

A Regular Meeting of the Durham County Board of Health, held January 8, 2015 with the following members present:

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

Excused Absence: Vincent Allison; DDS

Absent: Arthur Ferguson, BS

Others present: Gayle Harris, , Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, Dr. Miriam McIntosh, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Michele Easterling, Marcia Johnson, Hattie Wood, Will Sutton, Lynwood Best, Tiesha Hinton, and Gina Upchurch.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:07pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: The following additions/adjustments were requested to be made to the agenda.

- Budget Amendments (2)
- Follow-up: School Health
- Follow-up: Legislative Agenda Item-G.S.115c-81-Basic Education Program
- Ebola Update
- Appointment of Finance Committee

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

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Mr. Dedrick made a motion to approve the minutes for December 11, 2014. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris introduced Joanne Pierce as our newest Deputy Public Health Director! Ms. Pierce joined our organization on December 15th so that she could work with Becky Freeman the last two weeks in the month.

Ms. Pierce received both her Bachelor's Degree in Psychology and Master's Degree in Public Health from Howard University and her second Master's Degree in Counseling from Trinity University. Her work experiences include: Health Promotion Coordinator, Americgroup Corporation, Inc. – a Managed Care Organization; Community Developer, Prince George's County Health Department (Maryland); Program Manager, Epilepsy Foundation National Office (Maryland; Regional Program Manager, Texas Regional Office, National Center for Missing Exploited Children; Director, State Office of Minority Health, Texas Health & Human Services Commission; and Executive Director, Office of Minority Health & Health Disparities, NC DHHS Division of Public Health.

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Ms. Pierce experiences make her an excellent addition to Durham County Department of Public Health Leadership Team.

Chairman Miller shared the Thank You Card” received from Mrs. Beverly Daniel. The card reads as follows:

“Thank you for the beautiful plaque in memory and appreciation of John’s dedication of service as a member of the board and as well as his community service. John felt so honored to be of service as a Board Member and truly loved the City of Durham. Thank you for remembering him and all he did. I wish you all a blessed holiday.”

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **Mayor’s Poverty Reduction Initiative (Activity 41.2)**

Mr. Lynwood Best, program manager Neighborhood Improvement Services, (NIS) and Ms. Tiesha Hinton, housing research consultant NIS provided the Board an overview on the Mayor’s Poverty Reduction Initiative and the results from the survey conducted for the initiative.

Mr. Best stated that the initiative began last year after the Mayor’s “State Of The City Address” where he identified reducing poverty one neighborhood at a time as a priority for his administration. Several months later a stakeholders meeting was held with civic leaders and elected officials to lay the ground work for the initiative, in which six taskforces were developed. Elected officials (councilmen, commissioners, and school board members) were assigned to co-chair each of the taskforces (Health, Jobs, Education, Finance, Public Safety, and Housing). Listening sessions and a community survey were conducted to obtain community input. The survey questions was comprised of questions developed by each taskforce. Mr. Best stated that the survey results were presented to the committees and the community. Mr. Best distributed a sign-up sheet to anyone interested in joining one of the taskforces. An invitation will be sent to those who are interested in joining with a link to review all documentation pertaining to that particular taskforce.

Ms. Harris stated that the Mayor started by looking at the ten most distressed areas (by census tracts) in the community. Based on the criteria used, the most distressed area is a census track on Southside. Currently, the area is being redeveloped and many resources are going into the community to engage and assist the current residents.

Ms. Harris also stated the second most distress area, in census tract 10.01, is the area that the Mayor decided upon. This area starts east of the intersection of Main Street and Alston Avenue. The Mayor is hoping that this work will create an approach e that can be used in other areas of the community reducing poverty in one neighborhood at a time.

Ms. Tiesha Hinton presented some of the survey results from questions from each taskforce. Ms. Hinton stated the purpose of the information is to identify the quality of life of residents in Northeastern Durham. Ms. Hinton stated that they began conducting training sessions and neighborhood canvassing from September 13 through October 31. Approximately 75 volunteers (elected officials, NCCU, Duke University, UNC, representatives from non-profit organizations, and residents) were trained. Ms. Hinton stated that the survey received a 26% response rate; 219 responses out of the 1,031 households and 678 people out of the 2,588 responded in those households. This response rate was found to be statistically significant.

The next meeting of the Mayor's Poverty Reduction Initiative is Wednesday, January 28, 2015, at 5:00 pm. The meeting location is Holton Career and Resource Center, 401 N. Driver Street. This meeting will afford the community and Task Force members an opportunity to provide constructive feedback to the action plans.

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(A copy of the PowerPoint Presentation and sample survey questions are attached to the minutes.)

- **Senior PharmAssist Presentation (Activity 41.2)**

Ms. Gina Upchurch, RPh, MPH, Executive Director and Founder of Senior PharmAssist presented the Board with an overview of the program. Ms. Upchurch distributed educational materials to the Board. Ms. Upchurch stated that the program began in 1994 as a program of the Council for Senior Citizens and amicably separated in 1998 because the program needed their own board, fundraising, county funding and potential funding from other partnerships. The program is now an independent 501c3 nonprofit located as a tenant in the Durham Council for Senior Living building.

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

Comments/Questions:

Chairman Miller: Is that \$1,100 savings....

Ms. Upchurch: That is just savings

Chairman Miller: and that's a person whose annual income is...?

Ms. Upchurch: That's actually everybody, that's all income guidelines. But what's fascinating is that those with lower income subsidy saved even more which is a little counterintuitive. With low income subsidy you think well if you just get a plan to cover your drugs you will be OK. Well a lot of these plans don't cover all your drugs so you may be left paying for one.

Chairman Miller: It seems like a huge number for someone at that lower risk.

Ms. Upchurch: It is but it's an even bigger number for someone with lower income subsidy.

- **Naxolone Update (Activity 22.3)**

Ms. Harris stated that she has received an e-mail from Skip Kirkwood, EMS director about the increasing numbers of drug overdoses that they are seeing. Last year between November 1, 2013 and January 1, 2014 were 13 overdose calls that EMS responded to. This year between November 1, 2014 and January 8, 2015 there were 29. So it has doubled in a 2 month period. It is an issue and these individuals have been treated with Naxolone in order to prevent a death that should not happen.

Comments/Questions:

Chairman Miller: This is within a year?

Ms. Harris: No, this is within a 2-month period. November 2014-January 2015.

Dr. Fuchs: Are they the same people?

Ms. Harris: He did not give me that information.

Commissioner Howerton: Where are these folks located?

Ms. Harris: They are within Durham County but I do not have the specific locations. Not all of these calls are related to illegal drugs; many of them are related to overdosing on prescription drugs. Ms. Hattie Wood is going to give you an update on what we are doing.

Ms. Harris stated that we couldn't implement the same process that Orange County implemented because Orange County doesn't have a full time pharmacy. The special rules that Mr. Dedrick worked on with the Board of Pharmacy applied to those local health departments that had public health nurses dispensing medications. We had to wait until training was available for us because we have a pharmacy that operates 5 days a week. The training became available in July. Recently, staff received the training from NC Harm Reduction staff.

Ms. Hattie Wood presented to the Board the following information regarding the Naloxone Policy and process.

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The department now has a policy for providing Naloxone kits to individuals, family members, or friends in order to reduce fatal opioid overdose in accordance with NC Senate Bill (SB 20). This policy becomes effective immediately. Individuals who present to the health department requesting naloxone will be sent to the pharmacy. A Physician Extender (PE) will come to the pharmacy and screen the individual for contraindications/precautions before prescribing. The PE will provide education, training on Naloxone administration, how to: recognize an opioid overdose, provide rescue breathing, and contact emergency medical services. The PE will write the prescription for the naloxone kit for the client and the pharmacy will dispense the kit to the client again giving further information and instructions to the client.

The naloxone kit includes:

- a. Two 0.4mg/ml vials of naloxone hydrochloride
- b. Two 3ml 25 g syringes
- c. Rescue breathing mask
- d. Two sets of non-latex gloves
- e. Two alcohol pads
- f. Printed materials regarding overdose prevention and treatment, to include information regarding recognizing and responding to suspected opioid overdose and the importance of summoning emergency responders.

