

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

James Miller, DVM; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison; DDS; Rosemary Jackson, MD, MPH, CCHP; Heidi Carter, MSPH; Commissioner Brenda Howerton; Mary Braithwaite, MD, MSPH; and Stephen Dedrick, R.Ph, MS.

Excused Absence: Teme Levbarg, PhD, MSW; Arthur Ferguson, BS; and Dale Stewart, OD.

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Dr. Miriam McIntosh, Kelly Warnock, UNC MPH Capstone Students-- Alexander Coombs, Aly Bancroft, Dirk Davis, Amanda Kong, Christina Vilella and Guadalupe Castillio --Durham Technical College Student.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:03pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested to add the following items:

- Budget Amendments (3)—add to new business with new business following staff recognitions
- SNS Preparedness Exercise—add to informal discussion

Dr. Allison made a motion to accept the additions to the agenda. Commissioner Howerton 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 September 10, 2015. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

Ms. Harris recognized Herbert Wigfall, Dental Van Driver who received a \$500 scholarship from the NC Public Health Association to support his pursuit of an associate degree at Wake Technical Community College.

Ms. Michele Easterling, Director of Nutrition Services recognized Kelly Warnock, MPH, RD, LDN, Nutrition Communications and Health Promotion Program Manager who was awarded the GlaxoSmithKline 2015 Child Health Recognition Award in the Public Health Staff Recognition category. Ms. Warnock was honored for her outstanding leadership and work in the promotion and implementation of services, environmental changes and policies that are helping to improve the food and nutrition environment in Durham County. Quotes from the nomination application included the following: “Kelly is our ‘go-to’ person at the DCoDPH and in many cases for Durham County overall when issues and projects are related to food policy and programs aimed at making the healthy choice the easier choice. Kelly uses evidenced and practiced based programs/strategies and relies on strong partnerships in her work. Her innovative, creative, and successful approaches are helping improve the lives of younger children and their families in Durham County.”

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Ms. Warnock received the award including a check for \$1,000 at the GSK Child Health Recognition Award luncheon on September 16th at the 2015 Fall Educational Conference of the North Carolina Public Health Association held in Winston Salem. Activities that she has either led or been extensively involved in related to food policy and/or food security in Durham include:

- Veggie Van;
- Double Buck program (doubles SNAP benefits up to \$10 at farmer's markets and other sites for purchase of fresh fruits and vegetables);
- Veggie Rx (prescriptions for purchase of fresh fruits and vegetables for Centering Pregnancy patients); and
- Corner Store initiatives (working with store owners to add new healthy items like fruits and vegetables to the stores' inventory; display posters and environmental cues related to healthy foods throughout the store; and/or create healthy checkout aisle(s) in which all of the foods and beverages in the aisle are healthy).

The Board applauded those recognized.

NEW BUSINESS

- **REQUEST FOR DATA FROM DUKE HEALTH SYSTEM AND LINCOLN COMMUNITY HEALTH CENTER (Activity 41.2)**

Ms. Harris shared the following letter to Dr, Jeffery Ferranti, CIO and Mr. Philip Harewood, President and CEO of Lincoln Community Health Center:

Dear Dr. Ferranti and Mr. Harewood:

The Durham County Department of Public Health collaborates with Duke Medicine to conduct a community health needs assessment of our communities every three years. The information has been derived from a wide range of sources including public health agency surveillance efforts. Typically, these report County-wide data collected by the State Center for Health Statistics for prior years and survey-based data that provide snapshots of self-reported health conditions across our county.

Durham has a unique opportunity to identify current health indicators using summary data obtained from the Duke University Health System and Lincoln Community Health Center. Between the two systems, we can provide information to Durham residents about the prevalence and incidence of important health indicators at the neighborhood level and work as a community to address emerging issues.

Please consider assigning someone from your offices to work with us in designing and producing community level reports that meet HIPAA requirements. Working together we can design and format reports for different conditions, such as diabetes, obesity, hypertension, cardiovascular disease, asthma and COPD. If possible, this data can also reflect community-level utilization of Duke and Duke Regional Emergency Departments.

Besides greatly enhancing the Durham-Duke community needs assessment process, we anticipate this effort will have several potential benefits to numerous community stakeholders. Timely and nearly complete health data shared among Duke and Lincoln represents operational information to Public Health and our community allies so that we can deliver programs that address the most critical health needs of our residents and work together on any environmental or structural interventions to improve population health.

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It will foster the exploration of several 'natural opportunities' in which we can observe the intended and unintended consequences of policy and resource allocation decisions on community health indicators.

To assure our due diligence, we plan to invest time and resources in testing and developing appropriate culturally sensitive messaging and communication of this data. I hope you will consider collaborating with Durham County Department of Public Health to promote a culture of health in every Durham neighborhood. Please let me know if you are interested in working together and share the contact information of those staff that will work with us.

*Sincerely,
Gayle B. Harris, MPH
Public Health Director*

Ms. Harris requested Board approval to make this request to Duke Health System and Lincoln Community Health Center. Mr. Dedrick made a motion to support the request to Duke Health System and Lincoln Community Health Center to design and format reports that meet HIPAA requirements on different health conditions. Commissioner Howerton seconded the motion and the motion was unanimously approved

Ms. Harris stated when this relationship is established, in addition to incorporating the reports into our State of the County Health Report and the Community Health Assessment, we will work with Duke's Center for Community and Population Health Improvement led by Dr. Ebony Boulware and Michelle Lyn and the City of Durham's Neighborhood Compass program led by John Killeen, Neighborhood Improvement Services to share HIPAA compliant data with the community via a mapping system. Ms. Harris stated that she would like to invite Dr. Boulware and Mr. Killeen to the December Board talk about their programs.

BUDGET AMENDMENTS:

1.) The health department requested approval to recognize funds in the amount of \$9,630.68 from Summer Food Service Program Inspections. The money was earned by DCo Environmental Health for inspecting Summer Food Service Program participants. The SFSP provides lunches to Durham County children during summer months when many may not have access to nutritionally sound mid-day meals.

Dr. Fuchs made a motion to approve the budget amendment in the amount of \$9,630.68. Commissioner Howerton seconded the motion and the motion was unanimously approved.

2.) The health department requested approval to recognize unspent funds in the amount of \$1,777.55 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.

Commissioner Howerton made a motion to approve the budget amendment in the amount of \$1,777.55. Dr. Jackson seconded the motion and the motion was unanimously approved.

3.) The health department requested approval to recognize \$127,500 from the Medicaid and Medicare Electronic Health Record (EHR) Incentive Program for upgrading DCoDPH technology and improving overall health outcomes.

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The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide incentive payments to eligible professionals (EPs) who implement and demonstrating meaningful use of certified electronic health record (EHR) technology. After Implementing Patagonia in FY14, DCoDPH was able to attest/certify for year 1 incentives. Meaningful use compliance will result in better clinical outcomes, improved quality, safety, efficiency and reduced health disparities.

Dr. Fuchs made a motion to approve the budget amendment in the amount of \$127,500. Dr. Jackson seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

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

Dr. Arlene Sena provided an overview of HIV pre-exposure prophylaxis (PrEP), update of the DCoDPH PrEP program and discussed the challenges to implementing PrEP services.

Summary Information:

PrEP involves the use of anti-HIV medication that keeps HIV negative people from becoming infected. PrEP is approved by the FDA and has been shown to be safe and effective. PrEP for high risk persons in a community can potentially reduce HIV incidence.

The DCoDPH initiated a PrEP referral program along with other local healthcare providers in May 2015. Since then, 38 clients have been referred for PrEP, of which 55% are uninsured.

Challenges to PrEP implementation in Durham County include limited STD clinic resources, co-pay for uninsured patients referred to prescribing providers, and funding.

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

Questions/Comments:

Dr. Fuchs: Are these new cases each year?

Dr. Sena: Yes, they are.

Commissioner Howerton: I have just one question and you may have addressed it, I didn't hear about females in your report. Did you address that?

Dr. Sena: There are fewer females, the majority are men. We receive a spreadsheet on a monthly basis. I recall two were females that had HIV positive partners. They are eligible as well.

Dr. Allison: I know most of these patients are probably not on Medicaid but is this drug on the Medicaid formulary?

Dr. Sena: I am pretty sure it is but I don't know of the 40% that are insured how many are on Medicaid. I don't know that off the top of my head.

Dr. Jackson: So, at this point are you taking referrals from outside community health programs to initiate PrEP?

Dr. Sena: Yes, we are. The Medical Director called from North Carolina Central University to find out if she could refer patients. We are willing to work out something. I want to take as many referrals as possible but I am a little bit worried about the downstream challenges...there're still patient barriers (co-pay requirements) but we are happy to take any referral from other agencies.

