

A Regular Meeting of the Durham County Board of Health, was held January 14, 2016 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 Dale Stewart, OD, and Heidi Carter, MSPH

Excused Absence: Commissioner Brenda Howerton and Arthur Ferguson, BS

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, Eric Nickens, Michele Easterling, and Will Sutton

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 addition:

- Appointment of Finance Committee

Dr. Fuchs made a motion to accept the addition 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 December 10, 2015. Dr. Levbarg 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:

- **UPDATE COUNTY STRATEGIC PLAN (*Activity 15.1*)**

Ms. Harris provided the Board with an update of Durham County's Strategic Plan. The presentation provided an overview of the work that has been completed. Since the spring of 2015, members of the Goal 2 Standing Committee worked to refresh the elements of the goal – Health and Well-being for All.

Refreshing the strategic plan will:

- Reflect departments' current work and overall strategies
- Better illustrate, connect and coordinate the work of departments
- Make it easier to see gaps and program alignment
- Make it easier to track performance and articulate the work of the County

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

Comments/Questions:

Dr. Stewart: Gayle, have you established the base year for your measures yet?

Ms. Harris: It is looking as if the base year will be this year. We are looking at measures that are categorized as outcomes, service quality,

efficiency, and outputs. We just submitted an assessment of data needed for the measures. Responses related to the availability of data and the intended audiences were submitted in an assessment form created in Excel. We are waiting for the next set of instructions from the consultant.

Dr. Levbarg: Gayle, one of the things I remember from the accreditation site visit is they talked with board members about how important it is that the strategic plan for the health department was not the same plan as the county plan. I think this is an even stronger piece that not only do we have a strategic plan but it also really shows how we link into the county plan.

Ms. Harris: Yes. For our current strategic plan, we linked the six priority areas - communications, technology, workforce development, access to medical and dental services, education and obesity and chronic illness-to the County's goal areas. We also included the core values as the foundation for how we operate. We are trying to wait for the rest of the goals to be refreshed before we do a refresh of our strategic plan. When we developed the current strategic plan, we worked on it as a group. I need to know if the Board wants to refresh our strategic plan as a joint effort between the leadership team and the Board or do you want us to work on it and bring a product back to you for discussion. You can think about it and give us some direction at a later time.

Dr. Levbarg: It seems to me that this process is something that really will use the strategic plan as oppose to "well it's a great plan and we kind of want to move there" - which is laudable. Most plans kind of sit and don't have a mechanism for establishing good measures that allow you to see what you have done; even though lots of times things usually get done. What I am thinking is at the point that the work is done here to get all of those measures in there, basically, that's what the next piece of discussion would be for the internal strategic plan. I guess where I am going with this is if that's the order, then it seems to me at the point that's pulled together, you should have a brief discussion with the Board.

Dr. Miller: I think that sounds like the way to go.

Ms. Harris: So am I hearing two of you say to continue the work that we are doing with the measures, etc.; look at what we have in our current plan and how activities link to the DCo strategies; and think about other strategies that may be related to the other four goal areas. Certainly, the work that we do with workforce development and succession planning will end align with the "efficient and effective government" section of the model.

Dr. Fuchs: Isn't the purpose of the plan is to decide how to allocate resources ultimately from a county prospective? I would think that you would absolutely want alignment of the initiative for continued resource allocation.

Ms. Harris: We are moving in that direction because the dollars are not unlimited. We will need to determine if our strategies are making the kind of impact that we would like to make.

Acknowledgement of Dr. Sharon Elliott-Bynum:

While there was a period of transition during the meeting, Ms. Harris stated she would like to take a few minutes to acknowledge the loss of Dr. Sharon Elliott-Bynum on January 3, 2016. Dr. Elliott-Bynum was the Co-Founder of Healing with CAARE which was started twenty years ago to provide case management for people with HIV. Over the years, she identified unmet needs in the community and worked to create services for those needs. She always said she didn't want to duplicate the work of the health department and Lincoln Community Health Center. She wanted to fill the gap with services that were needed and not being provided. Consequently, she built a nationally recognized program in a facility on Broadway Street. One of the programs she built was a free clinic to provide services for patients when the health department and Lincoln Community Health Center were closed. She participated in the work of the Partnership for A Healthy Durham serving as co-chair of the group for several years. She was an active partner in the work of the Durham

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Diabetes Coalition. She worked tirelessly to improve health outcomes in Durham. She will be missed!

- **VACCINE STORAGE AND MONITORING (Activity 14.1)**

Mr. Ireland provided an update on the problems associated with the vaccine storage (refrigeration) and temperature monitoring system (Temp Trak).

Objectives related to vaccine storage

- Provide for safe and secure storage of vaccines
- Monitor vaccine storage temperatures for State compliance and vaccine integrity
- Respond to Temp Trak Alert with regard to vaccine storage
- Provided immunization services to the residents of Durham County

Sequence of events:

October 8, 2015: Immunization Audit was conducted. The State auditor adjusted the **new** digital thermometers on two refrigerator and one freezer with recommendations to service the refrigerator and freezer.

October 9, 2015: Immunization #2 refrigerator was noted to have inconsistent fluctuating temperature readings. The State Immunization branch representative Amber Perry recommended that the vaccine be transported to the pharmacy until the refrigerator (#2) was serviced and calibrated.

October 12, 2015: Staff noticed leaking from the freezer and fluctuating temperature readings. The vaccine was transported to the freezer in the pharmacy per instructions from the NC Immunization Branch representative, Amber Perry.

December 4, 2015: The Pharmacy technician contacted the Immunization nursing staff to report a severe malfunctioning of the pharmacy freezer. Staff observed a large amount of water coming from the freezer onto the floor in the pharmacy. The pharmacy freezer housed 188 doses of frozen Immunization vaccine [Measles, Mumps and Rubella (MMR), Varicella and Zoster] for safe storage. The Immunization Branch was notified and recommended that DCoDPH Immunization nursing staff activate the Immunization Emergency Disaster Plan by transporting the frozen vaccine to the Duke pharmacy for storage and handling.

Listed below is a breakdown of the costs of the vaccine:

Vaccines	Cost per Dose	# of State Doses	Cost of State Doses	# of Private Doses	Cost of Private Doses
MMR	\$ 20	64	\$1,280	24	\$480
Varicella	\$108	71	\$7,668	8	\$864
Zoster	\$201	0	N/A	8	\$1,608

(Note: All private vaccines and state supplied MMR were nonviable. State supplied Varicella doses were determined to be viable by the State until March 8, 2016. The private vaccine was paid for at the time we placed the order. The cost cannot be recovered through the vendor. The department will have to reimburse the State for state-supplied nonviable vaccine. Thirteen viable doses of varicella out of the total 188 doses were given to customers)

On December 4, 2015: A referral plan was developed so that citizens who accessed the health department for the vaccines could still receive them. Children were referred to their pediatricians for frozen vaccines or the DCoDPH CHAPP clinics located in five DPS elementary schools.

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Pamphlets and flyers about the program were placed in the immunization clinic sub-lobby for distribution. Adult clients were referred to the surrounding county health departments (Wake County and Orange County) for Immunization vaccine services if they were in need of the frozen vaccine.

Staff began the process of replacing the existing Temp Trak Sensors with updated sensors, replacing the existing server where the Temp Trak software is housed, and upgrading to newer Temp Trak Software. The process is scheduled to occur the week of January 19th. The new Temp Trak sensors will be calibrated using the settings of the refrigerators and freezers. The Certification of Calibration from Temp Trak meets the requirements for Vaccine Storage as set by the NC DPH Immunization Branch.

Comments/Questions:

Dr. Allison: In terms of dollars and cents how much did we lose?

Mr. Ireland: The MMR per dose- \$20 (Private dose #24,) = \$480; (State doses #64) = \$1,280 reimburse the State;

Varicella per dose - \$108 (Private doses #8) = \$864;

Dr. Allison: Is there insurance in place in cases like this?

Attorney Wardell: There are certain things that the County has insurance for but that is not one of them.

Dr. Allison: I guess I need to be educated, why doesn't the County have insurance for cases like this?

Attorney Wardell: Well, that's a question for the Risk Manager and Commissioners. The County is uninsured, we have insurance for vehicles and that is the only insurance we have and we have workers compensation.

Ms. Harris: We also reimburse advanced practice providers and /doctors and practitioners for their coverage.

Attorney Wardell: But that's different that's malpractice but just general property lose we don't have any.

Dr. Allison: Even in case of fire?

Attorney Wardell: The property itself is insured, the contents are insured. We have basically a fund that we use for those kinds of things. We have to have workers compensation as a matter of law. We have liability insurance for county vehicles and that's it. We may be one of two counties that are uninsured and that is because of sovereign immunity which means that if you are not insured then you have immunity from suit and certain kinds of liability actions. Property and casualty coverage is a different issue. You would have to talk to the Risk Manager to find out why we wouldn't have it.

Mr. Dedrick: So what's up with the Temptrak failure in reporting the warnings? People should have been alerted.

Mr. Ireland: That is the way that they were set up. They were set up as an e-mail to text notification. For some reason, something happened with that notification process and none of us received the message that was converted from e-mail to text. Information Services and Technology (IS&T) reset them back up so that we strictly get e-mail alerts now and more of us will receive those alerts.

Ms. Harris: Eric, didn't they look into the system and could see that the message was sent but not received? It is my understanding that IS&T tried to recreate the situation without success.

Mr. Ireland: Yes, they could recreate the situation in the test mode but not when they went live.

Dr. Allison: Do the manufacturer or monitoring company have any liability insurance?