The PE also completes a Behavioral Health referral Form for the client or the individual for whom they are seeking the naloxone kit. This ensures that the opioid user can seek substance abuse counselling and assistance if he/she desires it. The clinic exam rooms and sub lobbies will have signage of the availability of naloxone kits at the health department. This information will also be included on the clinic monitors which are located in each sub lobby.

Comments/Questions:

Dr. Levbarg: How is it that people come to you? I would think they would have been referred by somebody...You just don't walk in off the street.

Ms. Wood: We haven't launched that part yet. We are putting up flyers in each exam room in English and Spanish. So if customers know someone or if they take opioids, they will know that we do provide the service and they can get a Naloxone Kit here.

Ms. Harris: We will also create a press release that will highlight the program components.

Dr. Levbarg: I am struck by how much learning needs to go on to handle this medication.

Ms. Harris: Correct me if I am wrong Steve. The medication takes care of the opioid. It doesn't take a lot of technique in administering it.

Commissioner Howerton: So the kit goes to everybody's home?

Ms. Harris: It goes with the person

Commissioner Howerton: And they access the kit from the health department or a doctor's office?

Ms. Harris: If someone comes to the health department and says, "I know somebody or I'm a user. I heard you have a program..." He/she can go to our pharmacy, receive the training, a referral for substance abuse treatment and a Naloxone kit. This is standard material that the health department obtained from NC Harm Reduction. We will learn as we go and make adjustments that will make the program more efficient and effective as needed.

Commissioner Howerton: Is there a particular age difference as to the deaths?

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Ms. Harris: I don't have the data on how old these individuals happen to be but we are targeting adults. Dr. Sena have we looked at a dose for a young person?

Dr. Sena: I'm not really sure. I think that's why we are doing this through the clinic to assess the needs.

Commissioner Howerton: It would be interesting to know what we are doing with our young folks or older people.

Ms. Watterson: I am just curious, are there any other established programs like this around the country or the area?

Ms. Harris: I think early on when we did some research Dr. Sena provided some information about a clinic in Harlem where the users actually came in and Mr. Dedrick provided information about a prevention program for people with opioid prescription.

Dr. Sena: Based on what NC Harm Reduction said Orange County Health Department was one of the first clinics. However, NC Harm Reduction staff is out on the streets regularly providing kits to individuals and they are getting more kits to distribute.

Ms. Harris: We will keep the data and report back to you.

• **Financial Report (1st & 2nd Quarter) (Activity 39.2)**

Mr. Will Sutton, Local Finance Officer presented budget information on: the 1st and 2nd quarter expenditures and revenues; what was approved originally in the FY15 Budget \$21, 841,914; the current FY15 budget \$22,781,244 (covering changes since July 1) and funding concerns being addressed for FY 2015.

I. 1st Quarter Expenditures

1. Overall expenditures were 25% of the budget.
2. Not much variance/difference between last year and this year.
3. Greatest decrease 6% in the Pharmacy

II. 1st Quarter Revenues

1. Admin 6211 – Revenue from Aid to County Grant was posted in 6211 that should have went to 6212
2. TB 6223 – Large 1st quarter decrease but later in the 2nd quarter that variance narrows
3. BCCCP 6226 – The BCCCP provider was hired recently. Before that, CAARE was providing BCCCP services
4. General Nursing 6231 – Child Fatality Prevention Grant moved to School Health
5. Pharmacy 6224 – STD 340B Drug grant new for FY15. Also includes LARC grant funds of 22K previously in Family Planning

III. 2nd Quarter Expenditures

1. Overall expenditures were 45% of the budget.
2. Not much variance/difference between last year and this year.

IV. 2nd Quarter Revenues - Durham Connects 6238

1. Issue in NC Tracks with coding, waiting to hear back for a status update
2. Significant decrease in the number of patients seen

V. Two Year Revenue Type Comparison

1. Excludes Medicaid Cost Settlement for FY14 received in FY15
2. Medicaid Revenue Improving
3. December Dental Medicaid posted in January

VI. Concerns

1. Detention Center Medication Costs – 300K request from Medicaid Settlement costs approved by Finance

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2. OBCM & CC4C Reduction – Use of previously received restricted funds
3. Other Grant Reductions – normal changed throughout the year
4. Immunization – 50K shortage as a result of not receiving additional priority requests

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

- **Flu/Ebola Update (Activity 2.3)**

Dr. Sena reported that influenza is widespread in 43 states. Predominant strain is an influenza variant (H3N2) that is not covered by the vaccine.

H3N2-predominant seasons have been associated with more severe illness and mortality, especially in older people and young children.

In NC, there have been 54 deaths this season reported from the flu, 30 of which occurred from 12/28/14 to 1/3/15.

Dr. Sena also reported that the health department is continuing to monitor travelers from affected West Africa countries for Ebola signs and symptoms. Communicable Disease staff at the health department provided daily active monitoring (in person) to an individual determined to have some risk over the holiday break.

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

The Durham County Board of Health received a copy of the December 2014 vacancy report which included a total of 22.0 FTEs (*2 new positions, 12 resignations, 2 transfer, 1 dismissal, and 5 promotions*).

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

**Health Director’s Report
January 8, 2015**

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.

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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**

- As of December 23rd, two (2) media advisories/releases had been disseminated and staff responded to three (3) direct (unsolicited) inquiries from reporters. Thus far, total of four (4) media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including our monthly *My Carolina Today* segment and restaurant inspection scores. (**Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
- On December 10th, the department hosted a film production team working with the North Carolina Association of Local Health Directors. The team is producing a video targeted towards lawmakers and key stakeholders regarding the importance and impact of local health departments in North Carolina. In addition to hired talent, three of the department's staff members played key roles in "providing care" to the actors in various settings. The video is tentatively scheduled to debut at the State Health Director's Conference in January 2015. (**Accreditation Activity 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
- On December 16th, the department's Communications Manager participated in a countywide Ebola tabletop exercise, designed to identify strengths and weakness in an Ebola or other disease response of this magnitude. (**Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan**)
- The department's Communications Manager has worked diligently over the past few months to plan and develop the Fiscal Year 2014 Annual Report, which was completed on December 23rd. The report, *Creating a Culture of Health in Durham*, highlights key department activities and stories from the field. A limited number of printed copies will be provided to the County Manager, Board of Health, Board of County

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Commissioners, Durham City Council, and other key community stakeholders in January. An online version for the public will also be made available at that time. (**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: Community Health Division / Communicable Disease Surveillance

(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

- In October 2014, the Centers for Disease Control and Prevention (CDC) implemented active monitoring of all travelers arriving in the United States from West African countries affected by Ebola (Sierra Leone, Liberia, Guinea, Mali). These travelers now arrive in the US at one of five designated airports where they are screened by Customs and Border Protection staff. Travelers without fever or illness are allowed to complete travel to their final destination within the country, then are actively monitored throughout the incubation period (usually 21 days) by state and local public health officials.
- The DCoDPH Communicable Disease (CD) nursing staff monitors all travelers arriving in Durham County from the identified countries in accordance with guidance from the CDC and in consultation with NC Division of Public Health, Communicable Disease Branch.

Statement of goals

- To actively monitor travelers from designated West African countries to Durham County for signs and symptoms that may indicate Ebola infection and activate response protocols as indicated.

Issues

- **Opportunities**
 - Provide direct contact and active daily monitoring (within 24 hours or less of notification by the state)) for every traveler arriving in Durham County from West African countries affected by Ebola
 - Interact directly with travelers from another country/culture
 - Participate with public health professionals in other jurisdictions to ensure seamless monitoring of all affected travelers
- **Challenges**
 - Identifying enough nursing staff to provide daily traveler monitoring, that may include weekends and holidays, in addition to all their usual duties and responsibilities within the health department

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- Ensuring that all written materials provided to travelers reflect current guidance from CDC
- Maintaining a state of constant preparedness in order to respond to quickly and appropriately to an emerging situation
- Communicating and coordinating appropriate response plans with all local partners

Implication(s)

● **Outcomes**

- To date, active monitoring has been /is being provided to 11 travelers by specially trained DCoDPH nurses (10 travelers assessed as Low Risk; one traveler assessed as Some Risk). *CDC Risk Levels for Travelers, November 28, 2014--* <http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>
- Three travelers from other jurisdictions have been monitored by DCoDPH nurses while in Durham County.
- Each nurse participating in this monitoring has been trained in the proper use of Personal Protective Equipment (PPE) for use in this response as needed.