Dr. Jackson: I think eventually what they want to do is to do it themselves but are taking baby steps initially.

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- **OPIOID OVERDOSE PREVENTION AND NALOXONE (Activity 9.1)**

Dr. Sena provided the Board with current data on opioid overdoses in Durham County and the distribution of naloxone kits.

Unintentional deaths due to opioid overdoses, including prescription drugs, have increased by 218% over the last decade in North Carolina. A promising community-based overdose prevention model is Project Lazarus and the distribution of naloxone which reverses opioid overdoses.

The Durham County Department of Public Health received \$3,284 from the Division of Public Health (AA# 906 – Project Lazarus) from June – July 2015 to: 1) support a community coalition that addresses opioid overdoses; 2) review current overdose data from NC DETECT and share with stakeholders; and 3) establish a medical standing order and protocols to distribute naloxone. All of these activities were completed, in addition to media promotion and a contract that was secured with the NC Harm Reduction Coalition (NCHRC) to purchase and distribute 250 naloxone kits. Of these kits distributed in Durham since June, the NCHRC has received confirmation that there have been at least 20 successful overdose reversals, thus saving the lives of these individuals. The health department also purchased supplies for 20 kits and dispensed six kits dispensed including five clinic-prescribed and one walk-in under the standing order.

DCoDPH has also hosted Operation Medication Drop for the second year in collaboration with the DCo Sheriff's office.

Questions/Comments:

Ms. Carter: When you are out in the community or when the NC Harm Reduction Coalition or these other groups that you mentioned are out in the community distributing the kits, how does that work exactly? How do they identify people that need the kit and how are they trained?

Dr. Sena: Basically they know how to tell...well they have these connections, with drug users and their training is that they will just show them how to administer an injection. Their training is obviously not as extensive as that done in a clinical setting. We actually have our nurse practitioners do a video in order to teach people how to administer the medication and to perform rescue breathing. I can't say exactly the content that is delivered in the community but it could take anywhere from 5 minutes to an hour depending on the client.

Ms. Harris: The kits that the NC Harm Reduction Coalition is dispensing on our behalf are labeled. That's how we can get the reversal numbers. People are asked what happened and they say we used that kit.

Dr. Fuchs: How much does a kit cost to produce?

Ms. Martin: For all the supplies in the kit it is about \$26.00 which includes the medication.

Ms. Harris: We provide them at no cost to the individual.

- **SUMMARY DATA-BASELINE STAFF SURVEY-REF. BULLYING (Activity 14.1)**

Ms. Joanne Pierce, in the absence of Mr. Eric Ireland, provided the Board with an overview on the survey data collected referencing workplace bullying. The DCoDPH Bullying Survey was the result of a presentation delivered by Theresa Raphael-Grimm, PhD, CNS, Clinical Associate Professor, Schools of Nursing and Medicine, Adjunct Associate Professor: Department of Psychiatry, University of North Carolina-Chapel Hill at our April 2015 Staff Development Day. The information presented raised questions with regard to our organization and bullying and where we stood as a whole on the issue. Ms. Pierce stated that the response rate was about 55% of the staff and the survey will be repeated next year.

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The results of the survey are being shared so that the Board has an understanding and awareness of the issue and can make needed recommendations accordingly. The data will also be used as a tool to help guide our training and staff development efforts.

One hundred thirty-six (136) responses were received, a 65% response rate. The definition of bullying as defined in the training was included at the beginning of the survey. The five questions and the survey results were:

Q1. Do you believe bullying exists at the DCoDPH?

Responses (n=133): Yes – 87.22%; No – 12.78%

Q2. Do you believe you have been a victim of bullying at DCoDPH at one point or another?

Responses (n=136): Yes – 48.53%; No – 51.47%

Q3. Do you believe you are currently a victim of bullying at DCoDPH?

Responses (n=136): Yes – 21.32%; No: 78.68%

Q4. If so, would you be comfortable sharing this information with your supervisor, a co-worker or another management staff?

Responses (n=98): Yes – 51.02%; No – 40.0% (Survey Monkey Error)

Q5. Would you be willing to describe the bullying behavior?

Responses (n=103): Yes – 67.96%; No – 32.04%

Questions/Comments:

Ms. Carter: Joanne would it take long to tell us what their definition of bullying was?

Ms. Pierce: I did not bring that definition with me.

Ms. Harris: We will send the definition to you via e-mail after this meeting.

Ms. Pierce: After conducting the survey, we saw changes that needed to be made in the way the questions were presented. We could have added “not applicable” as a possible response.

Dr. Allison: There is a total of 101% in the responses to question 3.

Ms. Pierce: This is an error in Survey Monkey.

Ms. Harris: As a result of the questions raised during the training in April, I committed to surveying the organization prior to July 1st to get baseline data. I also committed to implementing a 360-type evaluation of supervisors that will coincide with their annual performance review process beginning in July. Including all direct reports of a supervisor and other members in the organization that the supervisor interacted with frequently, twelve people would receive a survey to complete. This information would not be included in the performance appraisal rating the first year but would be shared and discussed with the supervisor to provide feedback and an opportunity for self-reflection and performance improvement.

Dr. Allison: Can you give us some of the examples that staff gave as bullying?

Ms. Harris: The examples that many gave related to discussions about performance expectations and communication issues.

Dr. Miller: So it appears that there is bullying in the organization.

Ms. Harris: Yes, from the survey it does appear that there is. We wanted staff to understand that if they experience bullying they should report it to management or Employee Relations in the Human Resources Department. We have had employees report bullying and harassment. These are trigger words that will cause me to contact HR to initiate an independent investigation of the complaint. In addition to the issues that bullying creates for individuals if not addressed, these issues can lead to legal problems for the department and the County.

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Ms. Carter: Do boards of health have anti-bullying policies in their handbooks?

Ms. Harris: I don't know but the County has a policy.

Dr. Fuchs: How many reported being bullied – 21%?

Dr. Miller: Yes, 21% of the respondents.

Ms. Harris: The County also provides mandatory training for supervisors and employees. Bullying is not tolerated. All employees are told that they have an obligation to report these occurrences.

Dr. Miller: There are opportunities for reporting?

Ms. Harris: Yes. We will improve the survey and repeat it in the spring. We would hope to see that there are changes next spring, particularly since there is a focus on addressing this issue. We will keep you apprised of progress that is made.

- **UNC MPH CAPSTONE PROJECT—SMOKING RULE**
(Activity 34.5)

The UNC MPH Capstone Team (Alexander Coombs, Aly Bancroft, Dirk Davis, Amanda Kong, and Christina Villella) was recruited through the UNC Gillings School of Global Public Health, Department of Health Behavior by the Durham County Department of Public Health to assess public knowledge and implementation of the BOH Smoking Rule. The Capstone Team will work from August 2015-April 2016 to identify smoke-free policy best practices and to collect stakeholder feedback. Using the evidence collected, the Capstone Team will present to the BOH in spring 2016 clear recommendations for potentially strengthening the Durham County Board of Health (BOH) Smoking Rule.

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

Questions/Comments:

Ms. Carter: Will you be surveying or hold focus groups with all ages starting at 15 or something for adults only?

Ms. Coombs: It will be pretty ad-hoc I think a lot of details are still in the works. Specifically, who we want to target will be determined by demographics.

Ms. Harris distributed a copy of an article from the News & Observer titled "E-cigarettes banned in public places in Durham come Jan. 1." Ms. Harris stated that she and Attorney Wardell were contacted by Virginia Bridges to talk about the Rule. Ms. Harris stated that Mary Gillette who is with the Tobacco and Control Branch has offered to work with us and engage the American Cancer Society in doing a letter to the editor to respond to the public comments included in the online version of the article and to help people stop smoking using evidence-based strategies.

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

The Durham County Board of Health received a copy of the September 2015 vacancy report which included a cumulative total of 15 positions vacant out of 202 positions for the month of September 2015. There were no questions from the Board.

(A copy of October 2015 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 September 2015 prior to the meeting. There were no questions from the Board.

(A copy of October 2015 NOV report is attached to the minutes.)

- **HEALTH DIRECTOR'S REPORT**

Division / Program: Community Health /Maternity Clinic

(Accreditation Activity 20.1-The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- Centering Pregnancy is a method of providing prenatal care in a group setting. In the Maternal Health Clinic these groups are led by Certified Nurse Midwives employed by Duke, and a Public Health Nurse coordinates the program.
- Each healthcare site that provides Centering must receive approval from the Centering Healthcare Institute (CHI) each year in order to purchase supplies and use the Centering name.