Dr. Fuchs: I was thinking about that myself.

Mr. Ireland: I'm not sure I would have to research that because I think it might be a liability on both the county's part and their part because of the

way the alerts was set up. I can look into that to see whether there is verification around that.

Ms. Fuchs: Do we have a process to test the updated system before it potentially fails again?

Mr. Ireland: Yes, we do and we will be entering into a contract for Temptrak to check and calibrate the system.

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

The Durham County Board of Health received a copy of the December 2015 vacancy report which included a cumulative total of 23 positions vacant. There were no questions from the Board.

(A copy of January 2016 vacancy report is attached to the minutes.)

- **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for December 2015 prior to the meeting.

(A copy of January 2016 NOV report is attached to the minutes.)

Comments/Questions

Ms. Harris: On the NOV report, we have a lot of violations that have been unresolved for a very long time. There are some 10-day notices served six months ago and no movement indicated. Chris, is there any kind of update that you can give us now?

Attorney Wardell: Chris and I actually met. There are seven that have come off the list. There are an additional five that will get 10-day notices but have not been referred to our office yet. We are going to send out 10-day notices on those. There was one that had been on the list for a very long time but the case was dismissed because the house was foreclosed on and then it was sold to an investor so they are actually compliant now because no one is in the property.

Ms. Harris: So, do we need to move that one off this list?

Attorney Wardell: Yes. Chris has it been updated?

Mr. Salter: They're coming off this month. Seven have come off this month already.

Attorney Wardell: There is one that we are going to actually file suit on because we sent out a 10-day and received no response. So the list is actually in pretty good shape but we do have some new ones but once again this is what we anticipate because we are going to have lots of failures and we don't have the ability to issue repair orders because of the soil condition. Additionally, a lot of these that we discussed are not suitable for a sand filtration system either. So we have some issues and some problems that we need to regenerate the discussion with the Board of County Commissioners about setting up a fund that we can access to assist residents with some of these issues. Chris is there anything you want to add to that?

Mr. Salter: No. For the last month or more, we haven't been able to do a lot of on-site monitoring because many of the systems have been under water. It has not such that you can tell what is going on with them. We are looking at modifying the NOV report to make it easier to read. If anyone has anything specifically that they would like to see on it, just let us know and we will modify the report however you would like to see it.

- **HEALTH DIRECTOR'S REPORT**

Division / Program: Nutrition Division/Clinical Nutrition Team/Medical Nutrition Therapy (MNT) for Elevated Lead Levels (Accreditation Activity 12.3- Participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- The North Carolina Lead Testing and Follow-Up Manual states that nutrition assessments are to be conducted on children with elevated blood lead levels ($\geq 5 \mu\text{g/dL}$).
- Durham County's Department of Public Health (DCoDPH) provides medical nutrition therapy to infants and children birth to 21 years. The registered dietitian/nutritionist is trained to conduct in depth interviews to learn not only what, where, and how much food an individual has eaten but also to investigate the source of a toxic lead exposure. Questions covering topics of handwashing habits, use of traditional medicines and cosmetics, and food serving and storage containers are routine when interviewing a family with a lead-exposed child.

Statement of goals

- Minimize impact of lead exposure to children through a diet that includes frequent meals and snacks and meets recommendations for iron, calcium, zinc and vitamin C.
- Identify source of lead exposure and eliminate it.

Issues

- **Opportunities**
 - The diverse population of Durham County, which includes immigrants and refugees, reminds those who practice in public health that children can be exposed to lead from sources other than paint, mini-blinds and batteries. For example, a child with elevated lead levels, from Afghanistan had been living for 2 years in a relatively new, probably lead-free apartment. The family, however, used imported spices in cooking. Wake and other health departments had reported high lead levels in spices used by families from Afghanistan, Pakistan and India. Asafoetida was found with lead, along with garam masala and other curries, turmeric, and chilies.
- **Challenges**
 - Food and seasonings used in family treasured dishes are important pieces of a culture that may be all a family has from a home they were forced to escape. Our responsibility is to respect that, avoid taking that away if possible, and yet protect children from lead toxicity.

Implication(s)

- **Outcomes**
 - Nutrition plays a critical role in the interdisciplinary team that addresses lead toxicity. In some cases the nutritionist can identify the source of lead exposure. In every case the nutritionist can offer education to reduce the risk of further lead exposure.
- **Service delivery**
 - The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH.
 - Nutrition assessments and education are offered to families of children with elevated lead levels.

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- **Staffing**
 - The DCoDPH Clinical Nutrition staff includes 6 Registered Dietitians who are able to provide nutrition services - MNT and nutrition consultation.
- **Revenue**
 - MNT for children is a billable service. Fees are based on a sliding scale fee. Medicaid, 3rd party reimbursement sources, and the Special Nutrition grant for medical nutrition therapy are billed as applicable.

Next Steps / Mitigation Strategies

- DCoDPH's Nutrition Clinic will continue to address identified health risks of elevated lead in Durham County. Emphasis on limiting the impact of and the prevention of further lead exposure is integral in the treatment and education plans for all children referred for elevated lead levels. Inquiries about seasonings and spices will be addressed in interviews.

Division / Program: Nutrition / DINE / Nutrition Education for Children with Autism

(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 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 Durham Public Schools (DPS) schools (those with 50% or more of their students receiving free/reduced lunch).
- Starting in October, students from CC Spaulding's Autism (AU) Pre-kindergarten class began a nutrition series, in order to learn about healthy eating, explore different foods, and improve self-feeding skills. (3 lessons completed, 5 more planned for the spring session)

Statement of goals

- Increase exposure to healthy foods, like fruits and vegetables.
- Decrease aversions to foods with varied textures and shapes.
- Increase students' self-feeding capabilities with utensils, plates, and cups.
- Reduce risk of obesity, overweight, and other chronic disease related to people with autism.*

(Recent studies have shown that many chronic conditions are more common in adults with autism spectrum disorders [ASD], like gastrointestinal and sleep disorders, obesity, dyslipidemia, hypertension, and diabetes. The connections among the diseases is still unknown and research is limited. Many ASD adults do not smoke or drink, therefore diet is a major target in current studies.)

Issues

- **Opportunities**
 - Recent prevalence data from the Centers for Disease Control and Prevention National Health Information Survey published November 2015 suggests an autism prevalence of 1 in 45 children age 3 to 17 years.

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- ASD often leads to a multitude of food aversions and disordered eating patterns, but practice with healthy eating, food preparation, and meal time routines has been shown to improve these behaviors in some children.*
- CC Spaulding has sought nutrition guidance and instruction for a small AU Pre-K classroom.
- DINE nutritionists do not often work in Pre-K classrooms or with the ASD population, but due to CC Spaulding's return to the DINE program after many years and the enthusiasm of the Pre-K teachers, this opportunity was created.
- **Challenges**
 - The DINE Elementary School Nutritionist assigned to CC Spaulding Elementary has limited experience working with EC students, especially those with ASD.
 - The current DINE elementary school curriculum is not appropriate for the ASD population, and is especially challenging due to the group's young age as well.
 - The AU Pre-K students vary across the autism spectrum and often do not work well in groups, which makes lesson and activity planning more difficult.
 - Materials, lessons, and resources for the ASD population, specifically those related to nutrition education in the classroom setting, are limited.

**Supporting materials available*

Implication(s)

- **Service delivery**
 - Three nutrition education lessons were carried out from October to December 2015 at CC Spaulding Elementary.
 - Nutrition lessons included:
 - ❖ Hand-washing with song (at start of every class)
 - ❖ Nutrition activity (book reading, matching games, crafts, dancing, etc.)
 - ❖ Food preparation (popped popcorn and built fruit kabobs)
 - ❖ Snack time (students ate as a group at the table)
- **Staffing**
 - One DINE elementary school nutritionist collaborated with the DINE preschool nutritionist to research the nutrition needs and barriers for the ASD population and investigate best practices in learning theory and nutrition education in AU classrooms.
 - One clinical nutritionist, who has a focus in infant and child feeding and a strong knowledge of the ASD population, provided guidance in the lesson plan and activity development.
 - Two EC/AU Pre-K teachers provided feedback on activities appropriate for their classrooms. The AU Pre-K teacher and her two teacher assistants provided in-classroom support with the students.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The last three nutrition lessons have helped the DINE school nutritionist to acclimate to the classroom setting and gain a better understanding of the students' capabilities and frustrations. The next steps will be to plan nutrition lessons that include:
 - Hands-on learning
 - Few transitions between activities
 - Slow integration of group work
 - Photographic cues
 - Step-wise lessons with repetition

- The major focus of the spring nutrition lessons will be more exposure to healthy foods, hands-on food preparation, and practicing fine motor skills, in order to improve self-feeding and writing skills.

Division / Program: Nutrition / DINE / Culinary-Based Nutrition Education with Creekside Elementary ESL Class

(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 is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- Cooking-based nutrition education was provided by DINE to students in the English as a Second Language (ESL) for Newcomers and Students with Interrupted Formal Education (SIFE) program at Creekside Elementary School in December 2015.
- The ESL program in Durham Public Schools (DPS) provides English Language Learners the opportunity to participate effectively in the regular instructional program by providing specialized instruction and language assistance services. ESL for Newcomers and SIFE is specifically for refugee students and students who are new to both the American school system and the English language.

Statement of goals

- Increase the nutrition awareness and basic cooking skills of elementary school students in Durham.
- Work with students to develop and practice food preparation techniques, reading directions and teamwork.
- Provide hands-on learning around food to familiarize students with sequencing words, names of ingredients and verbs.