❖ **Service delivery**

- Receive advance notice from state public health of all travelers who will be arriving in Durham County from affected West African countries
- Contact each newly arrived traveler by phone to conduct a risk assessment and confirm contact information
- Conduct a face-to-face visit with each traveler to explain the monitoring program, issue control measures, provide a monitoring log with instructions for use
- Monitor each traveler on a daily basis daily for a designated time period (determined by date of last exposure)
- Continue monitoring of travelers who travel outside of Durham County on an overnight basis for any length of time
- Coordinate immediate medical evaluation for any traveler who might develop fever and /or symptoms suggestive of Ebola

● **Staffing**

- Five DCoDPH nurses have been specially trained to provide active monitoring (4 CD nurses, 1 school nurse)

● **Other**

- There is a slight cost involved to print and assemble packets of information which provided to each traveler.
- Travel costs are incurred for face-to-face visits with each traveler.
- Overtime costs and/or comp time are incurred for nurses who are required to conduct active monitoring of travelers on weekends and holidays.
- PPE and other equipment (i.e. thermometers) have been purchased and provided to each nurse who conducts traveler monitoring.

Next Steps / Mitigation Strategies

- Continue regular communication and collaboration with state public health to ensure active monitoring is provided to all travelers arriving in Durham County.

Division / Program: Community Health Division / Breast and Cervical Cancer Control Program (BCCCP)

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

Program description

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- BCCCP provides screening for breast and cervical cancer to underserved women who are at or below 250% of the poverty level and who are uninsured or underinsured (insurance does not pay for screening).
- Women diagnosed with breast or cervical cancer because of the screenings provided under BCCCP are financially eligible for BCCCP Medicaid to pay for treatment if their immigration status allows.

Statement of goals

- To decrease the incidence of breast and cervical cancer
- To decrease the mortality from breast and cervical cancer through early detection

Issues

- **Opportunities**
 - A nurse practitioner in Adult Health, devotes one day a week to screening women for BCCCP and providing the follow-up.
 - The first BCCCP clinic since October 2013 was held here on October 23, 2014.
 - Additional BCCCP patient slots were added to a contract with CAARE to allow additional BCCCP screenings during Department staff vacancies.
- **Challenges**
 - ❖ Staff vacancies contributed to the lapse in services delivery
 - With the Affordable Care Act, fewer women in the community will be eligible for this program.
 - Undocumented women who are diagnosed with breast or cervical cancer through BCCCP are ineligible for BCCCP Medicaid.

Implication(s)

- **Outcomes**
 - ❖ It has been difficult to fill all available appointments.
- **Service delivery**
 - ❖ Recruited women from Adult Health, Family Planning, and Central Registration.
 - ❖ Provided appointments at the Department of Social Services Grandparents Conference.
 - ❖ Provided screenings to twenty-two women from this department. Some afternoon appointments were added for the patients' convenience.
 - ❖ Continued the contract with the non-profit organization CAARE allowing them to screen women through BCCCP.
- **Staffing**
 - ❖ A mid-level provider performs the screening, and a processing assistant registers the patients, makes appointments, and organizes results.
- **Revenue**
 - ❖ The county is funded by the state \$255 per patient screened up to 114 patients per fiscal year. This is a little more than the county pays contractors for the mammograms and Pap tests, but the county must pay for any covered follow-up services needed to complete a diagnosis.

Next Steps / Mitigation Strategies

- Will expand recruitment efforts to women in the target ages of 40 to 64 by reaching out to all departmental divisions and by contacting Department of Social Services Adult Services.

Division / Program: Nutrition & Health Education Divisions / Durham Diabetes Coalition Mini Grant program

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

Program description

- The Durham Diabetes Coalition Project administers a mini grant program.
- Funds for the mini grants are provided by the DDC and supported by Bristol Myers Squibb Foundation grant funds.

Statement of goals

- To make funding available for activities that promote healthy living with diabetes in Durham County.

Issues

• **Opportunities**

- Durham County individuals, non-profits, not-for-profits, faith-based and community organizations may apply for the mini grants.
- The focus of the grants are healthy living with diabetes, including better blood pressure control, better diet, weight loss, physical activity, and self-management which allows a variety of possible grant activities.

• **Challenges**

- Administrative time for DCoDPH staff for processing and oversight of the mini grants can be significant at times.
- Some grant recipients are not as experienced with the grant process/requirements and need more technical assistance and attention to make sure all required documentation is complete prior to receiving funds and at the end of the contractual period.

Implication(s)

• **Outcomes**

- ❖ Ten mini grants have been award to the following organizations:
 - ❖ Ebenezer Missionary Baptist Church (has received 2 mini grants)
 - ❖ Church of Apostolic Revival
 - ❖ Durham Farmer’s Market
 - ❖ Food Prosperity Council
 - ❖ Mt. Level Community Haven
 - ❖ North Carolina Central University
 - ❖ Senior PharmAssist
 - ❖ East Durham’s Children Initiative
 - ❖ Mrs. Jennie’s Place
- Total mini grant funds dispersed: \$17,500 (\$1,000 in FY13-14; \$16,500 first 6 months of FY14-15)
- Grant activities include: Zumba classes, community gardens, fitness campaigns that include purchase of exercise equipment, cooking classes, screenings and community health awareness events, supplies to support regular blood sugar monitoring, and a college weight loss program and planning for a food policy council in Durham County.

• **Service delivery**

- ❖ Applicants apply for the mini grants through the DDC website.
- ❖ Applicants are encouraged to attend a webinar presented by DCoDPH Heath Education staff about grant writing prior to submitting their mini grant application.
- ❖ There are two funding cycles for the mini grants—July and January.

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- ❖ Mini grants awards can range from \$500 - \$2,500. An organization can only receive a mini grant award twice and then they would not be eligible for additional awards.
- ❖ The DCoDPH DDC staff receive the applications, review them, forward the applications with any concerns, comments to the DDC Finance Committee.
- ❖ The DDC Finance Committee selects the applications to fund and presents these to the DDC Community Advisory Board (CAB). The CAB makes the final decision on the recipients of the mini grant awards.
- ❖ Awardees receive funding through a Durham County non-profit grant agreement and attend a pre-award orientation that outlines documentation and monitoring expectations for the award.
- ❖ Grant related activities must be completed within one year of the date on the grant agreement and annual evaluation data must be provided to demonstrate the successfulness/completion of the project.
- **Staffing**
 - ❖ DCoDPH staff administer the program including the processing of the applications, contracts, and monitoring projects.

Next Steps / Mitigation Strategies

- The next funding cycle for DDC mini grants is January 2015.
- DDC mini grants will be budgeted in FY15-16. After this time, Bristol Myers Squibb funds will no longer be available for the DDC mini grants.
- Planning for future DDC activities after the initial grant funding ends in June, 2016, will include discussions on the effectiveness and feasibility of continuing a type of mini grant program.

Division / Program: Nutrition Division / DINE--Cooking Event at Forest View Elementary

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families. Forest View is an elementary school participating in the DINE program.
- Forest View Elementary kindergarten and first grade students participated in a hands-on cooking event led by a DINE nutritionist.

Statement of goals

- To provide a hands-on cooking experience for students to increase acceptance of healthy foods and willingness to try new foods.
- To empower students to gain skills they need to make foods at home.

Issues

- **Opportunities**
 - ❖ This program could be used to teach/enhance other school disciplines such as writing, math, and science.

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- **Challenges**

- Cooking with kindergartners and first graders requires lots of adult help. Recruiting enough adult volunteers was initially very difficult although the nutritionist was ultimately able to gather enough help.
- The event was held outside, so was weather-dependent.
- Teaching six to seven cooking classes in one day creates very challenging logistics, requiring very specific planning to coordinate class schedule, volunteers, ingredients, and dishwashing.

