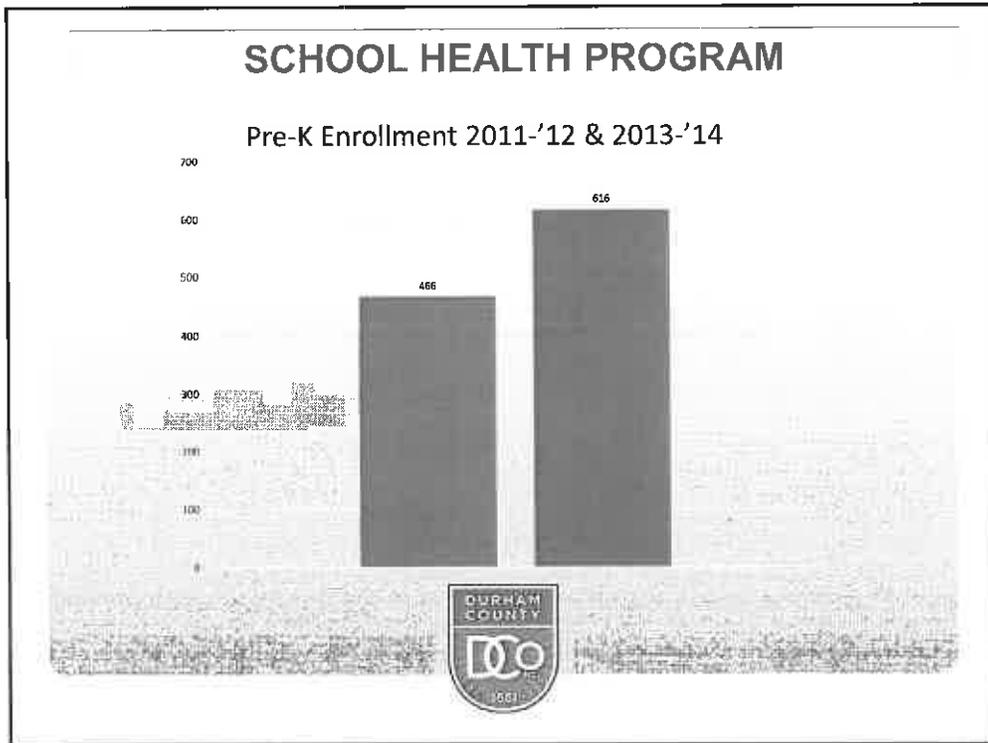


**SCHOOL HEALTH PROGRAM**

**Family, Social, and Mental Issues  
*Increased***

	2011-'12	2013-'14
Mental Health Issues	515	826
Child Abuse	54	101





### SCHOOL HEALTH PROGRAM

**Medications in Schools *Increased***

	2011-'12	2013-'14
Medications in School	537	1204

## SCHOOL HEALTH PROGRAM

**School Nurses *Make the Difference***  
Pregnancy Rate Among Middle and High School  
Students *Decreased*

• 2011-'12      174

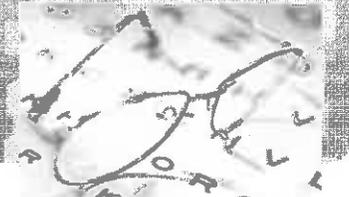
• 2013-'14      92



## SCHOOL HEALTH PROGRAM

**School Nurses *Make the Difference***  
Through Assessment and Referral

- **Medical:** 9 of 10 students referred for further medical evaluations received care
- **Vision:** 8 of 10 students referred for vision abnormalities received care



## SCHOOL HEALTH PROGRAM

School Nurses provide health services in 3-4 schools each week



Public Health  
100 Years of Service - 1913-2013

**Citricia Key, RN**  
**School Nurse**  
Club Elem. on Wednesdays

Voice mail: 919 680-5018  
Email: citricia.key@dpshnc.net



## SCHOOL HEALTH PROGRAM

### Durham Public Health School Nurse : Student Ratio

- Durham Public Health: **1 nurse: 1,918 students**
- Annual State Report: **1 nurse: 1,200 students**

Rational for the difference



## SCHOOL HEALTH PROGRAM

**Ann O. Nichols RN, MSN, NCSN**

*State School Health Nurse Consultant; NC Division of Public Health*

“The 1 nurse for every 750 students is the benchmark goal from all professional organizations including the CDC, nursing, and medical associations. That number is based on average school size and allows every school and student to have access to the full variety of services available from a qualified school nurse.”





