

A Regular Meeting of the Durham County Board of Health, held August 14, 2014 with the following members present:

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

Excused Absence: Commissioner Brenda Howerton; Heidi Carter, MSPH; and John Daniel, Jr., MD

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, Will Sutton, Erika Samoff, PhD; Marcia Johnson, Vickie White, Teresa May, Jennifer Perkins, Eula Robertson, LaTanya Gilchrist, and Octavia Gladden.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:10pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: The following items were added to the agenda:

1. Budget Amendment (new business)
2. Ampli Vue Trichomonas Assay Field Study (new business)
3. NCPHA Conference (new business)

Mr. Dedrick 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. Fuchs made a motion to approve the minutes for June 19, 2014 meeting. Dr. Levbarg seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized L' Tanya Gilchrist for her exceptional work, advocacy, and leadership in her role as a Community Health Assistant (CHA) for the Durham Diabetes Coalition (DDC). She was recognized especially for the following contributions and representation she provided for the CHA role as well as on behalf of DCoDPH:

- L'Tanya participated as a panelist at the North Carolina PATHS Diabetes Strategy Forum in Raleigh, on May 30, 2014. PATHS (Providing Access To Healthy Solutions) is an initiative led by the Center for Health Law and Policy Innovation of Harvard Law School and funded by the Bristol-Myers Squibb Foundation. PATHS works to strengthen federal, state, and local efforts to improve type 2 diabetes treatment and prevention through the development and implementation of strategic law and policy reform initiatives that can bolster these efforts. L'Tanya was one of four invited speakers to serve in the panel discussion, "Diabetes Prevention and Management in Action".
- L'Tanya's presentation at the PATHS conference attracted the attention of the NC Health News who requested a personal interview with her. Her interview is available at <http://www.northcarolinahealthnews.org/2014/06/16/saving-dollars-and-lives-by-preventing-diabetes/>
- L'Tanya's work also attracted the attention of the Morehouse School of Medicine who invited her to participate in a peer support on-line "Coffee Shop Chat" sponsored by this school for community health workers nationwide to share their experiences in this role.

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- L'Tanya is participating in Mayor Bell's Poverty Reduction Initiative where she serves on two subcommittees: housing and health.

Ms. Harris was awarded the Thomas R. Howerton Leadership Award at the Senior PharmAssist 20th Anniversary Celebration.

Ms. Becky Freeman, Deputy Health Director is retiring on January 1, 2015.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **YOUTH RISK BEHAVIOR STUDY (Activity 38.2)**

Dr. Samoff, Project Coordinator-Partnership for A Healthy Durham Project provided the Board of Health with an overview of the findings from the 2013 Youth Risk Behavior Survey (YRBS). Durham Public Schools and the Durham County Dept. of Public Health have collaborated on the Youth Risk Behavior Survey since 2007. The survey is performed biennially to collect information on adolescent health behavior. The presentation of 2013 results provided information on general health, drug use, perceptions of violence, physical activity, nutrition, and mental health for high school and middle school students.

(A copy of the PowerPoint presentation is attached to the minutes).

Comments/Questions:

Sleep Habits—Students getting 8 hours or more of sleep per night.

Dr. Allison: Isn't that contradictory to a study that was done, not here but somewhere else, not sure where I saw it or read it that teens (high school students) actually require more sleep than younger kids and adults? There was some type of study that showed that those who went to a school that actually started later in the day did better. Is that contradictory to that study?

Dr. Samoff: It could be that. It could be if our schools started later we would do better. There has been a lot of information coming out from the report this week and what would happen if school started later. Let me go further into the study and I will speak to that.

Comments/Questions:

Chairman Miller: One question. At some point I was thinking about the number of high school students in Durham County...is there a way to figure out the total in the risky behavior and try to fix something over time...how would we be able to intervene?...I don't know if I am asking the question right.

Dr. Samoff: I hear you. If we could track students through school and as they get older, could we see the presence of the substance abuse in our community as they get older and if we could intervene could we see the difference that it would make when they get older? I don't know the answer: I haven't been here long enough to know what portion of people who grow up in Durham, stay in Durham. Does anybody know? I'm sure there are a lot of people coming in and out of Durham because of the university and all.

Chairman Miller: I'm thinking about that population that we are saying is a risky behavior population. It could prove that those students may not do as well in the community as they wanted to.

Dr. Samoff: So to actually capture that data at least when they are sitting in a classroom it's not too hard to survey them. To actually get them once they leave the classroom you would have to send surveyors out and /or would have to find them somewhere. There are sites where you could look for them... you could look in jobs, unemployment sites, substance abuse treatments but someone would have to fund that study. There might be someone at Duke that would be interested in looking at that. There probably is something like that out there that one could find about, at least, a comparable city if not Durham.

Dr. Stewart: Is the plan to include charter schools in the 2015 survey?

Dr. Samoff: That is the plan.

Ms. Harris: Lots of the kids enrolled in charter schools in Durham County come from other counties. We would have to limit the survey to those who live in Durham County.

Dr. Samoff: When we had the last Partnership Quarterly Meeting there was a real call among the people in the room for a coordinating body around youth. The Partnership for Children covers the young kids really well but once you get past that for the adolescent there's not much of a coordinating body there. It's my understanding that Alliance Behavioral Healthcare is hiring a coordinator. There is really a need for a place for linking public, charter and private schools in the county. There are a lot of things that could be linked together better for the kids' sake.

- **TEEN PREGNANCY PREVENTION-LONG ACTING CONTRACEPTIVES (Activity 22.2)**

Teresa May, Family Planning Nursing Supervisor and Jennifer Perkins, Family Planning Family Nurse Practitioner provided the Board of Health with an overview on Teen Pregnancy Prevention-Long Acting Contraceptives program provided to clients seeking services at the Durham County Department of Public Health. Long Acting Reversible Contraceptives (LARCs) should be used as first line contraception in adolescent and adult women. There are three different LARC methods available in the US, the Paragard IUD, Mirena IUD and Nexplanon implant. The comprehensive CHOICE study in St. Louis showed that if women have affordable access to LARCs, a provider who is able to place the device and is educated on its effectiveness, women will choose these forms of contraception. The Family Planning Clinic at the health department is successfully following the current guidelines on contraceptive counseling and placement of LARC methods in adolescent females of Durham County, as shown by 36% LARC utilization in this population.

Presentation Objectives:

- Explain the LARC use of Adolescents nationwide
- Explain the key findings in the CHOICE study regarding contraceptive counseling and utilization
- Present data of teens utilizing LARCs who receive Family Planning Services at the health department

(A copy of the PowerPoint presentation is attached to the minutes).

Comments/Questions:

Dr. Fuchs: Do these materials come in Spanish?

Ms. May: Yes, they do.

Dr. Allison: What's the advantage or disadvantage of one from the other?

Ms. May: With the Paragard (copper IUD) there are no hormones so women generally don't have the side effects (headaches, breast tenderness, nausea) - symptoms that you would get with the Mirena hormonal contraception. With the Paragard (copper IUD with a ten-year life), during the first few months women may have an increased amount of bleeding and a little bit more cramping than normal.

Dr. Levbarg: How long has the Mirena been in effect?

Ms. Perkins: It's been around quite a while, 6-8 years. IUD's really got some negative press in the '80s with the Dalkon Shield because the strings were absorbent. If a woman got an STD, the strings would pull the STD into the uterus. As a result, women were getting pelvic inflammatory disease. So, the Shield was taken off the market and Mirena and copper IUD replaced it. We are really trying to educate the customers and let them know that those problems don't exist anymore.

Dr. Stewart: What are the risk for the woman or fetus if someone gets pregnant while using the IUD?

Ms. Perkins: It is very rare for a woman to get pregnant with one of the IUDs. If pregnancy occurs, it is much more likely to be an ectopic pregnancy. It would happen in one of the tubes instead of the uterus. That

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is an emergency and the pregnancy would have to be ended as soon as possible. If the IUD has migrated down into the lower part of the uterus and not at the top, sometimes people can get pregnant in that area. There is a high rate of miscarriage when that happens. So again, we tell everyone if you have any signs or symptoms take a pregnancy test and immediately go to the emergency room.

Dr. Allison: Is there any maintenance or type of follow-up after the long acting contraceptive has been provided?

Ms. May: With each of the LARCs we do bring each of our clients back within 10-12 weeks for monitoring and supply check.

Dr. Allison: Is that one follow-up or a routine follow-up the entire life of the contraceptive?

Ms. May: We have one definite follow-up in about 10-12 weeks after the IUD or Nexplanon has been placed. At any time, customers can call the clinic triage number for any questions or concerns. We do encourage them to keep their annual well women visits.

Ms. Perkins: The benefit is that if the patients don't come back they are covered contraceptively. It also kind of forces them come back because with pills you may never know if they like them or not but they need to come back to have these methods removed. We actually see these patients more often than some of our others because if they are having problems they are going to call us where is if someone is having problems with the patches or the pills they are just going to stop using them and we may never see them again.

Ms. Watterson: What if someone really does forget it or something happens and they don't ever come back in 10 years, 3 years or 5 years. What happens to it?

Ms. Perkins: Usually in other countries, they will leave the copper IUD in for 20 years. Our FDA allows 10 years. I've had people to come in and it's been 15 years and I'm able to pull it out just fine. It's some theoretical risk of it embedding if it is in there for a long time and that does happen sometimes but they haven't really proven that occurs because of the length of time or that is just how it was placed. With the arm implant, Norplant, there were five of those rods inserted. We have had people come back years later with all five rods in place. We tell people it's now part of your body. It doesn't have medicine in it anymore but the risk of taking it out is more of a surgical risk.

Dr. Allison: I'm just curious...have there been studies about the teenage girls that are using these methods versus the rate of STDs? Basically this will help with unintended pregnancies but this doesn't help with STDs?

Ms. Perkins: Really adolescents don't use condoms consistently. It doesn't seem to matter especially with our patients. Adolescents are still in their growth and development...in this magical thinking phase that nothing is going to happen to them. **Dr. Allison:** Do teens under 18 need parental consent?

Ms. May: No. Family Planning is service that a teen can receive without parental consent. However, we do encourage our teens to include their parent or guardian in these types of decisions but we express to them that whatever they say to us is confidential.

Dr. Allison: Has there been any push back from those in the community...I guess the whole contraceptive idea? Has there been any push back coming to the health department?

Ms. Perkins: No.

Dr. Fuchs: Is this part of health class in the school system?

Ms. May: Yes. It's part of the school curriculum.

Dr. Allison: In the school system is it told to young girls that this is available at the health department?

Ms. May: We work very closely with our school nurses and health educators that are in the schools to get them to help us get the word out even more.

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

The Board received a copy June and July 2014 vacancy report. (*A copy of the June and July 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 July 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 July 2014 NOV report and status update is attached to the minutes*)

**Health Director’s Report
August 14, 2014
June & July 2014 Activities**

Division / Program: Nutrition Division /Durham Diabetes Coalition Partnering with Lincoln Community Health Center for Healthy Eating Classes

(Accreditation Activity 12.2 –Participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)

Program description

- Durham Diabetes Coalition (DDC) is partnering with Lincoln Community Health Center (LCHC) to provide healthy eating classes at LCHC on a monthly basis. The classes focus on weight management and diabetes prevention and treatment.

Statement of goals

- To offer nutrition support and education to clients of LCHC and DDC that work towards weight management, prevention of diabetes and control of diabetes.
- To further collaboration of diabetes prevention/treatment efforts between DDC and LCHC.

Issues

- **Opportunities**
 - The Chief Medical Officer at LCHC presented the need for increased nutrition and health education on site at LCHC by the DDC project.
 - A healthy eating class had started at LCHC but needed another registered dietitian to assist in program delivery.
 - DDC registered dietitians were able to respond to this request.
- **Challenges**
 - Coordinating schedules and timing of classes between organizations.
 - Publicizing classes for strong ongoing participation.