Implication(s)

- **Outcomes**

- ❖ Thirteen kindergarten and first grade classes (about 280 students) each participated in 30-minute cooking experiences over two days.
- ❖ The majority of students loved the recipe, even licking their plates clean.
- ❖ A week after the event, about 3-4 students per class reported making the recipe at home over Thanksgiving.

- **Service delivery**

- ❖ Each class was split into four cooking groups, each led by a parent, teacher, NCCU intern, or the nutritionist, to prepare and taste Ole Guacamole.
- ❖ Classes were taught in the outside courtyard; seven classes on the first day; six, on second day

- **Staffing**

- ❖ A DINE nutritionist and NCCU intern conducted the event at Forest View Elementary.
- ❖ Parent volunteers assisted with each class.

Next Steps / Mitigation Strategies

- Programs like this further enhance the school's acceptance of the DINE program, continue to encourage school participation in the DINE program, and boost students' excitement about nutrition and cooking.
- DINE nutritionists will continue to conduct cooking events at the school.
- DINE nutritionists will explore ways to integrate this approach with other classes and school activities.

Division / Program: Nutrition Division / DPS Hub Farm Youth Advocacy Interns

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

Program description

- The Durham Public Schools Hub Farm received a mini grant from the YMCA to pay youth interns to advocate for better sidewalks, signage, and cross walks between the Hub Farm and surrounding three schools.
- The DCoDPH Nutrition Communications and Health Promotion Team have been providing the interns and hub farm staff with technical assistance and training around communication best practices.

Statement of goals

- To create a safer route for DPS students at Eno Valley Elementary School, Carrington Middle School and Northern High School to access the DPS Hub Farm.

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- To increase access of DPS students to healthy foods, nutrition education, and physical activity opportunities.

Issues

- **Opportunities**
 - This project provided two students with paying internships and experience in advocacy, public speaking, writing and media.
 - A developer gave the city/county planning department \$65,000 to build sidewalks around Northern High School.
 - On December 2, the youth interns presented their case to the DPS School Board. School Board Members were impressed with the presentation and asked them to present to Durham City Council.
 - The Durham Open Space and Trails Commission (DOST) and Bicycle and Pedestrian Advisory Commission (BPAC) are both supporting this project.
- **Challenges**
 - Funds for new sidewalk projects are limited.
 - The students are seniors and have many other time commitments and priorities outside of this project.

Implication(s)

- **Outcomes**
 - ❖ Teachers at Northern High School have reported they would use the DPS Hub Farm more often for educational purposes if there was a safer route for students to get to the farm.
- **Staffing**
 - ❖ Two DCoDPH Nutrition staff members have been working closely with the interns providing the technical assistance.

Next Steps / Mitigation Strategies

- The student interns will present to the City Council on December 18 and will continue to work with DOST and BPAC on this project.

**Division / Program: Nutrition Division / Clinical Nutrition—
Lactation Support Service included in Video of Public Health Services
(Accreditation Activity 21.2 –Make available complete and up-to-date
information about local health department programs, services and
resources.)**

Program description

- The provision of lactation support was chosen for inclusion in the NCPHA's statewide video to promote public health services.

Statement of goals

- To illustrate that lactation support is to be included as an integral part of service provision in public health across the state.

Issues

- **Opportunities**
 - Breastfeeding is recommended by all major medical organizations as the optimal way to feed infants because of its significant health advantages.
 - The benefits of offering breastfeeding support as a public health service can translate into lower health care costs. Public health agencies promote breast milk as the expected, optimal food for growth and development of infants.
 - Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.

Implication(s)

- **Outcomes**
 - ❖ The December 10th filming in the DCoDPH Maternal Health Clinic included a DCoDPH lactation consultant instructing a pregnant woman and her partner on the benefits of breastfeeding.
- **Service delivery**
 - Inclusion of breastfeeding support in public health promotion encourages a positive, accepting attitude toward women who are breastfeeding and/or expressing milk and empowers mothers with the ability to choose optimal health behaviors.
 - The lactation support room in the new Human Services building is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child. This dedicated lactation room is equipped with a sink with hot water and soap, a diaper changing table, a rocking chair, and facilities for electrical breast pump use.
- **Staffing**
 - The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.
- **Revenue**
 - There may be opportunities to generate revenue by offering individual counseling on nutrition as it relates to lactation support. Fees for nutrition counseling are based on a sliding scale fee and Medicaid and other 3rd party reimbursement sources are billed if applicable.

Next Steps / Mitigation Strategies

- The video produced for the NCPHA will be used to promote public health statewide.

Division / Program: Dental Division / Improving Access to Dental Care

(Accreditation Activity 21.3- Develop and implement strategies to increase use of public health programs and services.)

Program description

- The Dental Division has designed a new scheduling template to enhance the provision of dental services within the clinic. This new template was devised with input from the Director of Dental Practice, auxiliary staff, processing assistants, our interpreter, and contracted faculty from the University of North Carolina, School of Pediatric Dentistry.
- The Dental Division has also crafted new protocols to assess for dental emergencies and to dialogue with concerned parents about the benefits of our also utilizing residents and dental students to provide services.

Statement of goals

- To increase access to dental care for children and OB populations in Durham County.
- To streamline services so that we can work more efficiently and even increase the numbers of patients we can see.
- To formalize the process for screening emergencies, and placing the final decision for scheduling such patients with the provider on duty.

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Issues

- **Opportunities**
 - Serving patients in a timely manner through staggered start times, beginning the clinic earlier, and maximizing the use of UNC School of Pediatric Dentistry residents and students.
 - Treating up to two emergency appointments per day.
- **Challenges**
 - Arranging for consistent starting times, with providers arriving as scheduled, and the front desk opening early enough to ready patients for first appointments. (When the first patient is seen on time it permits for a better flow for that day.)
 - Opening up better dialogue with parents so they are assured their children are receiving quality care from 4th year dental students, senior pediatric dental residents, pediatric dentists, and general practitioners.

Implication(s)

- **Outcomes**
 - The new scheduling template includes the elimination of an “overbook” column as well as instituting an earlier starting time. The template includes staggering appointments for student dentists so they have adequate time to treat patients.
 - The Division has developed a new assessment form and protocols to schedule emergency patients.
 - Auxiliary staff are being trained in how to effectively speak with parents about the benefits of our utilizing resident dentists and students in the clinic.
- **Service delivery**
 - Patients are being encouraged to arrive fifteen minutes before their scheduled appointment.
 - The front desk has begun utilizing the new emergency assessment form.
 - Full implementation of the new scheduling template will begin by the spring.

Next Steps / Mitigation Strategies

- The Division will evaluate clinic flow when the scheduling template is fully integrated, and will discern effectiveness of new emergency protocols, etc.
- A team (composed of the Director of Dental Practice, auxiliary staff, processing assistants, our interpreter, and contracted faculty from the University of North Carolina, School of Pediatric Dentistry) will be convened in the summer, 2015, to monitor results and offer suggestions to improve practice.

COMMITTEE REPORTS:

- **NOMINATION COMMITTEE**
- Chairman Miller, Ms. Carter and Dr. Fuchs agreed to serve on the Nomination Committee. The committee will make a recommendation for Chair and Vice-Chair at the next Board meeting.

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

Ms. Levbarg stated that 37 responses out of 49 were received for the 2014 Health Director’s Evaluation Survey. Dr. Levbarg will contact the committee members to set a time to meet with the committee members and the health director to review the results. Ms. McClain will send the results to the board and health director.

- **FINANCE COMMITTEE**

Appointment of this committee was tabled until the February 12, 2015 Board meeting.

OLD BUSINESS:

- **UPDATE ON LEGISLATIVE AGENDA ITEM-G.S.115C-81 (e1) (9) of Article 8: GENERAL EDUCATION: (Activity 40.2)**

Ms. Harris stated on January 5th, the following recommended change to this section of the General Statutes was presented to the BOCC at a work session:

Remove the statement: “Contraceptives, including condoms and other devices, shall not be made available or distributed on school property,”
Replace it with: “Medical providers providing care in school-based health centers shall provide services within their scope of practice that meet the needs of their patients.”