# PUBLIC HEALTH PUBLIC SCHOOLS

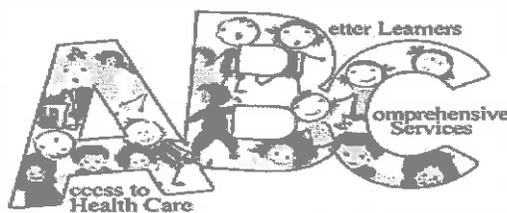
Partners in Academic Success

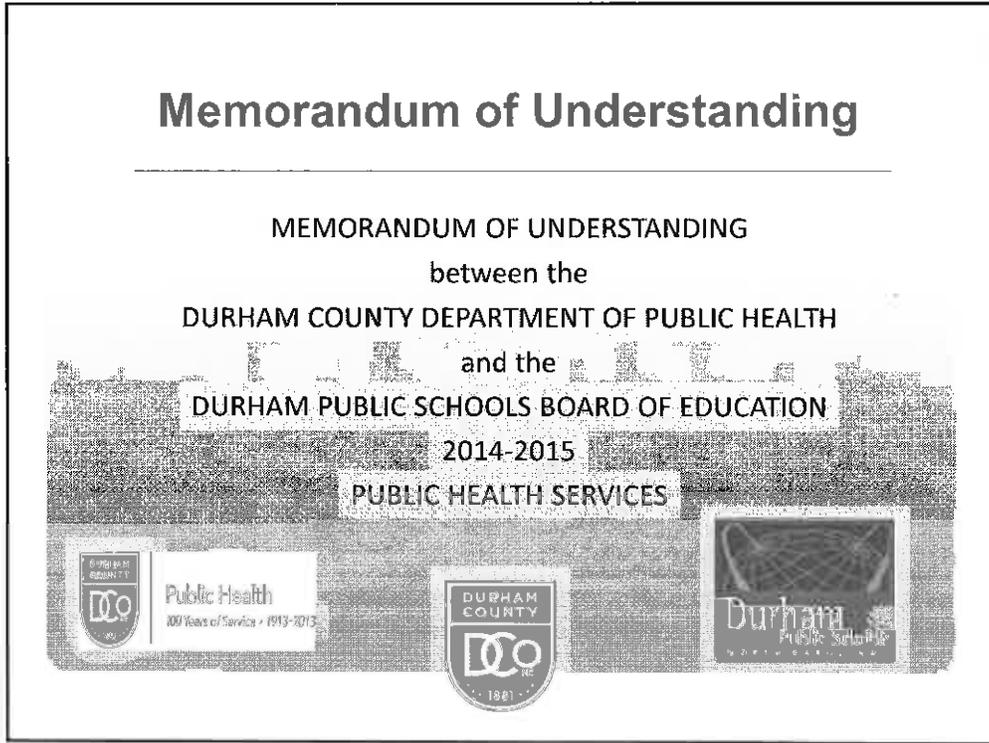
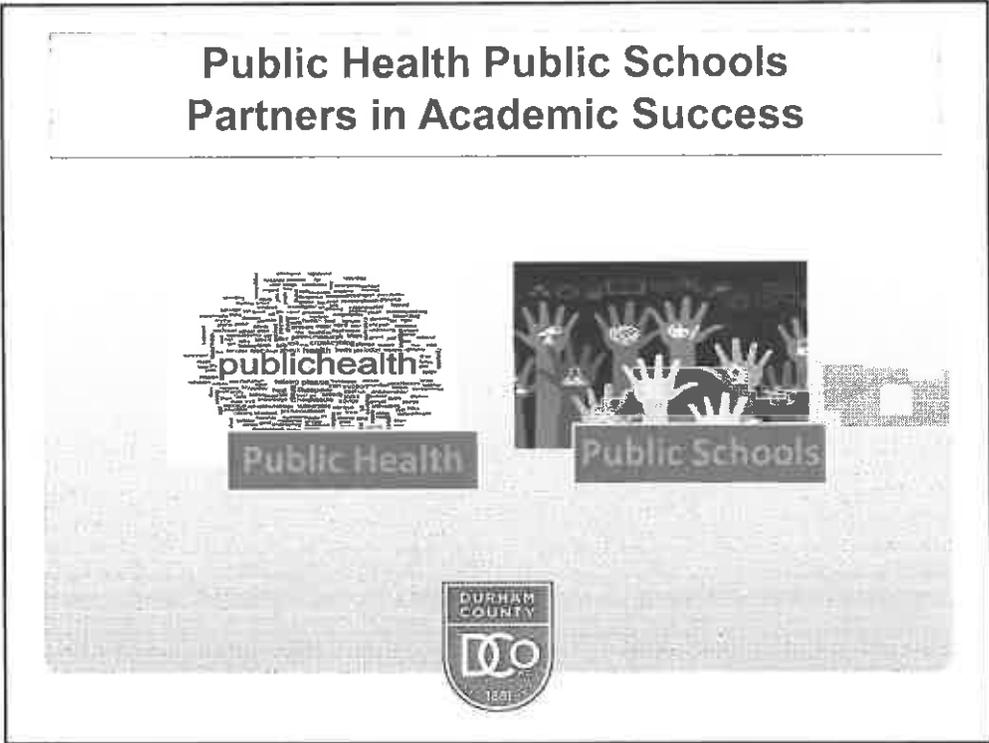
November 13, 2014 / Cheryl Scott, RN, MN/MPH