Issues

- **Opportunities**
 - Creekside Elementary School is not typically served by the DINE program, and falls slightly under the qualifying criteria of the grant-funded program, which requires >50% of students to be eligible for free- or reduced-price lunch. Through support from Durham County, the DINE program is able to provide limited services to this unique group of deserving students.
 - The connection with the ESL instructor and this support from the County allowed for an opportunity to expand the reach of the DINE program, and promote healthy eating and cooking skills while also supporting the needs and goals of Durham Public Schools.
- **Challenges**
 - Most of the students in this program arrived in September of this year, and a couple even arrived just in December. They are from a variety of African, Asian and Central American countries, and speak various languages. The extremely limited English skills of the students posed a challenge. However, using lesson materials comprised mainly of pictures and simple wording, along with the hands-on approach of the cooking class facilitated learning.

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- Due to the language barriers, distributing materials to the students' parents was not possible.

Implication(s)

• **Outcomes**

- One culinary-based nutrition class was provided to the ESL for Newcomers and SIFE class at Creekside Elementary in December 2015.
- The one-hour class reached seventeen (17) students who would not have otherwise received DINE nutrition education programming.
- The instructor stated in an email after the class: "This group of students at Creekside really need hands on learning experiences like your cooking class to learn more effectively. I was also impressed how well our students participated in the cooking activity with their limited English skills. I think your curriculum made it easier for the newcomers to participate!"

• **Service delivery**

- The session included a brief introduction about nutrition and an explanation of proper measuring techniques, followed by the students working together to prepare a recipe. Food safety was also discussed and demonstrated. After cooking, the students ate together and were given a copy of the recipe.

• **Staffing**

- The educational session was provided by a DINE nutritionist, in collaboration with two DPS teachers at Creekside Elementary.

• **Revenue**

- No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The DINE program will continue collaborations with the ESL for Newcomers and SIFE program at Creekside Elementary to deliver special educational opportunities, and help promote healthy eating for students and families in Durham.

Division / Program: Community Health Division/ School Health (Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

The School Health Program's Supervision/Special Projects Team and the Durham Public Schools (DPS) Public Health Liaison Team have developed a joint Public Health-DPS School Health team to generate plans for cross agency collaborative nursing projects for the 2016-2017 school year.

Statement of goals

- *Develop standards for system-wide consistency in the care and delivery of specific student health services.*
- *Develop common nursing goals and to strengthen intra-agency collaborations.*
- *Take a leadership role in identifying and planning the provision of nursing services to meet the physical and mental health needs of students and families, and collaborating with parents/guardians and community agencies.*

Issues

• **Opportunities**

- Individual and school staff trainings will be planned, utilizing system-wide nursing standards, and provided for school staff who provide health services for students during the school day. These trainings will include, but are not limited to, skilled procedure trainings associated with the care of: Asthma (inhalers, nebulizers), Seizure Disorders, (emergency administration of Diastat), Diabetes (Carbohydrate counting, Insulin administration, Glucagon administration), Severe allergies, (for anaphylaxis- Epi Pen), G-tube feedings, Bladder Catheterizations for some students with Spina Bifida and Emergency injection trainings include Solu-Cortef for adrenal insufficiency crisis due to sudden onset of illness or severe injury.
- Trainings will address staff and students in the Exceptional Children's Program and students and staff in regular classroom settings.

• **Challenges**

- Fifteen (15) Public Health School Nurses provide general and Exceptional Children's school health services for forty-six (46) Durham Public Schools. Four (4) DPS nurses provide services to fifty-four (54) select students in Exceptional Children's classrooms. Six (6) DPS School Nurses work in six (6) Child & Family Support Team Schools (CFST). Common areas of practice at this time are limited to individual and school staff trainings, and special projects (Tdap-Meningitis Clinic, Epi-Pen training, other training opportunities) and school and community events.

Implication(s)

• **Outcomes**

- Public Health School Nurses and DPS nurses will facilitate health promotion and early intervention and remediation of health problems within DPS schools. Methods used will include early identification of health concerns/issues, the provision of health services and care coordination for students diagnosed with chronic and acute health conditions.

Service delivery

- The School Health Program works closely, in collaboration with DPS, families and community partners to implement and manage student school health services

• **Staffing**

- Public Health School Nurses
- Durham Public School Nurses

Next Steps / Mitigation Strategies

- The School Health Program staff will continue to provide and participate in services/activities that promote the health and well-being of students, their families and school staff.

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

- Increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- Increase the public's utilization of the Department of Public Health's programs and services.
- 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 December 23, two (2) general public health media releases or advisories were disseminated. Staff have also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 35 media pieces featuring or mentioning the Department have aired (television), been printed in the news, or were posted to the web by local media during the month.

Topics and issues covered include:

- ❖ Extensive coverage of World AIDS Day activities and Durham's #3 ranking of new HIV infections in North Carolina. Of significance, the Durham Herald-Sun's front page photo from the World AIDS Day observance appeared in the print and online editions of USA Today⁽¹⁾;
- ❖ Holiday food advice for diabetics;
- ❖ Eating mindfully during the holidays;
- ❖ An upcoming distribution of free radon kits to residents;
- ❖ A call for the investigation of conditions at the Durham County Jail, of which Public Health's oversight of medical and mental health services was mentioned;
- ❖ County government holiday operations, mentioning contact procedure for after hours or public health emergencies;
- ❖ December's *My Carolina Today* segment, focusing on staying fit during the holidays;

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- ❖ Partnership for a Healthy Durham column in the Herald-Sun, focusing on mental health during the holidays; and
- ❖ Weekly restaurant inspection scores.
- Two additional articles on the Public Health Director's health priorities for 2016 and changes to the Board of Health Smoking Rule (addition of e-cigarettes) are currently scheduled to run before the end of the month.

(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: Administration/Cultural Competency Presentations to Community Partners

(Accreditation Activity 11.2: The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs.)

Program description

- The Deputy Public Health Director for Clinical Services and Communications fulfilled three requests from external community partners to present on cultural competency:
 - December 4, 2015 – Lincoln Community Health Center at its leadership team retreat. (30 attendees)
 - December 8, 2015 – Shift NC at its all-staff professional development training. (20 attendees)
 - December 12, 2015 – PAC 4 monthly meeting (50 attendees, comprised of law enforcement, community, and local governmental agencies)

Statement of goals

- Raise awareness of the role systems play as it relates to health disparities.
- Use this shared analysis collaboratively as a catalyst to provide excellent customer experiences and advance programs and services that meet community needs.

Issues

- **Opportunities**
 - The American Public Health Association has identified the consequences of racial and ethnic inequities as a public health threat.
- **Challenges**
 - Talking about the presence and effects of structural and systemic racism is truly a courageous conversation; all people living in our society have their own personal histories and addressing health inequities require working together to raise awareness and continue movement toward health equity for all.

Implication(s)

- **Outcomes**
 - Participants who attended the presentations have reached out to report continued conversation and have begun to examine how they can use an equity lens to delivery services.
- **Staffing**
 - N/A

Next Steps / Mitigation Strategies

- Encourage community partners to participate in additional learning opportunities.

**Division / Program: Health Education: UNC Capstone Team
Durham County Board of Health (BOH) Smoking Rule Assessment
Project Update**

(Accreditation Activity 28.1: Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.)

Program description

- The Durham County BOH Smoking Rule protects nonsmokers from the harmful effects of secondhand smoke. However, several aspects of the Rule are difficult for the public to understand and thus comply with. The health department has partnered with a team of five Health Behavior graduate students from UNC to assess the public's knowledge of the existing rule, as well as the knowledge of Durham County and City government employees. The UNC Capstone team also plans to identify recommendations for strengthening the Durham County BOH Smoking Rule in order to reduce secondhand smoke exposure in Durham city limits. The team's Formative Research Report describes the methods and findings of activities conducted thus far.

Statement of goals

- Identify smoking policy best practices and to assess stakeholder knowledge of and compliance with the implementation of the Durham County BOH Smoking Rule to inform recommendations for strengthening the policy.

Issues

- **Opportunities**
 - Health education staff do not have the time available to conduct such a thorough analysis of the BOH Smoking Rule, so this collaboration with passionate and talented graduate students provides an opportunity for the agency and strengthens our relationship with local universities and exposes students to local public health and policy change.
 - Interviewed Durham stakeholders which provided a deeper understanding of the development and implementation of the Durham County Board of Health Smoking Rule and the history of smoke-free air policies in Durham is now documented
 - Discovered how other counties in North Carolina developed, implemented and communicated their smoke-free air policies and can use this to bolster local efforts
- **Challenges**
 - For the Durham County and City of Durham government employees, the team must coordinate with two different parties to secure permission to send out the surveys. The survey has been launched with the County, but we are still waiting to receive approval from the City.

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- The health education specialist position that works on the BOH Smoking Rule is currently vacant and we originally anticipated that this person would actively participate with the team.