After board discussion, Commissioner Reckhow suggested the following language: “Contraceptives, including condoms and other devices, shall not be made available or distributed on school property **except in school-based health centers. Medical providers providing care in school-based health centers shall provide services within their scope of practice that meet the needs of their patients.**”

The Board of Commissioners will vote on their legislative agenda during the regular session on Monday, January 12, 2015 at 7pm.

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

Ms. Wood provided additional follow-up responses to questions/comments the Board posed concerning the School Health program presentation at the December 11, 2014 Board of Health Meeting.

**Topic: School Demographics (Unofficial)
Chronic Health Conditions/Medication/Skilled Procedures in Elementary Schools (by region)
From December 14th meeting:**

COMMENTS/QUESTIONS:

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

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

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

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

Ms. Harris: Not hard at all.

Ms. Carter: I think that would be fascinating.

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

Follow-up Response:

Ms. Wood provided the list below of Chronic Health Conditions identified by the School Nurse. This list does not include the number of health procedures students required or potentially require each day during school hours in order to remain well and ready to learn.

Elementary School	School Size	Asthma	Diabetes	Severe Allergy	Sickle Cell	Seizures
Fayetteville St	244	14	0	7	0	3

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Parkwood	553	30	2	19	3	3
Easley	566	32	1	21	0	2
Forest View	682	20	0	14	0	5
W.G. Pearson	556	27	1	16	0	2
Club Blvd	526	31	0	14	2	1
Spring Valley	589	22	1	7	0	5
Oak Grove	564	12	0	10	0	3
Eno Valley	625	40	1	13	2	8
E.K.Powe	399	37	1	12	0	4
Sandy Ridge	596	44	3	21	2	5
Holt	572	35	0	13	1	3
Watts	343	31	0	12	0	1
HopeValley	647	28	0	8	1	1
Morehead	213	19	0	10	0	4
Hillandale	693	21	2	12	2	2
Southwest	625	16	1	13	1	6
RN Harris	367	13	0	9	0	1
Mangum	369	15	0	6	0	2
Little River	392	16	0	8	0	2
CC Spaulding	263	24	0	1	0	2
Merrick Moore	698	20	0	4	1	2
Creekside	869	11	0	23	0	3
Pearsontown	836	26	3	34	1	0
Burton	382	19	1	12	1	3
Lakewood	451	6	0	0	0	1
YE smith	395	45	0	0	3	2
Eastway	616	22		1	4	1
Totals	14,631	676	17	320	24	77

COMMENTS/QUESTIONS:

Ms. Harris: The data is not currently kept in a manner that we can provide an unduplicated count of the students. We have spoken with the nurses about the need to have an unduplicated student count going forward.

To provide a better sense of the chronic illness issues and medications that are dispensed in the elementary schools, the board reviewed a map that showed the schools by the regions.

COMMENTS/QUESTIONS:

Dr. Levbarg: Some of the population numbers of how many kids in school....Pearsontown had an increase....and I know from personal experience that Forest View, last year, had at its peak, 710 and was overcrowded also.

Ms. Carter: We have a 400 million dollar long range facility plan that we [Board of Education] are about to bring to the County because some of our schools are overcrowded but some aren't.

Dr. Levbarg: We may want something about the needs of the kids in the Eastern and Southern areas versus the Southwestern part of the County. It would also be interesting to see where our immigrant population clusters.

Ms. Harris: We have data files related to income and other socioeconomic indicators in ArcView that we can overlay on the location of schools throughout the community.

Ms. Carter: Well, the thing to remember is the district as a whole is over 65% poor. About half of our schools have a concentration where at least 70% of the students are eligible for free or reduced lunch. We have high poverty schools.

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Dr. Stewart: Throughout the County?

Ms. Carter: Yes.

In no particular order, below is a listing of less common Chronic Health Conditions that were identified in elementary schools during the 2013-2014 school year.

Hypoplasitic Left Heart Syndrome	Tetralogy of Fallot Pacemaker
Leukemia	Migraines G6PD
Food Sensitivity	Cerebella Hypoplasia Coumadin
Hypertension	Celiac Disease Sz/Past Brain tum
Heart Transplant	Latex Allergy
Urinary Freq.	Spina Bifida
Weekly Blood Pressure Checks	Spina Bifida
Food Aversion	Lactose Intolerance (mitochondrial)
Low Cal Diet, No Extra Snacks	Coronary Artery Anomaly (Myopathy)
Eczema	Wheat Allergy
Cerebral Palsy	
Osteogenic Imperfecto (brittle bone)	Hydrocephalus Shunt Chronic Pain
Von Willebrand	Tourette's Syndrome
Post Traumatic Stress Disorder	Pompe Disease
Abdominal Migraine	Intravenous Port
Celiac Vomiting Syndrome	Liver Transplant
Congenital Heart Block	Light Headed/Passing Out
Cardiac Arrhythmia	Adrenal Insufficiency
Bilateral Tympanic Membrane Perforation	
Pigmentation Retinal Dystrophy	Juvenile Rheumatoid Arthritis

Topic: Charter Schools-EPI Pen Training

Question: Which Charter Schools have not received EPI Pen Training?

Response: Phone call responses from each Charter School that has not received EPI Pen training:

- Three (3) charter schools, Kestrel Heights, Carter Community and Voyager Academy sent staff to the Epi-pen training. Prescriptions have been written and forwarded to BioRidge Pharma
- Three (3) charter schools, Maureen Joy Charter, Reaching All Minds Academy and Research Triangle Charter plan to attend public health Epi-pen training scheduled for January 29, 2015.
- Of the remaining charter schools:
 - Global Scholars: Representative stated received online training
 - Healthy Start Academy: Secretary unsure
 - Research Triangle High School: Representative stated received online training. Principal contacted public health to schedule Epi-pen training.
 - Institute for the Development of Young Leaders: School representative plans to contact C. Scott
 - Central Park School for Children: Representative stated received online training. Referred to State School Nurse consultant and C. Scott for more information.

Question: Who is the liaison to the charter and private Schools?

Response: Cheryl Scott

Question: When will school nurse training on surveillance begin?

Response: We have 3 school nurses who attended a one-time, 3 hour training in August, 2014. The original plan was to train the other school nurses but that has not occurred because school nurses do not have access to Power School. This access is required as it is necessary to retrieve the data for the Application. Several attempts have been made to gain access to Power School but it is not in place yet. DPS nurses have access to Power School but DPS has not signed a data user agreement with

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Patagonia so they are not using the application either. Dr. Lemke is working with Cheryl Scott to problem solve this issue for public health nurses.

NEW BUSINESS:

• **BUDGET AMENDMENT:**

The Department of Public Health requested approval to recognize additional funds in the amount of \$11,616 from the NC Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Section to ensure new refugee arrivals have access to timely assessments provide timely health assessments.

The Department of Public Health requested approval to reallocate \$300,000 of non-restricted Medicaid Cost Settlement Funds to support the Detention Center Medications. Costs have significantly increased as a result of the correction of discounted pricing errors made by the vendor.

Dr. Levbarg made a motion to approve budget amendments in the amount of \$11,616 and \$300,000. Mr. Dedrick seconded the motion and the motion was unanimously approved.

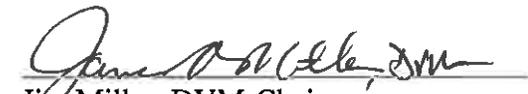
AGENDA ITEMS FEBRUARY 2015 MEETING

- DINE Presentation
- Nomination Committee Recommendation
- Appointment of Finance Committee
- Closed Session

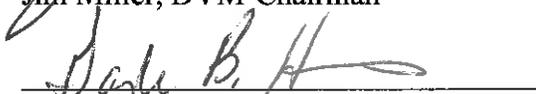
INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris stated that United Way of the Greater Triangle received a 1million dollar donation for Durham County residents to pay for insurance premiums for people at a specific income level enrolling in a qualifying plan on the Marketplace. The only qualifying plans at this time are Blue Advantage and several versions of Blue Value. A United Way staff member is providing community education about this opportunity. United Way is talking Coventry regarding participating in the program. Without Medicaid expansion, people at the 100% or lower threshold are not eligible for subsidies in the Market Place. This program will pay for 40% of the premium if individuals want to purchase insurance from the Marketplace. For additional information go to www.Premium.org.

