

A Regular Meeting of the Durham County Board of Health, held November 12, 2015 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison; DDS; Rosemary Jackson, MD, MPH, CCHP; Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS and Dale Stewart, OD

Excused Absence: Commissioner Brenda Howerton and Arthur Ferguson, BS

Absent: Heidi Carter, MSPH

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, Mel Downey-Piper, Rochelle Tally and Lee Lichtenwalter.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:12pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following changes:

- Delay 1st Quarter Financial Report until December 2015 meeting due to absence of finance officer
- Budget Amendments (1)—add to new business
- Appointment--Nominating and Personnel Committee-add to committee reports

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for October 8, 2015. Dr. Jackson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

There were no staff/program recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **CULTURAL COMPETENCY TRAINING: Using a Racial Equity Lens to Improve Outcomes for All (Activity 26.3)**

Ms. Joanne Pierce, Deputy Health Director led the Board through the Cultural Competency Training that the staff had already experienced. Ms. Pierce stated that is the training is really a small piece of a larger conversation that provides a unique space for us to look inward at systems and to analyze and discuss our collective impact on individuals and communities we serve to improve outcomes for all.

Critical Components:

- Racial inequity in different systems are often studied separately, and we have language to describe them separately. However, the pervasiveness of racial inequity across systems suggests we should consider all of the pieces together, in order to look for the underlying cause.

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- Equality means treating all individuals equally despite of their individual differences while equity means treating each individual according to their individual differences providing them according to their requirement.
- In order to put equity into practice, we need to be able to talk about it. It is not something we can check off, need to constantly be having this conversation. Something we inherited.

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

Questions/Comments:

After an interactive discussion and participation in the activities in the PowerPoint, Ms. Pierce reviewed critical ideas in the training:

- Every decision within a system is an opportunity to ensure racial equity.
- Each decision and outcome should be evaluated by race and ethnicity.
- Workers, managers, and administrators can examine their own work for potential inequities and solutions.
- Use data to frame discussions on racial equity.

Ms. Harris: We are continuing similar conversations with our partners. Ms. Pierce and I have been working with MaryAnn Black, Kimberly Monroe and Dr. Eugene Washington to plan the 2016 Durham Health Summit to be held March 18. The summit will focus on health equity and intentional dialogue about cross system issues. We hope that you can attend. Ms. Pierce mentioned the infant mortality rate in Durham. The 2014 infant mortality rates were released in September. The White rate is 4.6 infant deaths per 1,000 live births, the African American rate is 15.9 infant deaths per 1,000 live births and the Hispanic rate is 6.6 infant deaths per 1,000 live births. There is much work to be done. If we are talking about creating a culture of health and having health in all policies, we have to change the way we look at things. We can't hold on to the mentality about personal responsibility being the only solution to address health disparities. I think is a great time to be in this community where there is the opportunity to have this discussion. St Philips has a big sign in the yard that reads "We are talking about racism." As a church, they are having this discussion. Stay tuned.

- **2014-15 CUSTOMER SERVICE SATISFACTION SURVEY RESULTS (Activity 37.0)**

Ms. Rochelle Talley provided the Board with current data on 2014-15 customer service satisfaction survey results.

Objectives:

- To ensure that Durham County Department of Public Health consumers, clients, community members, community representatives and agency staff have input into DCoDPH services and hours of operation.
- To improve aspects of health care services delivered to clients.
- To improve outcomes of health services and health care delivery and reduce risks
- To determine if services and hours of operations meet the identified needs of the community.
- To establish staff expectations of self and others and to affect accountability.
- To assist in program evaluation.

Summary Information:

- Our overall service rating is above 90%. 75% of our programs rank 90% or above with the remaining above 84%.

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- 80% of our customers are satisfied with our hours of operation. Evening hours were mentioned most often as an additional recommendation.
- Nearly 94% of our customers would recommend our services/programs.
- A significant number of comments referred to our overall great staff and service, friendly and respectful customer interaction and ability to be informative, helpful, attentive and thorough with our services.

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

Questions/Comments:

Dr. Levbarg: Was there information about which services people were asking about?

Ms. Tally: Overall, they didn't say which services they were coming for.

Dr. Fuchs: What was the overall response rate?

Ms. Harris: and if you use that denominator of about 200,000 you're looking at about 2% return.

Mr. Dedrick: Are there any benchmarks that you can compare Durham to other health departments?

Ms. Tally: I don't have them but we can probably get some of that and look at.

Dr. Fuchs: Could you explain the methodology again for the survey?

Ms. Tally: The programs are divided in half and surveyed in two different quarters annually. Programs are not surveyed in back-to-back quarters.

Dr. Fuchs: So when they are here they get the survey?

Ms. Tally: Yes.

Ms. Harris: When services are delivered offsite, how do you handle the survey?

Ms. Tally: When they visit at homes, sometimes we do telephone calls to some of the folks...so it depends on the program because some of the programs are so different but we are trying to see if we can get an overall idea of how everybody is doing and there is a little bit of a difference in the programs.

Dr. Stewart: Historically, it stayed about the same?

Ms. Tally: Actually, historically, it really has. The number of surveys that we have received increased but the distribution of the percentages has not changed that much. I think this is a pretty good representation of what our customers feel about our services.

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

The Durham County Board of Health received a copy of the October 2015 vacancy report which included a cumulative total of 15 positions vacant for the month of October 2015. There were no questions from the Board.
(A copy of November 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 October 2015 prior to the meeting. There were no questions from the Board.

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

- **HEALTH DIRECTOR'S REPORT**

November 12, 2015

Division / Program: Dental Division Radiation Safety Plan

(Accreditation Activity: Benchmark 30: The local health department shall provide safe and accessible physical facilities and services.)

Program description

- The Dental Division is completing the process of updating its Radiation Safety Plan and submitting it to the Division of Health Service Regulation, Radiation Protection Section.
- The Radiation Safety Plan:
 - provides protocols for uniform practices;
 - notes provisions for protecting patients and staff from unnecessary exposures to radiation during the course of x-rays being taken;
 - provides for adequate signage, training of staff, etc.; and
 - requires a Radiation Safety Officer (RSO) being appointed from the Dental Division, with specific duties and responsibilities.

Statement of goals

- To provide an environment that is compliant with regulatory mandates and safe for staff and patients.

Issues

- **Opportunities**
 - Producing a new plan has provided an opportunity for the Division to review its radiation safety practices and make updates.
 - In addition to compliance with regulatory mandates, the plan has helped the Division in reevaluating current practices.
 - Naming a Radiation Safety Officer provides the chance for the team to talk about the position and how all team members could work together to support the RSO.
 - Staff will receive a new round of training, and review all protocols, with a focus on any new practice areas.
- **Challenges**
 - The last plan was completed over five years ago. While crafting the new document provided a good opportunity for re-evaluation, it also meant rewriting large portions of the plan.
 - Defining the Radiation Safety Officer is resulting in the Division having to reassign auxiliary duties for staff members.

Implication(s)

- **Outcomes**
 - As the Radiation Safety Plan is completed, staff are discussing the document, and any new/changing protocols will be highlighted via training. All regulatory signage, etc. remain in place, and have been updated as required.
- **Service delivery**
 - Mechanisms to ensure compliance with the Radiation Safety Plan are being implemented.
- **Staffing**
 - All Dental Assistants, Hygienists and applicable contracted providers are reviewing the new plan.
- **Revenue**
 - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- The Dental Practice and Division Director will meet with the Radiation Safety Officer monthly and as needed to address any issues.