Implication(s)

- **Outcomes**
 - Conducted literature review of tobacco use, health effects of tobacco and secondhand smoke, and smoke-free air policies.
 - Conducted 11 key informant interviews with stakeholders from Durham, the North Carolina Tobacco Prevention and Control Branch, and other counties in North Carolina.
 - Triangulated information from literature review and stakeholder interviews to write a formative research report that has informed the development of our surveys and will inform future recommendations to the BOH about strengthening the BOH Smoking Rule and its implementation
 - Developed two surveys: one for the Durham County and City of Durham government employees and one for the Durham public to assess their understanding of the Rule, compliance with the Rule, and its implementation
 - Piloted surveys and incorporated pilot feedback into the final versions
 - Began administering the online survey to the Durham County government employees
- **Service delivery**
 - Interviews, surveys
- **Staffing**
 - Five UNC Capstone team members under the supervision of two DCoDPH Health Education staff members (Mel Downey-Piper and Willa Allen)
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Administer the survey to the Durham public and City of Durham government employees
- Continue administering the survey to the Durham County government employees
- Conduct focus groups with Durham County and City of Durham government employees and the Durham public in February
- Using this research, the team will conduct surveys and focus groups with Durham County and City government employees as well as Durham County residents. Survey and focus groups will assess their understanding of the Rule, compliance with the Rule, and its implementation. The formative research, surveys, and focus groups will enable them to identify recommendations for strengthening the policy itself and its implementation.
- Summarize findings and recommendations in a report to the BOH in late spring of 2016.

Division / Program: Health Education/Health Promotion & Wellness
program: Breast Self-Exam (BSE) Instructor Training
(Accreditation Activity 12.1 – The local health department shall participate in a collaborative process to identify strategies for addressing community health problems)

Program description

- Breast cancer is the most common cancer among women. For women of all ages, the breast self-exam is a useful tool that is easy to do and can lead to early detection of breast changes.

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- Most breast tumors are self-discovered and women who feel confident doing a breast self-exam are more likely to detect breast cancer early.

Statement of goals

- Train healthcare professionals to educate and train patients and community members how to properly perform the Breast Self-Exam
- Promote BSE and mammograms as methods of prevention and early detection of changes in the breast

Issues

- **Opportunities**
 - This was an opportunity to offer a train-the-trainer event for US Public Health Service Corps (USPHSC) personnel. Although physically working in Granville County, USPHSC members were referred to contact Durham County Department of Public Health's Willa Allen for training by the local health department district.
 - USPHSC personnel assigned to the Federal Correctional Center in Butner will provide medical services and education to women inmates that when released will return to their home county, many in the triangle area. USPHSC may be reassigned to other areas for which they will use what they learned in other settings, both on a personal, volunteer and professional basis.
 - One USPHSC member was a breast cancer survivor and coordinated efforts to ensure the minimum number of participants were available for both trainings.
- **Challenges**
 - Although several USPHSC members work in Granville County, only a few live and/or volunteer in Durham. USPHSC traveled to Durham to attend the training which was specifically planned to accommodate their work schedule.
 - Space to hold the training within the building had to be negotiated as all open rooms were booked on the date USPHSC staff were available.

Implication(s)

- **Outcomes**
 - 11 participants were trained over two events. Unfortunately, due to staff shortages five USPHSC members on-call were unable to attend.
 - USPHSC members received 3.0 contact/continuing education hours
 - Training evaluation results were positive.
- **Service delivery**
 - The BSE Instructor training was developed by health educator Willa Allen
 - The training will be adapted and offered in the future to faith-based organizations.
- **Staffing**
 - One staff member planned, implemented and evaluated the training.
- **Revenue**
 - none

Next Steps / Mitigation Strategies

- If there is interest, offer the training to volunteers of Emergency Preparedness Medical Reserve Corps.

- Modify, promote and offer the training to other organizations, with less of an emphasis for healthcare providers.

**Division / Program: Health Education / Durham Diabetes Coalition
Diabetes Awareness Month Events**

(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 Durham Diabetes Coalition recognized American Diabetes Month with Celebration of Health, a sequence of free events.

Statement of goals

- Educate the public about ways to maintain health during the changing seasons and upcoming holidays.
- Build rapport between the clinical providers and community residents
- Increase understanding and raise awareness about the relationship between diabetes management and heart health outcomes

Issues

- **Opportunities**
 - With staff dedicated to the project and strategies placed in targeted communities, activities were designed with community input and address areas of interest.
 - Through a participating vendor, *What's the 411: Diabetes and Heart* participants were able to receive medication and delivery services to help with their diabetes management
- **Challenges**
 - With a majority of events occurring during working hours, this may have lowered participation
 - Technical difficulties created a challenge for the presenter at the *What's the 411: Diabetes and Heart* event.
 - Parking was limited at Holton Career and Resource Center.
 - Low volume of online registration for the *What's the 411: Diabetes and Heart* event.

Implication(s)

- **Outcomes**
 - A city proclamation was given, declaring November "Celebration of Health Month."
 - The monthly diabetes support group met to discuss how to manage diabetes over the holiday. Participants learned about healthy holiday tips and shared diabetes-friendly recipes with each other. There were four (4) participants.
 - Durham Diabetes Coalition partnered with El Centro to host the Celebration of Health event (Fiesta de la Salud) at the Holton Career and Resource Center, Saturday, November 7, 2014 from 10am-4pm. Flu shots, blood pressure, diabetes, HIV, and kidney health screenings were available on a first-come, first-serve basis. Other activities included fitness and cooking demonstrations, Affordable Care Act registration, IDs for children and numerous community resources. The Partnership for a Healthy Durham sponsored a fresh food giveaway from the Veggie Van. There were 273 participants. Ninety-one (91) flu shots, fifty-two (52) kidney screenings, and thirty-nine (39) A1C screenings were administered. Results for other screenings not yet available.

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- Also on Saturday November 7, 43 men, women and children joined the first “Men’s Healthy Mile Walk”, sponsored by the Men’s Health Advisory Committee (formed under the Division of Health Education, DCoDPH). The opening ceremony began at 9am with Health Director Gayle Harris, County Commissioner Michael Page, and City Recreation Manager Jeffrey Forde emphasizing the critical need for men to take on healthy living behaviors for the well-being of all. Percussionist from North Carolina Central University and the African American Dance Ensemble started the walk with rhythmic beats.
- A grocery store tour was held at Food Lion on November 10 to assist participants with shopping healthy on a budget, finding bargains, and reading food labels.
- Durham Diabetes Coalition partnered with Duke Translational Medicine Institute and Duke University Medical Center to hold the fourth installment of the series, *What’s the 411: Diabetes and Heart Health* at the Health and Human Services Building, November 12, 2015 from 10:00am-Noon. Hypertension specialist, Dr. Crystal Tyson, presented on the importance of diabetes and heart health. Participants received information about how to keep their heart healthy, how diabetes affects their heart, and how to decrease their risk of heart attacks and strokes. Vendors included Meds Delivery Pharmacy and United Way. Eighty-nine (89) participants attended. Among the participants (n=89) 86.6% strongly agreed that the presenter was knowledgeable of the topic; 75.7% strongly agreed that the format of the presentation was good; 69.9% believed that there was enough time for questions and discussions; 76.4% strongly agreed that they learned new information about their heart and diabetes management.
- A “Couponing Made Easy” workshop was held on November 18 that shared the basics of couponing. There were six (6) participants
- **Service delivery**
 - Reoccurring community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment. Flyers were also distributed to local partners during various community meetings.
 - DDC utilized social media outlets including Facebook and Twitter to promote and provide information about type 2 diabetes, and updated the community on coalition activities.
 - A press release and media advisory was sent out informing the public about the upcoming events.
- **Staffing**
 - The DDC Health Education Specialists and the Information and Communications Specialist led the event planning and staffed the event.

Next Steps / Mitigation Strategies

- Neighborhood outreach will continue in targeted neighborhoods.
 - Future topics expressed by participants to be considered for the next series include: ophthalmology, dental hygiene, physical activity and weight loss.
-

Division / Program: Health Education / Communicable Disease & Maternal and Child Health / FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women (FOCUS)

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

Program Description

- FOCUS is a cognitive-behavioral, evidenced-based intervention designed to prevent unintended pregnancies and sexually transmitted infections (STIs) among young women by emphasizing education, motivation, and behavioral and communication skills training. This program was originally delivered to female U.S. Marine Corps recruits during their first week of training; however, the now program can be adapted to other settings, such as universities.

Statement of Goals

- Increase participants' knowledge about:
 - Unintended pregnancies and STIs, and modify values, beliefs, and attitudes that impact sexual behavior;
 - Contraceptives and build skills to effectively communicate with one's partner about sexual behavior and contraceptive use and build condom use skills;
 - The signs, symptoms, and consequences of STIs, and expand awareness about transmission and prevention of STIs; and
 - The effects of alcohol and its relationship to sexual risk behaviors.

Issues

- **Opportunities**
 - Recruitment was conducted through student interns, general education curriculum Health Education classes and Zeta Phi Beta Sorority, Incorporated.
 - FOCUS was conducted as special project for interns and an end of the semester extra credit for students
 - The workshops were held at NCCU Miller-Morgan and Campus Crossing to increase accessibility for students.
 - FOCUS was free for participants, lunch was provided, and STI and HIV/AIDS counseling and testing was offered at the end of the workshop.
- **Challenges**
 - FOCUS is designed to be used as an eight-hour curriculum and previously some participants left early or came in late and didn't complete the series because of the length. This time the public health educator was able to shorten the series by eliminating breaks and reducing time needed to complete surveys. Although shortening the intervention increased appeal to participants, it also meant that facilitators had to work diligently to cover the curriculum essentials with fidelity.

Implication(s)

- **Outcomes**
 - A total of 70 females, ages 16 – 29 participated.
 - Forty-five (45) out the 70 participants completed the anonymous post-evaluation, assessing their behavior intent after attending *FOCUS*, 38 participants self-reported that they are more likely to use or (ask partner to use) a condom, if they were to have sex, in the next six months.
 - Participants completed an anonymous questionnaire; some responses are below:

What did you like **most** about the program?