Chairman Miller made a motion to adjourn the meeting at 7:50pm. Ms. Carter seconded the motion and the motion was unanimously approved.



Jim Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director

Durham County Board of Health Meeting

Gina Upchurch, RPh, MPH
Executive Director, Senior PharmAssist
8 January 2015



Senior PharmAssist Basics

- Began in 1994 as a program of the Council for Senior Citizens and amicably separated in 1998
- Now an independent 501c3 nonprofit
- Located in the DCSL – tenant
- Work by appointment – can arrange for transportation, home visits and interpretation

Core Services



1. Help seniors in Durham who are 60+ pay for medicines (at or below 200% FPL - monthly income of \$1,945/s or \$2,622/c)
2. Comprehensive medication therapy working closely with seniors, healthcare providers, and others, if necessary – pharmacists trained in geriatrics
3. Meet seniors “where they are” - tailored community referral
4. Insurance counseling to *any* Medicare beneficiary in Durham – regardless of age or income as the SHIP coordinating site for Durham County
5. Education & Advocacy

How we get it done

- 8 paid staff (6 FT and 2 PT); two dozen regular office volunteers
- Fantastic board and committee members
- Served 1,720 individuals last year – over 1,800 this FY (July-June)
- \$694,000 annual budget
- This FY – medication costs & calls for assistance going up – 72 on a waiting list

Collaborative Update on Senior Issues in Durham County

Prepared by:

Gale Adland, *Meals on Wheels of Durham*

Melissa Black, *Durham Community Resource Connections (CRC) for Aging & Disability*

Joan Pellettier, *Triangle J Area Agency on Aging*

Cathy Stallcup, *Durham Center for Senior Life*

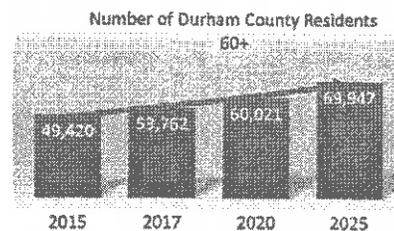
Gina Upchurch, *Senior PharmAssist*

Robert Wallace, *Durham County DSS*

Jovetta Whitfield, *Durham County DSS*



Current and Projected Demographics Durham County 60+



Current and Projected Demographics Durham County 60+

Year	Number	Percentage
2015	49,420	16.67%
2017	53,762	17.52%
2020	60,021	18.61%
2025	69,947	20.08%

Current and Projected Demographics Durham County 60+

Durham County Residents	2015	2025	% change
0-59	247,072	278,375	+13%
60+	49,420	69,947	+42%

Demographics in Durham County, 2013

Poverty, age 65+	#	%
Below 100% poverty level	2,350	8.9
In 100% - 199% poverty level	4,790	18.1

Other Demography	#	%
Veterans age 65 years and older	5,513	19.80
Living alone 65 years and older	7,999	28.7
Grandparents aged 60 years and older responsible for grandchildren < 18	899	--

Cost-Effectiveness of Aging in Place in Raleigh-Durham

Institutional Care	Avg. Monthly Cost
Private Room in a Skilled Nursing Facility	\$7,560
Semi-Private Room in a Skilled Nursing Facility	\$6,150
Assisted Living Facility	\$3,544
Aging in Place Care	Avg. Monthly Cost
In Home Aide (\$19/hour at 10 hours/week)	\$760
Home-Delivered Meals (Meals on Wheels of Durham)	\$110
Adult Day Health (\$40 at 22 days)	\$880
Senior PharmAssist (Direct Financial Assistance for Medications, Medication Management, Tailored Community Referral, & Medicare Insurance Counseling)	\$73
Total	\$1,823

Senior PharmAssist

IMPACT:

- After two years, enrolled participants report a **51% reduction in their rate of any hospital stays and a 27% decline in their rate of any emergency department use.**
- Participants also report improved perceived health and increased ability to perform routine activities of daily living (e.g., bathing, dressing, and taking medications on their own).

Senior PharmAssist

Number of individuals assisted has grown **by 51%** over the last 5 years with 1,720 participants served in FY14 and will be over 1,800 in FY15.

Medicare Annual Election Period (AEP) runs from October 15 – December 7:

- 2014, SPA provided 1,071 (face-to-face) counseling sessions (20% annual increase)
- 2/3 of the individuals switched Part D plans for avg. annual projected savings of \$982 in 2015

Senior PharmAssist

Many medications, including generics, have experienced a 200% - 300% increase in cost:

- Lantus Vial – Increased from \$79 in 2008 to \$241 in 2014
- Novolin 70/30 Vial – Increased from \$40 in 2008 to \$97 in 2014

County Support for Senior PharmAssist :

- FY08 Budget = \$549,323, with County support at \$94,264 (17.2%)
- FY15 Budget = \$693,718, with County support at \$94,080 (13.5%)

Waiting List = 72 seniors who need help to pay for their medicines

Durham Health Innovations Project: Seniors Healthy in Place (HIP Seniors) Identified Priorities, 2009

HIP Seniors team included community members, health and human service officials, non-profit agencies, and faculty from Duke University, the University of North Carolina at Chapel Hill, and Campbell University.

Identified Priorities:

- Transitional Care (focusing on hospital discharge)
- Falls Prevention
- Medication Therapy Management
- Wellness

Major Public Health Concerns: Associated with Medication Use

- Medicines don't work in people who don't take them.
- Sometimes the best medicine is no medicine at all.



Federal Medical Programs

Medicare	Medicaid
<ul style="list-style-type: none"> ▪ administered federally ▪ persons 65+ or disabled, ESRD, ALS ▪ Rx medications -- mostly not included until 2006 ▪ Part A – hospital care and what follows ▪ Part B – outpatient benefits, including physician visits – covers 80% of “allowable” 	<ul style="list-style-type: none"> ▪ administered by states; with federal matching funds ▪ for the medically impoverished who are deemed “categorically” eligible ▪ Rx medications—included – with “duals” now receiving benefit via Medicare-approved plans ▪ MAJOR expansion in some states

You can only be on one Medicare side

Traditional Medicare

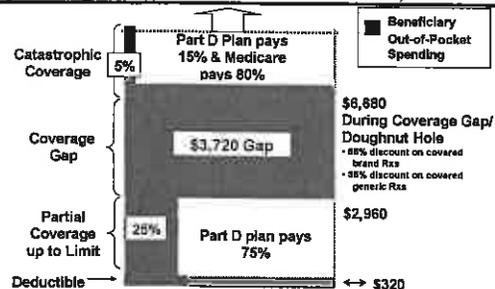
- Fee-for-Service
- Part A – hospital
- Part B – doctor & outpt.
- Secondary Coverage
 - Past employer*
 - Medicaid
 - Purchase
- Medigap/Medicare supplement
- Part D – drugs

Medicare Advantage

- Managed Care
- Parts A & B combined = Part C
- Paid for differently with co-pays or co-insurance when you get care
- Can include “extras”
- Can include Part D
- Has annual max OOP

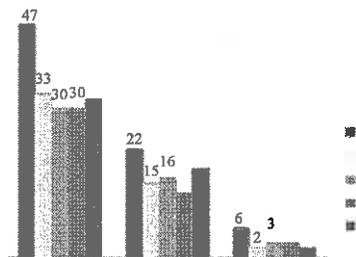
*Some employers are offering private MA retiree options or help their retirees pay for commercial product.

Medicare Beneficiaries' Out-of-Pocket Drug Spending Under Medicare Rx Benefit, 2015



Medicare Drug Benefit

**Medicare Rx Benefit Options over 4 years:
North Carolina (PDPs) & DURHAM (MA-PDs)**



It Pays to Compare

- Overall, 75% are not in the lowest cost plans; many barriers to seek “sorting assistance”
- Estimated that on average, beneficiaries pay 30% more for their medicines

Source: Geonnotti KL, Roth MT, Carey T et al. Prescription drug plan enrollment and cost-related non-adherence in Medicare Part D beneficiaries with diabetes. Academy Health Annual research Meeting 2010. Boston, MA.