Implication(s)

- **Outcomes**
 - ❖ Classes had previously been offered once a month in English and once a month in Spanish. The English classes were well attended; however, the Spanish classes were not. It was noted that there is an alternative Spanish speaking support group/class in the area that is well established and is likely the reason for little participation in the LCHC Spanish class. Therefore, classes will only be offered in English.

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- **Service delivery**
 - Classes are conducted at LCHC on the first Tuesday and 3rd Thursday of every month from 5:30-6:30 pm.
- **Staffing**
 - ❖ Classes were offered once a month by a Duke dietitian. With the addition of the DDC dietitian's participation, classes are offered twice a month to provide more options and support for participants.

Next Steps / Mitigation Strategies

- At the end of the summer, DDC and LCHC staff will meet again to assess participation and effectiveness of classes to identify areas to improve services.

Division / Program: Dental Division / Tooth Ferry Mobile Unit Upgrades and Repairs

(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- The Tooth Ferry is a mobile treatment dental van that has been in operation since 2001.
- The van enables on-site screenings and/or oral health services for students in DPS elementary schools, Head Start sites, and various summer program sites.

Statement of goals

- To provide annual oral health screenings of children required for reporting to the state oral health program.
- To increase access to dental care in school settings and community locations for children who do not have a dental home. If a child does not have a dental home, they can be treated for dental issues in the school setting.

Issues

- **Opportunities**
 - The van offers families the opportunity to have their child treated in the school setting, without their needing to take time off from work and/or find transportation.
 - Students miss less school time with on-site dental services.
 - The Dental team can begin treatment of the student on the Tooth Ferry and if needed, refer them to the Division's clinic to complete treatment.
 - The Tooth Ferry reaches 8,000+ youth annually in Durham County.
- **Challenges**
 - The Tooth Ferry has been repaired numerous times over the years, but in early June, the van was diagnosed with a cracked engine block, requiring a replacement engine. In addition, the alternator has to be replaced.
 - In order to be ready for the school year, the Tooth Ferry will be repaired during the summer, which will decrease the visits to summer camps.

Implication(s)

- **Outcomes**
 - While the Tooth Ferry's new engine and alternator are replaced during current repairs, the following is a list of additional maintenance that was completed during the past 18 months:
 - a. Waste tank replaced

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- b. Two new roof top vents installed
- c. Evaluation of stabilizer equipment
- d. Electrical repairs on the AC unit;
- e. Repairs to front wheel hub
- **Service delivery**
 - ❖ Repairs to the Tooth Ferry are being completed so that the school schedule can begin on time.
- **Staffing**
 - ❖ Dr. McIntosh provides all dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van. While the vehicle is being repaired, the team is working in the clinic.
- **Revenue**
 - ❖ Current repairs will cost roughly \$17,000.

Next Steps / Mitigation Strategies

- The Division will begin exploring grants and other opportunities to replace the Tooth Ferry with a newer vehicle.

Division / Program: Administration / Information and Communications

Program description

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

Statement of goals

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

Issues

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

Implication(s)

- **Outcomes**
 - ❖ Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - ❖ Visibility of public health information from the department has substantially increased.

- **Service delivery**
 - ❖ During the month of June, three (3) media releases and three (3) media advisories were disseminated. Staff also responded to seven (7) direct (unsolicited) inquiries from reporters. A total of 31 media pieces featuring the Department were aired (television), printed in the news, or were posted to the web by local media during the month. These included coverage of activities including our monthly *My Carolina Today* segment, heat safety, healthcare for refugees, the ASK Gun Safety event, and PlayStreets. **(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)**
 - ❖ The department Communications Manager worked very closely with the county public information office and staff from Washington, D.C. based Burness Communications to coordinate dissemination of news, as well as interview scheduling on the ground in Aspen, CO, related to the award of the Robert Wood Johnson *Culture of Health* prize to Durham County.
 - Local, state, and national coverage garnered a total of 20 media pieces featuring the Department (aired for television or radio, printed in the news, or posted to the web by media) during the afternoon of and day following the announcement.
 - The offices of Governor Pat McCrory and Representative David Price extended their congratulatory remarks in a media release and/or statement.
 - On social media (Facebook and Twitter), congratulatory and or acknowledgement statements mentioning the Department were received from high profile figures and agencies including Senator Kay Hagan, Representative David Price, Blue Cross and Blue Shield of North Carolina, NC Division of Public Health, and the NC Department of Health and Human Services.
 - During the afternoon of and day following the announcement, the Department garnered a potential reach of nearly 280,000 individuals on Twitter, resulting from retweets by other individuals and entities.

(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)

Next Steps / Mitigation Strategies

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

Division / Program: Health Education / Roadmaps to Health Prize
(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

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- Durham County is one of six national winners of the prestigious 2014 RWJF Culture of Health Prize awarded by the Robert Wood Johnson Foundation (RWJF). The prize honors communities that are harnessing the collective power of leaders, partners, and stakeholders to help residents live healthier lives. Guided by the principle that every community—regardless of health status and resources—has the potential to improve and become healthier, the prize honors communities that are setting the standard.

Statement of goals

- To gain recognition and publicity for the effective community partnerships around health projects in Durham.

Issues

• **Opportunities**

- ❖ RWJF offered to support prize-winning communities in publicizing and networking around their public health efforts.

• **Challenges**

- Each opportunity to share and celebrate Durham's successes has taken a substantial amount of time.
- Previous winners were contacted by communities throughout the county to share their ideas, successes and input on applying for the prize. Durham County needs to develop a process to serve in role.

Implication(s)

• **Outcomes:**

- ❖ Professional videographers and photographers spent three days in Durham to create a 5-minute video. The final product highlights some of our greatest successes and the Public Health Director is the film narrator.
- ❖ The prize was publicly announced in Aspen, CO at the Aspen Ideas Festival on June 26, 2014. Three Durham delegates accepted the prize on behalf of Durham County. The Public Health Director did a satellite media tour from Aspen with local media and David Reese of EDCI presented a session at the Institute.
- ❖ July 16 -18, six Durham stakeholders and two VIPs were flown to Princeton, NJ to accept the RWJF Culture of Health prize plaque and present work done in Durham to the other winning communities. There was several learning sessions held among all prize recipients.
- ❖ RWJF has worked with Durham County to publish several narratives and success stories on their website.
- ❖ The Durham County Board of County Commissioners formally congratulated Durham for its work at its meeting on Monday, July 28, 2014.
- ❖ Public Health Director and Health Education Director taped an interview for the In Touch with Durham County TV show which will air on the local access station.
- ❖ The prize has created valuable national and local publicity for the efforts of the Partnership for a Healthy Durham, Durham County Department of Public Health, and our partners. In addition the media coverage referenced in the communications report above, the department received coverage from:
 - NACCHO
 - Health Affairs Blog (national)
 - NACo County Solutions and Innovation Blog and

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- A congratulatory letter from US Senator Richard Burr
- **Service delivery:**
 - ❖ The Partnership for a Healthy Durham has begun conversations about how to spend the prize money and a community survey is posted at www.healthydurham.org. Suggestions have ranged from supporting community health workers to mini grants for each committee.
- **Staffing :**
 - ❖ Public Health Director, Health Education Director, Partnership for a Healthy Durham Coordinator and Communications Program Manager have all been very involved in each aspect of winning the award.
- **Revenue:**
 - ❖ \$25,000 without any funding restrictions

Next Steps / Mitigation Strategies

- Planning a celebration for winning the Culture of Health prize.
- Determine how to spend the \$25,000.

Division / Program: Health Education Division / Ladies Let's Lift!
(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)

Program description

- Durham County female employees who are new to weight training learn how to utilize exercise equipment and their own body to get stronger, shed fat, and become healthier.
- Consists of an 8 session curriculum, including 4 health education sessions and 4 instructional hands-on strength training workout sessions. Education sessions are held from 5:30p-6:30pm on Tuesdays and workouts from 5:30p-6:30pm on Thursdays over a 4-week period.
- All classes were held in the Durham County Human Services Building Fitness Center and led by a public health education specialist who is also a certified fitness trainer.

Statement of goals

- To debunk the common myths about females and lifting weights
- To help women feel more knowledgeable and comfortable in our new fitness center and in any gym
- To educate the women on the health benefits of strength training
- To empower women mentally and physically in an area they may fear or lack correct information

Issues

- **Opportunities**
 - Offer a new worksite wellness initiative that was created in response to a need and request by employees
 - To help female employees use the equipment in the Fitness Center correctly and gain the most benefit with regards to strength and toning
 - Assess interest in the topic of women lifting weights
- **Challenges**
 - Space in the Fitness Center is limited so registration was open to only 15 slots

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- After the first series there was a wait list of over 40 employees. After the second series, there is a waitlist of 25. The September class is already full and was only offered to those on the waitlist.

Implication(s)

• **Outcomes**

- ❖ The first 4-week series began in April; 11 out of 13 participants attended at least 5 out of 8 sessions, producing an 84% participation and retention rate.
- ❖ The second series began in June; 10 out of 10 participants attended at least 6 out of the 8 sessions, producing a 100% participation and retention rate.
- ❖ Seven people who had originally signed up were unable to commit due to personal and work reasons.

• **Service delivery**

- ❖ At any given time there were no more than 10-12 participants per 1 instructor
- ❖ The program was delivered in a time frame of 2 hours per week for 4 weeks to ensure that all participants would receive appropriate attention and information both thoroughly and safely

• **Staffing**

- ❖ One health educator with a solid background and experience in fitness instruction and exercise prescription

• **Revenue**

- ❖ Program was free and targeted Durham County Government female employees

• **Other**

- ❖ Participants have expressed interest in future activities offered by the Fitness Center.

Next Steps / Mitigation Strategies

- A third training series is scheduled for September 2014 and was only offered to those on the waiting list.
- To continue building on skills learned, additional levels may be offered for participants completing the series.

Division / Program: Health Education Division / 4th generation HIV and expanded Hepatitis C testing

(Accreditation Activity 20.2 the local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care)

Program description

- CAPUS funds enabled the North Carolina State Laboratory of Public Health (state laboratory) to purchase the Abbott Architect instrument so the state laboratory could increase HIV testing volume, switch to 4th generation HIV testing, and initiate HCV testing.
- In March 2014, the Health Education Division was a pilot site for using the Abbott Architect instrument which provides the opportunity for HIV and HCV testing to be conducted at the same time, using a smaller blood specimen and provides both an antibody and RNA results for HCV.

Statement of goals

- Expand HCV testing across North Carolina and Durham
- Decrease the amount of time in which results are received and link positive patients to care more quickly

Issues

- **Opportunities**

- ❖ 4th generation HIV testing has allowed health educators to receive faster test results thus reaching HIV+ individuals faster, linking them to care and avoiding further infection of others.
- Previously health educators would need to draw two tubes of blood, one for HIV and one for HCV and complete four sets of paperwork. Now only one tube is needed for HIV and HCV two sets of paperwork are needed.
- Previously, if an individual was antibody+ for HCV, a confirmatory blood specimen was drawn to determine if RNA+. Combining both tests has provided opportunities to test more individuals for HIV/ HCV in less time, using smaller sample which is a benefit to the individual, and saving on high cost of testing through private labs.
- More funds can now be reallocated to prevention materials.

- **Challenges**

- Previously, all HCV samples were sent to UNC labs. Now Health Education samples are sent to the State lab and the CDC funded HCV program continues to send samples to UNC. Therefore, a new process needed to be created depending on which program did the testing.
- Budget transfers were needed since funds were originally set aside in contracts for Quest labs.

Implication(s)

- **Outcomes**

- Health Education has been processing HCV tests with State Laboratory for 4 months: March – June 2014. There were 475 HCV tests conducted over this period, 34 Antibody+ and 21 RNA+ indicating current infection.
- Overall in FY14, 1,217 HCV tests were done and 100 positives identified for a positivity rate of 8.2%.