(Accreditation Activity 10.4 - The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.)

Program description

- The Policy Roundtable on Seizing Current Opportunities to Integrate Community Health Workers into Diabetes Care was held in Washington DC on September 30, 2015.
- The roundtable was convened by the Center for Health Law and Policy Innovation of Harvard Law School and co-sponsored by the Bristol Myers Squibb Foundation.
- Two community health assistants/workers from the Durham Diabetes Coalition project participated in the roundtable.

Statement of Goals

- To increase the use of the community health worker (CHW) position in clinical and community interventions.
- To share experiences from Durham County at local, state and national events.

Issues

- **Opportunities**
 - There is increasing evidence of the effectiveness of the role of the CHW position in community and clinical care interventions.
 - The Durham Diabetes Coalition (DDC) project at DCoDPH has two positions and have been able to demonstrate the value and effectiveness of this type of position's role in clinical care and community interventions. Because of this experience, DDC CHW staff were asked to speak at a national policy round table on the role of the position in diabetes care.
 - The Mayor's Poverty Reduction Initiative Health Task Force is critically evaluating and developing the CHW's role in the initiative plans including hiring CHWs and a creating a local CHW training and credentialing program. A DDC CHW is serving as one of the co-chairs of the Health Task Force.
- **Challenges**
 - Currently in North Carolina, the CHW is not a reimbursable provider.
 - The Durham Diabetes Coalition project community health assistant positions as the DCoDPH are currently grant funded with funding position to end within the year.

Implications

- **Outcomes**
 - The Harvard Law School Policy Roundtable in Washington, DC addressed current opportunities and barriers to integrating community health workers into diabetes care.
 - L'Tanya Gilchrist, Community Health Assistant/Worker with the DDC project, was an invited panelist at the roundtable and talked about how the CHW position has been integrated in to diabetes care with the DDC project.
 - Edith Slack, Community Health Assistant/Worker with the DDC project also had the opportunity to attend the roundtable and was invited to share her experiences as a CHW with attendees during the discussion period.

Next Steps/Mitigation Strategies

- Continue active participation in the Mayor's Poverty Reduction Initiative in the work of developing and increasing the use of the CHW position in Durham County.

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- Participate in local and state efforts toward achieving reimbursement status for the CHW position.

Division / Program: Nutrition / DINE for LIFE /Glenn Elementary Afterschool Program

(Accreditation Activity 10.2 - The local health department shall carry 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

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying DPS schools (those with 50% or more of their students receiving free/reduced lunch).
- During September and October, a DINE nutritionist provided four nutrition, physical activity, and cooking lessons to students in Glenn Elementary's Afterschool Care program. The same group of students attended each program, so the nutritionist was able to build off of previously taught material and successively build cooking skills. The students learned about MyPlate, protein, dairy, and fruits and vegetables. Students worked together to prepare and taste four healthy recipes: (1) Moroccan couscous (2) black bean, sweet potato, and spinach quesadillas (3) pumpkin ravioli (4) "Superhero" smoothies.

Statement of goals

- To increase the nutrition knowledge of students and their families.
- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy.
- (Long term) To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families.

Issues

- **Opportunities**
 - Partnering with the Before/After school Care Program provides the opportunity to provide nutrition education to students outside of the normal school day, and to reach students who may not have a nutritionist come to their class.
 - Having an ongoing series of nutrition lessons allows DINE nutritionists to reinforce previously taught nutrition and cooking concepts and to build off of earlier concepts.
 - Due to the smaller group size and the setting in the cafeteria and gymnasium, students are able to do more hands-on cooking as well as more physical activity.
 - Working in the after school setting allows DINE nutritionists to pilot lessons/activities that might later translate well to their series nutrition curriculum.
- **Challenges**
 - Providing appropriate and accessible nutrition education to a wide ranges of ages (1st through 5th grade) at once.
 - Using recipes that accommodated one student's food allergies.

Implication(s)

- **Outcomes**
 - From September 9th to October 22nd, DINE provided a total of 4 nutrition, physical activity, and cooking lessons to a group of 10 campers from 1st through 5th grades.
 - The majority of students greatly enjoyed each of the recipes, and each student took a copy of the recipe home to make with their families.
- **Service delivery**
 - Each session began with a review of the previous lesson. This was followed by a nutrition lesson, a game or activity focused on physical activity, and then a hands-on cooking experience and taste test.
 - Nutrition topics included MyPlate, protein, dairy, and fruits and vegetables.
 - DINE nutritionists also discussed and demonstrated safe cooking techniques.
- **Staffing**
 - The nutrition and cooking programs were staffed by a DINE Nutritionist.
 - Glenn Elementary Afterschool Care program staff provided support.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE nutritionists will continue to collaborate with Glenn Elementary Afterschool Care program to provide more nutrition and cooking education to students throughout the school year.

Division / Program: Nutrition / DINE for LIFE /Hub Farm Field Trip (Accreditation Activity 10.2 - The local health department shall carry 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

- The DINE school team provides nutrition education, and cooking classes to students at a group of qualifying Durham Public Schools (DPS) schools. (50% or more of the school's student body qualifies for the free/reduced lunch program).
- On Thursday Oct. 8th and Wednesday Oct 14th, third grade students from Southwest Elementary school had a field trip to the DPS Hub Farm to learn more about the ecology of plants and how these plants (fruits and vegetables) provide the body important vitamins and minerals for good health.

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.
- To encourage increased daily consumption of a varied assortment of colorful fruits and vegetables.
- Increase basic culinary skills and self-efficacy
- (Long term) To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families

Issues

- **Opportunities**
 - Third grade students in North Carolina take an Ecology science unit in which they learn about plant anatomy and what plants need to grow.
 - Durham Public Schools has a Hub Farm. It is a working farm/learning lab for DPS students to visit. The mission of the Durham Public Schools Hub Farm is to engage students in all aspects of local food production and land stewardship to foster healthy living, career exploration, environmental stewardship and community engagement. The Hub Farm includes food production and habitat gardens, animals, a barn, nature trails, a floating lab, outdoor classrooms and harvest and cooking stations.
 - The DINE team and the Hub Farm are natural community partners having similar missions to teach healthy living to Durham children and their families.
- **Challenges**
 - The Hub Farm is located in Northern Durham which requires schools to fund bus transportation for the field trip.
 - The Hub Farm is a wonderful outdoor learning environment but can only accommodate 50-60 students maximum for each field trip. Larger schools that have more than 3 classes per grade level must plan and pay transportation costs for two trips to the farm to provide all the classes at the targeted grade level the field trip.
 - Doing “Seed to Belly” programming in which students have nutrition and garden lessons, harvest, clean, and use produce to prepare a healthy recipe, while extremely effective, is labor-intensive both in planning and in execution.
 - The Hub Farm has very limited shelter at this time. Therefore, predicted inclement weather requires a cancellation or rescheduling of a planned field trip.

