

A Regular Meeting of the Durham County Board of Health, held June 14, 2012 with the following members present:

John Daniel, Jr., MD; James Miller, DVM; Nancy Short, DrPH, RN, MBA; Heidi Carter, MSPH; Stephen Dedrick, R.Ph, MS; F. Vincent Allison, DDS, and Teme Levbarg, MSW, PhD

Excused Absence: Sue McLaurin, M. Ed., PT; Michael Case, MPA; and Jill Bryant, O.D, F.A.A.O

Absent: Commissioner Brenda Howerton

Others: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Tekola Fisseha, Robert Brown, Dr. Jim Harris, Sue Guptill, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Matt Leicester, Wanda Wilkins Dr. Maria Small, and Dr. Monique Anderson

CALL TO ORDER: Vice-Chairman Jim Miller called the meeting to order at 5:15pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Dr. Allison made a motion to make the following additions to the agenda. Dr. Levbarg seconded the motion and the motion was approved.

- Agenda Action Form to Amend Correct Care Solution Contract
- Healthy Communities Budget Amendment (\$6,206)
- Medicaid Cost Report/Settlement

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Short made a motion to approve the minutes for May 10, 2012 meeting. Ms. Carter seconded the motion and the motion was approved.

PUBLIC COMMENTS:

Ms. Wanda Wilkins, citizen, would like to see the Board of Health meetings advertised on cable TV for residents who don't subscribe to the newspaper.

STAFF/PROGRAM RECOGNITION:

Mr. Robert Brown recognized Matt Leicester, Local Public Health Preparedness Coordinator, for his selection by NACCHO (National Association of County and City Health Officials) to serve a two-year term as a member of a public health/ emergency management workgroup within that organization. The goal of the workgroup is to improve the collaboration between public health and emergency management. Mr. Leicester was also selected by the Central Regional Office of North Carolina Public Health Preparedness & Response to serve as one of 6 mentors to new preparedness coordinators on best practices/examples.

Mr. Leicester's job duties require a leadership role in developing / updating the Strategic National Stockpile (SNS) plan and establishing The Medical Reserve Corp.

The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.

The first line of support lies within the immediate response 12-hour Push Packages (PP). These are caches of pharmaceuticals, antidotes, and

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medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

The mission of the Durham County Medical Reserve Corps is to improve the health and safety of our community through training, organizing and utilizing public health, medical and other non-medical volunteers to assist with medical care during disasters, major disease outbreaks or community events and education. The Medical Reserve Corps is recruiting for non-medical volunteers to assist in overall events that may require some assistance in the public.

The board requested a presentation on the roles of preparedness/emergency management and surge planning coordinated through the hospital.

Ms. Chandra Green, Tobacco Prevention and Control Branch presented Gayle Harris and Attorney Bryan Wardell with the Mighty Mouse Tobacco Advocacy Challenge Award for building support to pass North Carolina's strongest local smoke-free rule to date. The rule is effective August 1, 2012. The Mighty Mouse award is a memorial to Sally Herndon's sister "Celeste" who died of lung cancer. The award reads: "My sister, Celeste died of lung cancer at the age of fifty-one. She never smoked, but was exposed to second hand smoke long before we knew what we know now that this mysterious risk and there is no safe level of exposure. Here she is at a cancer survivor event in 2009. Celeste was a college volleyball player for a long time, she was only 5feet 3inches and the team called her Mighty Mouse because she was so powerful. In her honor I am sending her original print of Mighty Mouse out to help make North Carolina communities be smoke-free. The award will be passed on from one advocate to another.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report: (Activity 33.6) (Gayle Harris)**

The Board received a copy of the vacancy report which includes information on the currently vacant positions (10.2 FTEs) in May (39% resignations, 22% retirement, 10% reclassification and 29% transfer). The Project Manager; Processing Assistant III, Public Health Nurse I, Public Health Educator positions are in the process of being filled.

The board requested more information on an average vacancy rate, reasons for leaving and a salary study.