Statement of goals

- Utilize an evidence-based prenatal model in providing care to women who request it.
- Obtain site approval from CHI.

Issues

- **Challenges**
 - The midwife who was collecting data and writing the yearly report for the Approval Request left her position around the time it was due.
- **Opportunities**
 - CHI gave the Maternal Health Centering Program an extension on the deadline for submission of the yearly report.

Implication(s)

- **Outcomes**
 - Continued site approval was granted by CHI on 8/28/15 and this department was notified on 9/2/15.
- **Service delivery**
 - Durham County Department of Public Health Maternity Clinic is still an approved Centering Site and can continue to use this evidence-based curriculum to provide prenatal care to a portion of the patient population.
- **Staffing**
 - A decrease of Certified Nurse Midwives on staff at Duke will affect our number of Centering groups
 - Public Health will start 12 new Centering groups this year instead of the 16 planned.
- **Revenue**
 - This should have no impact on revenue.

Next Steps / Mitigation Strategies

- Maternity Clinic nurses and midwives are continuing to recruit patients for Centering, and they will widen the gestational age range for each group in order to fit in as many patients wanting to try Centering as possible.
-

Division / Program: Nutrition Division/Clinical Nutrition/Counseling the Teen Patient

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

Program description

- Durham County's Department of Public Health (DCoDPH) provides medical nutrition therapy (MNT) to adolescent clients. Over the past three years there has been an increase in both the number of obese adolescent patients referred and the number seen in the Nutrition Clinic.

Statement of goals

- Counseling the adolescent patient necessitates use of creative ways to encourage young people to adopt healthy habits. Registered Dietitians (RD) in the Nutrition Clinic strive to provide MNT that will motivate both the adolescent and his/her caregivers to make lasting behavior changes with regard to food intake and exercise.

Issues

- **Opportunities**
 - According to the CDC in an August 2015 posting, approximately 17% (or 12.7 million) of children and adolescents aged 2-19 are obese. In 2011-2012, 8.4% of 2-5 year olds had obesity compared with 20.5% of 12-19 year olds.
 - In 2011-2012 according to the CDC, the prevalence of obesity among children and adolescents was higher among Hispanics (22.4%) and non-Hispanic blacks (20.2%) than among non-Hispanic whites (14.1%). The majority of clients served in the Nutrition Clinic are non-white.
 - According to the National Survey of Children's Health, 19.3% of North Carolina youth are obese, compared with 14.8% nationally. This ranks North Carolina the 5th most obese state in the nation for your ages 10-17. (The Burden of Obesity in North Carolina – Eat Smart Move More)
- **Challenges**
 - Childhood obesity has both immediate and long-term effects on health and well-being. Obese youth are more likely to have risk factors for cardiovascular disease, are more likely to have pre-diabetes and are at greater risk for bone and joint problems, sleep apnea, as well as, social and psychological problems such as stigmatization and poor self-esteem. Adolescents who are obese are likely to be obese as adults and are therefore, more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.
 - Teens most often cannot succeed at weight loss alone. They need supportive adults in their lives who create healthy home environments and who serve as good role models. Therefore, MNT must be aimed at not only the patient, but also, the caregiver.
 - It is more difficult to schedule appointments for the adolescent patient who is in school all day and often has after school commitments and homework.

Implication(s)

- **Outcomes**
 - The majority of adolescents seen in the Nutrition Clinic return for follow up appointments. Of those who return, 90% show positive outcomes including one or more of the following:

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weight loss or maintenance, increased intake of fruit, vegetables, lean protein, whole grains and low fat dairy products and/or increased exercise and sleep.

- **Service Delivery**
 - The Nutrition Clinic is open during business hours at DCoDPH. RDs offer individualized nutrition instruction and work to utilize a broad range of modalities that address the unique learning style of the adolescent.
- **Staffing**
 - The DCoDPH Clinical Nutrition staff is composed of Registered Dietitians and Licensed Dietitians/Nutritionists who are credentialed providers for billable medical nutrition therapy services.
 - A bilingual RD and processing assistant are available in the Nutrition Division from 8:30am-5:00pm Monday through Friday.
- **Revenue**
 - Fees for medical nutrition therapy are based on a sliding fee scale. Medicaid and third party reimbursement sources are billed when applicable.
 - A Special Nutrition Grant is available to all children under age 21 who do not have third party coverage.

Next Steps / Mitigation Strategies

- The DCoDPH's Nutrition Clinic will continue to provide nutrition services to adolescents and individualize treatment to meet the particular needs of the patient.
- Future creative steps to engage adolescents and ensure behavior change and healthy eating could include the following:
 - Adolescents are more likely to eat foods that they have helped to prepare. Ideally, cooking classes would be offered to those DPS Middle and High School students not served by the DINE program.
 - Adolescents are greatly influenced by their peer group. Group classes geared towards obese adolescents may improve the patient's willingness to participate.

Division / Program: Nutrition / Partnership for a Healthy Durham/Grocers on Wheels Launches Double Bucks

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

Program description

- Grocers on Wheels (GOW), a mobile market that sells primarily North Carolina produced fruits, vegetables, meats, cheese and eggs, is piloting a Double Bucks program in which it is doubling SNAP (food stamps) benefits up to \$10 every time customers shop. GOW visits three low income senior housing sites once a month to decrease financial and transportation barriers seniors have when accessing healthy food.

Statement of goals

- To increase intake of healthy food including fresh fruits and vegetables and reduce the risk of diet related chronic diseases.
- To increase food security and access to healthy foods.

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Issues

- **Opportunities**
 - This project is in partnership with GOW, the Partnership for a Healthy Durham Obesity and Chronic Illness Subcommittee, DCoDPH's DINE program, and NC State's More in My Basket SNAP Outreach program.
 - GOW's Double Bucks program reduces transportation and cost barriers to eating healthy foods. GOW works hard to supply what the customers want to eat. GOW sold out of almost every item at its first market.
 - DINE staff provide cooking demonstrations during the market, teaching people healthy ways to use the food sold.
 - NC State SNAP Outreach workers are available on site to sign people up for SNAP benefits.
- **Challenges**
 - Funding for the program is limited to \$5,000 provided by a Partnership for a Healthy Durham RWJF mini-grant.
 - GOW is run by one individual and does not have much capacity to expand the program at this time.
 - The price markup on fresh food needs to be very small in order to make it economically feasible for low income people to shop at the market; this in turn makes it difficult to create an economically feasible business selling healthy foods in low income communities.
 - As with all new programs, there were many lessons learned on opening day. All partners involved in the project provided feedback and modifications have been made to improve the program.

Implication(s)

- **Outcomes**
 - The program launched in September. On the first market day, over 50 low income seniors took advantage of the Double Bucks program and 11 signed up for SNAP, thus increasing their household food resources.
 - The opening day of the market was advertised in the Durham Herald Sun, written about in a column in the Durham News and made the nightly news.
- **Staffing**
 - Durham Diabetes Coalition staff are assisting with advertising and implementing the program.
 - One Nutrition Program Manager has assisted with grant writing and program implementation.
 - The DINE Healthy Environments Nutritionist is providing cooking demonstrations and taste tests at the market.
- **Revenue**
 - No revenue is generated through this outreach for DCoDPH.

Next Steps / Mitigation Strategies

- Continue to assist GOW with marketing and implementing Double Bucks program.
- Continue to solicit feedback from customers and partners and use this feedback to improve the project.
- Continue to search for more funding to continue GOW's Double Bucks program beyond the RWJF mini-grant.

Division / Program: Nutrition Division / DINE/Recovery Celebration Event

(Accreditation Activity 10.1 The local health department shall develop, implement and evaluate population-based health

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promotion/disease prevention programs and educational materials for the general public.)

Program description

- The Recovery Celebration, an event for people in recovery or interested in recovery, and for friends and family members of someone in recovery, took place at the Criminal Justice Resource Center on Saturday, September 19.
- The event included many celebratory activities including musical performances, Zumba demonstrations, dancing, testimonials, and cooking demos – all in celebration of recovering from addictions.
- Durham’s Innovative Nutrition Education (DINE) program is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE was asked to provide cooking demonstrations and nutrition education as part of the Recovery Celebration.

Statement of goals

- To provide nutrition information and resources to a limited-resource population.
- To provide tips about healthy eating on a budget.
- To provide a simple healthy taste test to encourage food preparation at home.

Issues

- **Opportunities**
 - The Recovery Celebration provided an avenue for DINE to reach people in need to inform them about local resources such as Double Bucks that can assist them in obtaining fruits and vegetables, to provide education in basic nutrition skills, and to provide a healthy taste test as an example of what people can easily make on their own.
- **Challenges**
 - While the program was filled with energy and encouragement, DINE’s part in the program was challenging to execute given the set up and environment of the event. The time, set-up, and flow of the event did not match the description given during the planning phase.
 - The setup of the program made it difficult for DINE Nutritionists to be heard.