## Public Health Public Schools Partners in Academic Success

Objective:

To discuss how to maximize Public Health Services  
in all Public Schools

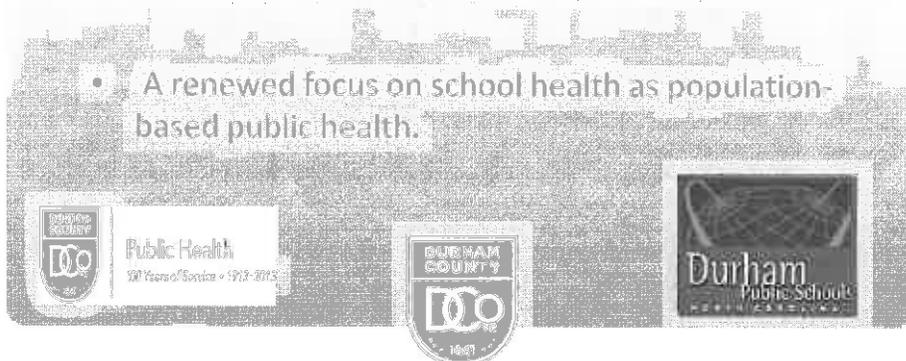




## Memorandum of Understanding

Annual renewal of the MOU provides:

- Continued commitment of local collaborations
- A renewed focus on school health as population-based public health.



## Partners in Academic Success The MOU

*To assure that health services and special health care services are provided, LEAs have the flexibility to:*

- Hire registered nurses,
- Contract with individual registered nurses,
- **Contract for nursing services through local health departments,** home care organizations, hospitals and other providers or
- Negotiate coverage for planning and implementing these services with the licensed physician, nurse practitioner, or physician assistant prescribing the health care procedure.



NCGS 115C-307(c)  
NGSBE GCS-G-006

## Partners in Academic Success The MOU

### Public Health Services



Medical Director



Public Health School Nurses



## Partners in Academic Success The MOU



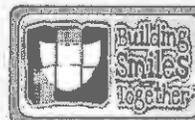
### Public Health Nutritionists

- "Dine for Life" Program
- Junior Iron Chef Durham



### Health Education

- Tobacco Free Schools Law
- Provide training and workshops



### Public Health Dental Division

- "Tooth Fairy" and on-site Elementary School Comprehensive Dental Services
- Dental Division Program supports the dental health of children 0-21 years of age



## Partners in Academic Success The MOU



### Public Health Response and Preparedness

- Consultation and/or education
- Medical guidance and health related control measures



### Environmental Health

- Inspections
- Consultations and education



### Public Health & and DPS Liaisons for Program Services

- Maintain an avenue of communication between the agencies



## Charter Schools



- What is a Charter School?
- Why is Public Health interested in Charter Schools?
- What health and safety information do Charter Schools currently provide to parents and students?
- Who are the Charter Schools in the Durham community?



## Partners in Academic Success Charter Schools

- What are Charter Schools?
- Public schools serving Public students with Public dollars



## Partners in Academic Success Charter Schools

- What health and safety information is currently provided to parents and students?

G.S. 115C-238.29F(a)

- Information on the preventable risks for preterm birth. (Grades 7-12)
- Information about meningococcal meningitis and influenza and their vaccines.
- Information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases.



## Partners in Academic Success Charter Schools

- What health and safety information is currently provided to parents and students?  
G.S. 115C-238.29F(a)
- Information on the manner in which a parent may lawfully abandon a newborn baby with a responsible person. (Grades 9-12)
- Guidelines for individual diabetes care plans 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.



## Partners in Academic Success Charter Schools

### Why is Public Health interested in Charter Schools?

#### Public Health School Nurses:

- Provide the first line of defense in communicable disease outbreaks
- Provide a direct connection with public health officials
- Provide leadership for the provision of, or consultation for, school health services, health policies and programs



## Partners in Academic Success Charter Schools

### Maximizing Public Health Services

- Vision Screenings
- Public Health School Health Program Liaison
- Epi-Pen Trainings (New)
- Immunizations Law changes



## Partners in Academic Success Charter Schools

<i>SY14</i>	<i>SY15</i>
<i>Number of Charter Schools: 11</i>	<i>Number of Charter Schools: 13</i>
<b>Brief FYI</b>	
<i>Total Enrollment</i> 4846	<i>Class Size</i> Range 15-24



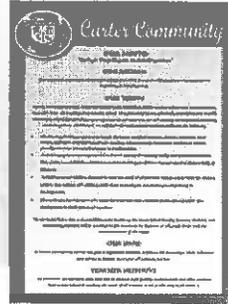
## Partners in Academic Success Charter Schools

### Carter Community School

Address: 1955 W. Cornwallis Rd. 27705

- Curriculum core is the North Carolina Standard Course of Study.
- Focus: The development of economic and financially literate students.