- **Additional Fees To Be Included in Budget Ordinance: (Activity 33.6) (Gayle Harris)**

The additional fees for Dental, Nutrition, Environmental Health and Community Health were recommended to the board for approval.

New Fees FY 2013

<u>Procedure</u>	<u>Procedure Name</u>	<u>Recommended Fees</u>
*Laboratory Fees FY2013		
80048	Basic Metabolic Panel	\$12.40
80053	Comprehensive Metabolic Panel	\$13.06
80076	Hepatic Functions Panel	\$12.40
80061	Lipid Panel	\$21.18
84520	BUN (Blood Urea Nitrogen)	\$6.10
82310	Calcium	\$7.97
82374	Carbon Dioxide	\$7.56
82435	Chloride	\$7.10

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82565	Creatinine (blood)	\$7.93
82570	Creatinine (Urine)	\$8.00
82947	Glocuse	\$6.07
84132	Potasium	\$7.10
84295	Sodium	\$7.45
82040	Albumin	\$7.66
82247	Bilirubin, Total	\$7.77
82248	Bilirubin, Direct	\$7.77
84075	Alkaline Phosphatase	\$8.00
84450	Aspartate Amino Transferase (AST)	\$8.00
84460	Alanine Amino Transferase (ALT)	\$8.18
83540	Iron	\$10.03
82465	Cholesterol, Total	\$6.72
84478	Triglycerides	\$8.91
84550	Uric Acid	\$6.99
84155	Total Protein	\$5.66
84156	Total Protein, Urine	\$5.66
86901	Rh	\$4.61
86850	Antibody Screen	\$18.02
82728	Ferritin	\$21.08
82746	Folic Acid	\$22.74
82607	Vitamin B12	\$23.31
84436	Free T4	\$13.95
84443	TSH	\$25.21
84702	BhCG	\$13.53
86592	RPR	\$6.60
86593	RPT Titer	\$6.83
81003	Urinalysis	\$3.48
81015	Urine Micro	\$4.70
87086	Urine Culture	\$12.48
87210	Wet Prep	\$5.90
87205	Gram Stain	\$6.60
87164	Dark Field	\$9.80
87081	Gonorrhea Culture	\$8.93
87490	Chlamydia by DNA probe	\$31.00

<u>Procedure</u>	<u>Procedure Name</u>	<u>Recommended Fees</u>
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***Dental Fees**

D1205	Prophy w/Fluoride Adult	\$51.69
D1330	Oral Hygiene Instruction	\$46.00
D2970	Temp Crown (fractures tooth)	\$240.00
D3110	Pulp Caps	\$20.00
D3310	Endodontic Therapy Anterior Tooth	\$236.00

***Nutrition Fees FY2013**

97804	MNT group visit, 30 minutes	\$8.98
S9465	Diabetic Management (BCBS)	\$43.13

***Environmental Health Fees FY2013**

Mobile Food Unit/Push Cart Plan Review Proposed fee for FY2013 \$75.00

***Community Health**

90675	Rabies Vaccine	\$229.00
90713	IPV	\$30.99
99201	OV, New, Minimal	\$50.00

Well child Clinic Initiative Fees FY2013

99381	Initial comprehensive preventive medicine evaluation and management of an	112.50
99382	Initial comprehensive preventive medicine age 001-004	112.50
99383	New pt physical exam: 5 to 11 years	112.50
99384	New pt physical exam: 12 to 17 years	112.50
99385	New pt physical exam: 18 to 39 years	112.50
99391	Periodic comprehensive preventive medicine reevaluation and management of an	112.50
99392	Estab. pt physical exam: 1 to 4 years	112.50
99393	Estab. pt physical exam: 5 through 11 years	112.50
99394	Estab. pt physical exam: 12 to 17 years	112.50
99395	Estab. pt physical exam: 18 to 39 years	112.50

Dr. Nancy Short made a motion to ratify the existing FY 12-13 fee schedule to include the additional fees with a correction to dental fee D1205. Dr. Teme Levbarg seconded the motion and the motion was approved.