Implication(s)

- **Outcomes**
 - DINE nutritionists reached about 300 participants during the Recovery Celebration.
- **Service delivery**
 - The population addressed by the Recovery Celebration is an appropriate one for DINE nutritionists to address. Please see Next Steps/Mitigation Strategies for ideas about how DINE can do this better at future Recovery Celebrations.
- **Staffing**
 - Three DINE nutritionists prepped for the event and staffed it.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Attempting to do direct group nutrition education in a setting in which multiple events are going on is not effective. For future Recovery Celebration events DINE will have to take a different approach.
- A better approach may be to staff a table with the following:

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- Information on food and nutrition resources and programs available to limited income Durham residents with the opportunity for Recovery Celebration participants to speak one-on-one with nutritionist at the table to address specific questions.
- Cooking demonstrations scheduled at one or two times during the day and available to those who choose to come to the table to watch. These would also allow opportunities for discussion and Q&A.
- Taste tests of foods prepared at the cooking demonstrations.
- The DINE coordinator of this event will have an advance discussion with the CJRC staff member planning this event to discuss the best way to provide a quiet enough environment that participants and DINE nutritionists can hear each other.

Division / Program: Administration / Communications and Public Relations

Program description

- The Communications and Public Relations 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 communications and public relations, 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**
 - Communication surrounding various 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 September 24, three general public health media releases or advisories have been disseminated. Staff also responded to two direct (unsolicited) inquiries from reporters. A total of 20

14 A Regular Meeting of the Durham County Board of Health, held October 8, 2015.

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 and issues including the first mobile market accepting Double Bucks visiting an underserved Durham neighborhood, immunization deadline for seventh grade students, Durham Knows campaign kickoff, 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)

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/GIS Mapping

(Accreditation Activity 13.1: The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.

Program description

- In January 2015, six local health departments (LHDs) in the central Piedmont region of North Carolina (Alamance, Caswell, Chatham, Durham, Guilford & Orange) applied for the GIS Local Surveillance for Heart Disease, Stroke, and Other Chronic Diseases project, which is a collaborative project between the US Centers for Disease Control and Prevention (CDC), the University of Michigan (UM), and the National Association of Chronic Disease Directors.
- The purpose of the grant was to form a regional collaboration and improve the link between public health mapping and public health policy in the central North Carolina region. North Carolina was one of two sites selected nationally.
- All six NC counties received extensive training on ArcMap and technical assistance to create local maps.

Statement of goals

- To collaborate across LHDs with a comprehensive structure and intentionality around public health mapping
- To build capacity to use GIS (mapping) more effectively for surveillance and prevention of chronic disease and other health conditions
- To take advantage of existing data partnerships and strengthening new ones
- To serve as a catalyst to significantly improve the visibility and network of public health mapping across the state.

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Issues

- **Opportunities**
 - The Durham team went through several online learning modules and the core team (two individuals) attended two, 2-day workshops to develop and practice mapping skills
 - Created coordinated processes across the collaborative for accessing data; received geo-coded death vital records data for all six counties from the State Center for Health Statistics
 - The lead trainer is now working with Patagonia to give them technical assistance with the GIS app they are creating for Durham County
 - Three more staff have the ability and software to create maps for the department; there is also a stronger relationship between the City and County staff who create maps

- **Challenges**
 - Accessing the ESRI ArcMap educational licenses was challenging for Durham staff. One month after licenses were installed, staff received new computers and software had to be reinstalled which delayed making maps for the project.
 - Durham hosted a two-day regional training and had to install the software on 16 laptops, which was labor intensive for County staff
 - It is a large time investment to learn the software and create maps.

Implication(s)

- **Outcomes**
 - The Durham County Mapping Team created three final maps: 1) all syphilis tests conducted by the health department in the last fiscal in addition to positive results (internal map); 2) life expectancy in Durham County by zip code; 3) heart disease and diabetes mortality (2009-2013) by Census block group and median household income
 - The life expectancy map was shared in the Durham Herald Sun
 - Received geocoded mortality data for Durham County
- **Service delivery**
 - Staff received trainings
- **Staffing**
 - The Durham GIS Team was led by Mel Downey-Piper and Willa Allen in Health Education and also included Marissa Mortiboy, Annette Johnson and John Killeen (City of Durham).

Next Steps / Mitigation Strategies

- The Team will continue to work together and create maps. The grant has ended, but CDC staff will continue to provide technical assistance.
- Determine the cost of extending the licenses after they end this year
- There may be opportunities to publish some of Durham County's maps through the funders in a section of the Highlights Document, the Chronic Disease GIS Exchange, and GIS Snapshots.

Division / Program: Health Education/Durham Diabetes Coalition
(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.

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Program description

- A support group for diabetics and loved ones of diabetics has been held monthly since June 2015.

Statement of goals

- To provide continued support and education to participants of Chronic Disease Self-Management (CDSMP) and Diabetes Self-Management (DSMP) classes once the classes have concluded
- To provide a space and an opportunity for diabetics to learn from and support one another
- To provide education and guidance to diabetics about diabetes management

Issues

- **Opportunities**
 - Local radio stations have provided free advertising
 - Holding the group in the library allows for an easily accessible and free meeting space
 - Recruiting participants from past DSMP workshops has proven successful.
- **Challenges**
 - Recruiting enough participants to make it effective while not recruiting too many, which would make the support group format difficult, has been challenging.
 - Sessions have been held in the evenings, which will prove challenging in the winter. A new time will need to be identified, which means that currently circulating flyers and advertisements will need to be updated.

Implication(s) n=27 (duplicated)

- **Outcomes**
 - On average, six participants attend weekly.
 - Participants express appreciation for the group and say how much it has helped them.
 - Multiple participants have told friends and family about the group in order to increase the size and reach.
- **Service delivery**
 - The group is held every first Tuesday from 6-7 pm in the Main Library
 - Recruitment was conducted by calling past DSMP participants, distributing flyers, and promoting the event through social media.
- **Staffing**
 - 1 DDC Health Education Specialist planned, recruited and organized the event. At the August 2015 group a DDC dietician attended to talk to the participants about healthy food choices.

Next Steps / Mitigation Strategies

- As participants have expressed concern about the fact that it will be dark at 6 pm soon, a new time will need to be decided upon.
- A new location will be chosen, most likely DCoDPH, as the main library is frequently booked up far in advance.

Division / Program: Health Education/Durham Diabetes Coalition
(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.

17 A Regular Meeting of the Durham County Board of Health, held October 8, 2015.

Program description

- A walking group for county employees has been held weekly at 1 pm on Thursdays since June 2015.

Statement of goals

- To provide a time for Durham County (DCo) employees to go on guided walks and utilize their Choose to Move benefit.
- To help make walking a regular occurrence and identify safe routes around Durham.
- To foster relationships between divisions and departments within DCo.

Issues

- **Opportunities**
 - Employees are able to use 30 minutes each day to participate in exercise.
 - Walking requires little advance planning: employees can walk without changing clothes or even shoes.
 - The cooler weather will hopefully attract more participants.
- **Challenges**
 - Walking groups have not been well attended. Starting the group during the heat of the summer proved challenging, as few people wanted to walk in the midday heat – and sometimes it was simply too hot to walk outside.
 - The health educator leading the way had to miss one walk each month to attend a meeting, making it sometimes confusing for participants.
 - Finding a time that appeals to participants has proved challenging: some prefer mornings, some prefer afternoons, and the health educator is only able to do one.

Implication(s) n=11 (duplicated)

- **Outcomes**
 - Participants express appreciation for the walks.
- **Service delivery**
 - The walking group meets outside the Health and Human Services building every Thursday at 1 pm.
- **Staffing**
 - 1 DDC Health Education Specialist leads the walks

Next Steps / Mitigation Strategies

- Recruitment efforts will be increased to attract people who might have been averse to walking in the heat, but may be amenable to walking in the cooler weather. If attendance does not increase in the fall, this opportunity may not be offered in the future.

Division / Program: Health Education: Department-wide walking challenge

(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

- The Orange County Health Department (OCHD) participated in an eight-week walking challenge this past spring. At the conclusion of the challenge, a competition between the Durham County Department of Public Health (DCoDPH) and OCHD was proposed on Facebook. DCoDPH accepted a fall walking challenge between the two health departments. Staff from both health departments

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decided to virtually walk the Appalachian Trail. In May 2015, grant funds were used to purchase 34 Fitbits to loan out to staff for the duration of the challenge. The challenge lasted for seven weeks between August and September 2015.