**Enrollment:** 400  
**Grade Span:** K-8  
**Year Approved:** 1998  
**Year Open:** 1998



## Partners in Academic Success Charter Schools

### Kestrel Heights School

Address: 4700 S. Alston Ave. 27707

- Associated in partnership with the Ackland Museum and the National Paideia Center at UNC Chapel Hill.

**Enrollment:** 1065  
**Grade Span:** K-12  
**Year Approved:** 1998  
**Year Open:** 1998



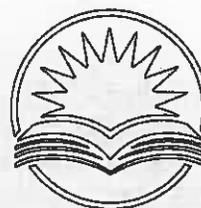
## Partners in Academic Success Charter Schools

### Maureen Joy Charter School

Address: 107 S. Driver St. 27703

- Focus on college-preparatory academics and character development

Enrollment: 475  
Grade Span: K-8  
Year Approved: 1997  
Year Open: 1997



## Partners in Academic Success Charter Schools

### The Institute for the Development of Young Leaders (IDYL)

Address: 1305 W. Club Blvd. 27707

- Provides a project based, child centered educational environment that is inspiring, intellectually stimulating, personally affirming and emotionally supportive.

Enrollment: 200  
Grade Span: K-5  
Year Approved: 2012  
Year Open: 2013



## Partners in Academic Success Charter Schools

### Voyager Academy

Address: 101 Hock Parc Ln 27704

- Integrated ethics education, public speaking, hands-on experiential & differentiated instructional strategies

Enrollment: 1350  
Grade Span: K-12  
Year Approved: 2006  
Year Open: 2007



## Partners in Academic Success Charter Schools

### Global Scholars Academy

Address: 311 Dowd St. 27701

- Improve educational outcomes and the overall life chances of youth at the greatest risk of academic failure due to significant social, economic and educational challenges.

Enrollment: 122  
Grade Span: K-5  
Year Approved: 2010  
Year Open: 2011



**GLOBAL**  
Scholars Academy

## Partners in Academic Success Charter Schools

### Healthy Start Academy

Address: 807 W. Chapel Hill St. 27701

- Works in partnership with parents and the community to provide a challenging, character-based education for its diverse K-8 student body

Enrollment: 374  
Grade Span: K-8  
Year Approved: 1997  
Year Open: 1997



## Partners in Academic Success Charter Schools

### Reaching All Minds Academy

Address: 2703 Holloway Street 27703

- Integrating science, technology, engineering and math to stimulate student learning

Enrollment: 144  
Grade Span: K-3  
Year Approved: 2013  
Year Open: 2014



# Partners in Academic Success Charter Schools

**Research Triangle Charter Academy**  
**Address: 2013 Ellis Rd 27703**

- Students are recognized as much for their character as they are for their accomplishments

**Enrollment: 636**  
**Grade Span: K-8**  
**Year Approved: 1999**  
**Year Open: 1999**



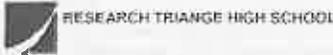
Research Triangle Charter Academy

# Partners in Academic Success Charter Schools

**Research Triangle High School**  
**Address: 10 Park Dr. 27709**

- A STEM school in the heart of Research Triangle Park

**Enrollment: 255**  
**Grade Span: 9**  
**Year Approved: 2011**  
**Year Open: 2012**



## Partners in Academic Success Charter Schools

**Central Park School for Children**

**Address: 724 Foster St. 27701**

- The school is founded on three principles:
  - ✓ Children are naturally full of life, power and confidence;
  - ✓ The best available research should guide our methods; and
  - ✓ Children develop best in a community where curiosity, challenges and learning are valued

**Enrollment: 300**

**Grade Span: K-6**

**Year Approved: 2002**

**Year Open: 2003**



## Partners in Academic Success Charter Schools

**KIPP Durham College Preparatory (SY2015-16)**

- In Durham it plans to target first-generation college students, students struggling most in traditional public schools and those from low-income families.
- In its first year, KIPP plans to serve 90 fifth graders, adding grades until it serves 360 students in fifth through eighth grades in year four.



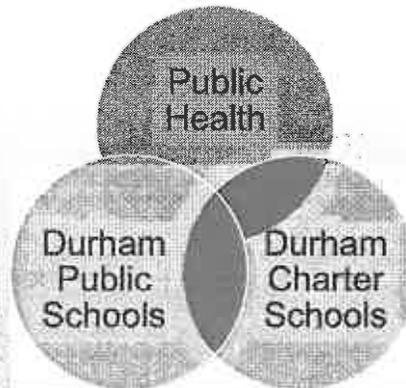
## Partners in Academic Success Charter Schools

### Excelsior Academy (SY2015-16)

- Will reflect Durham's 2011 racial makeup of 42.5 percent white, 38.5 percent black, 13.5 percent Latino and 4.2 percent Asian,
- Excelsior will have a classical curriculum, which promotes literacy, wide knowledge, critical thinking, effective communication, and ethics.