- **Service delivery**

- ❖ Testing is provided in the Durham County Detention Center and other high risk sites.

- **Staffing**

- ❖ Four health educators, funded through the State Jail and ITTS grants, provide HIV, HCV, gonorrhea, syphilis and chlamydia testing.

- **Revenue**

- ❖ Testing 475 individuals through the State Laboratory at no cost to us provided a savings of \$7,300.75, which was reallocated for prevention. Previously, each test cost \$15.37 to process through Quest Labs.

Next Steps / Mitigation Strategies

- In FY15, Health Education plans to test 1,200 for HCV and 2,000 HIV and will continue to use the State Laboratory to process these tests.

Division / Program: Community Health Division / Family Planning Clinic—Colposcopy/ Biopsy Training
(Accreditation Activity 24.1- Have policies that promote and provide access to training.)

Program description

- The Family Planning Clinic provides contraceptive services to women of child-bearing age.

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- Some of those women are found to have abnormal Pap tests requiring follow-up.

Statement of goals

- To provide abnormal Pap test follow-up on site when feasible, for the convenience of the patients and to decrease cost to those patients without Medicaid or private insurance.
- To increase staff satisfaction by providing training and opportunities for professional growth.

Issues

- **Opportunities**
 - For more than 15 years, colposcopies and biopsies have been provided to patients in the Family Planning Clinic.
 - After the resignation of a long time Women's Health Nurse Practitioner, these services are performed by physicians, usually fellows or residents, from Duke one half day weekly.
- **Challenges**
 - Duke physician help has been less predictable in the last year because of changes in their assignments and several were on maternity leave.
 - Both physician extenders in the Family Planning Clinic expressed interest in attending training to perform colposcopies and biopsies, and they had the backing of their primary supervising physician and the clinic Medical Director, Dr. John Schmitt.

Implication(s)

- **Outcomes**
 - ❖ Amy Alspaugh, Certified Nurse Midwife in Family Planning Clinic, attended training to perform colposcopies and biopsies from July 16 until July 19.
 - ❖ Jennifer Perkins, the nurse practitioner in Family Planning Clinic will attend training in October.
 - ❖ Dr. John Schmitt will precept them in performing the necessary number of cases under supervision; he is the director of the Cervix Clinic at Duke.
- **Service delivery**
 - ❖ Performance of this service will no longer be limited to one half day a week.
 - ❖ Greater flexibility should result in more women receiving the services they need.
- **Revenue**
 - ❖ This program is revenue neutral. The Department was not paying Duke to provide physicians to perform this service, and most of the patients seen will be on a sliding fee scale.

Next Steps / Mitigation Strategies

- The physician extenders will receive the required training and supervision needed before being allowed to perform colposcopies and biopsies independently.
- Their supervising physician will make that decision.

Division / Program: Community Health Division / Parenting Program-Triple P Collaboration with Triple P America and the North Carolina Triple P Learning Collaborative

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

Program description

- The Triple P – Positive Parenting Program is widely regarded as one of the world's most effective parenting programs. The program has been strategically designed to allow a public-health, population approach to parenting support and it is one of the few based on evidence from ongoing scientific research.

Statement of goals

- To train 60 providers to deliver Level 3 Primary Care Triple P accredited support in Durham County by October 3, 2014. Level 3 Primary Care Triple P is a private, brief way for parents to receive Triple P support.
- To provide an awareness and understanding of the clinical and practical benefits of the Triple P.

Issues

- **Opportunities**
 - To teach parents skills necessary to become self sufficient in managing family issues without ongoing support.
 - To support families in identifying strategies to develop positive relationships, attitudes and conduct.
 - To offer a population approach to parenting support to families with children from birth to 5 years of age,
 - To demonstrate Durham County Department of Public Health's commitment to making meaningful changes in family resilience, family functioning and emotional and behavioral outcomes for children throughout the Durham community.
- **Challenges**
 - The Triple P Coordinator for Durham County is in the process of developing and implementing the community outreach plan to provide education and training to approximately forty (40) additional child serving agencies and providers.

Implication(s)

- **Outcomes**
 - Promotes the independence and health of families through the enhancement of parents' knowledge, skills, confidence and self-sufficiency
 - Promotes the development, growth, health and social competence of young children
 - Promotes the development of non-violent, protective and nurturing environments for children
 - Reduces the incidence of child maltreatment and behavioral/emotional problems in childhood.
- **Service delivery**
 - Durham County Public Health's Triple P Coordinator, in partnership with the NC Learning Collaborative and Triple P America, trained and accredited the first group of 17 community providers on July 24, 2014, to deliver Level 3 Primary Care Triple P in Durham County.
- **Staffing**
 - The DCoDPH Triple P Program Coordinator collaborated with the NC Triple P Learning Collaborative and Triple P America to provide the accreditation training.

Next Steps / Mitigation Strategies

- Offer interventions from different levels of Triple P to ensure a range of intensity is available to accommodate all parents' needs. A range of different delivery types (one-on-one, seminars, groups and online) will be implemented in order to support the individual preferences of the parent community and practitioner base.

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- Train a range of practitioners who have regular interactions with parents. These may include family workers, social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy.

Division / Program: Community Health Division/Communicable Disease Program--Adult Health/HIV-STD Testing Only
(Accreditation Activity 10.3- Employ evidence-based health promotion/disease prevention strategies, when such evidence exists.)

Program description

- The Testing Only service decreases barriers to care and provides a fast, free, and confidential way for clients to be tested and treated for STDs. Clients who have no symptoms and report no known exposures to an STD (sexually transmitted disease) can choose to be screened for STDs without having to be examined by a medical provider—though a medical exam is available to any client who requests one.
- Prior to this service, clients had no option other than to be examined by a medical provider, which could be a lengthy process. The Testing Only option provides more client-centered care by decreasing wait times for asymptomatic clients while allowing clinician resources to be directed to providing examinations for symptomatic clients.

Statement of goals

- To provide more client-centered care by decreasing wait times for asymptomatic clients
- To allow clinician resources to be directed to providing examinations for symptomatic clients.
- To decrease the number of clients turned away for STD services
- To increase the number of clients tested for STDs (including HIV and syphilis)

Issues

- **Opportunities**
 - Develop and provide a fast, free, and effective way to test clients for STDs
 - Optimize use of existing resources and ensure staff are operating at their highest level of skill and licensure
- **Challenges**
 - Overcome staff resistance to a new service that brought major changes to the existing clinic operation and to the roles and responsibilities of some clinic staff
 - Develop and implement an effective way to provide free, fast, and confidential STD testing (to develop the process, step-by-step, from start to finish). State guidance was available, but had to be adapted to the Durham County clinic/setting
 - Work collaboratively with other DCoDPH divisions to develop a working policy for Testing Only
 - Develop materials to effectively advertise and explain the service to clients
 - In the midst of everyone's busy schedules, find a time to meet to develop the service and implement improvements and changes during the pilot period
 - Find a confidential space to speak with clients in the registration area. Eventually, it was decided that a counseling room in the STD clinic would provide the best space to conduct the client interview.

Implication(s)

- **Outcomes**
 - ❖ The Testing Only service was implemented and refined during a 6 week pilot period
 - ❖ To date, after 12 weeks of operation, 290 clients have been tested and 30 positives identified (including 2 HIV and 2 syphilis).
 - ❖ The number of clients turned away for STD services has decreased dramatically from an average of 10 per day in January-March 2014, to 3 or less per week now.
 - ❖ Clinic resources are now more consistently directed to providing examination, diagnosis, and treatment to symptomatic clients.
 - ❖ A Testing Only video was produced and posted to the PH website, HIV/STD Clinic page, <http://www.deonc.gov/index.aspx?page=1454> The video also plays on sub lobby monitors in the department. Posters have been produced and are posted throughout the HHS building.
- **Service delivery**
 - ❖ Clients complete a brief self- risk assessment to indicate if they want and are eligible for Testing Only.
 - ❖ Clinic counselors conduct a quick, confidential screening with clients who want the service to verify if they are eligible and to answer any questions the client may have
 - ❖ The lab obtains specimens for testing, as indicated.
 - ❖ Clients are contacted by clinic counselors with positive results within 5-7 business days. An appointment to return for treatment is scheduled at that time.
- **Staffing**
 - The Testing Only program directly involves the Central Registration staff, the HIV/STD clinic counselors, and the laboratory staff.

Next Steps / Mitigation Strategies

- Collaborate with Health Education staff to target areas in the community for distribution and posting of Testing Only posters and video.
- Implement use of a Testing Only satisfaction survey to obtain feedback from clients; use feedback to improve the service.

Division / Program: Community Health Division / Communicable Disease Program -Communicable Disease Reporting Packet and Outreach

(Accreditation Activity 10.4- Promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.

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

Program description

- The Communicable Disease (CD) Reporting Packet was developed by the CD staff to educate physicians/medical facilities/laboratories about the legal requirements for reporting communicable diseases and the process by which to report these diseases to the health department.

Statement of goals

- To distribute the packet at scheduled meetings with medical providers at large, local facilities in order to :

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- provide targeted, on-site education about the legal requirements for reporting communicable diseases and suspected and/or known outbreaks of communicable disease
- explain the proper process for reporting communicable diseases to the health department
- provide current state guidance on two new reportable communicable diseases
- provide written guidance and useful tools for hepatitis screening, treatment of STDs, and evaluation of animal bites and suspected human exposures to rabies
- establish professional and collaborative relationships with medical providers and facilities through direct outreach by the Communicable Disease nurse

Issues

- **Opportunity**
 - Distribution of Communicable Disease Reporting Packet by Communicable Disease (CD) nurse, with plans to educate medical providers at large, local medical facilities in Durham County
- **Challenges**
 - Creating accurate, informative, and user-friendly materials for the packets
 - Identifying the medical providers/facilities in the county who would best benefit from the education. Lincoln Community Health Center, and Duke Medical Center and associated providers and facilities were selected
 - Identifying the best method by which to deliver a packet directly to each facility, and to then establish a time to do so

Implication(s)

- **Outcomes**
 - ❖ To date, two facilities have received packets and education by the CD nurse and CD Program Manager; a visit with the Medical Management Committee for Adult Practices at Duke is scheduled in July.
 - ❖ The CD nurse has established direct contact with facilities and providers. This face-to-face interaction not only increases the visibility of the health department in the community, but also provides an opportunity for the health department/CD Program to be seen as educator, and not merely enforcer.
 - ❖ An increase in communicable disease reporting is anticipated as providers are made aware of the legal requirement to do so.
- **Service delivery**
 - ❖ The CD nurse schedules and conducts the visits, with assistance from the CD Program Manager, as needed.
 - ❖ While on-site, the CD nurse assesses the need for/interest in other avenues of regular communication between agencies /facilities to ensure a safe and healthy community.
- **Staffing**
 - The CD nurse and CD Program Manager worked together to develop the packet and select facilities for targeted outreach.
- **Other**
 - ❖ There is a slight cost involved to create and distribute the packets (folders, printing, and travel for delivery).

Next Steps / Mitigation Strategies

- Regular communication and collaboration with the targeted providers/facilities will be enhanced by direct contact with the CD nurse.

- Enhancements are being made to the DCoDPH website to provide communicable disease information to both consumers and healthcare professionals.

Division / Program: Nutrition Division /Health Promotion--Fresh Food Prescriptions grant application

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

Program description

- DCoDPH applied for a NCPHA (NC Public Health Association) Ann Wolfe mini grant in collaboration with the department's Centering Pregnancy program and the Veggie Van.
- If awarded, the \$5,000 grant will be used to provide 36 Centering Pregnancy participants with a prescription for fresh, local produce at every appointment. The program is called the Fresh Food Rx (FFRx).

Statement of goals

- To improve the health and birth outcomes of Durham County residents by empowering pregnant women to make healthier food choices and increasing their access to fresh fruits and vegetables.