Implication(s)

- **Service delivery**
 - The DINE team and the Hub Farm staff have been working together to create a field trip curriculum that aligns with the NC Standard Course requirements of the First and Third Grade Ecology science unit. The field trip curriculum uses the same vocabulary used in the science unit allowing the students to make real world connections to what they learn in the classroom to their experience with plants, specifically, fruits and vegetables. The students are guided to make the connection that the same minerals the plants need in the soil to grow are what humans need for good health. The plants take up the minerals, create vitamins as they grow, we eat the plants and get the vitamins and mineral we need to grow.
 - The DINE nutritionist, was instrumental in planning the Southwest Elementary school Third Grade field trip to the DPS Hub Farm. The field trip provided the students a hands-on experience investigating how plants grow and how those plants, specifically vegetables, help us grow and stay healthy.
 - All six third grade classes from Southwest Elementary traveled to the farm over two days. (Oct. 8th and Oct. 14th.) One hundred thirty-five students, seven teachers and seven parents participated in the field trips. The students spent the morning rotating through three hands-on activities:
 - ❖ Cooking from the garden: (Lead by the DINE team)
Making a Salad and learning about the Fruit and Vegetable Food Groups

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- ❖ How Does the Garden Grow: (Lead by the Hub Farm)
Learning about what plants need to grow, and harvesting salad greens
- ❖ What's on the Farm: (Lead by the Hub Farm) Exploring the other wildlife on the farm and the forest area
- Each student was given a recipe card for the "Rainbow Salad" that they made at the Hub Farm.
- **Staffing**
 - Three to four DINE nutritionists staffed the "Cooking from the Garden" activity. Three to four Hub Farm staff members staffed the other rotations for the students.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The event was a great success. Many of the students expressed how much they loved being at the farm. The Southwest Elementary Instructional Facilitator and the Assistant Principal came out to observe the first day of the field trips. They were excited to see the academic connections being made and want to plan more trips for Southwest students to the farm.

Division / Program: DINE in Childcare/Collaboration with EDCI and Lincoln Community Health Center

(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

- On October 14, 2015, DCoDPH Nutrition Division's DINE in Childcare provided a workshop to families in the East Durham Children's Initiative Zone (EDCI) at Lincoln Community Health Center (LCHC) with the goal of improving parents of young children's food choices and feeding practices.

Statement of goals

- To improve dietary habits, food choices, and parental feeding practices.
- To learn to plan easy, healthy meals and choose healthy snacks.

Issues

- **Opportunities**
 - All three agencies involved in this project worked collaboratively to reach their individual program goals. DINE in Childcare was able to reach families living in the EDCI zone with nutrition information. This information reinforced the messages LCHC's WIC program provides its clients. EDCI was able to provide parents with best practice parenting skills.

Implication(s)

- **Outcomes**
 - Fifteen participants attended the workshop.
 - The workshop was attended by Spanish-speaking families and was presented in Spanish.
- **Staffing**
 - One Nutrition Specialist funded by DCoDPH's SNAP Ed grant designed, implemented and evaluated the workshop.

Next Steps / Mitigation Strategies

- DCoDPH Nutritionists will continue to collaborate with and provide programing for community agencies and childcare centers in Durham.
- The DINE in Childcare has 13 of its goal of 14 childcare facilities enrolled in the program. The DINE in Childcare Nutritionist will continue to reach out to childcare facilities to enroll centers and homes in the program.

Division / Program: Nutrition / DINE/ Environmental Cues to Rethink your Drink

(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

- DINE for LIFE Healthy Environments Program is a community-based nutrition program aiming to increase access to healthy foods and awareness of healthy eating behaviors through environmental cues and changes.
- A component of this program is a communications campaign called “Rethink your Drink,” which encourages residents to consume more water and less sugar sweetened drinks.

Statement of goals

- To increase awareness of the amount of sugar in popular drinks.
- To increase awareness of the importance of drinking water.
- To decrease consumption of sugar sweetened drinks and increase consumption of water.

Issues

• **Opportunities**

- The Go Durham bus system is used by many Durham residents in lower-income communities, increasing the opportunity to reach residents served by the DINE for LIFE Healthy Environments Program.
- The Go Durham bus system has a monthly ridership of approximately 500,000, giving the opportunity for thousands of riders to have repeat exposures to bus advertisements promoting healthy behaviors such as drinking more water.
- Advertisements promoting healthy drinks were placed on Go Durham buses in English and Spanish during the summer months (June-August).
- Ads were designed to appeal to a range of literacy levels and were based on an evidence-based Rethink your Drink Campaign done in California.
- A media spot was earned on My Carolina Today to promote choosing water.

• **Challenges**

- Bus ads may be viewed less now than in the past because of an increased use of new technologies (like smart phones) which draw attention away from surroundings.
- Our evaluation tool was designed to measure consumer perceptions of the ads and intended behavior change. It is difficult to determine how effective the advertisements were at changing behavior.

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- Funding was limited to one bus ad for the Rethink Your Drink campaign. A more intensive campaign would require additional funding in order to post more signs in additional public areas to reinforce messaging and reach more people.

Implication(s)

• **Outcomes**

- 99 People were surveyed on two different days in July and August at the bus station in downtown Durham.
- Of those surveyed, 44% recalled seeing the Rethink your Drink ad.
- Of those who saw the ad, 90% were able to correctly identify what the ad was about. (This is high compared to other ads on the bus, which tells us that the Rethink Your Drink ad was particularly effective in conveying its message).
- About 41% reported that the ad made them want to change their behavior (such as stop drinking soda and drink more water). One person reported *“I stopped drinking the soda that I had with me when I saw this ad and when I got home, I drank water”*
- About 30% reported that the ad did not make them change their behavior because they already drank a lot of water.

• **Staffing**

- The DINE Healthy Environments team created, reviewed, and tested the ad with the target population prior to posting.
- The DINE Healthy Environments team created the survey and organized two Go Durham collection days at the Downtown Durham bus station.
- Multiple staff members and nutrition interns administered and analyzed the surveys.
- The DINE Healthy Environments Nutritionist did a media spot to reinforce Rethink Your Drink messaging on My Carolina Today.

Next Steps / Mitigation Strategies

- The DINE program will do another Rethink Your Drink campaign this year, to include bus ads and community events.
- The DINE program is investigating opportunities to partner with more local institutions, athletes and celebrities/ mascots in order to bring more media attention to the Rethink Your Drink campaign.
- The DINE program will try to implement some of the suggestions taken from the community survey, such as including a QR code on the bus ad that links to more information on our website.

Division / Program: Nutrition Division/Clinical Nutrition Services (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)

Program description:

- The Clinical Nutrition team provides Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME) to residents of Durham County.
- Evidenced based best practice and meaningful use health practices call for blood pressure monitoring at most health appointment opportunities.

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Statement of goals:

- To provide blood pressure monitoring to clients that receive MNT or DSME in the Nutrition clinic at the DCoDPH.

Issues:

- **Opportunities**
 - Hypertension is a risk factor for cardiovascular disease, stroke, and kidney disease. Monitoring during MNT and DSME appointments provides an opportunity to identify clients with elevated blood pressure for referral back to their primary care provider (PCP) for evaluation and treatment.
 - Control of blood pressure is an essential part of optimal health self-care and nutrition/health education.
 - A Registered Dietitian from the Nutrition clinic completed a training offered by the NC Department of Health and Human Services that enables her to train other dietitians to accurately obtain blood pressure measurements.
- **Challenges**
 - Each Registered Dietitian that works in the Nutrition clinic needs to be trained to monitor blood pressure.
 - Policies and procedures related to blood pressure monitoring need to be developed.