## Public Health Public Schools Partners in Academic Success



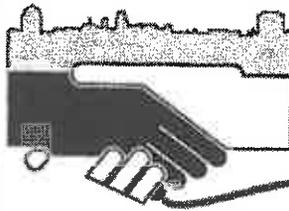
## Public Health Public Schools Partners in Academic Success



## Public Health Public Schools Partners in Academic Success

<https://www.youtube.com/watch?v=-WgNnnqggbQ>





**Partnership for a Healthy Durham**

# Community Health Assessment: health priorities and input sessions

November 13, 2014

Mel Downey-Piper, MPH, CHES

# Accreditation Activity

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- 38.2: BOH shall review community health assessment data and citizen input used to plan and monitor progress toward health-related goals
- CHA: 1.1, 1.3, 11.1, 11.2, 12.1, 22.1, 38.1

# Community Health Assessment timeline

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- **Conducted every 3 years**
  - Community survey, Fall 2013
  - Community input sessions, Fall 2014
  - Finalize health priorities, October 15, 2014
  - CHA document, December 1, 2014
  
- **Next steps**
  - Action planning from 2014-2015

# Current community priorities and data

- Access to Care
- HIV/STIs
- Obesity & Chronic Illness
- Substance Abuse
- Mental Health
- Poverty
- Education

**2013**

## Durham County

### State of the County Health Report

The report is a summary of health trends among county residents. It provides the most current data highlighting county demographics, leading causes of death, and the county's six health priorities. It also provides updates on emerging issues. Its purpose is to educate the community about the health of its citizens and to serve as a resource for grant writing, local policies, budgets, and programs.

#### Health priority areas

Identified by the 2011 Community Health Assessment

- Access to Medical and Dental Care
- HIV and other Sexually Transmitted Infections
- Obesity and Chronic Illness
- Substance Abuse and Mental Health
- Poverty
- Education

Electronic copies of this report and other Durham County health reports are available at [www.healthydurham.org](http://www.healthydurham.org)  
Created January 2014

Partnership for a Healthy Durham

Public Health  
100 Years of Service • 1913-2013

# Top 10 community priorities

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## Community issues

1. Poverty
2. Homelessness
3. Violent crime
4. Theft
5. Gang involvement
6. Lack of/inadequate health insurance
7. Discrimination
8. Lack of care for children/youth
9. Pollution
10. Drug/medication abuse

## Health Problems

1. Addiction to alcohol, drugs, medications
2. Diabetes
3. Obesity
4. Cancer
5. Mental health problems
6. Aging problems incl. dementia
7. High blood pressure
8. Smoking/tobacco use
9. Heart disease
10. Motor vehicle injuries

What's happened since 2011?

What's the current situation?

# Community input sessions



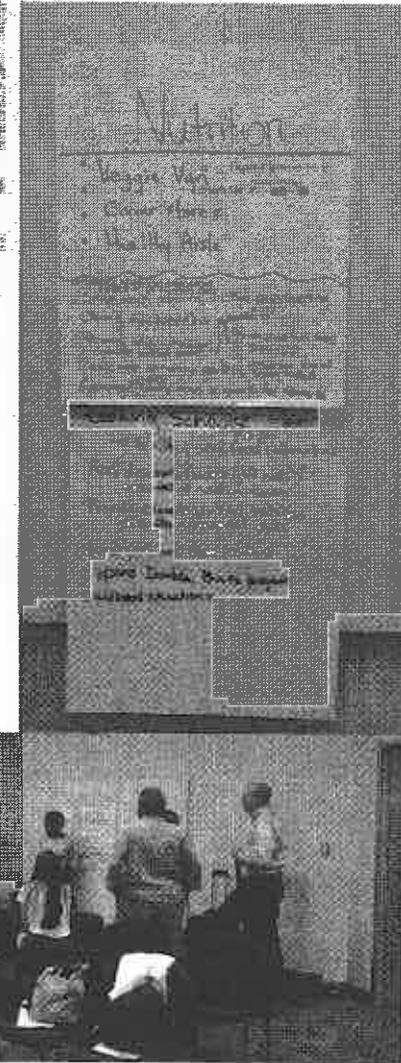
# Community input sessions

- 8 sessions held reaching 205 residents

Topic	Date(s)	Attendees
Physical activity, nutrition, chronic conditions	9/15	31
Access to medical and dental care	9/17, 10/2, 10/8	18, 8, 20
Poverty	9/15	34
HIV/STI	9/24	33
Substance abuse, mental health	10/25	35
Spanish - Obesity/chronic illness and MH/SA	10/31	26