Issues

- **Opportunities**
 - ❖ FFRx brings together these existing resources—Centering Pregnancy groups, Nutrition Division, SNAP and the Veggie Van—to pilot a program targeting at-risk pregnant women.
 - ❖ FFRx offers participants convenient and consistent access to fresh, healthy, affordable food. It will have a multifold impact on mothers during a time when women are more likely to make dietary changes, on the development of thriving, healthy babies, and on improving the eating habits for the entire family. Similar programs throughout the country have shown health behavior changes continue after the patients stop receiving prescriptions.

Implication(s)

- **Outcomes**
 - ❖ The program will be evaluated through formative and evaluative surveys. Likely outcomes include increased fruit and vegetable consumption during pregnancy and increased food insecurity of participants.
- **Service Delivery**
 - ❖ During every visit, participants in three Centering Pregnancy groups will receive a prescription for one week's worth of locally grown produce. Participants fill their prescription in the lobby of the health department immediately following their appointment, paying a \$2.50 "copay" for a small box or \$4.50 for a large box of fresh produce.
 - ❖ Boxes include 5-8 seasonal items equal to 5-10 servings of fruits and vegetables *per day* for one week.
 - ❖ Participants are encouraged to return to DCoDPH on weeks they do not have a Centering Pregnancy group meeting to purchase boxes at wholesale prices.
 - ❖ FFRx also provides facilitated nutrition education in the Centering Pregnancy groups, a nutrition newsletter in every box, and teaches self-efficacy through cooking demos and food tastings.

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- **Staffing**

- ❖ Midwives will write a FFRx prescription at each appointment and follow-up with patient to find out if she is consuming the produce.
- ❖ Centering facilitators will encourage women to fill prescriptions and purchase boxes on weeks they do not have Centering appointments.
- ❖ Nutrition division staff will assist with evaluation of the program.

Next Steps / Mitigation Strategies

- If funded, FFRx program will be administered.
- Continue to look for funding in order to bring this program to all Centering participants and clients of other DCODPH clinics.

Division / Program: Nutrition Division /DINE for LIFE--Nutrition Education at Walltown Recreation Center

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

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- Walltown Recreation Center is located in North Durham and serves as a summer camp facility for DPS students who are on summer break. Hands-on nutrition education is provided to adolescents enrolled in the summer program.
- DINE is working in partnership with Durham County Librarians, who arranged the program series of three nutrition classes in June and July of 2014.

Statement of goals

- To increase the nutrition knowledge and basic cooking skills of DPS middle and high school students attending a DPS summer camp.
- To work with students to develop and practice food preparation techniques, reading directions and teamwork.
- To encourage positive behavior changes towards healthier eating habits and lifestyles.

Issues

- **Opportunities**

- Summer programming provides an opportunity to reach additional qualifying DINE students outside the typical school setting.
- Walltown Recreation Center has a full kitchen, which allows for a wider variety of cooking techniques and recipes to be utilized.
- Collaborations with the Durham County Library are a great opportunity to reach additional qualifying youth and adults in Durham.

- **Challenges**

- Students attending the summer camp include a range of grade levels and backgrounds, therefore students need varying levels of attention and supervision during hands on cooking. Walltown staff and volunteers are able to give additional attention to students who need more one-on-one attention with things like knife skills.

Implication(s)

- **Outcomes**
 - ❖ As of July 30th, three cooking classes have occurred at Walltown Recreation Center.
 - ❖ Approximately 10 students attended each of the three lessons.
 - ❖ Nutrition lessons are designed to be applicable and age appropriate for students. The goal of the lessons is to provide knowledge and skills to be able to choose and prepare healthy foods. Topics include seasonal fruits and vegetables, healthy snacks, and healthy breakfast.
 - ❖ In the June lesson, students learned basic knife skills and prepared “Summer Harvest Fruit Boats” while learning the importance of eating different colors of fruits and vegetables.
 - ❖ In the July 2nd lesson, students learned about healthy snack and drink choices, discussed awareness of unhealthy food advertising to kids, and prepared two healthy snacks (homemade salsa and guacamole).
 - ❖ In the July 30th lesson students discussed what makes a healthy breakfast and prepared homemade granola served with yogurt and fresh fruit.
- **Service delivery**
 - ❖ Each session includes a brief nutrition lesson, a fun game or activity such as a blind-folded taste test, followed by the students working together to prepare a recipe related to the lesson topic.
 - ❖ Cooking techniques and food safety are also discussed and demonstrated.
 - ❖ After cooking, the students eat together and are given a copy of the recipe to take home.
- **Staffing**
 - ❖ Nutrition education is provided by a DINE nutritionist, in collaboration with Walltown staff and a Durham County Librarian.

Next Steps / Mitigation Strategies

- Continue collaborations with Walltown Recreation Center and the Durham County Library to deliver programming and promote healthy eating for students and families in Durham.

Division / Program: Nutrition Division/Health Promotion--Corner Store Healthy Foods Promotion

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

Program description

- The Nutrition Division collaborated with Durham TRY (Together for Resilient Youth) in July, 2014 to convert the Express Mart convenience store on the corner of Roxboro and Geer Streets into a healthier place to shop.

Statement of goals

- To create an environment that promotes healthy eating
- To create a documentary about the store conversion process

Issues

- **Opportunities**
 - Created a successful relationship with a nontraditional public health partner to spread nutrition messaging.

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- Decreased the advertising of alcoholic beverages.
- Increased low income residents access to healthy foods.
- **Challenges**
 - Owner is hesitant to purchase items as he is unsure they will sell.
 - Prices of healthier items in store are relatively high.
 - There are not many healthy grab and go convenience items available on the market.

Implication(s)

- **Outcomes**
 - Replaced banners advertising alcohol with banners advertising healthy foods
 - Covered a window blocked with a board with a banner advertising healthy foods
 - Moved healthy items to eye level; labeled healthy items and items eligible for WIC
 - Surveyed customers to find out what healthy items they would purchase in the store
 - Added new healthy items including fresh fruit
 - Video footage was taken and is being edited
 - ❖ Will continue to follow-up with owner to determine if sales changed based on placement and marketing of healthy items
- **Staffing**
 - ❖ A nutrition program manger and two UNC nutrition interns worked on this project.
- **Other**
 - ❖ The cost of the video, banners and window decal were paid for with funds from the Community Transformation Grant.

Next Steps / Mitigation Strategies

- Continue to follow-up with the store owner and encourage him to make additional healthy changes to his store.
- Find other convenience store owners willing to make healthy changes in their stores.
- Work with the Veggie Van to get low cost, local fruits and vegetables sold in the store.

Before:



After:



Division / Program: Nutrition Division / Clinical Nutrition Services-- Safety Net for Durham Residents

(Accreditation Activity 22.1 –Serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.)

Program description

- The Nutrition Clinic provides nutrition interventions to Durham residents with the focus on residents who are un- or under-insured and/or with low incomes.

Statement of goals

- To provide access to care for Durham residents needing nutrition services.
- To meet the essential public health service of “Link people to needed personal health services and assure the provision of health care when otherwise unavailable.”

Issues

- **Opportunities**
 - Nutrition is highlighted by scientific research as one of the leading lifestyle factors in health promotion and disease prevention. Nutrition intervention lowers health costs, reduces incidence of disease, and improves health and quality of life.
 - Services offered at the Nutrition Clinic include individual nutrition therapy for people living with diagnoses such as diabetes, obesity, and heart disease. Group programs on diabetes self management are also offered.
- **Challenges**
 - Lincoln Community Health Center (LCHC) is the major source of referrals for lower income clients to the Nutrition Clinic. Lack of a shared electronic medical record system between LCHC and DCoDPH has made communication regarding the referrals and client assessments cumbersome.

Implication(s)

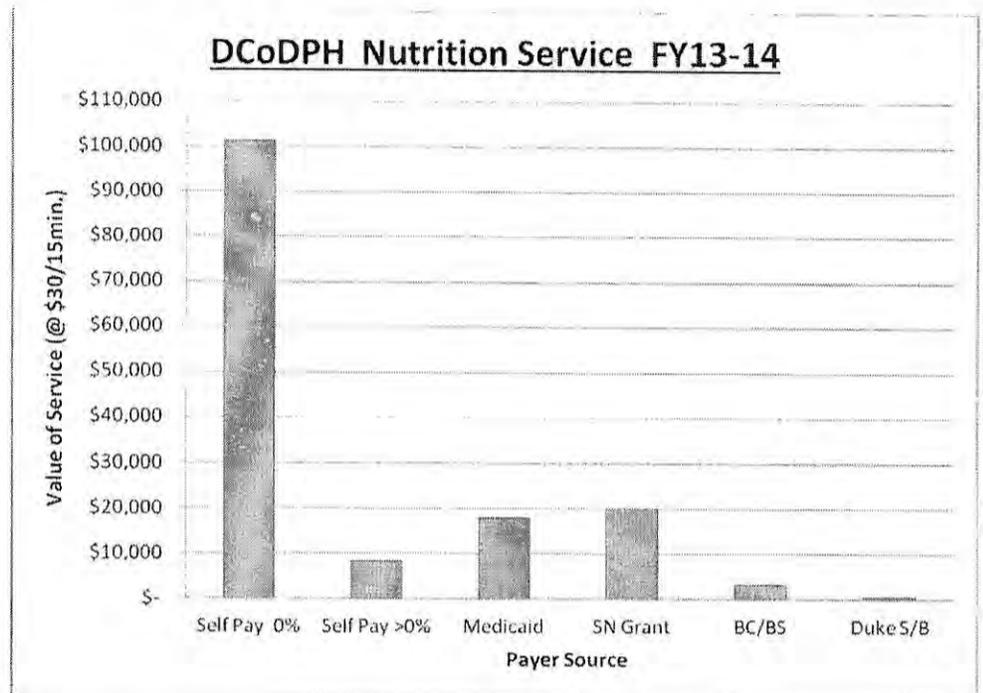
- **Outcomes**
 - 2,711 individual nutrition service treatments, or encounters, were provided by the Nutrition Clinic in fiscal year 2014.
 - 94% of clients receiving nutrition services receive those services at no cost to them due to the DCoDPH income-based sliding scale fee system, Medicaid and insurance billing, or grant funds covering nutrition services (see graph below).
- **Service delivery**
 - 90% of LCHC nutrition referrals are for clients with a diagnosis of diabetes or pre-diabetes. The Nutrition Clinic offers both Medical Nutrition Therapy (MNT) and Diabetes Self Management Education (DSME) to clients living with diabetes.
 - Approximately 50% of clients coming to the Nutrition Clinic speak Spanish. Using bilingual staff and Spanish interpreters, the clinic is able to offer services to these clients.
 - Services are provided Monday through Friday from 8:30am - 5:00pm and on Tuesday until 7:00pm.
- **Staffing**
 - The Nutrition Clinic is staffed with Registered Dietitians (RD) who are also North Carolina Licensed Dietitians/Nutritionists (LDN).
 - The Nutrition Clinic has 1 fulltime, Spanish speaking dietitian on staff. Department interpreters are also available to the clinic.
- **Revenue**
 - Clinical Nutrition staff are credentialed providers for billable MNT and DSME services.

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- Fees for MNT and DSME are based on a sliding fee scale. Medicaid and third party reimbursement sources are billed when applicable.

Next Steps / Mitigation Strategies

- Continue to provide access to nutrition services.
- Finalize Medicare Part B application process for dietitian credentialing to provide reimbursable MNT and DSME services to Medicare eligible residents.



Division / Program: Dental Division / Staff Training in Dentrix 8.0 & eClaims Software

(Accreditation Activity 24.1- Have policies that promote and provide access to training.)

Program description

- On July 16-17, Dental and IT team members completed training in Dentrix software programming in advance of an upgrade to Dentrix 8.0. The training was web-based and conducted by Henry Schein contractors.
- On July 23, Dental and IT team members completed training on Dentrix e-Claims billing software.