- **Health Director's Report: (Activity 39.2) (Gayle Harris)**
Division / Program: Nutrition Division and Human Resources
Benefits Office / Bariatric Surgery Interest Groups for Employees

Program description

- Bariatric Surgery Interest Group meetings were recently offered to Durham County employees.

Statement of goals

- To provide an opportunity for employees considering bariatric surgery for weight loss to interact with employees who have previously had the surgery.
- To educate interested employees on the types of bariatric surgery available and the lifestyle and diet changes involved after surgery.

Issues

- **Opportunities**
 - 65% of Durham County residents are overweight/obese (data from 2011 Durham County Community Health Assessment).
 - Bariatric surgery may be a treatment option for some employees.
 - The County Manager has encouraged exploring providing support groups for employees who have had bariatric surgery.
 - Support and/or information groups related to bariatric surgery has been requested as part of an initiative for the Durham County Strategic Plan Goal 2, *Health and Well-being for All*.

Implication(s)

- **Outcomes**
 - Two “lunch and learn” sessions for employees were held in May.
 - Sixteen county employees attended the sessions.
 - The sessions provided an overview of bariatric surgery and discussions of lifestyle changes needed prior to and after surgery.
 - Employees who have had surgery shared their “stories” with employees contemplating surgery.
 - A question and answer session between those attendees considering the surgery and those who had surgery completed the sessions.
- **Service delivery**
 - The Nutrition Division and the Human Resources Benefits Manager collaborated to plan, advertise, and sponsor the sessions.
- **Staffing**
 - Health Department registered dietitians facilitated the groups and provided the educational component about the types of bariatric surgery and required lifestyle modifications.

Next Steps / Mitigation Strategies

- The Health Department Nutrition Division will offer monthly interest groups to the participants who have participated in the first two sessions and as well as to other interested employees.

Division / Program: Nutrition Division / DINE for LIFE, Junior Iron Chef Durham (JICD)

Program description

- Junior Iron Chef Durham (JICD) is a series of culinary-based nutrition classes.
- The classes reinforce academic subjects like math, reading, and science while teaching leadership and teamwork skills. JICD uses unconventional methods to excite the students about health and wellness, such as competition and social media.
- JICD was conducted with students in the Citizens Schools after school program at Lowes Middle School.

Statement of goals

- Increase health and nutrition knowledge.
- Improve self-efficacy to prepare healthy meals at home and make healthy food choices while eating away from home.
- Ultimate goal is to reduce overweight, obesity and chronic disease risk in Durham's at-risk youth and their families.

Issues

- **Opportunities**
 - According to the recent 2011 Durham County Community Health Assessment, obesity rates are on the rise. Approximately 28% of high school students are overweight or obese.
 - According to the 2009 Durham County Schools Youth Risk Behavior Survey, eating supper at home with family [is one] behavior associated with healthy eating. Approximately 58% of those surveyed in the community health assessment eat out two or more times per week.
 - JICD builds and improves students' self-efficacy to choose and prepare healthy meals and snacks at home. Each student receives a cookbook at the end of each series filled with nutritious, low-cost recipes; some recipes they prepared in class and others are of equal nutritional value and comparable skill requirements. Students are also given a variety of cooking equipment (spatulas, measuring cups/spoons, pot holders, etc.) throughout the series to help with meal preparations at home.
- **Challenges**
 - Facilities often have limited space and access to the necessary food preparation requirements (i.e. sink, oven, electrical outlets, etc.).
 - The process to adequately and safely facilitate a culinary focused lesson can be labor-intensive for a single staff person.
 - Preparing simple recipes the students like and can share with their families each class session can become costly. Lessons and recipes must be monitored very closely to ensure they are within budget.

Implication(s)

- **Outcomes**
 - Students were exposed to a variety of new healthy ingredients including tofu. Students prepared 'Power Smoothies' made with tofu to share with their families and guests at a campus event held May 4th to rave reviews.
 - Each week focused on a different healthy eating topic (i.e. MyPlate, whole grains, reducing "bad" fats, etc.) and a new culinary skill (i.e. knife skills, measuring techniques, sautéing, etc.). Topics and concepts increased in complexity as the series progressed.