# Results: Obesity and Chronic Illness

- Healthy cooking classes
- Sidewalks
- Veggie Van
- Walk signs to destinations with distances
- Chronic disease self-management classes
- Communication strategies and better outreach
- Latinos - Fear of police; lack of proper ID or driver license prevents people from going to the doctor
- Latinos - Money to visit the doctor and pay for meds because they are more expensive at Lincoln



# Results: HIV/ STI

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- Know Your Status campaign
- Expansion of non-traditional testing and comprehensive testing
- More social media, advocacy and communication messages
- Combining World AIDS Day events



# Results: Access to Care

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- Dental Services
- Transportation
- Housing & Financial Stability
- Food
- Medications
- Interagency Communication



# Results: Poverty

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- City-wide minimum wage
- Early childhood development & school readiness
- Affordable housing
  - Continue & expand homeless → hospital → housing discharge
  - City of Durham Community Development & funding for affordable housing
- Worker owned co-ops
- Make internships focused on future and with businesses
- Latino youth programs

\*Coordinate with Durham CAN



# Results: Mental Health

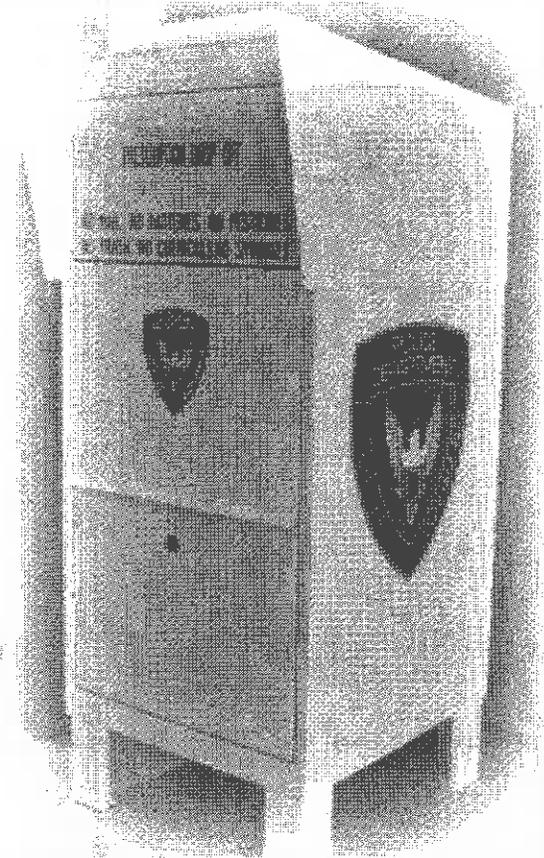
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- Increase media on suicide prevention efforts, bullying
- Cross-agency for parents → training
- Increase /Streamline diversion (jail) programs:
- Latinos - More people in Durham need a U-visa (type of immigration relief for victims of violent crime who cooperate with police investigations)
- Latinos - Fear of driving without a license

# Results: Substance Abuse

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- Increase/coordinate substance abuse prevention education in schools
- Increase number of drop boxes
- Latinos - Technical courses so community members can help others



# FINAL VOTE:

## Partnership's new priorities (2015-2017)

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1. Obesity and chronic illness
2. Access to health and dental care
3. Mental health & substance abuse
4. HIV and sexually transmitted infections
5. Poverty\*
6. Education\*

**Plus: Public relations / communications committee**

\*embed in first four committees and supporting existing community meetings and coalitions

# Discussion and Questions

mpiper@dconc.gov

919-560-7761

Find the SOTCH report and Community Survey reports at [www.healthydurham.org](http://www.healthydurham.org)

Share it with community partners!