- Interactive, comprehensive, and personal experiences were shared.
- The alcohol and sex section: I like the skits and the information from the male presenters. They were very entertaining.
- It was very informative.
- The realistic scenarios.

What do you feel is the **most important thing** you learned?

- Factors/preferences to consider when choosing a form of birth control.
- Make sure I protect myself because I have the power.
- STD/STI prevention
- Abstinence and protection is “key”.
- How you indirectly sleep with your partners past partners and so on.
- Don’t be ashamed to use and carry condoms.

Do you think you will change your behaviors as a result of this program? In what way will you do so?

- I will always use protection.
- Not allowing myself to be convinced into things.
- Communicate better. Have more talks with my partner.
- I will not have sex unless I’m completely prepared.
- I will become more cautious with choosing my partners.
- Service delivery
 - *FOCUS* was implemented in April and November 2015
 - The intervention targets young women ages, 16 – 23.
- Staffing
 - One Public Health Educator was responsible for *FOCUS*, however, other Health Educators assisted as needed.
- Revenue
 - Received some TANF funds to provide program supplies and refreshments.

Next Steps / Mitigation Strategies

- Health Education will facilitate another series of *FOCUS* in the spring of 2016.

Division / Program: Health Education Division / Parents Matter!
(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

- Parents Matter is an evidence-based HIV/STI and Adolescent Pregnancy Prevention program for parents of pre-teens.
- The program is designed to equip parents/guardians with the knowledge, skills, confidence and comfort-level to discuss sexual health/sexual risk reduction strategies with their children ages 9-12 years.

Statement of goals

- Increase parental competency and comfort level in addressing issues of sexual health and sexual risk reduction with their pre-teens

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- Increase parental awareness concerning sexual health issues children face
- Improve parents' ability to communicate with their children about sex
- Encourage parenting practices that increase the likelihood that children will not engage in sexual risk behaviors.

Issues

- **Opportunities**
 - Department's history of collaboration with Durham Housing Authority and their residents will enhance opportunities to continue to expand programming. Last year Cornwallis and McDougald Terrace were served and this year Laurel Oaks and Oxford Manor were included.
 - Using this evidence-based program provides the opportunity to increase positive sexual health communication between parents and their children
- **Challenges**
 - Initially, program recruitment was indeed a challenge. The significant time commitment (Five 2.5 hour sessions), made the program less attractive to our intended audience (Parents of pre-teens), many of whom were employed and unwilling to give up evenings or weekends. Collaboration with the Durham Housing Authority has allowed for recruitment of adults within our intended audience who are unemployed or between jobs, thus available during the day.
 - In an effort to improve participant retention in the program, meals/snacks are served during some sessions and gift cards are given to those who complete the program.

Implication(s)

- **Outcomes**
 - In 2015, two DCoDPH Public Health Educators and an additional trained facilitator implemented the Parents Matter! Program in two Durham Housing Authority (DHA) communities (Oxford Manor and Laurel Oaks).
 - A total of 14 participants attended the program and 11 successfully completed the program/survey.
 - Findings from the Participant Satisfaction Surveys stated the following:
 - Facilitators were knowledgeable and friendly
 - Information was helpful concerning current issues with children
 - The program improved knowledge concerning sexual risk behaviors
 - The program improved ability to communicate with children.
 - Most (66%) of program participants reported being confident in their ability to use skills learned in the program.
 - All program participants reported that they felt that the information learned in the program was important to their family.
- **Service delivery**
 - Recruitment for the Parents Matter! program is initiated by Public Health Educators, who make contact with a DHA ROSS (Resident Opportunity for Self-Sufficiency) Services Coordinator, who, in turn, circulate an interest sheet during Resident Council meetings
 - The Parents Matter! program is implemented in five (5) 2.5 hour sessions.

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- The final session includes parents and children which allows parents to role play communication skills they have learned during the training.
- **Staffing**
 - Two DCoDPH Public Health Educators, trained in facilitation of the Parents Matter! Program and one additional trained facilitator who assists as her schedule permits.
- **Revenue**
 - Funded by TANF
 - The Parents Matter! Program is offered to program participants at no cost.

Next Steps / Mitigation Strategies

- Recruitment for the first Parents Matter! Program of 2016 will begin in the Hoover Rd. community
- Identify opportunities and resources to deliver program to accommodate the schedule of working parents.

COMMITTEE REPORTS:

- **PERSONNEL COMMITTEE UPDATE (Activity 37.2)**

Dr. Levbarg: Forty-nine evaluation surveys were sent out in December 2015. As of Jan 7, 2016, 27 responses were received. We actually had originally thought that the closing date would be January 5, 2016 but we left the evaluation survey open and garnered more responses by doing that. It was a good plan and being that was more than half of what we sent out we felt we had a reasonable amount to go ahead and compile data which we have done. The results of the data has been shared with the personnel committee and the health director. The next step is to meet with the health director to discuss the evaluation results on Tuesday, January 19, 2016 at 6pm. Once we meet with her to discuss the results of the evaluation survey, we will make a recommendation to the full Board at the next Board of Health Meeting on February 11, 2016. A letter will be sent to the County Manager to communicate the Board's recommendation.

- **FINANCE COMMITTEE APPOINTMENT (Activity 39.2)**

Dr. Allison, Vice Chair of the Board will chair the Finance Committee. Dr. Jackson, Dr. Fuchs and Dr. Stewart volunteered to serve on the committee. Dr. Miller will serve Ex Officio. The Finance Committee will meet with DCoDPH Leadership Team on Thursday, February 25, 2016 at 5pm to review, revise, if indicated, and approve the department's FY16-17 budget for presentation to the full board at the March 11th meeting.

OLD BUSINESS:

- **HUD SMOKE-FREE RULE COMMENTS (Activity 34.4)**

At the last board meeting the Board received a copy of the HUD Smoke-Free Rule Comments document to review and revise as needed. The Board had no revisions to the document.

Ms. Harris: The document indicated that the comments were coming from "The Durham County Department of Public Health" but it should indicate that the comments are coming from the Board and the department. Staff will make that change.

Dr. Allison: Gayle, are you going to comment on the email about our Smoking Rule and your response?

Ms. Harris: I didn't bring it with me but I can make some comments. With the announcement of the changes to the Smoking Rule, I had interviews from reporters from two radio stations, The Indy and The Herald Sun. We received an email inquiry that provided a link to an article about research in France that showed e-cigarettes to be effective in reducing cigarette smoking. The writer also said that she knew that we wouldn't pay any attention to the article and would disregard her comment. She stated that it wasn't a good statement to make telling

people that e-cigarettes were not an effective method to quit smoking. I reached out to Mary Gillette, Region 5 Tobacco Prevention Manager and others in the NC Tobacco Prevention and Control Branch. They drafted a response, I tweaked it and sent a response back to the author of the email. The response covered information that we learned from the CDC letter about effective ways to quit smoking. I copied the Chair and Vice-Chair when I responded to her. Rosalyn will send the information to you so that you can use it as talking points to support what's being done.

On page 3 of the comments to HUD where it says "January 2016 the rule will be expanded", we can now say "expanded" rather than "will be expanded". Are there other corrections to the comments regarding the comments to be submitted?

Dr. Levbarg made a motion to support and submit the HUD Smoke-Free Rule Comments with the aforementioned changes that were discussed. Mr. Dedrick seconded the motion and the motion was unanimously approved.

Ms. Harris: The comment period ends January 19th at 11:59pm. The changes will be made and a signature line will be added so that comments can be submitted before the deadline.

- **PUBLIC HEALTH AND VIOLENCE PREVENTION ACTIVITIES (*Activity 14.1*)**

Mr. Ireland provided the Board with an update on the department's activities to work with the community to implement a public health model to address violence (shootings and homicides) in Durham.

Aim4Peace / CURE Violence is a public health approach to reduce violence (shootings and homicides). Aim4Peace uses highly-trained violence interrupters and outreach staff, public education campaigns, Neighborhood Action Teams and community mobilization to reverse the violence epidemic in Kansas City, Missouri. Aim4Peace focuses on the neighborhood factors that most often contribute to violence, helping those who are considered at highest risk of committing offenses due to their living or employment situation.

The Aim4Peace/CURE Violence program began in 2008 and was originally based on the Ceasefire: Stop the Shooting project in Chicago. Though Aim4Peace currently focuses on the Police Department's East Patrol Division, with continued success the plan will be implemented throughout the City. Aim4Peace is committed to making neighborhoods safer.

The U.S. Department of Justice awarded Aim4Peace with a three-year \$1.2 million grant in September 2013. The grant provided resources to allow Aim4Peace to expand its services into new neighborhoods.

In 2011, the National Association of County and City Health Officials recognized Aim4Peace as a Promising Practice.

DCoDPH will focus on the Violence Interruption piece of the Cure Violence/Aim4Peace model. As we meet with members of the community, we recognize that this is the only piece of the Public Health Model not in play in Durham at this time.

Services:

Violence Interruption

- a. Violence Interruption
 1. Trained violence interrupters
 2. Outreach staff

3. Public education campaigns
 4. Neighborhood Action Teams
 5. Community mobilization
- b. Hospital Team
- Through the Hospital Prevention Program, workers respond to gunshot and violence-related trauma situations, intervene in conflicts and aim to prevent further violence. Working with emergency department staff, Aim4Peace reaches out to community members who are most at risk of being involved in future shootings.