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- Students displayed their nutrition knowledge and culinary ‘know-how’ at the end of the semester at an event held for students, families, and guests. Students prepared smoothies to taste made with a mystery ingredient (tofu) to rave reviews from guests, while discussing the nutritional benefits of all smoothie ingredients.
- **Service delivery**
 - Students were divided into two teams to prepare healthy recipes. Each team works together to prepare a different recipe.
 - Students met with one registered dietitian and are taught hands-on nutrition and culinary lessons once per week for 10 weeks.
- **Staffing**
 - JICD is delivered by one DINE nutritionist. Dietetic interns assisted with program delivery when available.

Next Steps / Mitigation Strategies

- Increase variety in the lessons taught by creating and adding a multi-cultural curriculum to the current JICD curriculum. This will expose students to a variety of cultures and their food related traditions.

Division / Program: Community Health / School Health Program

Program description

- The purpose of the School Health Program is to develop, establish and maintain a comprehensive School Health Program through a collaborative effort with educators and health personnel.
- School Health staff assists schools in setting and implementing health goals and addressing the health needs of individual students.

Statement of goals

- Develop, establish and maintain a comprehensive School Health Program.
- Conduct programs that meet the individual needs of individual schools.
- Maintain close collaborations with partners.

Issues

- **Opportunities**
 - An organized middle school mass vision screening program will provide the opportunity to identify vision problems in sixth grade students.
 - School nurses will partner with school staff to pilot a program to mass screen sixth grade students in two middle schools during first quarter of the 2013 school year.
 - A health issue with the potential to adversely affect a child’s academic performance and academic outcomes can be identified and mitigated.
- **Challenges**
 - To coordinate and provide a mass screening program that will minimize and/or avoid interference with instructional time.
 - To assure the availability of qualified screeners in the middle school setting.
 - To assure access to resources and support for families to secure care for children who require follow up.

Implication(s)

- **Outcomes**
 - Identification, referral and support for the resolution of vision problems in sixth grade students.

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- **Service delivery**
 - School nurses will organize the screening program.
 - School personnel and volunteers will mass screen sixth grade students using the Snellen letter test wall chart.
 - Nurses will rescreen, with parental consent, individually referred students who fail the initial screening.
 - Nurses will send letters which explain results and identify referral recommendations for eye care professionals to parents/guardians of students who fail the re-screening.
 - Nurses will continue to screen all students referred for Exceptional Children's services.
- **Staffing**
 - Middle and High Team School Health staff.

Next Steps / Mitigation Strategies

- School nurses will track the secured care rate for these students to assist in future planning of middle school mass vision screening programs.

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

Program Description

- The Dental Division was one of ten Public Health Departments to receive a grant from Blue Cross & Blue Shield of North Carolina (BCBSNC) in 2010-2012, in an effort to build a safety net to ensure dental care to underserved populations.
- A major portion of the grant allowed the Division to work with Safety Net Solutions, a program providing dental practice management consulting.

Statement of Goals

- To improve access to care (number of patients, visits, and procedures).
- To decrease the clinic no-show rate.
- To increase revenues (evaluating fee schedules, the payer mix, and scheduling practices).

Issues

- **Opportunities**
 - Working with Safety Net Solutions to discern strategies to improve clinic outcomes.
 - Empowering dental clinic team members to assist with implementing changes in the scheduling and registration processes.
 - Promoting initiatives that aid the Department in increasing revenues.
- **Challenges**
 - Obtaining and maintaining cooperation in new scheduling template, appointment practices (including accommodating emergency and late patients), etc.
 - Ensuring provider coverage in the clinic 4.5 days a week so that the Division does not cancel patient appointments.
 - Working with the front desk to implement new fee schedules.
 - Encouraging patients to register for Medicaid and tracking their responses.
 - Providing adequate training so staff can work within the Insight and Dentrix software systems to ensure patient and billing information is correct.