## Partnership for a Healthy Durham accomplishments (2011 – 2014)

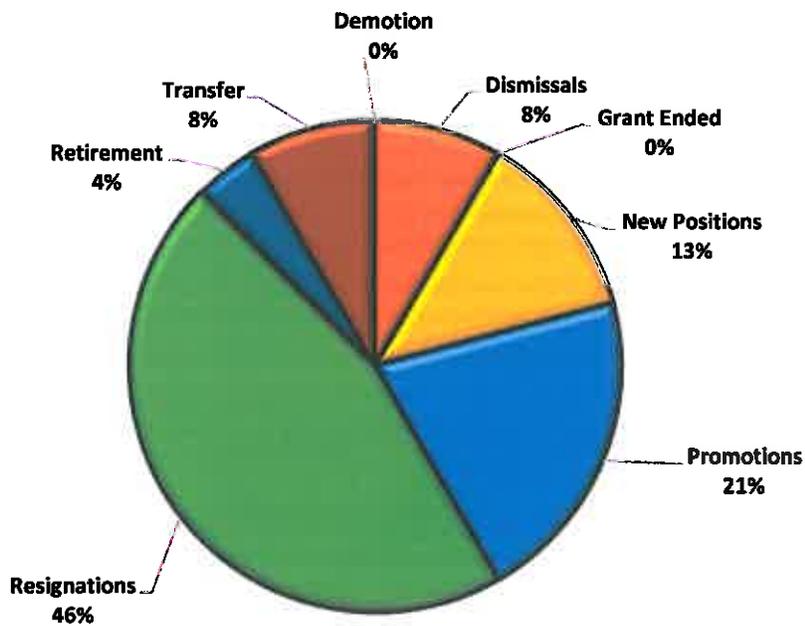
Health Priority Area	Goal	Progress
Access to Care	Design program for sub-acute care for homeless	Program was designed, including many meetings and one community forum. Funding for a pilot year was identified and the program is running.
Access to Care	Healthcare reform information	Clear, up-to-date materials were created by the ACA coordinating group prior to and during the Affordable Care Act sign-up period and marketed through the Partnership website as well as many other venues.
Access to Care	Expand dental care access	A dental screening clinic for adults was added to the DCoDPH clinic schedule. 14 dentists were recruited and are providing volunteer care.
HIV/ STI	Organize World AIDS Day Celebration	Annual World AIDS Day hosted by committee
HIV/ STI	Advocacy	NC Pride, National HIV Testing Day, Triangle Empowerment collaboration, dead space syringe, connect community to research projects.
HIV/ STI	HIV, syphilis, gonorrhea, and chlamydia testing	Expanded Hepatitis C testing, upgraded state laboratory facility processes tests more quickly, testing only option in the DCoDPH, collaborate with partners on testing
Mental Health / Substance Abuse	Hold Recovery Celebration	Recovery Celebration (currently sponsored by CJRC) held in 2013 and 2014.
Mental Health / Substance Abuse	Reduce injury and death linked to opioid dependence	Ongoing work on safe drug disposal through Durham TRY and Duke; increased number of prescription drop boxes available. Increase in availability of naloxone kits Increased number of providers registered with CSRS
Mental Health / Substance Abuse / Education	Substance abuse and mental health training offered to DPS	Ongoing work with Duke Integrated Pediatric Mental Health initiative: plan for Duke experts to offer case consultation and training to DPS staff; tentative plan for education of school administrators on link between mental health and grades and events to link administrators with community providers.
Mental Health /	Reduce suicide	Offered 2 suicide evidence-based prevention trainings to

Substance Abuse / Education	among youth	youth groups (Gun Safety Team) Conducted Youth Risk Behavior Survey in Durham Public Schools
Obesity Chronic Illness	Offer chronic disease and diabetes classes	Regularly offered by DCoDPH
Obesity Chronic Illness	Bull City Play Streets, Website	Up to 5 Play Streets offered each summer of the past 3 years; A Healthier Durham (ahealthierdurham.com) up and running
Obesity Chronic Illness / Poverty	Increasing access to healthy foods	Mobile CSA (Veggie Van) implemented to serve DCoDPH and Department of Social Service clients and building visitors. CSA boxes are subsidized. Double bucks program and SNAP at farmers' markets. Two pilot "Healthy Aisle" projects implemented.
Poverty	Summer Youth positions	Internships for youth/student workers at Durham County Government and Made in Durham
Poverty*	Forum to End Childhood Poverty in Jan 2013	End Poverty Durham sponsored a forum with 500 attendees.
Poverty*	REAL Durham	Relationship and network-building program for Durham County residents with and without poverty; expected to increase incomes.
Poverty*	Early Childhood Faith Initiative	Connecting congregations to support children, ages 0-5

\* End Poverty Durham initiative

**PUBLIC HEALTH VACANCY REPORT**  
**July 1, 2014 through June 30, 2015**  
**Month Ending 10/31/2014**

<u>Vacancy Reasons</u>	<u>FY 13/14*</u>	<u>FY 14/15**</u>	<u>#</u>	<u>%</u>
Demotion	0	0	0	0%
Dismissals	1	1	2	8%
Grant Ended	0	0	0	0%
New Positions	1	2	3	13%
Promotions	1	4	5	21%
Resignations	2	9	11	46%
Retirement	1	0	1	4%
Transfer	0	2	2	8%
	<b>6</b>	<b>18</b>	<b>24</b>	<b>100%</b>