2015 Savings at Senior PharmAssist

- Saw 1,071 individuals. Of those we saw 671 in stand-alone Part D plans during the end of 2014 AEP
- 68% switched plans for a mean annual savings of \$982 (median = \$376)
- First time people needed to switch 85% of the time for an average annual savings of \$1,140 (median = \$447)
- Even individuals with full “extra help” (low-income subsidy) can save significantly

Stories and Questions???



DURHAM COUNTY
1881

Public Health
100 Years of Service • 1913-2013

**FY 2015
1ST AND 2ND
QUARTER**

DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

FY 2015 BUDGET
GENERAL FUND

▪ FY 15 Approved Budget 21,841,914	▪ FY 15 Current Budget 22,781,244
▪ County Funding 15,719,673	▪ County Funding 16,288,030
▪ Other Funding 6,122,241	▪ Other Funding 6,493,214



1ST QUARTER EXPENDITURES ENDING 9/30/14

Prior Fiscal Year Comparison Cost Center/Description	Expenditures	
	1st Qtr FY 14 % Expended	1st Qtr FY 15 % Expended
5100621100 ADMIN	22%	24%
5100621200 DEPARTMENTAL	53%	52%
5100621500 NUTRITION	23%	23%
5100621600 HEALTH EDUCATION	21%	21%
5100621700 LABORATORY	20%	25%
5100621800 DENTAL	18%	22%
5100621900 DINE	N/A	19%
5100622100 ADULT HEALTH	21%	24%
5100622200 IMMUNIZATION	30%	34%
5100622300 TUBERCULOSIS SCREENING	25%	24%
5100622400 PHARMACY	27%	22%
5100622500 FAMILY PLANNING	20%	23%
5100622600 BCCCP	3%	0%
5100622700 AIDS CONTROL	26%	22%
5100622900 DIABETES COALITION PROJ	15%	16%
5100623100 GENERAL NURSING	25%	25%
5100623200 MATERNAL HEALTH	24%	26%
5100623300 CHILD HEALTH	25%	20%
5100623500 JAIL	31%	31%
5100623600 SCHOOL HEALTH	20%	19%
5100623800 DURHAM CONNECTS	7%	14%
5100623900 BABY LOVE PROGRAM	24%	25%
5100624100 GENERAL INSPECTIONS	21%	22%
5100624200 PARENTING PROGRAMS	0%	6%
5100624400 WATER & WASTE INSPEC	17%	24%
5100624500 LOCAL PUBLIC HEALTH	21%	22%
OVERALL	25%	25%

1ST QUARTER REVENUES ENDING 9/30/14

Prior Fiscal Year Comparison Cost Center/Description	Revenues	
	1st Qtr FY 14 % Collected	1st Qtr FY 15 % Collected
5100621100 ADMIN	33%	7%
5100621200 DEPARTMENTAL	11%	27%
5100621500 NUTRITION	10%	8%
5100621600 HEALTH EDUCATION	21%	11%
5100621700 LABORATORY	0%	0%
5100621800 DENTAL	5%	13%
5100621900 DINE	N/A	5%
5100622100 ADULT HEALTH	14%	15%
5100622200 IMMUNIZATION	18%	21%
5100622300 TUBERCULOSIS SCREENING	42%	22%
5100622400 PHARMACY	0%	59%
5100622500 FAMILY PLANNING	20%	38%
5100622600 BCCCP	28%	3%
5100622700 AIDS CONTROL	58%	81%
5100622900 DIABETES COALITION PROJ	6%	0%
5100623100 GENERAL NURSING	43%	0%
5100623200 MATERNAL HEALTH	7%	11%
5100623300 CHILD HEALTH	26%	26%
5100623500 JAIL	17%	19%
5100623600 SCHOOL HEALTH	21%	37%
5100623800 DURHAM CONNECTS	0%	-2%
5100623900 BABY LOVE PROGRAM	25%	25%
5100624100 GENERAL INSPECTIONS	15%	13%
5100624200 PARENTING PROGRAMS	0%	7%
5100624400 WATER & WASTE INSPEC	24%	24%
5100624500 LOCAL PUBLIC HEALTH	11%	21%
OVERALL	15%	16%

**2ND QUARTER EXPENDITURES
ENDING 12/31/14***

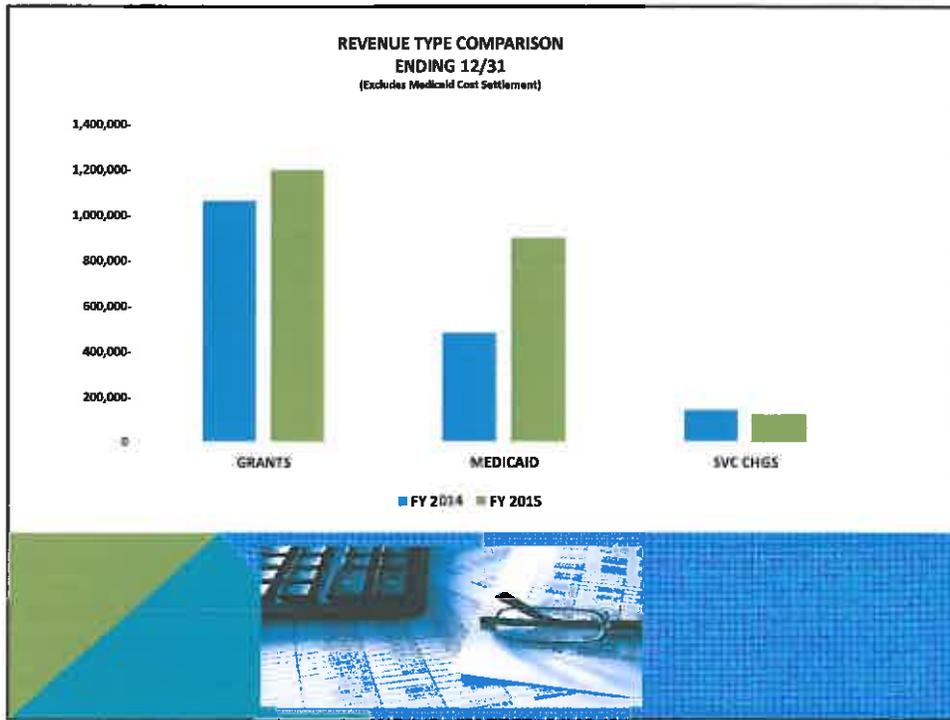
Prior Fiscal Year Comparison Cost Center/Description	Expenditures	
	2nd Qtr FY 14 % Expended	2nd Qtr FY 15 % Expended
5100621100 ADMIN	46%	46%
5100621200 DEPARTMENTAL	63%	65%
5100621500 NUTRITION	39%	41%
5100621600 HEALTH EDUCATION	43%	42%
5100621700 LABORATORY	38%	46%
5100621800 DENTAL	43%	43%
5100621900 DINE	N/A	25%
5100622100 ADULT HEALTH	45%	44%
5100622200 IMMUNIZATION	53%	49%
5100622300 TUBERCULOSIS SCREENING	51%	46%
5100622400 PHARMACY	47%	50%
5100622500 FAMILY PLANNING	39%	44%
5100622600 BCCCP	39%	1%
5100622700 AIDS CONTROL	28%	43%
5100622900 DIABETES COALITION PROJ	33%	30%
5100623100 GENERAL NURSING	50%	47%
5100623200 MATERNAL HEALTH	44%	49%
5100623300 CHILD HEALTH	46%	35%
5100623500 JAIL	55%	55%
5100623600 SCHOOL HEALTH	41%	38%
5100623800 DURHAM CONNECTS	41%	34%
5100623900 BABY LOVE PROGRAM	41%	40%
5100624100 GENERAL INSPECTIONS	41%	41%
5100624200 PARENTING PROGRAMS	0%	18%
5100624400 WATER & WASTE INSPEC	37%	44%
5100624500 LOCAL PUBLIC HEALTH	40%	40%
OVERALL	45%	45%