Implication(s)

- **Outcomes**
 - The Dental Division has met goals related to number of patients (averaging over 25 patients per day over the past 10 in the clinic and seven per day on the Tooth Ferry over the same period).
 - The clinic no-show rate has dropped to 29% over the past 10 months (from 33-35% last year).
 - The payer mix has improved—the number of patients with Medicaid coverage has exceeded 50% for the first five months of 2012 (as compared with being in the 20% range when the consultants visited the Department in 2010).
- **Service Delivery**
 - Dental has engaged in many initiatives to enhance service delivery, including changing its clinic hours (opening 30 minutes earlier), maximizing treatment provided at each visit, improving patient flow, establishing production goals, and monitoring billings as well as encounter completion accuracy.
- **Revenue**
 - With process improvements in billing and an increase in patients seen, production charges have risen exponentially. (Production charges are the full charge of the delivered dental service.) By way of comparison, the production charges for May 2011 totaled \$40,910. In May 2012, production charges totaled \$112,757, an increase of 176%.
- **Other**
 - In May 2012, the Department received notification that Blue Cross & Blue Shield and Safety Net Solutions had finished an 18-month data review and commended the Dental Division team for the progress they had made in terms of access.

Next Steps / Mitigation Strategies

- Develop a plan to further reduce the clinic's no-show rate.
- Continue to increase the number of Medicaid recipients receiving care in dental clinic and on the Tooth Ferry.

Comment:

Dr. Allison asked if the dental clinic had thought about referring patients to private dentist to keep the patient from waiting to be seen in the clinic.

Response:

Patients are usually seen within 2 weeks and are called in earlier if the clinic has a broken appointment slot available.

Division / Program: Administration / Workforce Development

Program description

- Support and provide orientation, education, and workforce training for all Durham County Health Department (DCHD) employees that assures a well-trained, competent workforce prepared to provide excellent public health leadership, programs and services.
- Assurance of a competent public health and personal health care workforce is one of the ten essential public health services, and is required by the NC accreditation standards.

Statement of goals

- Assess training needs of DCHD employees annually.
- Support and/or facilitate access to workforce development opportunities that assures a well-trained, competent workforce and enables employees to successfully complete their annual training plans.

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- Support the development of future leaders among Department personnel.

Issues

- **Opportunities**
 - Durham County Human Resources Employee Relations Office agreed to work with the Health Department to pilot trainings for employees in leadership/management positions on-site in the Health Department.
 - Human Resources personnel met with DCHD Leadership Team to identify topics of interest for training sessions.
- **Challenges**
 - Logistics of arranging sessions, communications and setting up locations for training.

Implication(s)

- **Outcomes**
 - Thirty-eight employees in leadership/management positions were eligible to attend the three training classes which were mandatory. Only a few employees missed a class(es) due to excused leave (e.g., illness, FMLA).
 - Classes allowed employees to interact around and discuss management topics and provided opportunities for networking among employees with varying levels of management level experience.
 - Classes were designed to assure that all leadership/management personnel are up-to-date on selected personnel-related procedures/issues.
- **Service Delivery**
 - Classes were held on Friday afternoons with each class repeated once to allow smaller groups and allow employees to attend choose the Friday that worked best with their work schedule.
 - Three topics were taught by Human Resources personnel, including Disciplinary Process and Documentation Training (3 hours), Effective Personnel Recruitment and Hiring (3 hours), American with Disabilities Act Update (2 hours).

Next Steps / Mitigation Strategies

- Survey the participating employees and collaborate with Human Resources to conduct a fall leadership/management training series.

Division / Program: Environmental Health / Public Health Preparedness

Program Description

- The Preparedness Coordinator, Matt Leicester, has been selected to serve a two-year term as a member of a public health emergency management workgroup within NACCHO (National Association of City and County Health Officials).

Statement of Goals

- The goal of this workgroup is to find ways to improve the interaction and cooperation between local public health agencies and their emergency management offices.

Issues

- **Challenges**
 - Public Health Preparedness focuses on a number of issues that are similar in their dynamics to emergency management. Issues include Continuity of Operations Planning (COOP), All-

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Hazards Plans, Radiation Emergency Plans, Incident Command System (ICS), Emergency Action Plans, and more.