Community Classrooms

- a. Life skills learning programs
 1. Life skills courses (grades 5-12 and ages 19-40)
 2. Delinquency prevention
 3. Personal development
 4. Education about the dangers of involvement in gangs and/or street organizations

The Aim4Peace **Life Skills Learning Program** works to prevent school delinquency and drop-outs, supporting community actions to keep students in school. Aim4Peace offers both community and school-based courses:

- Life skills courses (grades 5-12 and ages 19-40)
 - Delinquency prevention
 - Personal development
 - Education about the dangers of involvement in gangs and/or street organizations
- b. Job readiness and Anger Management programs
- The **Job Readiness and Anger Management programs** are four-week courses held every month. Job Readiness helps participants prepare for obstacles that can happen when they enter the workforce, providing tips for keeping and maintaining steady employment. The Anger Management course focuses on problem solving, communication skills, personal qualities, money management and budgeting, and work ethics. These courses are open to the community.

Through the Job Fair Initiative, Aim4Peace has helped more than 400 residents seeking employment by connecting them with local employers and specialized skill or trade educational institutions. At the events, Aim4Peace also provided information on housing assistance and resume building, conducted mock interviews and linked attendees with local social service agencies.

Other services provided by Aim4Peace/Cure Violence that exist in Durham

- Workforce Counseling
- Youth, adult and parent mentoring
- Advocacy and Support
- Human and social support services
- Transportation to classes, job interviews and employment
- Access to employment resources and educational institutions

Potential Partners:

(DCoDPH has begun conversations with the following)

- Michelle A. Young – Director of Project Build, Durham County’s Gang prevention and Intervention Program
- Jennifer Snyder – Coordinator of the City of Durham’s, Project Safe Neighborhoods
- Arnold Dennis – Executive Director of the Juvenile Justice Institute at NCCU
- Larry E. Thomas – Founder & CEO, Thomas Mentor Leadership Academy
- Brian R. Jones – Planning and Development, Durham County Sheriff’s Department
- Karmisha R. Wallace – Senior Assistant to the Durham City Manager
- Gudren Parmer – Director, Durham County Criminal Justice Resource Center (CJRC)
- Jim Stuit – Gang Reduction Strategy Manager (CJRC)

DCoDPH is reaching out to:

- Larry Smith – Interim Chief Durham Police Dept.
- Michael Andrews – Sheriff Durham County
- Claudia McCormick – Trauma Program Director, Duke Trauma Center, Duke University Hospital/919-684-2370
- Marsha Owen - Religious Coalition for Non-Violence
- Meredith Holmes – Made in Durham
- Durham Public Schools – Superintendent Bert L’Homme
- Chief District Court Judge Marsha Moray
- Dezrick Dixon
- Dr. Wizdom Powell
- Dr. Lorraine Taylor
- Grace Marsh – Conflict Resolution Center
- DCoDPH Gun Safety Team
- Otis Lyons – Campaign for Change
- Nia Wilson - Spirit House

Comments/Questions

Ms. Harris: Eric, didn’t you contact Cure Violence office and learn there is an assessment and training that have to occur in order to implement the program?

Mr. Ireland: That’s right. I have talked to a representative from the National Cure Violence office. We do have an assessment that I have started completing and I going to lean on Michele Young and Jim Stuit to help complete the assessment. Whether or not the assessment is looked favorably at the national level or whether we rate as needing a Cure Violence Chapter or not, we are still going to move forward with this violence interruption initiative in Durham County.

Dr. Levbarg: Are you looking at grant money?

Mr. Ireland: Yes, we are looking at grant funding. The various partners that I have been working with for this initiative (Project Build and Project Safe Neighborhoods) have given us ideas as to where we can seek funding.

Ms. Carter: Seems like this would also be a job training program because you have to hire someone who is trusted from the community. Right? I think a community health worker in that sense...so if we had to....

Mr. Ireland: Yes and that’s why we are reaching out to organizations that can provide those type of resources.

Ms. Carter: The interrupter that you mentioned is there a curriculum through Cure Violence that we need to have in order to train the people that interrupt violence.

Mr. Ireland: Yes. If they look favorable upon our assessment then they will provide the training to us.

Ms. Carter: Do they charge?

Mr. Ireland: No.

Ms. Carter: Good. I mentioned this to the Mayor and City Manager Tom Bonfield. They both responded. Tom Bonfield said that he was familiar with interrupters and that the police department had visited some cities and were trying to get some ideas on how to get a handle on the violence and community-based policing.

Mr. Ireland: The teams visited Boston and Kansas City. The feedback that I received from the folks that participated in the meetings was that there was not a lot of conversation about the interrupters. Most of the conversation in both places was around community policing and how to do a better job of community policing and creating a safer relationship with law enforcement. The next thing that I am planning to do is to reach out to the interim police chief and to the Sheriff to discuss the program from a public health perspective.

Ms. Carter: Tom Bonfield, City Manager said that he had not thought about this as a public health issue and he would be very interested in knowing what the health department goals are around this issue.

Mr. Ireland: Very good. I will reach out.

Ms. Carter: I really think you should.

Mr. Ireland: When we do interruption, we are going to find out that the people that we are going to engage with are going to need other resources with regard to being able to refocus where they are and how they look at their lives and how they approach things. We are reaching out to organizations with job-training, mentoring etc., so that we will have those things in place.

Mrs. Harris: Eric will provide a report on the progress at each regular board meeting.

NEW BUSINESS:

- **BUDGET RATIFICATION:**

Ms. Harris requested board approval to recognize funds in the amount of \$28,058 from the Center of Medicare and Medicaid Services (CMS) through a sub-award contract with Duke University.

The funds are for support Durham Diabetes Coalition staff during a 90-day extension period for data entry and closeout activities for the CMS funded project.

Mr. Dedrick made a motion to approve the budget ratification in the amount of \$28,058. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS FEBRUARY 2016 MEETING**

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

- BOH Policies/Procedure Approval (Eric Ireland)
- Update—Personnel Committee (closed session)
- Update—Public Health and Violence Prevention Activities (Eric Ireland)
- Update—Community Health Worker Progress (Joanne Pierce)
- Draft policy—Child Fatality Prevention Team Appointment (Gayle Harris)

INFORMAL DISCUSSION/ANNOUNCEMENTS:

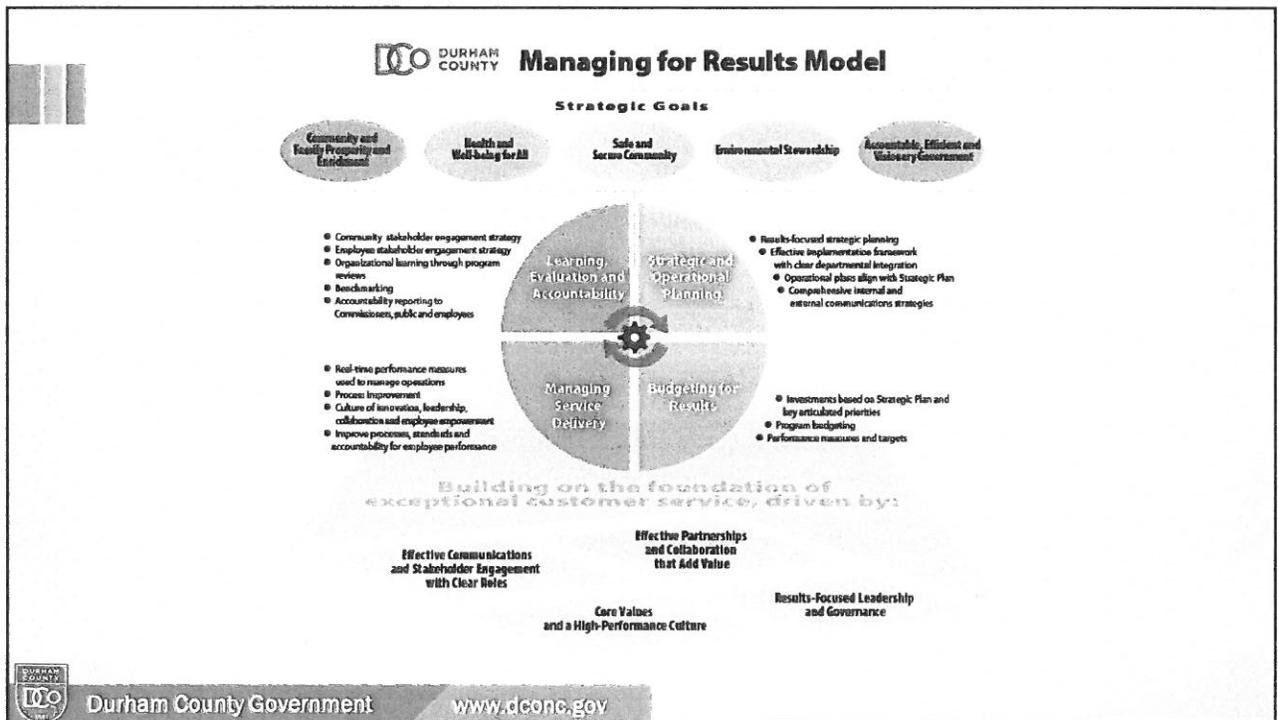
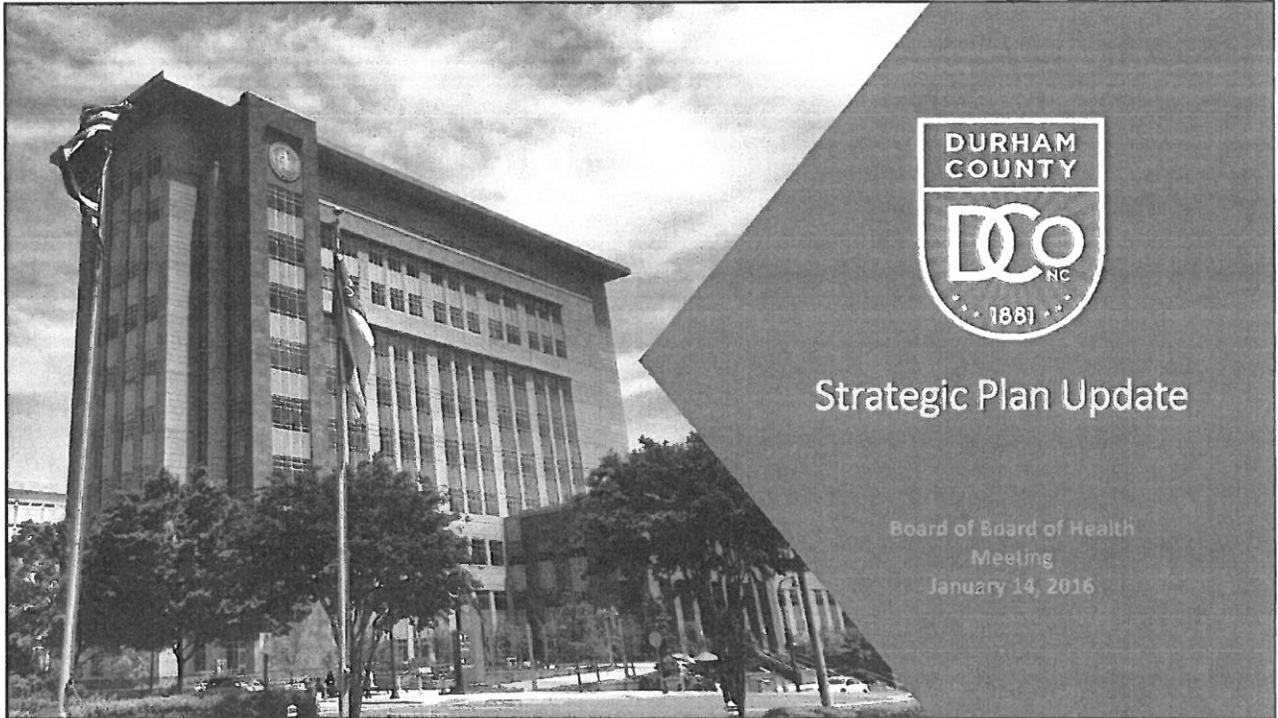
US Public Health Service Corp will provide volunteers to assist various with projects in the Durham community on January 18-19, 2016.