\*6 vacancies remain unfilled from FY 13/14

\*\*FY 14/15 vacancies are cumulative

2 positions became vacant in October FY 14/15

**VACANT POSITIONS in FY 2014/2015**  
**Month Ending: October 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/DDC	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	12/19/13	1/13/14	4/25/14	9/1/14	
40008051	*Nutrition Specialist	12/19/13	1/13/14, 6/30, 10/14	4/25/14, 8/15, 10/31		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	9/15/14	
40001042	Pharmacist	4/30/14	5/5/14	5/24/14	9/2/14	
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	11/10/14	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, 9/22/14	8/15/14, 10/31/14		VACANT
40007628	Sr PH Nurse	7/25/14	8/11/14	8/29/14, 9/5/14		VACANT
40008250	*Env Health Specialist	7/28/14	8/11/14	8/22/14		VACANT
40008251	*Env Health Specialist	7/28/14	8/11/14	8/22/14		VACANT
40007577	Clinical Social Wrk/DDC	8/4/14	8/7/14, 10/13/14	11/14/14		VACANT-temp agency recruit
40006775	Dental Assistant	8/8/14	6/23/14, 10/13	8/1/14, 11/7		VACANT
40007576	Comm Hlth Assist/DDC	8/13/14	8/29/14			VACANT-temp agency recruit
40001099	Social Worker II	8/15/14	9/1/14	9/28/14		VACANT-Req to HR 8/21/14
40001140	Sr PH Nurse	8/15/14	8/25/14	9/28/14		VACANT-Req to HR 8/21/14
40005364	Nutrition Specialist	8/15/14	9/8/14, 10/12	9/26/14, 10/31		VACANT
40007894	PH Project Manager/DDC	8/15/14	8/4/14	8/29/14		VACANT
40007828	Info & Comm Spec/DDC	8/22/14	9/22/14, 10/27	11/14/14		VACANT-temp agency recruit
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31		VACANT
40007403	Sr PH Educator	9/2/14	8/25/14 internal	9/5/14	10/13/14	
40001013	Med Lab Assistant	9/11/14	9/22/14, 10/14/14	10/10/14, 10/31/14		VACANT-Req to HR 9/16/14
40007476	Clinical Social Wrk/DDC	10/10/14	10/13/14	11/14/14		VACANT
40007076	Info & Comm Spec	10/12/14	10/27/14	11/14/14		VACANT

**ENVIRONMENTAL HEALTH**  
 Onsite Water Protection Notices of Violation  
 October 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 and 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.
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
4/17/2014	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.
4/29/2014	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. 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.
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y	
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	N	No subsurface wastewater system operator
9/24/2014	7814 Kennebec Dr	No Subsurface Operator	10/24/2014	N	N	No subsurface wastewater system operator

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Procedure # (if applicable)	Procedure Name	Medicaid Rates	Current Fees	Recommended Fees	Rationale	Cost/Unit From settlement data
90648	HIB (ActHIB)	\$21.00	NA	\$26.25	Medicaid rate + 25%	NA
90655	6-35 mo. Trivalent Influenza	\$17.24	NA	\$21.55	Medicaid rate + 25%	NA
90657	6-35 mo. Split Influenza	\$6.02	NA	\$7.52	Medicaid rate + 25%	NA
90687	6-35 mo. Quad. Influenza w/preservative	\$9.13	NA	\$11.41	Medicaid rate + 25%	NA
90688	Quad 3+w/preservative	\$16.81	NA	\$21.00	Medicaid rate + 25%	NA
90681	Rotarix	NR	NA	\$74.45	Cost	NA
99406	Smoking Cessation Counseling 3-10 minutes	\$10.66	NA	\$13.32	Medicaid rate + 25%	NA
99407	Smoking Cessation Counseling >10minutes	\$22.10	NA	\$27.62	Medicaid Rate + 25%	NA
99409	Substance Abuse Counseling >30 minutes.	\$59.14	NA	\$73.92	Medicaid rate + 25%	NA

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99408	Substance Abuse Counseling 15-30 minutes	\$29.46	NA	\$36.82	Medicaid rate + 25%	NA
92587	OAE Screening	\$30.08	NA	\$37.60	Medicaid rate + 25%	NA
99409	CRAFFT	\$59.14	NA	\$73.92	Medicaid rate + 25%	NA
99408	CRAFFT	\$29.46	NA	\$36.82	Medicaid rate + 25%	NA
99420	ASQ-SE	\$8.14	NA	\$10.17	Medicaid rate + 25%	NA
99420	PSC	\$8.14	NA	\$10.17	Medicaid rate + 25%	NA
99420	HEEADSSS	\$8.14	NA	\$10.17	Medicaid rate + 25%	NA
99420	M-CHAT	\$8.14	NA	\$10.17	Medicaid rate + 25%	NA
96110	Develop. Screening	\$8.75	NA	\$10.92	Medicaid rate + 25%	NA
99173	Vision Screening	See note below	NA	NA	Medicaid rate + 25%	NA
36415	Venipuncture	\$2.78	\$3.75	\$3.75	Medicaid rate + 25%	NA

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- North Carolina Medicaid guidelines indicate that you should list vision screening CPT codes in addition to the preventive medicine CPT code. Despite this directive, the carrier allows no additional reimbursement for 99173. See more at: <https://www.supercoder.com/my-ask-an-expert/topic/pediatric-vision-screenings-99173#sthash.jFNTc7hK.dpuf>