Statement of goals

- To motivate and excite employees, especially more sedentary individuals, to move more and improve health behaviors
- To increase use of Choose to Move program (30 minutes allotted for physical activity)
- To model a culture that embraces physical activity and change attitudes toward physical activity
- To develop a sustainable, replicable program for local health departments and worksites

Issues

- **Opportunities**
 - Collaboration with OCHD
 - Increase physical activity and improve health outcomes for staff
 - Allow staff to try out Fitbit devices and use technology to track and motivate increased physical activity
 - Positive media attention for both health departments
 - Teambuilding and encouragement among health department staff
 - Serve as a pilot for physical activity challenges among DCo staff
- **Challenges**
 - The amount of time and coordination needed to work with OCHD, receive and collect and track weekly steps from staff, send email updates to DCoDPH staff with weekly step winners and most improved steps and post updates to social media
 - Unforeseen issues that arose with Fitbits, calculating mileage, rules of the challenge and staff who did not submit steps

Implication(s)

- **Outcomes**
 - 52 staff participated in the challenge and 34 received loaner Fitbits
 - Durham County won the challenge by 358 miles
 - Staff walked just over 11,000 miles as a health department and made five trips up and down the Appalachian Trail
 - Fitbit recipients completed a pre and posttest survey:
 - ❖ 70% of participants reported that they increased their physical activity
 - ❖ 96% reported that were motivated to walk more
 - ❖ Participants who reported to be sedentary dropped from 30% to 11%
 - ❖ 50% reported they would purchase their own fitness bands and continue tracking their steps
 - Participant comments:
 - ❖ “The walking challenge has been really great for me. I have always struggled with exercise. I can’t really say why, but for some reason, the Fitbit is making the difference for me. I was getting so worried about giving my Fitbit back that my husband ordered one for me! I am excited to keep being more active and tracking with my very own Fitbit, but I can’t thank you enough for this walking challenge, the loan of the Fitbit, and your encouragement each week. I really feel like I have finally got an exercise plan that I can stick with.”

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- ❖ “It was great to challenge myself. I saw a lot of positive changes.”
- ❖ “I thoroughly enjoyed the walking challenge. It boosted my moral and determination.”
- ❖ “It was a lot of fun! I am so glad I got to participate! There were a few nights that I noticed I was low on steps, so I went out for a late evening walk!”
- ❖ “This challenge really motivated me to get out and walk. I lost some inches. Yippee!”
- ❖ “Loved this challenge! It was motivational and did not only impact my walking and daily decisions but has impacted my spouse to walk too!”
- **Service delivery**
 - Postings on the DCoDPH and Partnership for a Healthy Durham Facebook and Twitter pages detailing status of the challenge.
 - Internal communications to staff with weekly challenge updates.
- **Staffing**
 - Two health educators and the communications manager from DCoDPH will coordinate, develop communications and post on social media for the walking challenge.

Next Steps / Mitigation Strategies

- Examine post-challenge feedback and apply changes to the next challenge.
- Use data to inform activities for DCo employees
- Plan a multi-health department challenge for the spring.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

● **FOLLOW-UP DISCUSSION: CURE VIOLENCE**

Ms. Harris: At our last meeting we talked about the public health intervention known as “Cure Violence”. Eric Ireland has been in touch with Jennifer Snyder who runs “Project Safe Neighborhoods” for the City and Durham Police Department (DPD). Ms. Harris spoke with Deputy Chief Marsh from the DPD about the delegation that will go to Boston and Kansas City to look at violence reduction strategies that have been implemented including “Cease Fire” and “Aim4Peace”, respectively. According to Chief Marsh the program is no longer operating in Boston. As I reported at our last meeting, Kansas City had a 40% reduction in gun violence in their community. Chief Marsh thought that this probably was a city that had not done very much by way of prevention. He said Durham had done a lot. He did not believe that this program would have that kind of an impact here.

I want you to hear from Dr. Gary Slutkin of “Cure Violence” who said “the issue has been misdiagnosed, and instead created science-based strategies that aim to stop violence before it erupts. He presents this concept and its success in this clip from YouTube that we will watch: <https://www.youtube.com/watch?v=9lwDellYqZE>.

Due to time constraints, the documentary that features the implemented program, Cure Violence cannot be shown but the link (<https://www.youtube.com/watch?v=mtL6yD151IU>) will be sent to group after the meeting.

Questions/Comments:

Dr. Miller: For Durham County what is the actual rate on Gun Violence?

Ms. Harris: We had 20 homicides from January to August 2015 and the year before, the whole year there were 20.

Ms. Carter: Where did you all go and who went?

Ms. Harris: I went to the annual meeting of the National Association of County and City Health Officials. The meeting was held in Kansas City I attended a sharing session where the Kansas City Department of Health discussed the success they had with replicating "Cure Violence" in a program named "Aim4Peace."

Ms. Carter: I love this idea and I think that we should do it. If we wanted to explore the possibility....

Ms. Harris: At our last meeting the Board supported this program. We are trying to determine where the City is regarding this program. When the Federal Department of Justice presented their recommendations to the City, "Public Health Violence Interrupters" was one of the recommended strategies.

Ms. Carter: I think the Crime Cabinet could be involved.

Ms. Harris: We have been talking with Brian Jones who is in the Sheriff's Department. He attends the meetings of the Crime Cabinet. He said that they have not talked a lot about it.

Ms. Carter: So it's a job training program.

Ms. Harris: Yes. We might be on the right track.

Ms. Carter: It could come from the health task force since it's a disease.

Ms. Harris: We can send you the link and you can look at it.

Dr. Allison: Have you looked at the cost associated with this program?

Ms. Harris: We have not but hiring the individuals certainly will come at a cost because we don't have these individuals on staff.

Dr. Fuchs: How did they fund their program? Do you know?

Ms. Harris: Probably grants initially and then to sustain the programs it would have to have been adopted as part of one of their funded programs. We will continue to investigate the implementation process.

NEW BUSINESS:

• **AGENDA ITEMS NOVEMBER 2015 MEETING**

Ms. Harris presented several options for agenda items for the next meeting. The Board selected the following items:

- Cultural Competency Presentation
- 1st Quarter Financial Report

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris: The department is required to have a Strategic National Stockpile (SNS) Plan that that can be implemented during public health emergencies to secure additional resources.

Periodically, we need to exercise the plan, determine if changes are needed, and revise the plan accordingly. To that end, we decided to simulate an Anthrax exposure at a Duke versus Army football game held at Wallace Wade Stadium on Saturday, October 3rd. In the scenario by Tuesday morning, 105 people came into the Duke Emergency Department complaining of fever, flu-like systems, upset stomach. Twelve people immediately developed respiratory distress and quickly were placed on ventilators. Blood tests had been ordered to rule out Bacillus anthracis. Duke Hospital learned that 55 patients have been seen in Keller Army Community Hospital complaining of similar symptoms. All 55 patients had traveled to North Carolina on October 3rd to attend the football game. As a result of this information, the department was able to test: activation of the Emergency Operations Center (EOC), activation of the Joint Information Center (JIC); request for SNS assets; activation of the Local Receiving Site (LRS); and activation of Points of Dispensing (POD).

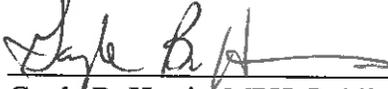
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October 8, 2015.

The exercise concluded with the activation of a POD in collaboration with many community partners on Wednesday, October 7th at Roger's Herr Middle School. During the three hours of operation, more than 400 people per hour received medication.

A formal review of the exercise was conducted by independent evaluators. When the written report is received, appropriate changes will be made to the SNS Plan.

Mr. Dedrick made a motion to adjourn the regular meeting at 6:48pm. Dr. Allison seconded the motion and the motion was unanimously approved.