Implications:

- **Outcomes**
 - Blood pressure monitoring will allow the dietitians to refer patients with abnormal blood pressures to their PCP for evaluation and treatment. Detection and treatment are critical to decreasing a client's likelihood of developing acute or chronic complications associated with uncontrolled hypertension.
- **Service delivery**
 - Blood pressure measurements will be obtained by Registered Dietitians during MNT or DSME appointments in the Nutrition clinic.
- **Staffing**
 - Blood pressure monitoring will be provided by the three full time Registered Dietitians that work within the Nutrition Clinic.
- **Revenue**
 - MNT and DSME are reimbursable through Medicaid, Medicare, and private insurers. Blood pressure monitoring will not be billed as a separate service.

Next Steps/Mitigation Strategies:

- Staff will be trained on how to obtain an accurate blood pressure reading and how to interpret blood pressure measurements.
- An algorithm will be developed that identifies action to take if a client presents with an abnormal blood pressure reading.

Division / Program: Community Health Division/Immunization Program

(Accreditation Activity: Activity 10.3: The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program Description-Immunization Program

- Provides vaccinations, both recommended and required by law, to individuals of all ages.
- Conducts outreach efforts to vaccinate identified high-risk groups.

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- Investigates and reports confirmed and suspected cases of vaccine-preventable diseases to state public health.

Statement of goals

- To administer influenza vaccine to all employees of the DCoDPH on one designated day.
- To administer influenza vaccine to other Durham County Government employees on designated days.
- To provide influenza vaccinations to the public.

Issues

- **Opportunities**
 - DCoDPH employees readily available for vaccination during designated times.
 - Durham County Government employees receive flu vaccinations by appointment through Med Appointment Plus calendar used by Wellness Clinic.
 - Public access to flu vaccinations on Mondays and Fridays on a walk in basis.
- **Challenges**
 - To plan the event far enough in advance to ensure full development of every aspect of the plan for implementation (planning, logistics, operations, education of staff, safety, and finances, etc.).
 - To track employees (by Division and program) who receive the flu vaccination.
 - To enter all employee vaccination data into the NC Immunization Registry within 24 hours after the event (as required by state regulations).
 - To provide flu vaccinations to all county employees on the designated days.

Implication(s)

- **Outcomes**
 - 154 DCoDPH employees (76%) were vaccinated on the designated day.
 - 16 employees (12%) declined the vaccination.
 - The remaining employees had already been vaccinated elsewhere.
- **Service delivery**
 - Nurses administered flu vaccinations in the Immunization Clinic with a three-fold plan which included health department staff, county employees, and the general public.
- **Staffing**
 - A total of 7 staff from a variety of DCoDPH departments and divisions participated in providing the flu vaccinations to health department and Durham County Government employees at the scheduled clinics.
- **Revenue**
 - Insurance billing for Durham County Government employees.
 - Sliding scale fee for public.

Next Steps / Mitigation Strategies

- Continue to provide flu vaccinations to staff and county employees by appointment.
 - Continue to provide flu vaccinations on a walk in basis to the general public on Mondays and Fridays
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Division / Program: Administration / Communications and Public Relations(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)

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**
 - For the month of October, four general public health media releases or advisories were been disseminated. Staff also responded to four direct (unsolicited) inquiries from reporters. A total of 27 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 this month's *My Carolina Today* segment, public health's multi-agency preparedness exercise, commencement of flu vaccination clinics, an increase in syphilis cases, a forthcoming e-cigarette ban, DINE's Apple Crunch event, and restaurant inspection scores.

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: Administration/DCoDPH Partnership with SHIFT NC (Sexual Health Initiatives for Teens)

(Accreditation Activity 10.2 - The local health department shall carry 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:

- SHIFT NC (formerly APPCNC-Adolescent Pregnancy Prevention Campaign of North Carolina) was one of only three organizations that received a 5-year grant, with DCoDPH support, from the Center for Disease Control and Prevention (CDC) focused on strengthening adolescent sexual and reproductive health services, specifically of publicly funded medical providers.
- The application was crafted by a broad coalition of partners including DCoDPH, Lincoln Community Health Center, Planned Parenthood South Atlantic, Duke University Division of Community Medicine, and more than a dozen agencies and non-profits.
- SHIFT NC is a statewide non-profit based in Durham.

Statement of Goals

- To improve adolescent and young adult sexual health by working with youth-serving systems and organizations to expand referrals and linkages to sexual health services for adolescents.

Issues

- **Opportunities**
 - Proposal required partnership with key reproductive health providers to include DCoDPH.
 - Funding will help launch a new initiative called *All Together Now: Making Health and Referral Systems Work for Young People*.
 - Assist health providers implement recommendations to help teens access the most effective contraceptive methods, IUDs and implants.
- **Challenges**
 - Durham's teen pregnancy rate has fallen in recent years; however, Durham youth still struggle with sexual health outcomes.
 - Durham's teen pregnancy rate is higher than the state's teen pregnancy rate, and illustrates strong racial/ethnic disparities.

Implications

- **Outcomes**
 - The initiative builds on key lessons from the Contraceptive CHOICE Project from Washington University in St. Louis and Colorado's successful teen pregnancy prevention program, which reduced teen pregnancies 40% in 5 years.
- **Staffing**
 - Staff members will work with SHIFT NC as indicate
- **Revenue**
 - No revenue is identified at this point.

Next Steps/Mitigation Strategies

- Work with SHIFT NC during the planning year to develop an MOU.

Division / Program: Environmental Health/Public Health Preparedness

(Accreditation Activity 7.4 - The local health department shall have a public health preparedness and response plan. Activity 7.6 – The local health department shall annually test or implement the local public health preparedness and response plan)

Program description:

- 2015 DCoDPH Strategic National Stockpile Plan Exercise was held on October 6th & 7th. The Federally established Strategic National Stockpile (SNS) augments local supplies and is managed by the Centers for Disease Control (CDC).
- Supplies may consist of large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of expected problems or scenarios.
- Durham County's response plan was exercised in response to a simulated release of anthrax at a local sporting event.
- The exercise included implementation of the Incident Command System (ICS), opening of the Emergency Operations Center (EOC) and Joint Information Center (JIC) on the morning of the 6th.
- The Local Receiving Site (LRS) was opened and exercised later that afternoon.
- The Point of Dispensing (POD) was opened on the morning of the 7th. Simulation of evaluating individuals and dispensing medications was exercised for several hours.
- The CDC goal of at least 200 persons per hour was exceeded during the first hour and more than 400 were processed each of the subsequent hours.