Statement of goals

- To enable staff to learn how to utilize the upgraded version of the Treatment Planner, including registration of patients, charting procedures, entering clinical notes, reviewing billing information, and setting up global alerts (medication allergies, interpreter services required, etc.).
- To learn about the Meaningful Use module, with a focus on some of the required fields (gender, race, ethnicity, language, etc.)
- To enable billing team members to review the Dentrix eClaims billing component

Issues

- **Opportunities**
 - The training provided an opportunity for the Dental and IT teams to receive an in-depth overview of the 8.0 software upgrade, thereby improving program efficiencies by maximizing the use of the software.

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- The department will begin to utilize the billing function of Dentrix in late summer.
- **Challenges**
 - ❖ There were numerous challenges to scheduling in-house training through Schein, including contracted trainers not being notified they were to be at DCoDPH the week of July 14th to provide training. Because the Dental Division had already moved numerous patients, Schein arranged the web-based sessions on the July 16-17 and 23rd at no charge. We will also receive 20 additional hours in web-based training in the future.

Implication(s)

- **Outcomes**
 - ❖ Because of the training, the Dental team experienced minimal issues when Dentrix 8.0 was installed within the practice on July 25th.
- **Service delivery**
 - ❖ The training has helped staff to maximize Dentrix software features, making operations and service delivery more efficient.
- **Staffing**
 - ❖ All Dental Division staff members and department IT staff participated in the training.
- **Revenue**
 - ❖ In utilizing the complimentary web-based sessions offered by Schein, the Division saved \$5,000+ in training fees and travel.

Next Steps / Mitigation Strategies

- Due to the effectiveness of the training, future sessions have been scheduled to focus on Meaningful Use (August 6th) and to address specific questions that arise in the coming months.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

● **BUDGET RATIFICATIONS:**

The Department of Public Health requested approval to recognize funds in the amount of \$666.66 from the University of Kentucky Rural Cancer Prevention Center Research Project.

The Department of Public Health requested approval to recognize funds in the amount of \$25,000 from the Robert Wood Johnson Foundation to assist with efforts to promote health and healthcare with the community.

The Department of Public Health requested approval to recognize funds in the amount of \$100,006 from the NC Department of Health and Human Services Division of Public Health to coordinate with Durham Public Schools to: 1) create supportive nutrition environments that promote healthy eating, 2) support the implementation of physical activity and physical education, and 3) support the management and care of students with chronic conditions, specifically asthma and diabetes.

The Department of Public Health requested approval to recognize funds in the amount of \$6,750 from the National Association of County and City Health Officials to promote and implement the Chronic Disease Self Management and Arthritis Self-Management Programs in the Durham community.

BUDGET AMENDMENT:

The Department of Public Health requested approval to recognize \$50.00 Communicable Disease Funds from NC DHHS, Division of Public Health to support the reduction in morbidity and mortality resulting from communicable disease in Durham County. These funds are to be used to purchase condoms for persons at high risk for HIV and STDs in the STD program in order to reduce the spread of STDs and HIV.

Dr. Allison made a motion to approve the budget ratifications in the amount of \$666.66, \$25,000, \$100,006, \$6,750 and the budget amendment in the amount \$50.00. Mr. Dedrick seconded the motion and the motion was unanimously approved.

- **2014 NCPHA CONFERENCE:**

Dr. Levbarg made a motion that the unused funds in FY 15 budget for the 2014 NALBOH conference be used for public health staff to attend the 2014 NCPHA conference. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **RESEARCH STUDY—AMPLIVUE TRICHOMONAS ASSAY FIELD STUDY: (Activity 29.2)**

Dr. Sena provide the Board of Health with an update on the Amplivue Trichomonas Assay Field Study.

Protocol Summary: AmpliVue® Trichomonas Assay Field Study

Study participation will include a single clinic visit. Eligible women will be recruited prior to their STD evaluation by research personnel.

Following written informed consent, study subjects will undergo routine evaluations including a patient history with demographic information, symptom review and past history of STDs. For study purposes, the following specimens will be obtained:

- A total of 4 vaginal swabs will be collected:
 - the first swab will be used for wet mount microscopy as per clinic protocol; the second swab for immediate inoculation into a *T. vaginalis* culture pouch (InPouch TV, Biomed, Inc.); the third swab will be suspended in the transport buffer of the APTIMA vaginal swab specimen collection kit for APTIMA STI testing, and the fourth swab will be processed for the new AmpliVue test under evaluation.

Study specimens will be transported daily by courier to the UNC STD research laboratory. InPouch cultures will be incubated according to the manufacturer's instructions and will be examined daily up to 5 days after inoculation or until a positive result is obtained. AmpliVue testing will be performed in the UNC STD research laboratory; results will be reported to the sponsor, but will not be used for clinical care. Vaginal swabs processed for APTIMA testing will be sent to a central laboratory designated by the sponsor for testing as a reference comparator for the new assay. This test is FDA cleared for use with vaginal swabs from women for diagnosis of *T. vaginalis* infection, however, there will be a considerable time delay between the clinic visit during which the specimen is obtained and the research testing, thus results from this test will NOT be reported to the clinic for patient management. Results from FDA-approved cultures for trichomoniasis will be reported promptly to the STD clinic. Management and treatment of study subjects identified with trichomoniasis will follow routine clinic protocols.

AGENDA ITEMS-SEPTEMBER 2014 MEETING

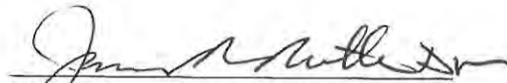
- ❖ Community Transformation Grant Update
- ❖ Financial Reports

INFORMAL DISCUSSION/ANNOUNCEMENTS:

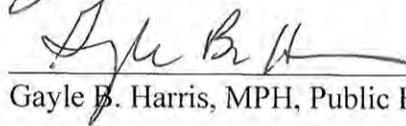
- ❖ The Board of Health viewed the Testing Only video that was produced by staff and posted to the PH website, HIV/STD Clinic page, <http://www.dconc.gov/index.aspx?page=1454> . The video also plays on sub-lobby monitors in the department. Posters have been produced and are posted throughout the Human Services building.

- ❖ The Board received copies of the DINE and Triple P Newsletters. Dr. Allison requested additional copies of the Triple P Newsletter to distribute at his dental office.

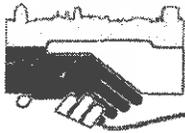
Mr. Dedrick made a motion to adjourn the meeting at 7:00pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.



Jim Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director



Partnership for a Healthy Durham

A Certified Healthy Carolinians Partnership

Youth Risk Behavior Survey 2013 Results

August 14, 2014

Erika Samoff MPH PhD
Epidemiologist and Coordinator
Partnership for a Healthy Durham

Erika Samoff PhD MPH

Acknowledgements

DCoDPH: Mel Downey-Piper, Gayle Harris

**DPS: Larry McDonald, Michelle Smith, Kate
Turner**

Presentation Outline

YRBS Background

Durham County sample

YRBS limitations & benefits

Durham County health priorities

- Substance Abuse
- Mental Health
- Nutrition and physical activity

Hours of sleep per night

What is the YRBS?

National biannual school-based survey (CDC)

Monitors health behaviors of the adolescent population

- Behaviors contributing to unintentional and intentional injuries
- Substance use
- Sexual behaviors
- Diet, physical activity

Durham County YRBS

State-wide sample: Random high schools, every 2 years

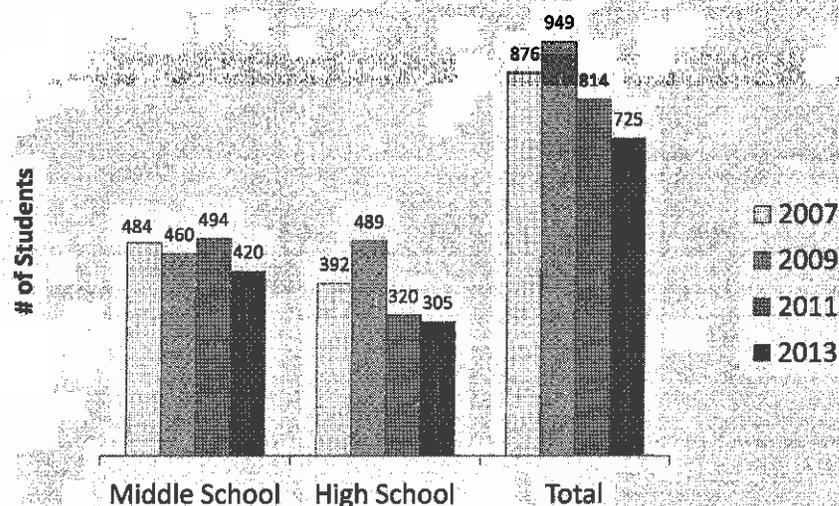
Durham Sample: In 2007, Durham Public Schools began its commitment to a Durham sample

In 2013: random sample of classrooms in 3 high schools and 3 middle schools chosen to reflect district diversity

Passive parental consent

DPS draws sample and administers survey; DCoDPH analyzes data and creates reports

Sample



Limitations and benefits

- **Limitations**

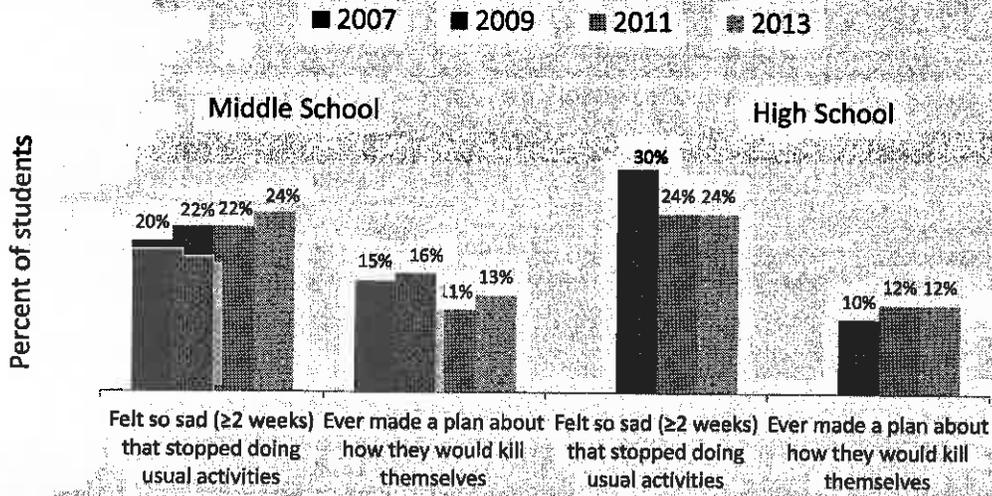
- Data are self-reported
- Data do not reflect all adolescent youth
- Survey does not address how or why

- **Benefits**

- Survey methodology is the best available for the setting
- We can add questions
- We have county-level data for Durham adolescent behaviors

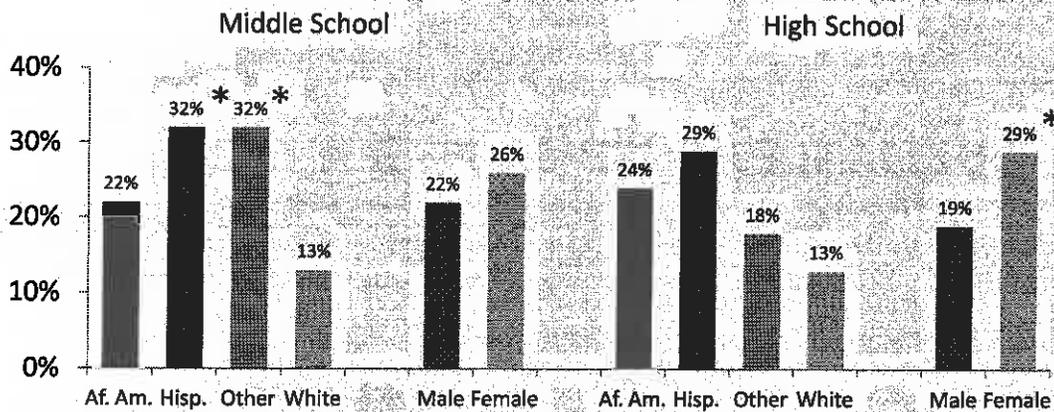
MENTAL HEALTH (PAGE 8)