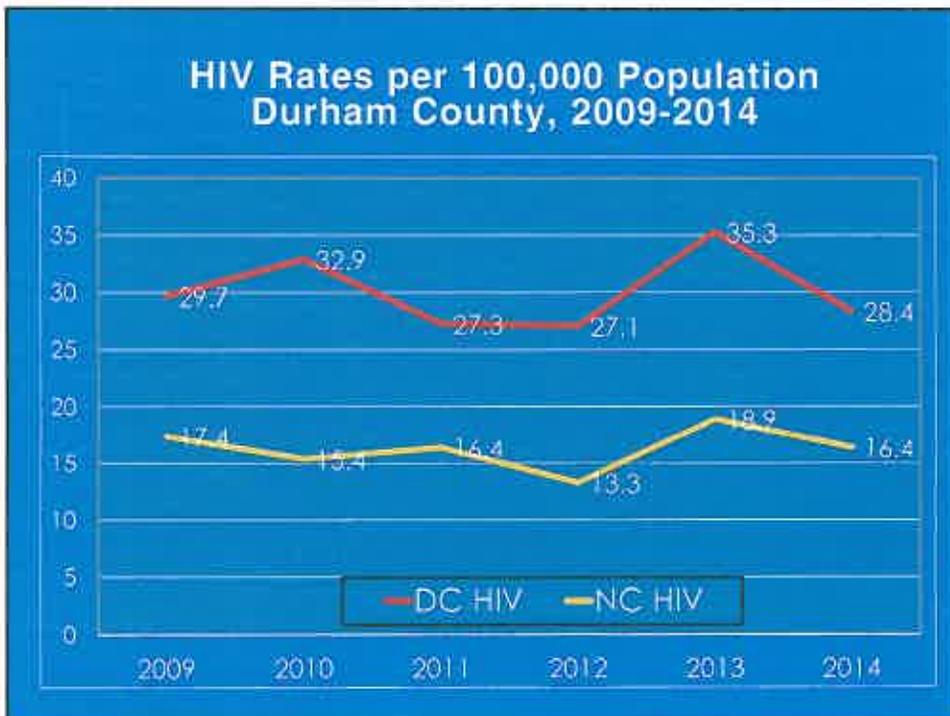

James Miller, DVM-Chairman

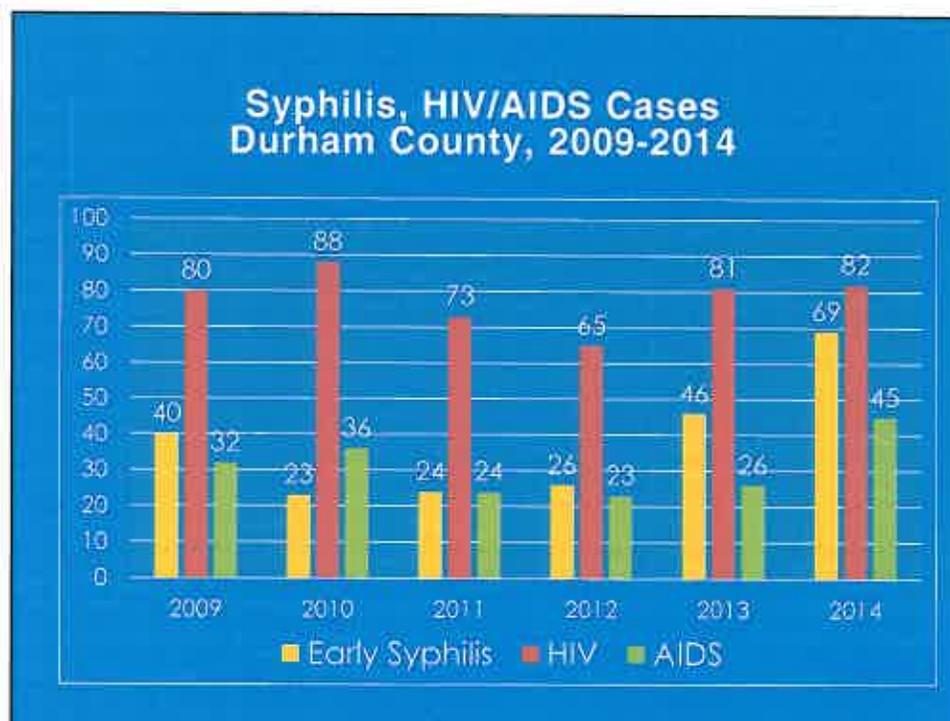

Gayle B. Harris, MPH, Public Health Director



**HIV PrEP Pilot Program at the
Durham County Department of Public Health**

Allene C. Sera, MD, MPH
Medical and Laboratory Director
Durham County Department of Public Health
Associate Professor, UNC Infectious Diseases



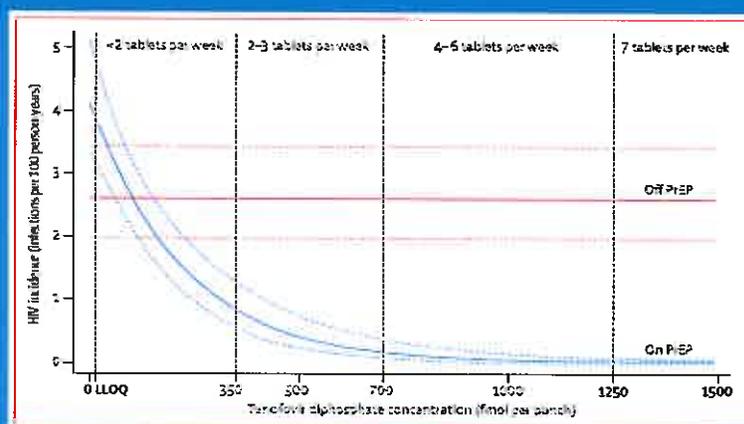


HIV pre-exposure prophylaxis (PrEP)

- Use of antiretroviral medications **before** an exposure, to reduce the risk of becoming infected.
- **Tenofovir** is the most studied agent for PrEP
- Properties of drug allow infrequent dosing
- Few drug-drug interactions
- Safe and well tolerated
- **FDA approved in 2012**



Reduction in HIV Incidence from PrEP

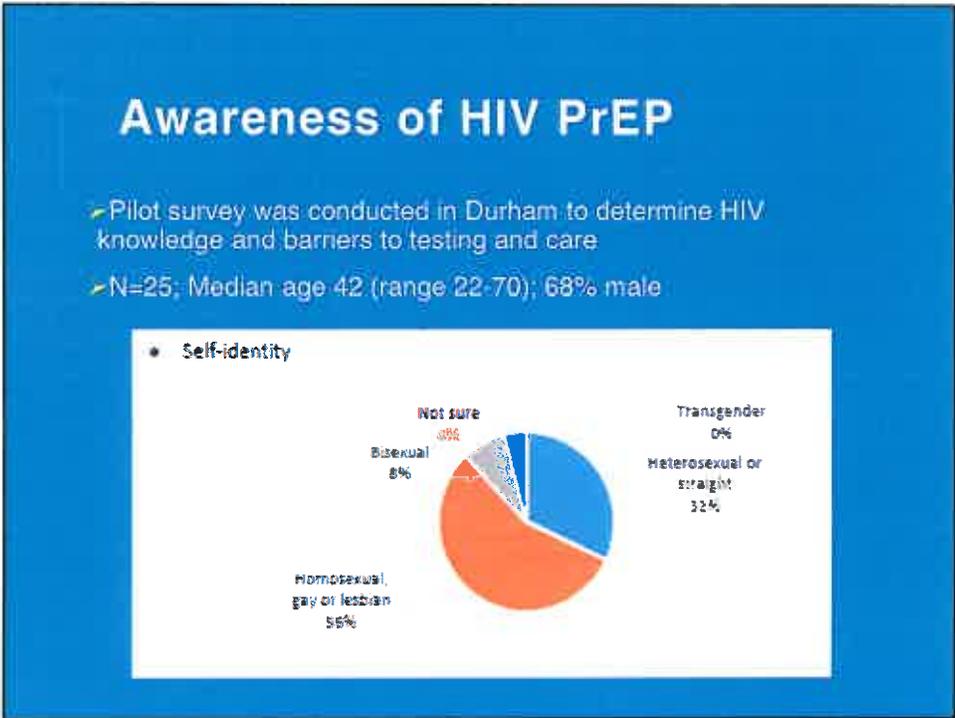
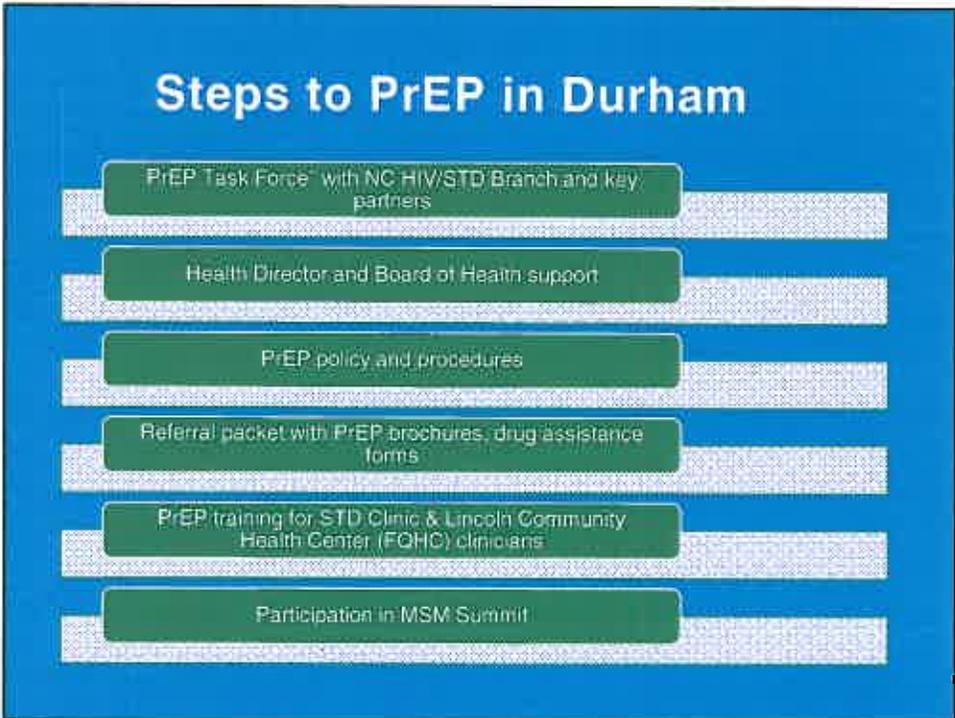