Statement of goals:

- To implement the DCo SNS plan in response to a simulated mass exposure to a biological agent
- To demonstrate that at least the minimum number of individuals could receive prophylaxis as outlined by the CDC

Issues:

- **Opportunities**
 - Working well with local, state, and federal partners is critical to success
 - Identifying partners and establishing relationships
 - Identifying shortfalls and areas of needed improvement
- **Challenges**
 - Scheduling and organizing of staff and other participants
 - Staying focused on the task at hand
 - Keeping participants engaged
 - Documenting what happened, what needed to happen but might not have happened
 - Associated costs

Implication(s)

- **Outcomes**
 - Problems, concerns and solutions were identified and are being worked on
 - Increased familiarity with the SNS plan and how to implement it
 - Satisfied training and exercise requirements for continued critical funding

17 A Regular Meeting of the Durham County Board of Health, held November 12, 2015.

- Increased confidence that the SNS plan can be successfully and effectively exercised
- **Service delivery**
 - Durham County will be better prepared to respond to a real SNS event
- **Staffing**
 - The entire DCoDPH staff, DCo Emergency Management, DCo Sheriff's Department, City of Durham Police, state Highway Patrol, VA Hospital, Duke Hospital as well as many other local, state, and federal agencies
- **Revenue**
 - Execution of the SNS exercise satisfies training requirements needed to sustain critical grant funding to the department

Next Steps / Mitigation Strategies

- Plan refining and improvement are ongoing and dynamic
- Continue development of new and improving existing community partnerships

Division / Program: Public Health / Environmental Health General Inspections Local Chefs Forum

(Accreditation Activities 16.3 – Environmental health staff shall be trained in the implementation of laws, rules, and ordinances that they enforce and shall have access to copies of the laws, rules, and ordinances)

Program description

- There are some food service industry processes currently in practice that do not comply with NC Food Code. Processes like smoking and curing for preservation, reduced oxygen packaging (ROP), fermentation of sausages, adding components or food additives as a methods of preservation, packaging juices, sprouting, etc. are all categorized as *Specialized Processes* and require an approved variance and Hazard Analysis Critical Control Point (HACCP) plan.
- In response to specialized processes being conducted in local retail food establishments, DCoDPH Environmental Health requires *variance approvals*.
- Many chefs struggle to understand and comply with the variance process and requested a regularly scheduled forum to meet, discuss, and learn more.
- There is a formal process and application that must be completed and submitted to the state for approval. This includes writing a HACCP plan and documenting processes in great detail. The variance process can be very intimidating and confusing.
- The forum was derived to bring the chefs and DCoDPH Environmental Health staff together in a “non-regulatory” atmosphere. They are working together to educate each other and ultimately complete the variance process efficiently and correctly.

Statement of goals:

- To provide answers to questions and concerns about specialized processes to area chefs
- To coach area chefs on how to document processes, critique HACCP plans, and complete applications correctly
- To get proper variance applications submitted and approved
- To offer safe food service products to the residents and visitors of Durham County

Issues:

- **Opportunities**
 - Regulators and industry food service workers come together to build rapport and working relationship
 - Staff providing a sorely needed customer service
 - The forum helps both operators and regulators better understand all aspects of the variance process and better, safer products result
- **Challenges**
 - Locating a meeting place and scheduling meetings
 - Providing good information that seems to need update or changes frequently
 - Getting clear and concise guidance from the state

Implication(s)

- **Outcomes**
 - Better working relationships between regulators and operators
 - Local food service establishments will be able to continue serving *Specialized Process* items on their menus that are safe to consume
- **Service delivery**
 - Chefs will be more confident that they are serving safe products
 - Chefs will be less stressed, understand the process better, and more understanding of regulatory staff during inspections and process reviews
 - Regulatory staff are more knowledgeable about the variance application process as well as being more knowledgeable about the Specialized Processes that are being performed in the Durham County food service community
- **Staffing**
 - 4 DCoDPH members helped coordinate and participated in the forum.
 - Other attendees included 5 members of the Durham County food service community (chefs) one of which, Seth Gross, took the lead on scheduling/inviting attendees to the forum. There were 14 chefs expected. Attendance is expected to increase in conjunction with meeting frequency.
- **Revenue**
 - No revenues associated with this activity

Next Steps / Mitigation Strategies

- Continue training and education via forum meetings
- Continue increase in variance approvals
- Continue increase in safer Durham County retail food service products

Division / Program: Public Health / Environmental Health Onsite Water Protection /Centralized Intern Training (CIT) Practical Soils Training Event

(Accreditation Activities 16.3 – Environmental health staff shall be trained in the implementation of laws, rules, and ordinances that they enforce and shall have access to copies of the laws, rules, and ordinances. Although primarily referenced to health care workers, this event also closely aligns with Activity 25.1- The local health department shall work with academic institutions and other programs such as universities, colleges, community colleges, Area Health Education Centers, CDC and professional associations to provide training opportunities for current staff and future public health practitioners)

Program description

- The state of North Carolina requires all local health department staff who wish to become authorized in Onsite Water Protection to complete CIT. The final phase of CIT for the Onsite module is the field practical training.
- During CIT, state regional personnel, along with authorized and experienced volunteers, work with trainees (prospective interns) on soil evaluation skills like recognition of the degree of mottling, soil structures, assigning loading rates, and topographic skills needed to perform permitting activities correctly.
- DCoDPH Environmental Health Onsite staff coordinated the use of vacant land located in Durham County for training of the most recent CIT class held on October 21st. The DCoDPH Onsite supervisor, Patrick Eaton, and another staff member, Emily Flynn, prepared the site by establishing property lines, proposed home sites, and mock improvement permit applications.
- Patrick Eaton served as an instructor along with 2 regional specialists from NCDHHS.
- The trainees were expected to design an onsite wastewater system based upon actual site and soil evaluations they performed. Most of the work was done on their own but they were observed by instructors and received guidance and instruction as needed.

Statement of goals:

- To provide “real world” field training experience for future public health practitioners
- To work with state agencies to provide a suitable venue to accommodate necessary training
- To provide instruction and evaluate the skills and abilities acquired by future practitioners

Issues:

- **Opportunities**
 - Environmental Health Trainees were able to make evaluations on their own but could request guidance as needed. Instructors were also available to lend suggestions and help on more difficult aspects of the processes
 - The complexity of Durham County soils provided a very valuable evaluation and learning experience
 - The event helped to strengthen the already positive relationship between DHHS and DCoDPH
- **Challenges**
 - Locating the training location and obtaining permission to use it
 - Preparing the sites took time away from other work duties

Implication(s)

- **Outcomes**
 - Trainees gained valuable knowledge and improved their soil and site evaluation skills
 - CIT requirements were met
 - Continued relationship building between DCoDPH and DHHS
- **Service delivery**
 - Trainees will be more skilled and confident in their ability to properly evaluate soils and site topography
 - The challenges presented by Durham County soil profiles provided an enriched experience and valuable skills to be used throughout future practitioner’s careers
- **Staffing**
 - 2 DCoDPH members coordinated and participated in the training event. Other attendees included 2 members of DHHS regional environmental health staff in addition to the trainees.

- **Revenue**
 - No revenues associated with this activity

Next Steps / Mitigation Strategies

- Continue training and education of future practitioners
- Continue collaboration with NCDHHS

Division / Program: Health Education

(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

- In observance of Domestic Violence Awareness Month, three events were held in Durham in collaboration with the Durham Crisis Response Center (DCRC) to link victims to resources and provide information. The events included: 1) outreach at Lincoln Community Health Center; 2) outreach in the Health Department lobby; 3) forum was held on October 20, "Domestic Violence Resource Exchange Roundtable".
- The purpose of the forum was to bring together organizations to explore what is currently being done in the areas of Financial/Employability, Healthcare, Homelessness, Safety and Supportive Services. Each table shared the services their program offers, how victims are identified at their agencies, barriers and challenges for victims and how services can be accessed.

Statement of goals

- To raise awareness regarding the resources Durham has to aid victims of domestic violence.
- To promote cross-sharing of organizations and their roles in the community addressing domestic violence.
- To better engage victims of domestic violence and their families to increase the likelihood that they will be able to escape abuse and live violence free.