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January 14, 2016.

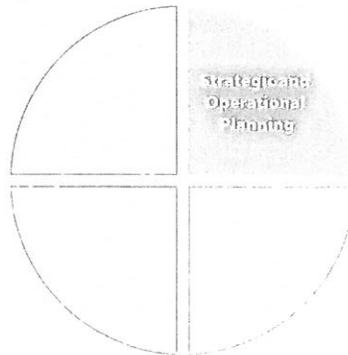
Dr. Jackson made a motion to adjourn the regular meeting at 7:00pm. Mr.
Dedrick seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director



Strategic Planning



Durham County Government

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Strategic Plan Refresh Process

- Strategic Planning Progress Team created process to:
 - Update objectives
 - Update measures
 - Create “strategy maps”
 - Vet drafts with community groups / issue experts

- Goals of “Refresh”:
 - Clarify what County can influence versus broader community desires
 - Better connect departmental work with strategic goals



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DCo Strategic Plan Goals

- Goal 1: Community and Family Prosperity and Enrichment
- Goal 2: Health and Well-being for All
- Goal 3: Safe and Secure Community
- Goal 4: Environmental Stewardship
- Goal 5: Accountable, Efficient and Visionary Government



Current Strategic Plan

Goal 2: Health and Well-being for All

Outcome Measures

- Percentage of adults and youth getting recommended physical exercise
- Incidence of cancer, heart disease and diabetes in adults
- Infant mortality rate
- Emergency room admission rate
 - Behavioral health
 - Physical health

Objectives and Intermediate Measures

Objectives

- Decrease health disparities within the community
- Strengthen the well-being of individuals and families through prevention and education
- Partner with community resources to increase access to health and wellness services
- Influence health lifestyle choices
- Target resources to greatest need

Intermediate measures

- Teenage pregnancy rate
- % of appropriately vaccinated children
- # of Kindergarteners with urgent dental needs
- % of high school youth using alcohol
- % of obese youth and adults
- # of Durham County residents admitted to State psychiatric hospitals
- % of residents with Medicaid Health Choice
- # of rabies vaccinations and quarantines and number of animals spayed and neutered





Current Strategic Plan

Initiatives

- 2 [YEAR 1] Provide community outreach about key health related issues through enhanced communications and public education
 - a Health fairs
 - b Lay health ambassadors
 - c Public education
 - d Vaccinations
 - e Abuse and neglect of children and adults
 - f Obesity
 - g Dependency on drugs and alcohol
 - h Mental illness
 - i Teenage pregnancy
 - j Medical identification and prescription drug cards
- 3 Explore feasibility of requiring Health Impact Analysis as part of Unified Development Ordinance
- 4 [YEAR 1] Expand crisis intervention teams among first responders to improve response of individuals experiencing behavioral health crises
- 5 Provide nutritional and physical education through new and/or existing programs
 - a Provide healthy cooking on a budget booklet and information for food stamp recipients
 - b [YEAR 1] Actively promote exercise for county staff and residents
 - c Identify vacant properties and other space for community gardens, co-ops and other urban agricultural initiatives
 - d Use local chefs and others to promote healthy eating
- 6 Registered dietitians
 - i Nutritionists
 - ii Health educators
- 7 Expand health services in targeted geographical areas for uninsured or underinsured
- 8 Increase the percentage of children and pregnant women receiving dental services through Medicaid
- 9 Expand low/no cost spaying, neutering, vaccinations and adoptions of Durham County animals
 - a Research partnership with DSS and Public Health clients with pets to receive spaying and neutering services
- 10 Implement recommendations of Durham Health Innovations
 - a Promote "Aging in Place" for seniors through physical and behavioral health initiatives designed to keep senior citizens in their homes



Example of Refreshed Goal



Durham County Strategic Plan Goal 2: Health and Well-Being for All
Department Core Service by Strategies

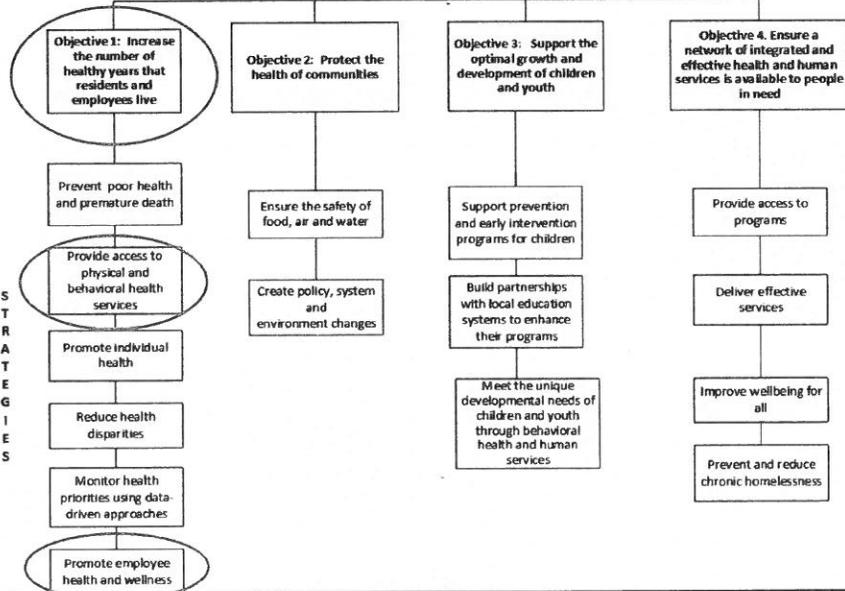
Objective	Strategy	Sub-strategy	Core Service	Department
Objective 1. Increase the number of healthy years that residents live	a. Initiate, implement and coordinate programs that prevent the leading causes of poor health and premature death, including injuries and violence b. Ensure access to affordable, appropriate and quality physical and behavioral health services c. Provide education that promotes individual health d. Implement policies and interventions to reduce health disparities e. Utilize data-driven approaches to monitor and focus on health priorities f. Drive employee wellness and health	a	HIV/AIDS Awareness and Testing	Youth Home
		a	Mobilizing community partnerships to identify and solve health problems	Public Health
		a	Nutrition	Cooperative Extension
		a	Animal Services (rabies)	Sheriff's Office
		b	Emergency ambulance response	Emergency Medical Services
		b	Medicaid, related programs	DSS
		b	Linking people to needed personal health care services and ensuring the provision of health care when otherwise unavailable	Public Health
		b	Transportation to appointments	Cooperative Extension, DSS
		b	Jail Medical	Public Health
		b	Prepare, Present and Rep. Claimants before VA	Veteran's Services
		b	Adult Protective Services	DSS
		b	Food and Nutrition	DSS

9

VISION STATEMENT - Durham County: a thriving, vibrant, diverse community with abundant opportunity for all residents to live, work, learn, play and grow.