Grant RM, et al. *Lancet Inf Dis*. Sep 2014; 14(9):820-9

HIV PrEP Models

- Internal referral: clinic housed within or operated by the health department
- External referral: private/community providers prescribing PrEP
- Blended implementation model: health department (or CBO) staff provide some or all of the HIV and STI screening and counseling services; private/community providers prescribe PrEP

<http://www.naccho.org/topics/HPDP/hivsti/prep.cfm>



Preliminary Survey Results (N=25)

- 20% reported that they have never been tested for HIV
- 36% reported that they have never been offered an HIV test by their physician
- 76% reported that they believe that stigma plays a role in whether one gets tested for HIV
- 40% reported that they are not aware of a pill that can prevent a person from getting HIV

Priority Groups for HIV PrEP

- Men who have sex with men (MSM) who engage in unprotected anal intercourse
- Persons who are in a sexual relationship with a partner known to have HIV infection
- Male-to-female and female-to-male transgender individuals who engage in high risk sexual behaviors
- Individuals who trade sex for money, drugs, and/or housing
- Injection drug users who share injection equipment

Clinic Procedures

➤ Initial Visit

Routine STI testing, including oral and rectal gonorrhea/
chlamydia testing via nucleic acid amplification tests

HIV testing

Hepatitis B and C testing

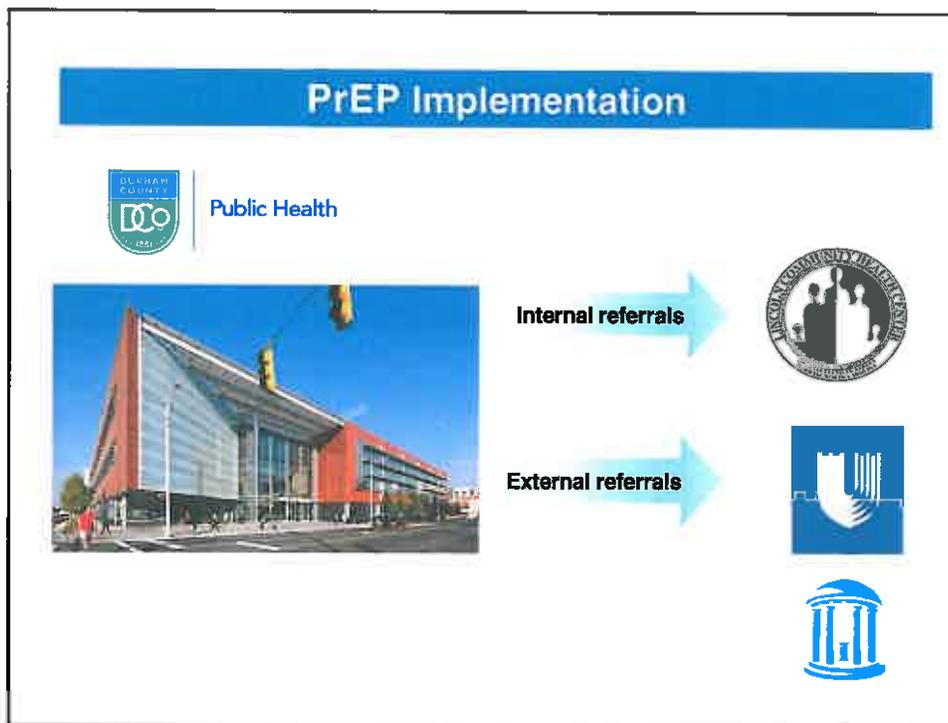
➤ Follow-up Visits

HIV testing every 3 months

STI testing every 6 months

Clinic Counselor

- Provides PrEP information, behavioral risk-reduction counseling and condoms
- Verifies client risk factors, eligibility and interest in PrEP
- If uninsured, provides Gilead PrEP application
- Obtains client signature on the DCoDPH Release of Information form
- Completes HIV PrEP referral form based on client preference for healthcare provider and insurance status, and faxes form to provider
- instructs client to make an appointment with the PrEP provider within the next two weeks



PrEP Referrals

This section features a PrEP brochure on the left and a central statistics box. The brochure includes the text: "PrEP: Pre-Exposure Prophylaxis for the Prevention of HIV. One pill, once a day, everyday, to decrease the risk of getting HIV." The statistics box contains the following data:

- 38** referred since May 11, 2015
- 13%** Partners to HIV+
- 55%** Uninsured
- 89%** Referred to Lincoln

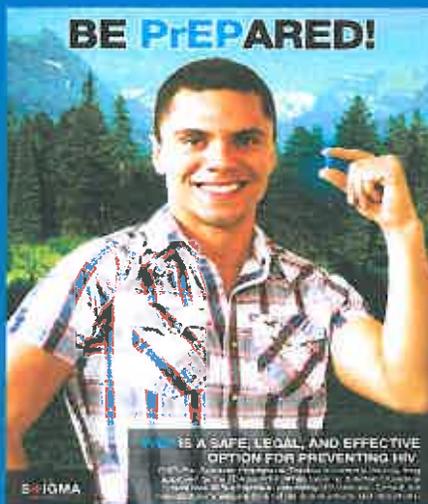
At the bottom, it states: **16 (42%) have made their appointments to date with Lincoln Community Health Center**

Challenges

- STD clinic resources for community referrals
- Clinic visit co-pays for uninsured patients
- PrEP patient navigation
- Monitoring & evaluation: utilization, adherence
- Funding for expansion



Questions?





Introductions



Aly Bancroft



Christina Villella



Alex Coombs



Amanda Kong



Dirk Davis

MPH Students – Department of Health Behavior
UNC Gillings School of Global Public Health



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Capstone Project

- Mentored, group-based project with community partner
- Benefits
 - Students: Apply skills and knowledge in the field
 - Partner: Increased capacity, improved programs or services
 - All: strengthen academic-community partnership



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Preceptors at DCoDPH



Mel Downey-Piper
Director of Health Education



Willa Robinson Allen
*Health Promotion & Wellness,
Program Manager*



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Durham County Board of Health (BOH) Rule

- Effective August 2012
- Designated smoke-free areas
 - Durham County grounds
 - Durham City grounds
 - Bus stops, parks and trails
- Enforcement & education



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Purpose of Capstone Project

- Identify smoking policy best practices
- Assess stakeholder knowledge of BOH rule
- Assess compliance with implementation of BOH rule
- Make recommendations for potentially strengthening the policy



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Deliverable Timeline

Activity	Month
Literature review	October
Key stakeholder interviews	October-November
Surveys & focus groups	November-February
Final recommendations report	March-April
Presentation to BOH	April-May



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DURHAM
COUNTY
1851

Project Deliverables



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DURHAM
COUNTY
1851

Questions?