Issues

- **Opportunities**
 - Agencies were brought together to better understand how individuals and families who are victims of domestic abuse are currently being served and how coordination would improve these services.
 - The two sites selected for tabling reach many individuals who often stop by the table and share their own stories of domestic violence or take resource card for a friend or family member.
- **Challenges**
 - Event provided insufficient time for agencies to discuss the services they offer and the barriers that occur.
 - Agencies identified service challenges as: locating housing and shelter for victims and their families; reluctance of victims of domestic violence to reveal abuse due to fear; identifying jobs for victims of domestic violence; addressing the impact on children and safety.

Implication(s)

- **Outcomes**
 - A total of 73 individuals received resources or counseling on domestic violence at Lincoln Community Health Center; 34 were reached while tabling in the DSS lobby.

21 A Regular Meeting of the Durham County Board of Health, held November 12, 2015.

- Thirty-three (33) agencies attended the roundtable including Lincoln Community Health Center, NCCU Law School, Durham Police Department, Public Health, Durham Crisis Response Center, Department of Social Services, Durham Human Relations, Durham Veteran's Medical Center and Durham Housing Authority.
- **Service delivery**
 - Community members received information by stopping by tables in the lobbies of the Human Services Building and Lincoln Community Health Center. The forum was a roundtable discussion held at the Human Services Building with providers.
- **Staffing**
 - Durham County Domestic Violence Health Educator and the Executive Director of DCRC, the Shelter Manager, and Duke Medical School Intern planned and staffed all events.
- **Revenue**
 - No revenue was generated during this outreach.

Next Steps / Mitigation Strategies

- The agencies represented at the Domestic Violence Resource Exchange Roundtable will develop a manual that will direct each agency or organization to provide the best services possible for the individual and family they are helping.
- DCRC and DCoDPH will have a follow up meeting to plan next a second forum.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

● **BUDGET RATIFICATION:**

The health department requested approval to recognize funds in the amount of \$2,000 from the NC Communicable Disease Branch, Division of Public Health.

Funds will be used to ensure that clients receive supplementary educational materials to reduce the spread of STDs, including HIV and syphilis. Materials purchased will be appropriate to the population at risk for STDs in Durham County and will be offered to clients at each clinic visit or encounter. Funds may also be used to purchase condoms for persons at high risk for HIV and STDs in the STD program in order to reduce the spread of STDs and HIV.

Mr. Dedrick made a motion to approve the budget ratification in the amount of \$2,000. Dr. Jackson seconded the motion and the motion was unanimously approved.

● **BUDGET AMENDMENT:**

The health department requested approval to appropriate Committed Fund Balance for Public Health in the amount of \$170,000 for continuation of the Durham Diabetes Coalition project to the end of fiscal year FY16.

Funds will support staff positions in Public Health that implement clinical and population based services for diabetes awareness, prevention and management for Durham County residents.

Dr. Fuchs made a motion to approve the budget amendment in the amount of \$170,000. Mr. Dedrick seconded the motion and the motion was unanimously approved.

COMMITTEE REPORTS:

Dr. Braithwaite, Dr. Stewart and Dr. Jackson were appointed to the Nominating Committee. The committee will make their recommendations at the December 2015 meeting.

Dr. Allison, Dr. Fuchs and Mr. Dedrick were appointed to the Personnel Committee. Dr. Levbarg, Vice-Chair will led the Personnel Committee.

• **AGENDA ITEMS DECEMBER 2015 MEETING**

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

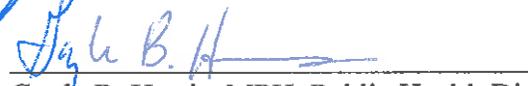
- Center for Community and Population Health Improvement
- Neighborhood Compass
- Roles and Responsibilities: Environmental Affairs Board
- Managing for Results
- 1st Quarter Financial Report

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- Ms. Barbara Ann Hughes, President of Association of North Carolina Boards of Health, has requested that Chairman Miller be interviewed for an article that will appear in the NALBOH newsletter highlighting why he believes it is important for a veterinarian to serve on a local board of health.
- The department is in the process of preparing the RFP for the new mobile dental unit.
- NC Secretary of Health and Human Services Rick Brajer will visit the health department on November 30, 2015.
- On January 18-19, 2016, the United States Public Health Service Corp will be bring 100 volunteers to serve Durham in different volunteer capacities.

Mr. Dedrick made a motion to adjourn the regular meeting at 6:58pm. Dr. Stewart seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director



Durham County Department of Public Health (DCoDPH) 2014-15 Customer Survey Results

11/12/15 / Rochelle Talley MS

DCoDPH Customer Survey



Public Health

HOW ARE WE DOING?
Your comments help us improve our services.
You can take the survey online at <http://my.dco-nc.gov>



	Excellent 5/5	Very good 4/5	Good 3/5	Fair 2/5	Poor 1/5	Total No. of Answers
1. Rate the services you received. <i>Please do not skip!</i>						
2. The health department is doing all it can to protect and promote public health. 0-10 (0=Not at all, 10=Very good). Are there areas of improvement related to your needs? <i>If yes, what improvements would you suggest?</i>						
3. Would you recommend this service or agency to someone else? <i>Please tell us why.</i>		Yes ☐	Not Sure ☐	No ☐		

Please share any further comments:
 Would you like to recognize a staff member? If so, who?
 If you wish to be contacted, please provide your contact information:
 Working with our community to promote access, prevent illness and protect the environment.



Survey Protocol

- Programs are surveyed two quarters each year.
- Surveys run for 30 days.
- Surveys are provided in Spanish and English and can be completed online.