Mental health data



Mental health data

Students reporting depression in the past year



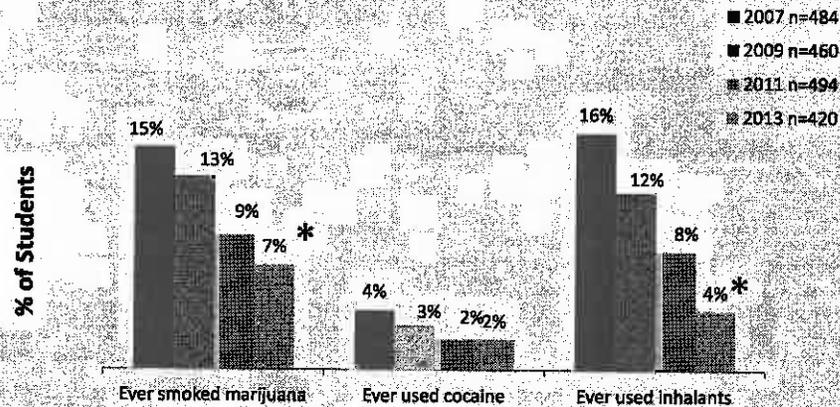
Mental Health action

- Close collaboration with Duke, Durham Public Schools, and community agencies to provide mental health training and support to DPS staff
 - Charter and alternative schools?
- Suicide prevention training for Durham County youth
- Data suggest a focus on methods effective among Latinos and girls; training for families could be useful

SUBSTANCE ABUSE (PAGES 9 AND 10)

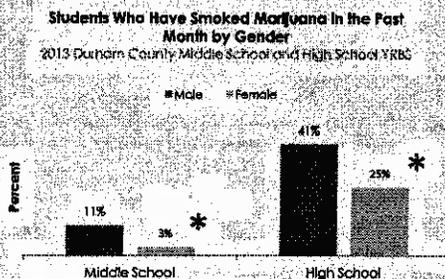
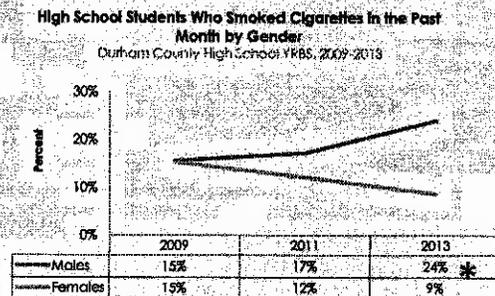
Substance Abuse data – Middle School

Reported drug use has decreased over the past 6 years



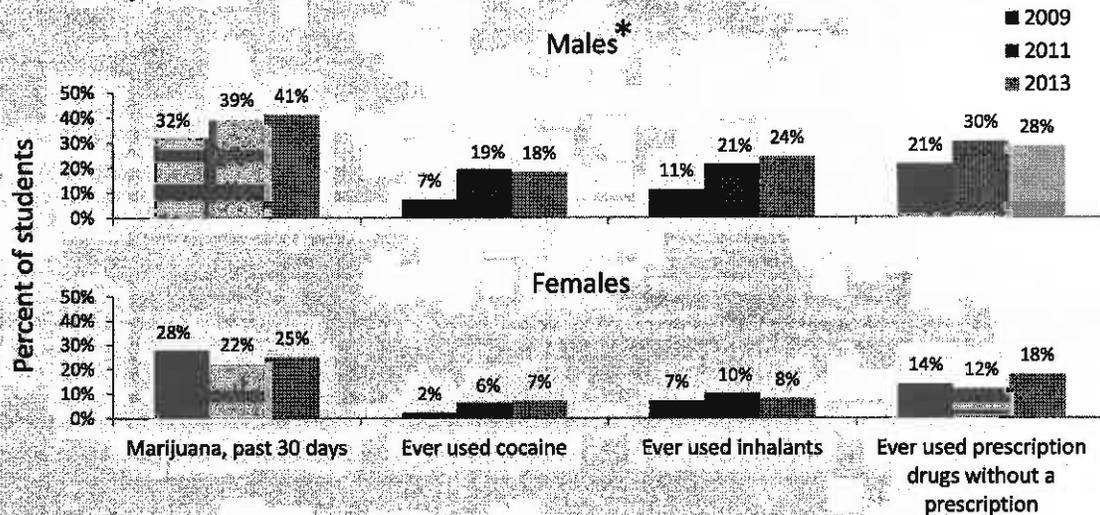
Substance abuse data – High School

- More young men than women participated in the high school survey
- Drug use patterns differ between young men and women
- We accounted for this by presenting data separately



Substance abuse data – High School

- Reported drug use has increased over the past 6 years



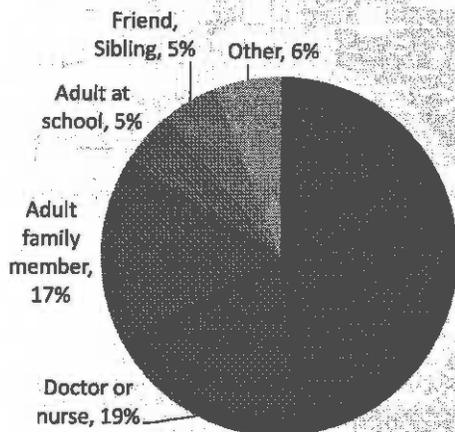
Substance abuse action

- Collaboration with Durham TRY on safe disposal of prescription drugs
- Data support increased focus on high school students
- Request for training on how to talk to high school kids when high or disconnected
- Request for funding from county for training for DPS

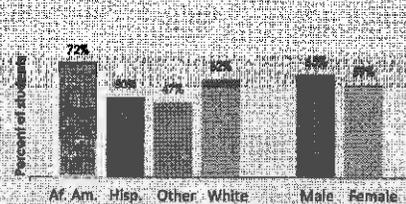
HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS (PAGE 11)

HIV and STI data – High School

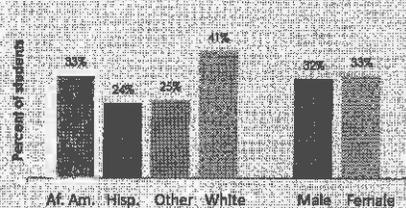
When you have questions about sexually transmitted diseases or pregnancy prevention, who do you talk to?



Used a Condom the Last Time They Had Sexual Intercourse



Used Alcohol/Drugs Before the Last Time They Had Sexual Intercourse
2013 Durham County High School YRBS (n=1,331)



HIV and STI action

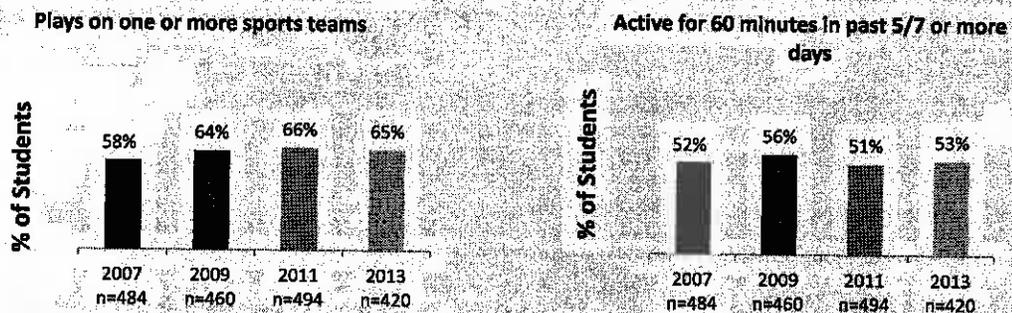
- DPS and DCoCPH deliver evidence-based curriculum on human growth and development
- Community Liaison for Health grant (DPS/DCoDPH) will have a focus on HIV

OBESITY AND CHRONIC ILLNESS: PHYSICAL ACTIVITY AND NUTRITION (PAGES 12-13)

Physical activity data – Middle School

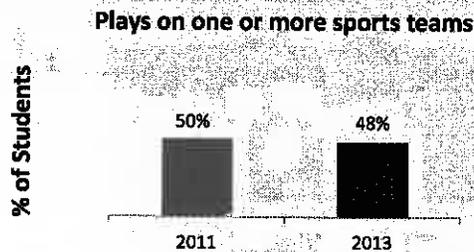
U.S. DHHS recommends that people aged 6–17 years get at least 60 minutes of physical activity daily.

DPS policy requires 30 minutes/day of physical activity for K-12

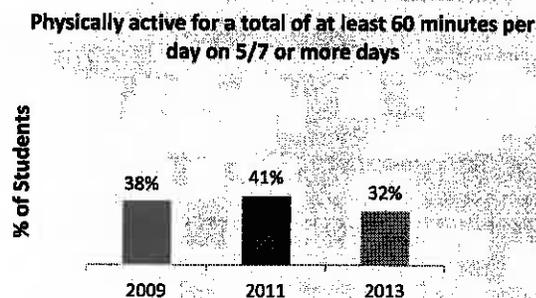


56% of middle school students had 3 or more hours of screen time per day (computer or TV)

Physical activity data – High School

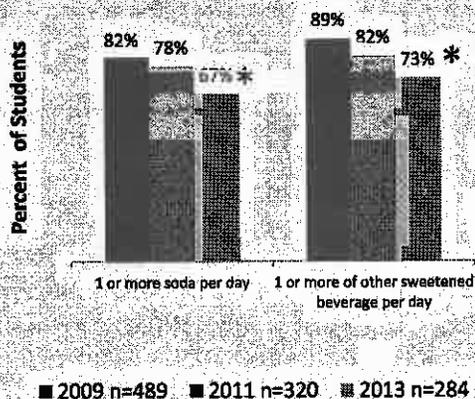


48% reported 3 or more hours of screen time per day in 2013



Nutrition data - High School

Percent of students who drank sweetened beverages ≥ 1 times per day during past 7 days



Decreases in consumption of sweetened beverages

Small increases in eating fruit, eating carrots, eating other vegetables

all within margin of error

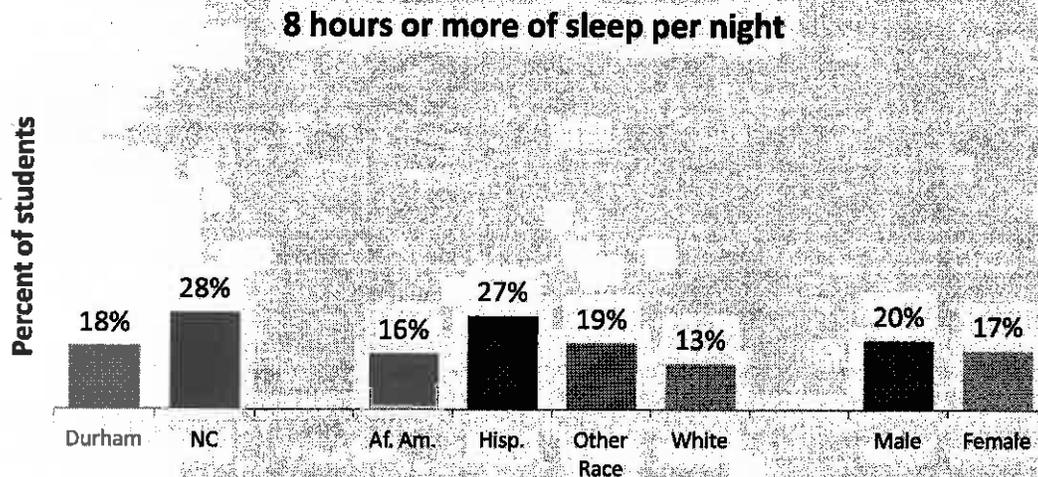
Physical activity and nutrition action

- Durham Public Schools policy prescribes 30 minutes per day of exercise for elementary and middle school
 - Difficult to find the time in middle school
 - Participation in supports physical activity
- Less opportunity for after-school physical activity for older kids
- Durham Public Schools has made many changes in nutrition program to support healthier eating