**2ND QUARTER REVENUES
ENDING 12/31/14***

Prior Fiscal Year Comparison Cost Center/Description	Revenues	
	2nd Qtr FY 14 % Collected	2nd Qtr FY 15 % Collected
5100621100 ADMIN	62%	14%
5100621200 DEPARTMENTAL	29%	56%
5100621500 NUTRITION	13%	55%
5100621600 HEALTH EDUCATION	42%	38%
5100621700 LABORATORY	0%	0%
5100621800 DENTAL	10%	19%
5100621900 DINE	0%	16%
5100622100 ADULT HEALTH	58%	50%
5100622200 IMMUNIZATION	32%	47%
5100622300 TUBERCULOSIS SCREENING	61%	51%
5100622400 PHARMACY	0%	44%
5100622500 FAMILY PLANNING	30%	73%
5100622600 BCCCP	62%	13%
5100622700 AIDS CONTROL	9%	118%
5100622900 DIABETES COALITION PROJ	12%	9%
5100623100 GENERAL NURSING	97%	0%
5100623200 MATERNAL HEALTH	26%	39%
5100623300 CHILD HEALTH	35%	53%
5100623500 JAIL	35%	63%
5100623600 SCHOOL HEALTH	69%	50%
5100623800 DURHAM CONNECTS	37%	-1%
5100623900 BABY LOVE PROGRAM	34%	54%
5100624100 GENERAL INSPECTIONS	40%	41%
5100624200 PARENTING PROGRAMS	0%	20%
5100624400 WATER & WASTE INSPEC	39%	37%
5100624500 LOCAL PUBLIC HEALTH	30%	47%
OVERALL	27%	34%





- ### FY15 FUNDING CONCERNS
- Detention Center Medication Costs
 - OBCM & CC4C Reduction
 - Other Grant Reductions
-



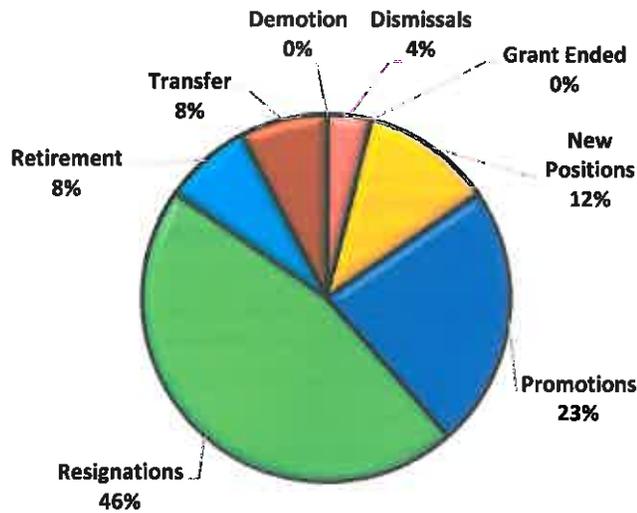
Questions/comments



Public Health
100 Years of Service • 1913-2013

PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 12/31/2014

Vacancy Reasons	FY 13/14*	FY 14/15**	#	%
Demotion	0	0	0	0%
Dismissals	0	1	1	4%
Grant Ended	0	0	0	0%
New Positions	1	2	3	12%
Promotions	1	5	6	23%
Resignations	1	11	12	46%
Retirement	1	1	2	8%
Transfer	0	2	2	8%
	4	22	26	100%



*4 vacancies remain unfilled from FY 13/14

**FY 14/15 vacancies are cumulative

1 position(s) became vacant in December FY 14/15

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

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007629	Sr PH Nurse	7/20/13	11/25/13 & 4/24/14	2/28/14 & 5/8/14	7/21/14	
40001120	Comm Hlth Assist	8/30/13	10/31/13	on hold		VACANT
40001138	Sr PH Nurse	10/13/13	1/6/14, 8/11/14	2/7/14, 8/29/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40008050	Nutrition Specialist	12/19/13	1/13/14	4/25/14	9/1/14	
40008051	Nutrition Specialist	12/19/13	1/13/14, 6/30, 10/14	4/25/14, 8/15, 1/2/15		VACANT-Req to HR 1/6/14
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14	8/18/14	
40001057	Physician Extender	1/22/14	2/17/14, 4/21/14	4/4/14, 5/16/14	8/21/14	
40001031	Processing Assistant	2/21/14	6/30/14	7/11/14	11/2/14	
40000947	Processing Assistant	3/14/14	5/26/14	6/6/14	8/18/14	
40002020	Office Assistant	4/27/14	5/26/14	6/6/14	9/15/14	
40001042	Pharmacist	4/30/14	5/5/14	5/24/14	9/2/14	
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1	1/5/15	VACANT
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14	8/18/14	
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23	6/20/14, 7/18	8/18/14	
40001164	Env Health Specialist	6/20/14	7/7/14, 8/11	7/25/14, 8/22	11/10/14	
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14		VACANT
40006525	Med Lab Technician	7/25/14	8/4/14, 12/22/14	8/15/14, 1/9/15		VACANT
40007628	Sr PH Nurse	7/25/14	8/11/14	8/29/14, 9/5/14		VACANT
40008250	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14		VACANT
40008251	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14		VACANT
40007577	Clinical Social Wrk	8/4/14	8/7/14, 12/22/14	11/14/14, 1/2/15		VACANT
40006775	Dental Assistant	8/8/14	6/23/14, 10/13	8/1/14, 12/19		VACANT
40007576	Comm Hlth Assist	8/13/14	8/29/14, 11/17/14	12/5/14		VACANT
40001099	Social Worker II	8/15/14	9/1/14	9/28/14		VACANT-Req to HR 8/21/14
40001140	Sr PH Nurse	8/15/14	8/25/14	9/28/14	12/8/14	
40005364	Nutrition Specialist	8/15/14	9/8/14, 10/12	9/26/14, 10/31	11/24/14	
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40007828	Info & Comm Spec	8/22/14	9/22/14, 10/27	11/28/14		VACANT
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31		VACANT
40007403	Sr PH Educator	9/2/14	8/25/14 internal	9/5/14	10/13/14	
40001013	Med Lab Assistant	9/11/14	9/22/14, 10/14/14	10/10/14, 10/31/14	1/5/15	VACANT-Req to HR 9/16/14
40007476	Clinical Social Wrk	10/10/14	10/13/14	11/14/14		VACANT
40007076	Info & Comm Spec	10/12/14	10/27/14	11/28/14		VACANT
40007477	Nutrition Specialist	11/4/14				VACANT
40005369	Nutrition Specialist	11/6/14	12/15/14	1/9/15		VACANT (Job Share - 48%)
40005376	Nutritionist	11/23/14	12/15/14	1/9/15		VACANT
40007961	Assist Health Director	12/31/14	8/4/14	9/5/14	12/15/14	

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
December 2014

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

11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	N		Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available.
11/10/2014	2810 Old Oxford Hwy	Surface discharge of effluent	12/10/2014	N	N		Surface discharge of effluent. Repair permit issued for a replacement system.
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2014	N	N		Discharging via a culvert pipe
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2014	N	N		Collapsed septic tank.
12/23/2014	1013 Variform	Effluent discharging to ground surface	1/23/2014	N	N		Failing LPP
1/23/2014	402 Mare	Effluent discharging to ground surface	1/23/2014	N	N		Failing at the first dam.
1/23/2014	18 Thistle Trace	Effluent backing up	1/23/2014	N	N		Control panel does not work
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	N		Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sandfilter on property
12/12/2014	1313 Olive Branch	Surfacing effluent, system crosses property lines	1/12/2015	N	N		System is surfacing effluent, drainfield totally saturated. Also crosses property lines; repair permit issued and easement recorded, have had preconstruction, will issue CA soon.
12/11/2014	1723 Bahama	Cracked septic tank	1/11/2015	N	Y	12/16/2014	Tank has been replaced, 12/16/14
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected
12/10/2014	1044 Lakeside Dr	Washline discharge to ground surface	1/10/2015	N	N		Washline is now plumbed directly to ground surface, not into d-box for washline.
12/18/2014	2109 Winkler Rd	Unpermitted expansion of bedrooms in house, building addition over septic tanks	1/18/2015	N	N		Building foundation is partially on septic tank, at some point a bedroom was added to the house; system is currently for 2 br. SFD. Expansion permit has been issued for 3br Controlled Demonstration Low Profile system