- Currently, the Preparedness program operates under the Public Health Emergency Preparedness (PHEP) grant. Emergency management has a part in the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant. These grants have both recently developed capabilities to assign goals and performance measures that must be met to better prepare our communities.
- In other areas, public health tends to operate independently of their local emergency management agencies. This leads to unfamiliarity with the capabilities of both agencies, as well as often times a duplication of efforts and services that could be otherwise better utilized.

Implication(s)

• **Opportunities:**

- This appointment will provide great exposure not only for Matt Leicester, but also for the DCHD. It will put both in a spotlight highlighting the work that is being done here. This exposure will occur on a national level and will include partners across various different state and federal governmental agencies.
- The opportunity exists for the DCHD to be at the forefront of the evolving Preparedness landscape and to more closely align our goals within the PHEP grant to those within the HPP grant.
- This workgroup will find ways to collaborate and facilitate discussion and interactions between agencies to find new ways to work together to resolve gaps in services including Medical Surge, Mass Care (sheltering), Volunteer Management, Mass Fatality, and more.

• **Outcomes**

- One outcome will be to continue improving our already strong relationship with Durham County Emergency Management and to close the service gaps within Durham County.
- This will be accomplished through continued collaboration at meetings and workgroups within the county to create more combined plans and pooling of resources to better meet the needs of our community.

• **Service Delivery**

- This workgroup should help provide methods to reduce duplication of efforts to make our service delivery more efficient and economical for the citizens of Durham County.

• **Staffing**

- The only staff impacted will be the Preparedness Coordinator who will be responsible for conference calls, trainings, and possible face-to-face meetings to work on projects identified within the workgroup.

Next Steps/Mitigation Strategies

- A conference call was held on June 13 to provide orientation to the workgroup and provide initial information and oversight for the goals and strategies of the workgroup.
- A follow-up report will be provided at a later date with updates on the progress of this workgroup.

Division / Program: Environmental Health / Public Health Preparedness

Program Description

- The Preparedness Coordinator, Matt Leicester, has been selected to serve as one of 6 mentors for the Central Regional Office (CRO) of North Carolina Public Health Preparedness & Response.

Statement of Goals

- The goal of these mentors will be to provide peer support to the central region in the areas of planning, training and technical assistance.
- This would primarily involve working on special projects in a group setting (mostly virtual). It may also include special requests to work one-on-one with a Preparedness Coordinator (PC) in need of additional peer support with certain aspects of the PC role and/or overall county program.

Issues

- **Opportunities**
 - By serving as a mentor, Matt Leicester will be asked to share the plans for the DCHD as a best practices model for what should be done to meet the capabilities.
 - Matt will also serve as a mentor for assisting other PCs in the region who may be new to their roles, and assist those that need help with their SNS plan.
 - By serving as a mentor, Matt will also get to see what other counties are also doing. In some cases, these counties may be using different methods or concepts that could be used to improve the DCHD program.
 - This provides further exposure for both Matt and the DCHD as a model Preparedness Program within the State.
- **Challenges**
 - Currently, the Preparedness program operates under the Public Health Emergency Preparedness (PHEP) grant. During FY 12, each state was tasked with determining the readiness of their preparedness programs within the state.
 - The CDC produced a list of 15 Preparedness Capabilities that every Preparedness program, both at the state and local level should be able to either provide or have arrangements in place to have others provide. These capabilities were:
 - Community Preparedness
 - Community Recovery
 - Emergency Operations Coordination
 - Emergency Public Information and Warning
 - Fatality Management
 - Information Sharing
 - Mass Care
 - Medical Countermeasure Dispensing
 - Medical Materiel Management and Distribution
 - Medical Surge
 - Non-Pharmaceutical Interventions
 - Public Health Laboratory Testing
 - Public Health Surveillance and Epidemiological Investigation
 - Responder Safety and Health
 - Volunteer Management
 - As part of the FY 12 grant, each county was tasked with determining their ability to meet these 15 capabilities. There were no right or wrong answers, but rather the goal was to determine the gaps that existed within the program.