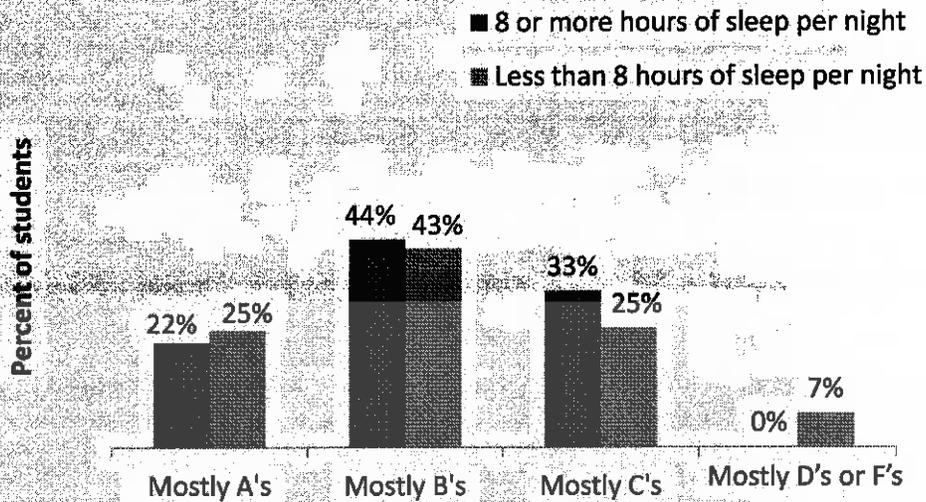
SLEEP HABITS

(DATA AVAILABLE ON WWW.HEALTHYDURHAM.ORG
HEALTH DATA PAGE)

Students getting 8 hours or more of sleep per night

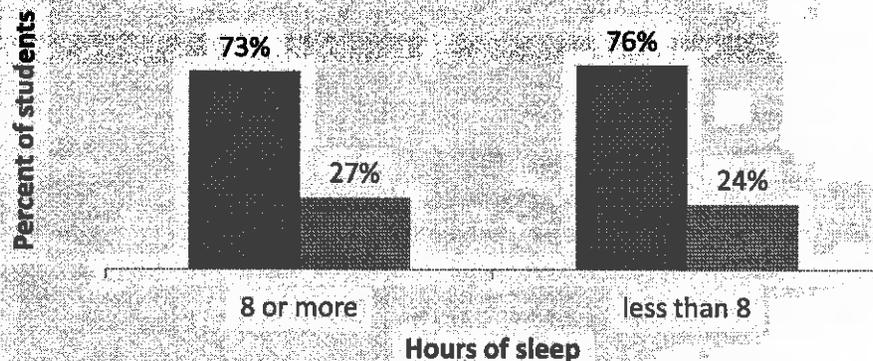


Is there a correlation between sleep and grades?



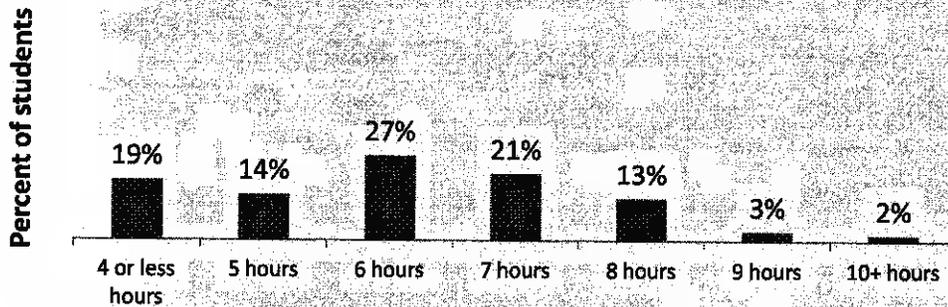
Is there a correlation between grades and depression?

■ Did not report depression in past year ■ Reported depression in past year

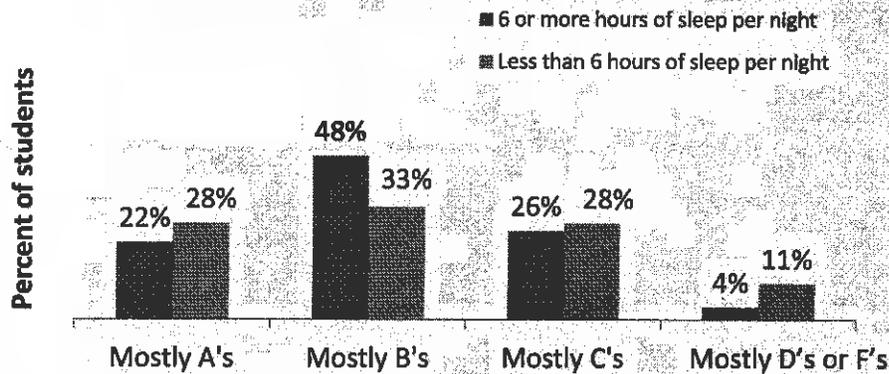


Overall distribution of hours of sleep

Hours of sleep on an average night



Is there a correlation between sleep and grades?



Students getting Cs or lower

6 hours or more: 30%

<6 hours: 39%

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**TEEN CONTRACEPTION
USE**

Durham County Department of Public Health
Family Planning Clinic

August 14, 2014
Jennifer Perkins, NP-C and Teresa P. May, RN, BSN

LARC Use by Adolescents in US

- Approximately 4.5% of contracepting adolescents use an intrauterine device (IUD) or Implant
- Recommend as “first-line” by American College of Obstetricians and Gynecologists
- CDC Medical Eligibility criteria
 - Category 2 for IUD
 - Advantages generally outweigh theoretical or proven risks
 - Category 1 for Implant
 - No restriction (method can be used)

Contra  Project- www.choiceproject.wustl.edu

Paragard- copper IUD

- 10 years of contraception
- \$245 (\$24.50/year)
- 99% effective in preventing pregnancy



Mirena- hormonal IUD

- 5 years of contraception
- \$318.59 (\$63.72/year)
- 99% effective in preventing pregnancy



Nexplanon- implantable hormonal device

- 3 years of contraception
- \$325 (\$108.33/year)
- 99% effective in preventing pregnancy



Main Findings from CHOICE

- Women overwhelmingly choose LARC
- LARC methods associated with higher continuation and satisfaction than shorter acting methods- regardless of age
- LARC methods associated with lower rates of unintended pregnancy
- Increasing LARC use can decrease unintended pregnancy in the population

Contraceptive Choice Project- www.choiceproject.wustl.edu



3 Key Ingredients

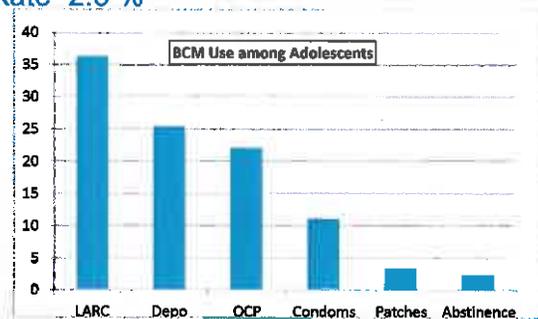
- **Education** regarding all methods, especially LARC – Reframe the conversation to start with the most effective methods
- **Access to providers** who will offer & provide LARC – Dispel myths and increase the practice of evidence based medicine
- **Affordable** contraception