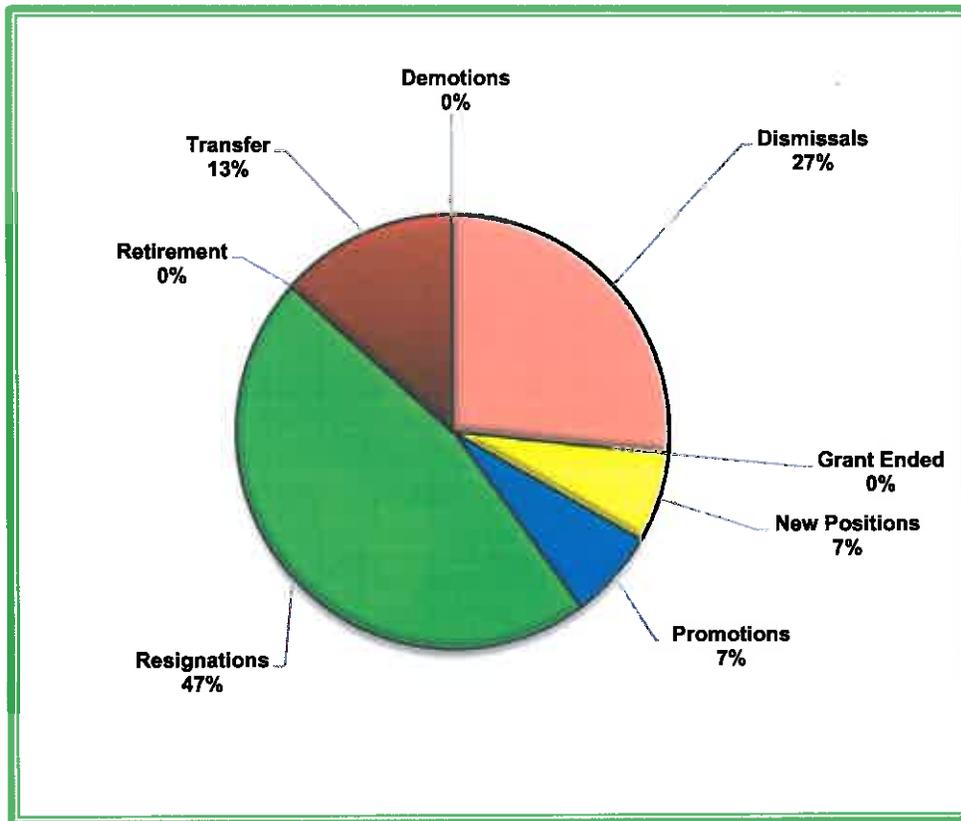


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PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 9/30/2015

<u>Vacancy Reasons</u>	<u>FY 14/15 *</u>	<u>FY 15/16**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	2	2	4	27%
Grant Ended	0	0	0	0%
New Positions	1	0	1	7%
Promotions	0	1	1	7%
Resignations	4	3	7	47%
Retirement	0	0	0	0%
Transfer	0	2	2	13%
	7	8	15	100%



*7 positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

5 position(s) became vacant in September 15/16

15 position(s) were vacant out of 202 employees for the month of September, 2015

VACANT POSITIONS in FY 2015/2016

Month Ending: September 30, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15, 6/22, 7/10	8/29/14, 9/5/14, 4/17, 7/24/15	10/12/15	VACANT
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/6, 8/21	8/1/14, 12/19, 1/30, 4/25, 5/30, 9/18		VACANT
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30/15	1/30/15, 2/6/15, 5/15/15	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15, 8/24	3/27/2015, 9/4/15		VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31, 8/15/15	9/28/15	
40004426	PH Educator	3/2/15	3/16/15	3/27/15	7/6/15	
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15	8/3/15	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	
40001139	Sr PH Nurse	4/24/15	6/29/15	7/17/2015, 7/31, 8/15/15		VACANT
40008575	Nutrition Specialist	5/1/15	6/1/15	6/12/15, 6/26		VACANT
40000989	Office Assistant	5/6/15	5/11/15	5/15/15	8/17/15	
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	
40001013	Sr Medical Lab Assist	5/18/15	6/1/2015, 7/15	6/12/2015, 7/31, 8/7		VACANT
40001010	Processing Unit Supv	5/22/15				VACANT
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15	9/28/15	VACANT
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7	10/12/15	VACANT
40003879	PH Nurse Spec	7/24/15	7/20/2015, 8/28	7/31/15, 8/7/15, 9/11, 9/18		VACANT
40001011	Medical Lab Supervisor	8/12/15	8/31/15	9/11/2015, 9/25		VACANT
40001084	Sr PH Nurse	9/4/15	8/17/15	8/28/15		VACANT
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15				VACANT
40003400	PH Nurse Program Mgr	9/25/15				
40001048	Sr PH Nurse	9/25/15				

*New Position

Total # of vacancies as of September 30, 2015 = 15

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
September 2015

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.	Mobile home has no wastewater system. 9/14/2015 - Property is now bank owned, unoccupied, and listed for sale on Triangle MLS. Listing agent has been notified of violation. EH has notified County Attorney's Office of change.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	Y	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.	4/20/2015- Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed. 5/20/15 - 10 day demand letter issued by County Attorney's Office.
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	Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office.
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.	2/25/2015-Property has been sold and acquired by a real estate company. Agent has stated they will pursue connection to municipal sewer. 6/2/2015 - Sewer installation is in progress, owner is consulting with Building Inspections for guidance on septic tank abandonment procedures. House remains unoccupied. 7/31/2015 - House is now connected to sewer, awaiting response from City/County Building Inspections regarding septic tank abandonments.
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected	4/20/2015 - House is unoccupied
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe.	3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources.
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, sand filter on property. Unoccupied house. Owner referred to NC Div of Water Resources for NPDES permit.	4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	N		Surfacing effluent	8/20/2015 - EH staff contacted owner. Owner stated that she will proceed with hiring a septic contractor. 9/10/2015 - EH staff met with septic contractor onsite. Existing system is clogged with tree roots. Owner is cooperating with EH for evaluation of parcel for repair.
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	N		Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978.	

3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	N		Surfacing effluent	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	N		Surfacing effluent, non-repairable lot. Owner directed to NC DWR.	5/7/2015 - Owner contacted EH and stated the house would be vacated on May 30th.
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	N		Surfacing effluent	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	N		Effluent is discharging to the ground surface, sewage is backing up into the basement, septic tank has tree root intrusion. Non-repairable lot. Owners have applied to NC DWR for a discharge system permit.	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	N		Septic tank lid has collapsed. 5/19/2015 - Repair permit issued.	
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	N	N		Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system.	7/20/2015- Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP.
6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	N		Existing system crosses property line and is discharging effluent to the ground surface.	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued. House is unoccupied.
6/25/2015	5114 Leesville Rd	Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	7/25/2015	N	N		Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV.	
7/22/2015	6448 Guess Rd	Surfacing effluent	8/22/2015	N	N		Pressure manifold is damaged.	8/19/2015 - USPS returned NOV as non-deliverable.
9/28/2015	6101 Cheek Rd	No Subsurface Operator	10/28/2015	N	N		EH has not received system management reports as required by rule.	

ENVIRONMENTAL HEALTH
Compliant Notices of Violation
September 2015

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12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2015	N	Y	9/23/2015	Collapsed septic tank. Revised NOV 1/28/2015. House is unoccupied, existing system is non-repairable, owner referred to NC Div. of Water Resources for an NPDES permit. **9/23/2015 Property has changed ownership. New owner has obtained an Improvement Permit for pretreated subsurface drip irrigation.**
8/19/2015	6703 Isham Chambers Rd	No Subsurface Operator	9/19/2015	N	Y	9/15/2015	EH has not received system management reports as required by rule. **9/15/2015 - Owner has contracted with a certified operator.**
8/19/2015	8116 Willardville Station Rd	No Subsurface Operator	9/19/2015	N	Y	9/2/2015	EH has not received system management reports as required by rule. **9/2/2015 - Owner has contracted with a certified operator.**
8/20/2015	203 Epperson	No Subsurface Operator	9/20/2015	N	Y	8/26/2015	EH has not received system management reports as required by rule. **8/26/2015 - Owner has contracted with a certified operator.**
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	Y	8/20/2015	Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned. **8/20/2015 - Septic tank lid was replaced by owner** 5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office. 7/14/2015 - EH contacted owner via telephone. Owner stated the original concrete lid for the tank is on the property and that he would reinstall it. EH

7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N	N	8/4/2015	House is unoccupied. Existing tank has collapsed, NCOWCICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuitable for repair. Owners referred to NCDWR. **8/4/2015 - Septic tank has been properly abandoned and house is vacant**
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	Y	7/22/2015	Repair permit issued 1/13/15, no contact from owner since **7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**
5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N	N/A	System not under DCoDPH Jurisdiction	Anonymous complaint received by EH regarding septic system failure at this address. System failure verified during site visit. **7/14/2015 - Staff discovered the system is a discharging sandfilter under NCDENR jurisdiction. NC Division of Water Resources was notified by letter.**
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N	Y	8/24/2015	Effluent pump is malfunctioning and needs to be replaced. **8/24/2015- Proper pump was installed, system repairs have been completed and Leaks corrected. System is functioning properly.
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N	Y	8/27/2015	System was partially destroyed by utility construction. Repair permit for septic system issued same day as NOV. **8/27/2015- System repairs have