Goal 2: Health and Well-Being for All

- Improve the quality of life through preventive, behavioral and physical care services
- Reduce barriers to access services



Health Goal tested the process

STRATEGIES



Objective:
Increase the number of healthy years that residents and employees live



Strategy:
Provide access to physical and behavioral health services



Measures:
% of eligible children enrolled in Medicaid;
% of adults who have received preventive services by household income;
% of eligible children and adults enrolled in SNAP;
% of households with access to the internet;
% of patients at annual visit with unplanned pregnancies;
% of adults with recommended vaccines;
% of MOC and their families using EAP;

Departments/Programs:
Alliance Behavior Healthcare
Cooperative Extension
Department of Public Health
- Medical Services
- Dental Services
- Nutrition Services
Department of Social Services
- Medicaid
- Medicaid Transportation
- In-home Aide Services
- Food and Nutrition Services
- Special Assistance
Emergency Medical Services
MBK
Library
Veteran Services

Objective:
Increase the number of healthy years that residents and employees live



Strategy:
Promote employee health and wellness



Measures:
Changes in overall HRA results of county employees (decrease in % of risk factors);
Decrease in number of employee chronic illness medications needed;
Decrease in employee health claims paid by county;
Percentage Workers Comp claims;
Number of employees and times fitness centers are utilized;
% of employees using Choose to Move at least weekly

Departments:
Human Resources
County Attorney/Risk Management
Public Health



How this will help Durham County

- Reflects our current work and overall strategies
- Better illustrates, connects and coordinates the work of departments
- Easier to see gaps and program alignment
- Easier to track performance and articulate the work of the County



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Strategic Planning: Creating “Line of Sight”

- As we refresh Strategic Plan, strategy maps will allow employees to see how their work in a program connects to County’s goals
- This “line of sight” clarity will be a main responsibility of supervisors and managers



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Strategic Plan Refresh: Next Steps

- Once goal leads identified, will begin refreshing all five goals
- Will occur in winter and spring 2016
- Will be gradual process, and one in which teams can learn from one another
- Desired end products: five strategy maps that will help frame decision-making around goals and strategies

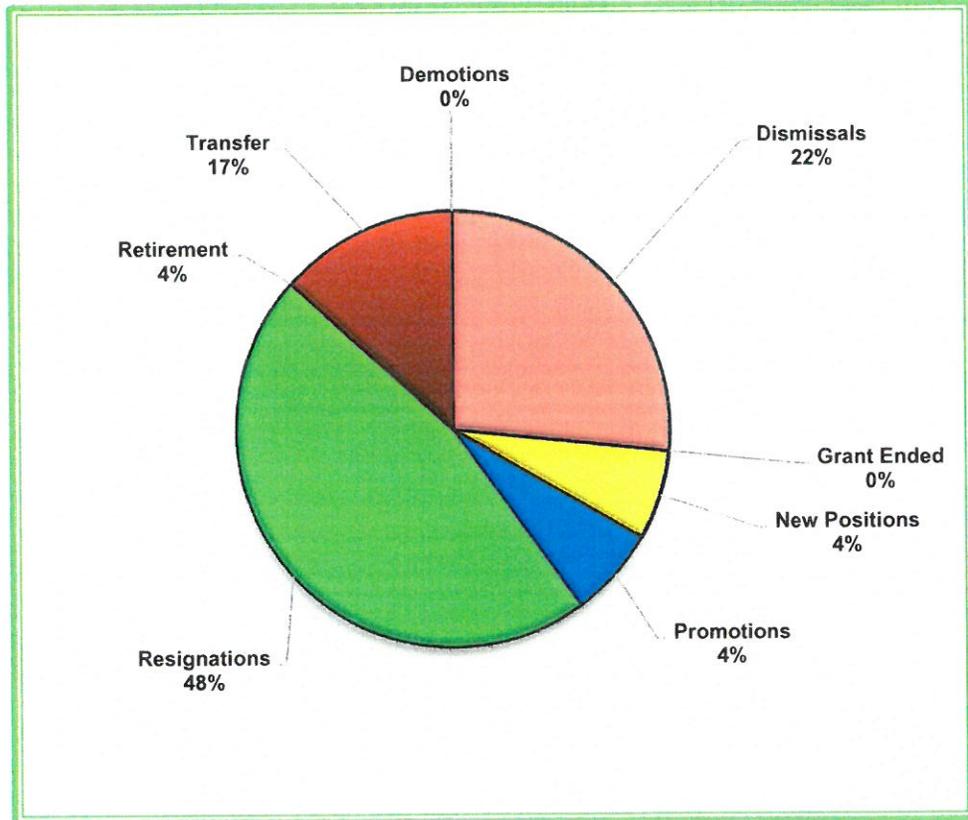


Questions



PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 12/31/2015

<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	4	5	22%
Grant Ended	0	0	0	0%
New Positions	1	0	1	4%
Promotions	0	1	1	4%
Resignations	1	10	11	48%
Retirement	0	1	1	4%
Transfer	0	4	4	17%
	3	20	23	100%



*3 positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

6 position(s) became vacant in December 15/16

20 position(s) were vacant out of 216 permanent positions, 212.52 FTE positions for December, 2015

total # of vacancies for Dec	20
total # of employees	216
% of vacancies	9%

VACANT POSITIONS in FY 2015/2016
Month Ending: December 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	11/9/15	
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30, 10/28	1/30/15, 2/6/15, 5/15, 11/6	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15, 8/24, 12/10/15	3/27/2015, 9/4/15, 1/30/16		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	
40008575	Nutrition Specialist	5/1/15	6/1/2015, 10/5, 10/29	6/12/15, 6/26, 10/24, 12/4		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, 11/16	7/31/15, 8/7/15, 9/18, 1/15		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	
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15	10/12/15	10/23/2015, 11/13		VACANT
40003400	PH Nurse Program Mgr	9/25/15	10/5/15	10/16/2015, 12/4/15, 1/23/16		VACANT
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15		
40001119	Physician Extender	10/1/15	11/2/2015, 12/13/15	11/28/2015, 1/8/16		VACANT
40001153	Env Health Specialist	10/15/15	10/12/2015, 10/28	10/23/2015, 11/6		VACANT
40007630	Sr PH Nurse	10/30/15	11/9/15	11/27/15		VACANT
40001009	Medical Lab Technician	11/6/15	11/16/15	11/27/15		VACANT
40001140	Sr PH Nurse	11/17/15				VACANT
40001083	Sr PH Nurse	11/20/15	10/26/15	11/6/15		VACANT
40001052	PH Nurse Supervisor	12/4/15				VACANT
40001164	Env Health Specialist	12/15/15				VACANT
40001014	Sr Medical Lab Assist	12/16/15				VACANT
40001156	Env Health Specialist	12/18/15				VACANT
40001165	Env Health Specialist	12/18/15				VACANT
40001142	PH Nurse Supervisor	12/31/15				VACANT

*New Position

Total # of vacancies as of December 31, 2015 = 20

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
December 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO.	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.
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.	
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.	
5/7/2015	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.	
9/28/2015	6101 Check 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.	11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Washline is being redirected to conventional system.
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.	
11/19/2015	102 Hardscrabble Ln	No Subsurface Operator	12/19/2015	N	N		EH has not received system management reports as required by rule.	
11/25/2015	518 Pleasant	Surfacing Effluent & Unpermitted Repair Work	12/26/2015	N	N		Failing Low Pressure Pipe system has been excavated without permit.	
11/30/2015	1912 Torredge	Surfacing Effluent	12/30/2015	N	N		System is discharging to ground surface.	
11/30/2015	6448 Guess Rd	Surfacing effluent	12/30/2015	N	N		Pressure manifold is damaged.	8/19/2015 - USPS returned NOV as non-deliverable. 11/30/2015 - NOV hand delivered.
12/21/2015	8405 NC HWY 751	Surfacing effluent	1/21/2016	N	N		Massive drainfield failure. Municipal sewer is available on the lot.	
12/23/2015	310 N Fork Lane	Repair area destroyed by construction of pond	1/23/2016	N	N		Area reserved for repair has been destroyed by construction of a pond. An intent to revoke Improvement Permit has been issued.	

ENVIRONMENTAL HEALTH							
Compliant-Notices of Violation							
December 2015							
NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	Y	12/16/2015	Surfacing effluent **12/16/2015 - NPDES System has been installed** 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).
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	Y	12/7/2015	Sewer disconnected **12/7/2015 - City of Durham Public Works confirmed house is connected to sewer.** 4/20/2015 - House is unoccupied
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	Y	12/7/2015	EH has not received system management reports as required by rule. **12/7/2015 - EH has received operation and maintenance reports from the Certified Operator.**
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	Y	11/30/2015	Septic tank lid has collapsed. 5/19/2015 - Repair permit issued. ** Septic tank replaced**
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	Y	11/30/2015	Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available. **11/30/2015 - Parcel is connected to municipal sewer. Building Inspections has parcel condition on permit for subsurface analysis due to tank placement.** 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.
10/28/2015	8307 N Roxboro Rd	No Subsurface Operator	11/27/2015	N	Y	11/27/2015	Little River Community Complex - EH has not received system management reports as required by rule. **11/30/2015 - Report has been received by Environmental Health.**
10/28/2015	9008 Quail Roost Rd	No Subsurface Operator	11/27/2015	N	Y	11/9/2015	Mangum Elementary School - EH has not received system management reports as required by rule. **11/9/2015-EH has received operation and maintenance reports from the Certified Operator.**

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.**	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued. House is unoccupied.
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over	1/31/2015	N	Y	10/22/2015	Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sand filter on property. Unoccupied house.	4/20/2015 - House remains unoccupied 6/20/2015 - 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.
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, NCOWCIB 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/repared.