Contraceptive Choice Project- www.choiceproject.wustl.edu



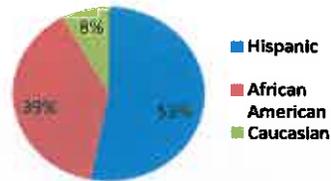
Our teen Data Fiscal year 2013-2014

- 36% of teens utilizing LARCs
- Removal Rate- 2.3 %



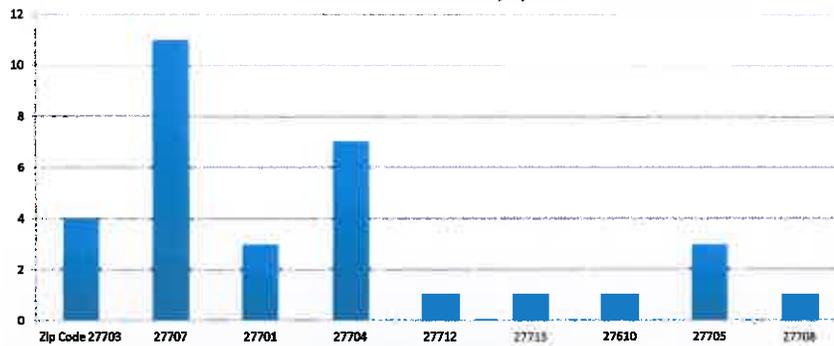
Our Teen Data

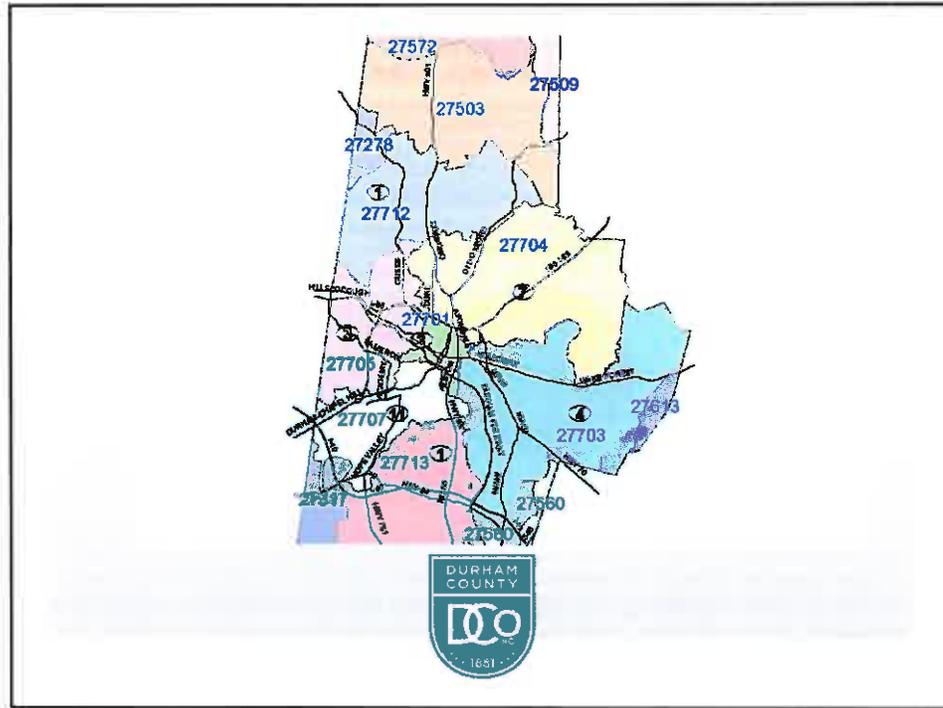
Demographics



Teen Data

Number of Teen LARC Users By Zip Code



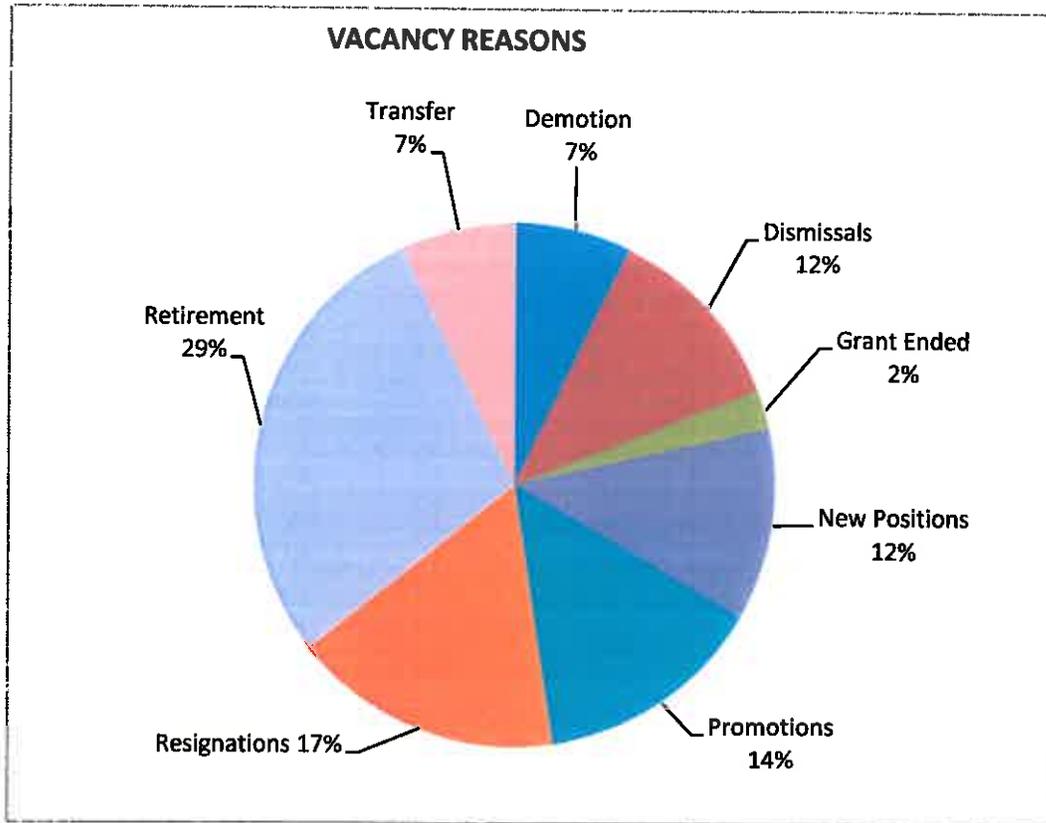


QUESTIONS?



PUBLIC HEALTH VACANCY REPORT
July 1, 2013 through June 30, 2014
Month Ending June 30, 2014

<u>Vacancy Reasons</u>	<u>#</u>	<u>%</u>
Demotion	3	7%
Dismissals	5	12%
Grant Ended	1	2%
New Positions	5	12%
Promotions	6	14%
Resignations	7	17%
Retirement	12	29%
Transfer	3	7%
<hr/>		
	42	

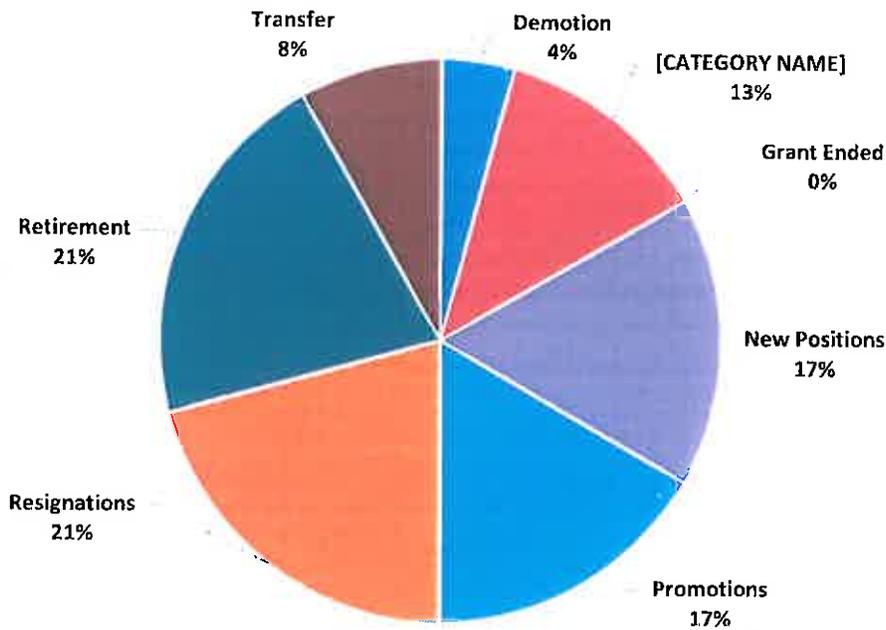


VACANT POSITIONS in FY 2013/2014

Cost Center	Position Title	Notes	Position Number	Leave Date	Start Date
Admin/Services	Proc Assist III		40000947	3/14/14	
Admin/Services	Proc Assist III		40000948	11/27/13	11/25/13
Health Education	Office Assistant III		40000989	11/25/13	2/17/14
Health Education	PH Ed Spec		40001004	9/6/13	Grant Ended
Admin/Lab/Pharm/Sup Svcs	Med Lab Tech II	Reclass Proc Unit Sup 4/28/14	40001010	2/24/14	4/28/14
Dental	Van Driver		40001017	1/14/14	4/28/14
Admin/Services	Proc Assist III		40001031	2/21/14	
Admin/Lab/Pharm/Sup Svcs	Pharmacist I		40001042	4/30/14	
CH/Family Planning	PHN I		40001050	10/11/13	3/17/14
CH/Adult Health	Phy Extender I		40001057	1/22/14	
Admin/Services	Data Entry Oper		40001065	9/27/13	1/6/14
CH/Maternal Health	PHN II		40001086	9/2/13	12/23/13
CH/Maternal Health	PHN Supv I		40001091	7/9/13	9/2/13
CH/CC4C	HS Coord II		40001100	5/30/14	
CH/Adult Health	CHA	Reclass to PE I 3/17/14	40001119	10/31/13	
CH/Maternal Health	CHA		40001120	8/30/13	ON HOLD
CH/School Health	PHN II		40001138	10/13/13	
Env Health	Env Health Spec		40001152	9/7/13	6/9/14
Env Health	Env Health Dir		40001160	9/30/13	11/25/13
CH/OBCM	Social Worker		40001342	10/31/13	
Admin/Services	Office Assistant III		40002020	4/27/14	
Dental	Dental Hygienist		40002856	10/10/13	2/17/14
CH/Family Planning	PHN II		40003626	9/30/13	11/25/13
Nutrition	Nutrition Prog Mgr		40005361	5/30/14	
Nutrition	Nutritionist		40005377	10/27/13	
Admin/Lab/Pharm/Sup Svcs	Local PH Admin I		40006200	12/12/12	1/6/14
Admin/Services	Proc Unit Supv IV		40006875	1/1/14	4/28/14
Health Education	PH Education Spec		40007078	10/13/13	
CH/School Health	PHN III		40007500	12/22/13	
CH/School Health	PHN III		40007501	11/25/13	6/23/14
Nutrition	CHA		40007576	8/16/13	3/17/14
Health Education	PH Education Spec		40007578	11/11/13	4/14/14
CH/School Health	PHN II		40007629	7/22/13	
CH/School Health	PHN II		40007632	5/23/14	
CH/Childrens Health	HS Coord III	new position	40007962	7/8/13	12/9/13
Env Health	Env Health Spec	new position	40007966	7/18/13	5/12/14
Admin/Finance	Finance Officer		40007983	6/28/13	11/11/13
Health Education	PH Ed Spec	new position	40007988	9/23/13	11/11/13
Nutrition	Nutrition Spec	new position	40008050	12/19/13	
Nutrition	Nutrition Spec	new position	40008051	12/19/13	
Env Health	Env Health Spec		40001164	6/20/14	

PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 7/31/14

<u>Vacancy Reasons</u>	#	%
Demotion	1	4%
Dismissals	3	13%
Grant Ended	0	0%
New Positions	4	17%
Promotions	4	17%
Resignations	5	21%
Retirement	5	21%
Transfer	2	8%
24		



Of the 24 cumulative vacant positions, 10 were carry-overs from last FY 13/14

VACANT POSITIONS in FY 2014/2015
Month Ending July 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	2/7/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14		VACANT
40001057	Physician Extender	1/22/14	2/17/14 & 4/21/14	4/4/14, 5/16/14		VACANT
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		VACANT (temp) emp as of 3/17/14
40002020	Office Assistant	4/27/14	5/26/14	6/6/14		VACANT
40001042	Pharmacist	4/30/14	5/5/14	5/24/14		VACANT
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1		VACANT
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14		VACANT
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23/14	6/20, 7/18/14		VACANT
40001164	Env Health Specialist	6/20/14	7/7/14	7/25/14		VACANT-Req to HR 7/1/14
40001139	Sr PH Nurse	7/20/14				VACANT
40006525	Med Lab Technician	7/25/14				VACANT
40007628	Sr PH Nurse	7/25/14				VACANT
40008050	Nutrition Specialist	new 12/19/13	1/13/14	4/25/14		VACANT-Req to HR 1/6/14
40008051	Nutrition Specialist	new 12/19/13	1/13/14, 6/30/14	4/25/14, 7/11/14		VACANT-Req to HR 1/6/14
40008250	Env Health Specialist	new 7/8/14				VACANT
40008250	Env Health Specialist	new 7/8/14				VACANT

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
 July 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 will be 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.
8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	Y	N		9/4/2013 clarified repair question via email. Still need a repair application to replace the tank. 10/7/2013, application has been received and the repair permit has been issued, waiting for installation. 2/3/2013 - Site visit performed by EH staff. House is occupied and tank has not been replaced. 3/5/2014 - NOV forwarded to County Attorney's office. 3/14/14 - Letter received from owner's attorney stating that owner has contracted with an installer. 30 extension granted by Env. Health to allow ground wetness conditions to improve prior to installation. 4/21/2014 - Contacted by Joel Glass (installer) about requirements for tank installation. No appointment has been scheduled. 6/2/2014 - Owner continues to delay installation of replacement septic tank. Legal action is recommended.

1/16/2014	Little River Community Complex	No Subsurface Operator	2/16/2014	N	N	No Subsurface Operator. Meeting with potential operator 3/3/2014. Meeting rescheduled for 3/10/2014 due to inclement weather. Facility management has been instructed to have tanks pumped and to save receipts. 3/19/2014 - Electrician repaired power control, restored power to effluent pumps. Facility management has been negotiating with certified operators. No contract submitted to Env. Health as of 4/1/2014. 4/29/14 - Manager notified by EH to comply immediately to avoid legal action. 5/30/2014 Management continues to delay regarding a certified operator. NOV will be forwarded to County Attorney's office.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N	3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Contacted City of Durham for status update, awaiting reply 8/4/2014.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	N	N	3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner.
4/17/2014	5340 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.
4/21/2014	2813 S Roxboro	Surface Discharge of effluent	5/21/2014	N	N	Verified failing system 4/10/2014. Sewer is available. NOVs issued by Environmental Health and City of Durham Stormwater Services. 4/24/2014 Contacted City of Durham for status update, awaiting reply 8/4/2014.
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	N	N	Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV will be forwarded to County Attorney's office.
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	N	N	No Subsurface Operator. NOV will be forwarded to County Attorney's office
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	N	N	Bank owned, collapsed septic tank. NOV will be forwarded to County Attorney's office.
7/9/2014	402 Mare	Poning over the drainfield	8/11/2014	N	N	During a monitoring visit it was noticed that effluent is ponding over the drainfield
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	N	Repair requested by owner, sewer is available.