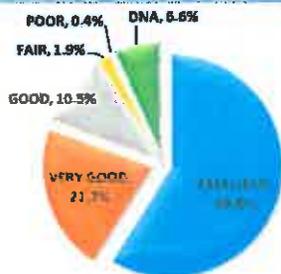


2014-15 Overall Results



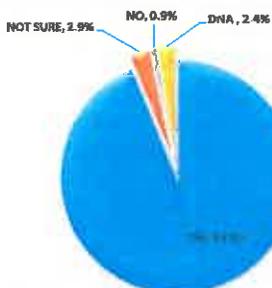
2014-15 Overall Results

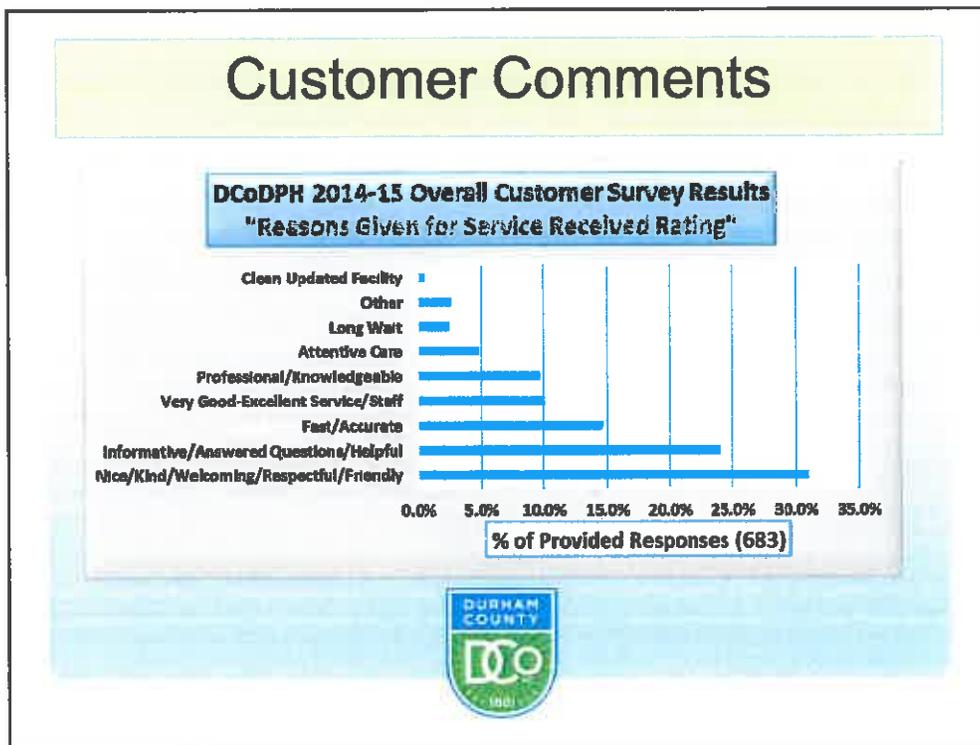
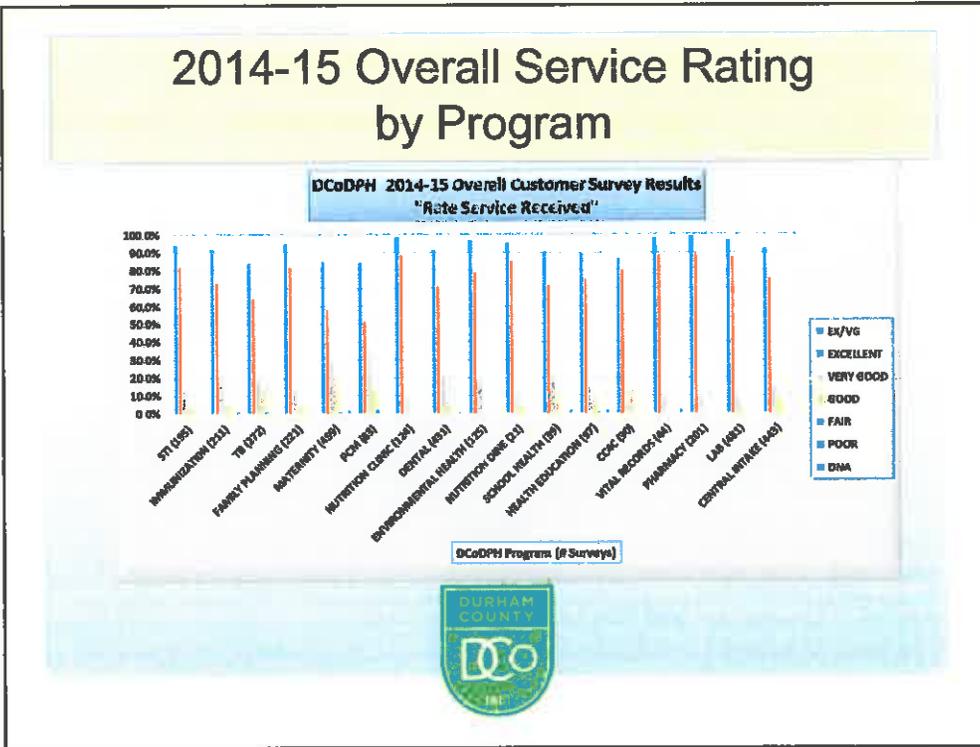
**DCoDPH 2014-15 Overall Customer Survey Results
(3477 Surveys)**
"Hours/Days Opened"



2014-15 Overall Results

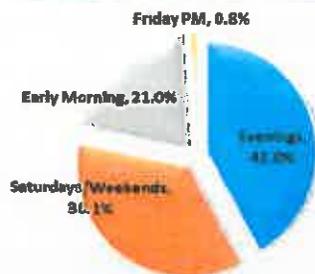
**DCoDPH 2014-15 Overall Customer Survey Results
(3477 Surveys)**
"Recommend Service/Facility"





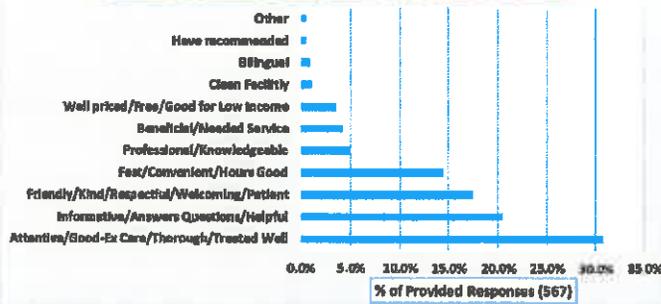
Customer Comments

DCoDPH 2014-15 Overall Customer Survey Results
"Comments (119) for Hours/Days Opened"

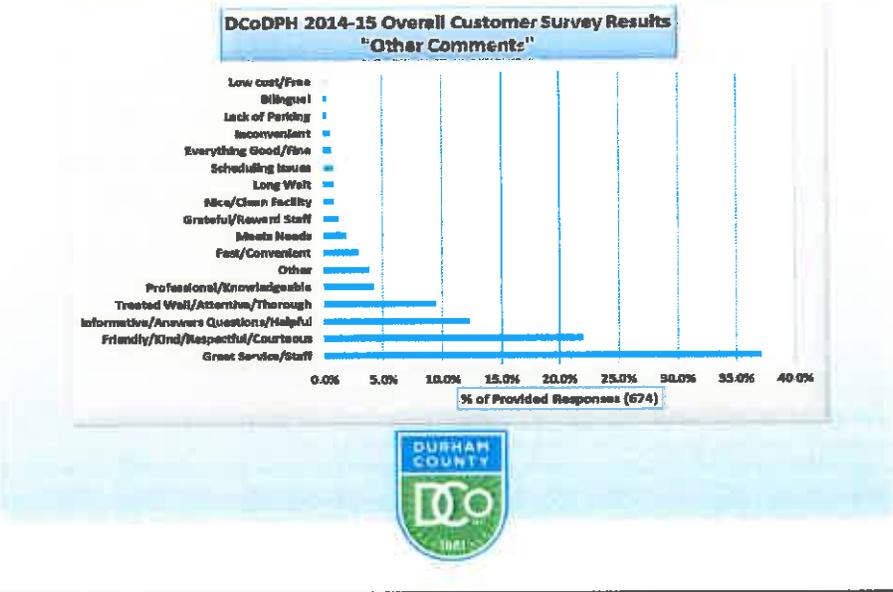


Customer Comments

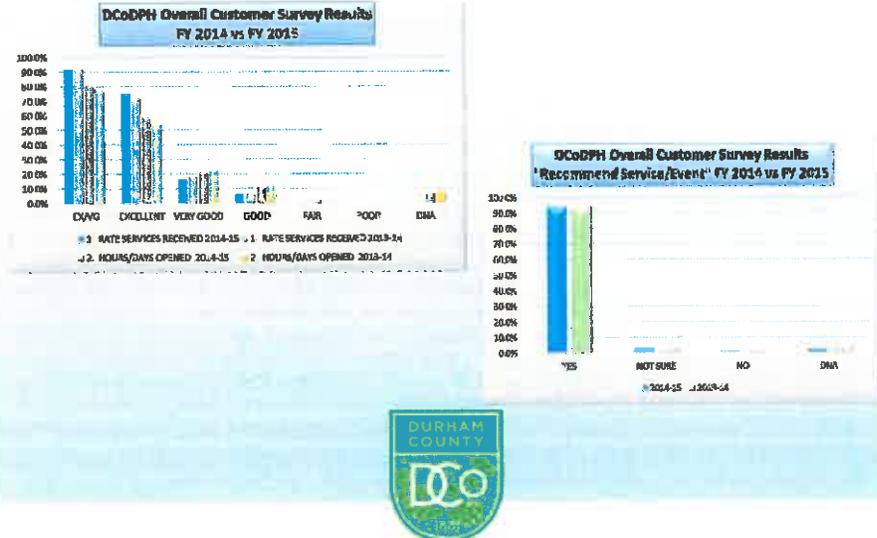
DCoDPH 2014-15 Overall Customer Survey Results
"Comments for Recommend Service/Event"