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- Over the remaining portion of the 5-year grant cycle, each county will work to minimize those gaps and find ways to get each capability to a fully-in-place status.
- These mentors will provide assistance to help other counties develop their plans and make contacts to help the counties receive assistance from other agencies within their community as needed. This is a tremendous undertaking for a larger county such as Durham, but it is even more difficult for a small county with less resources.

Implication(s)

- **Outcomes**
 - There are no measurable outcomes for the Preparedness Mentors Program at this time.
- **Service Delivery**
 - There will be no impact on service.
- **Staffing**
 - Matt Leicester will be responsible for conference calls, emails, and possible face-to-face meetings to work on this initiative.

Next Steps/Mitigation Strategies:

- Workgroup will identify capabilities that will be the region's focus during the first phase of the project
- Workgroup will review county specific completion level data, which will also include those with "best practice" plans, in order to identify gaps, suggest corrections and to recommend next steps.

Division / Program: Environmental Health / General Inspections

Program description

- The Environmental Health General Inspections section has designed a pest management action plan template to assist lodging establishment managers in specifically targeting bedbug infestations in establishments identified with recurring bedbug complaints.

Statement of goals

- To prevent and control the spread of communicable disease by promoting the improvement of public health and environmental quality related to institutional sanitation through educational initiatives

Issues

- **Opportunities**
 - Environmental Health has recognized the need for an action plan addressing bed bugs in lodging establishments.
 - Annual sanitation inspections do not address pest control with a frequency that provides proprietors with enough empirical evidence to develop a pest management plan targeted at bedbugs and general pest control services do not target routine treatments for bedbugs adequately.
 - Environmental Health has enlisted a State bedbug expert to help develop specific guidelines to help proprietors address bed bug infestations.
- **Challenges**
 - Lodging proprietors often do not have the training or skills to address resurgent bedbug infestations in their establishments.

Implication(s)

- **Outcomes**
 - This template provides effective guidance to lodging establishment management in the creation of a proactive

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integrated pest control management action plan to control bedbug populations.

- The goal is a reduction in the number of bedbug complaints placed to Environmental Health and lodging establishment management.
- **Service Delivery**
 - Written instruction and assistance in development of a pest management plan should help to reduce the incidence of complaints. Regular follow up by Environmental Health inspectors to monitor continued adherence to the control plan will ensure long term success.
- **Staffing**
 - Successful implementation should reduce the amount of time staff spend investigating bedbug complaints.
- **Revenue**
 - No effect on revenue is anticipated

Next Steps / Mitigation Strategies

- Two establishments are currently in the process of implementing their action plans.
- Plans will be refined as needed.
- The protocols for action plan development will be shared at Environmental Health district educational meetings to assist other County programs.

Division / Program: Environmental Health / General Inspections

Program description

- Environmental Health provided a 3-hour educational food safety training for Durham City Parks and Recreation Department on May 24th and a second presentation was provided on June 7. The Durham City Parks and Recreation Department sponsor cookouts and also serve children foods catered from Durham Public Schools.

Statement of goals

- To prevent and control the spread of communicable disease by promoting the improvement of public health and environmental quality related to food safety through educational initiatives.

Issues

- **Opportunities**
 - This was an opportunity to reach an audience of volunteer and non-professional food service people that are not part of the typical regulatory inspection routine.
 - The presentation began with a ‘glo-germ’ hand washing exercise. “Glo-Germ” is a valuable teaching tool for hand washing that visually demonstrates through the use of a black light and a phosphorescent compound that even when a person thinks they have washed their hands diligently, there can still be some of the phosphorescent compound left behind (that represents soil and bacterial contamination).
 - The second part of the presentation reviewed the food establishment grade sheet. Using the grade sheet as a guide for each food safety topic, the science behind the topic and best practices for food safety were explained. We had lots of questions.
 - A power point presentation was provided at the end to tie together the hand washing exercise, the grade sheet and best food handling practices.