Customer Comments



Overall Customer Survey Results FY 2014 vs FY 2015



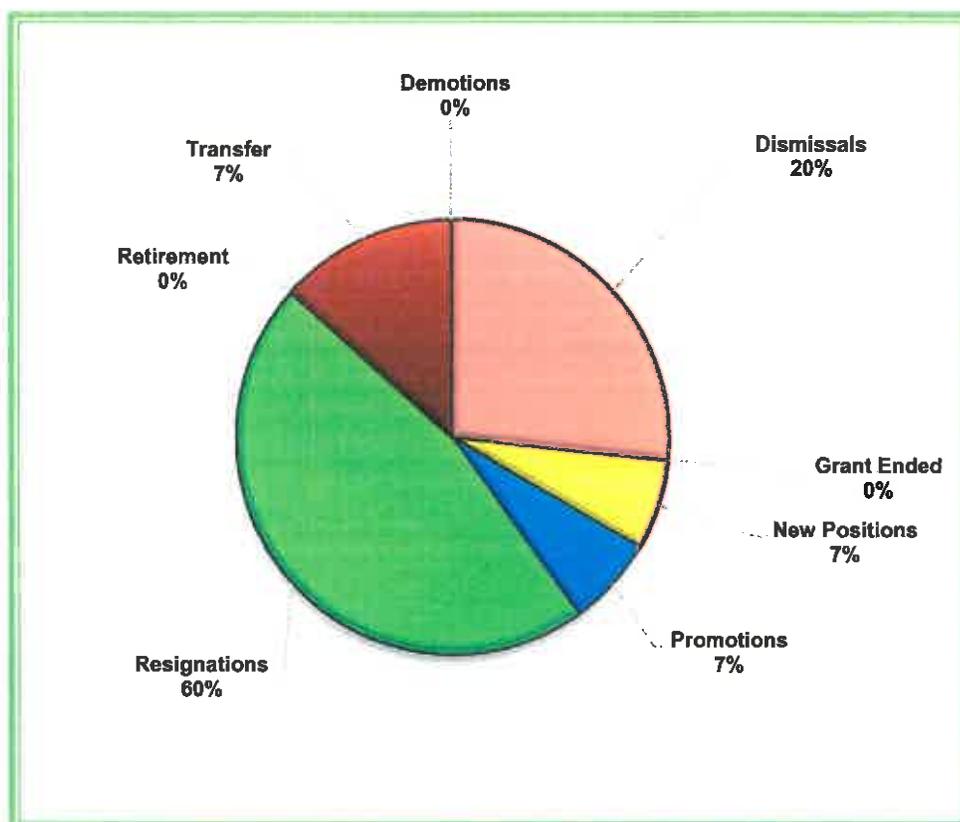
Keypoints

1. Our overall service rating is above 90%. 75% of our programs rank 90% or above with the remaining above 84%.
2. 80% of our customers are satisfied with our hours of operation. Evening hours were mentioned most often as an additional recommendation.
3. Nearly 94% of our customers would recommend our services/programs.
4. A significant number of comments referred to our overall great staff and service, friendly and respectful customer interaction and ability to be informative, helpful, attentive and thorough with our services.



PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 10/31/2015

<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	1	2	3	20%
Grant Ended	0	0	0	0%
New Positions	1	0	1	7%
Promotions	0	1	1	7%
Resignations	3	6	9	60%
Retirement	0	0	0	0%
Transfer	0	1	1	7%
	5	10	15	100%



*5 positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

3 position(s) became vacant in October 15/16

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

VACANT POSITIONS in FY 2015/2016

Month Ending: October 31, 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	
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	11/9/15	VACANT
40008575	Nutrition Specialist	5/1/15	6/1/2015, 10/5/15	6/12/15, 6/26, 10/24/15		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	10/12/15	
40001010	IT Support Specialist	5/22/15	10/2/15	10/16/15		VACANT
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15	9/28/15	
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7	10/12/15	
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	11/23/15	VACANT
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15	10/12/15	10/23/15		VACANT
40003400	PH Nurse Program Mgr	9/25/15	10/5/15	10/16/15		VACANT
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15		VACANT
40001119	Physician Extender	10/1/15				VACANT
40001153	Env Health Specialist	10/15/15	10/12/15	10/23/15		VACANT
40007630	Sr PH Nurse	10/30/15				VACANT

*New Position

Total # of vacancies as of October 31, 2015 = 15

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
November 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.
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. 10/13/2015 - NCDWR has issued an Authorization to Construct for a NPDES system (NCG551667).
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.
6/25/2015	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.	
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	N	N		Municipal sewer is available.	
10/21/2015	2639 E Geer St	Straight pipe discharge, unpermitted repair work, setback violations, septic tank subject to vehicular traffic	11/21/2015	N	N		Municipal sewer is available.	
10/22/2015	3817 Cheek Rd	Unpermitted connection to Controlled Demonstration system and graywater straight pipe	11/22/2015	N	N		Residential care facility. Main house has a straight pipe discharging washing machine effluent to ground surface. Office building is served by a Controlled Demonstration System. This system now has a second, unpermitted inlet pipe of unknown origin plumbed into the septic tank.	
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
10/28/2015	9008 Quail Roost Rd	No Subsurface Operator	11/27/2015	N	N		Mangum Elementary School - EH has not received system management reports as required by rule.	
10/28/2015	8307 N Roxboro Rd	No Subsurface Operator	11/27/2015	N	N		Little River Community Complex - EH has not received system management reports as required by rule.	
10/28/2015	1725 Infinity Rd	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
10/28/2015	3050 Ruth St	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	

ENVIRONMENTAL HEALTH
Compliant Notices of Violation
November 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
10/28/2015	3103 Page Rd	No Subsurface Operator	11/27/2015	N	Y	10/30/2015	EH has not received system management reports as required by rule. **10/30/2015 - EH has received operation and maintenance reports from the Certified Operator.**
10/28/2015	1002 Andrews Chapel	No Subsurface Operator	11/27/2015	N	Y	10/29/2015	EH has not received system management reports as required by rule. **10/29/2015 - Owner notified EH that mobile home was destroyed by fire. System not in use.**
6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	Y	10/23/2015	Existing system crosses property line and is discharging effluent to the ground surface. **10/23/2015-New septic system installed.**
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	Y	10/22/2015	probable unpermitted gravel conventional line added at some point, sand filter on property. Unoccupied house. 4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	Y	9/29/2015	Surfacing effluent **9/29/15 - Root blockage repaired in existing system**
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 staff will verify via site visit.
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 driveway construction. Repair permit for septic system issued same day as NOV. **8/27/2015- System repairs have been completed and confirmed by ENV HLTH. A pump final will follow but system has been properly installed/repaired.