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- **Challenges**
 - Providing information to groups like this one will require ongoing educational initiatives.

Implication(s)

- **Outcomes**
 - Twenty six people were in attendance for the first afternoon of presentations and seventeen were present on the second day. Program evaluations were universally positive.
- **Service Delivery**
 - Opportunities like this help to strengthen interagency connections that can affect regulated activities. Durham City Parks and Recreation Department sponsors and coordinates many events throughout the City and County every year many that involve Environmental Health in a regulatory capacity.
- **Staffing**
 - Staff time invested is part of our educational mission.
- **Revenue**
 - No effect on revenue is anticipated.

Next Steps / Mitigation Strategies

- Provide programs to agencies that need food safety education as opportunities are identified and requests are received

Division / Program: Administration / Information Technology

Program description:

- DCHD uses information technology to decrease the time it takes to design, deliver, and market the benefits and services it offers, increase access to information, document care, bill for services delivered, and integrate value-added functions.

Statement of goals:

- To employ expanded use of modern technologies
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization

Issues

- **Opportunities**
 - Fully implement software and other strategies to streamline registration and check-out process
 - Work with the Technology Committee of the NC Association of Health Directors and use state-provided algorithm to determine Department's eligibility to receive meaningful use incentives.
 - Identify opportunities for improvement in label printing process involving Central Intake, Laboratory and Clinical Services
 - Standardize software security permissions to protect staff and clients.
 - Clarify what is required by Medicaid for demographics to ensure data integrity.
 - Incorporate Medicaid changes in our billing system (Insight).
 - Create appointment reminders labels to help streamline processes.
 - Data Reports are improving with the data corrections and generated by the Application Administrator.
 - Configure Laserfiche to supports individual clinics.

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- **Challenges**

- Insight is fraught with complexities and barriers that limit onsite manipulation.
- The State Avatar system is having difficulties with processing data which delay our submission and reporting.
- Generating reports from Insight that are usable and provide the information needed to make operational decisions is difficult.
- Laserfiche is currently active in the Health Department. We need to preserve data integrity but also expand its use so that client data is located by clinic, in addition to, a master medical record.
- Response time with Netsmart continues to be inadequate

Implication(s)

- **Outcomes**

This project has revealed a number of issues, both with regard to the software system being used for billing and encounters, and our need to shore up IT-related training.

- Formally evaluate the effectiveness of applications and infrastructure in the department's inventories and portfolio.
- Plan, organize, and control the maintenance of technology to ensure DCHD routinely replaces or retires obsolete assets.
- Enhance the ability to share data by:
 - determining and implementing the level of data integration required;
 - building and maintaining a program to ensure the modernism and peak performance of technology;
- Build awareness of the existence and benefits of support systems to promote interest, evaluation, and trial with an eye on enhancing decision quality.
- Ensure employees receive the proper devices, data and voice services, support, and training necessary to work effectively from.
- Implement the appropriate processes, policies, and standards to ensure the department manages its resources.
- Build awareness of the web and videoconferencing services DC IT offers and ensure program areas receive the level of conferencing services needed.
- Central Intake and Processing Unit staff received training on Insight registration, to correct problems in our registration process.

- **Service delivery**

- Our initial project deals with the inadequacies of our billing capabilities.
- System requirements are being gathered for a new EHR system.
- The current PH QI 101 project is looking at processes in Central Intake and the STD Clinic. The Business Analyst involvement has revealed processes both from a technology standpoint and operational stand point to improve service delivery.
- Accountability reports are generated on a weekly basis for Central Intake and Billing Staff.
- Maternal Health's processes have been updated to include a printed appointment reminder instead of hand written ones.
- Pharmacy has been prepped to collaborate with the Detention Center for prescription filling. A computer system and printers have been setup and tested.
- A label printer has been rolled out to test feasibility. Clients and staff have complimented on the quietness, speed, and clarity of printing labels.

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- A solution was located to activate a learning microscope in the lab.
- **Staffing**
 - A vacant position has been created for a Senior Systems Analyst which will provide in-house IT expertise to provide project management capabilities for our numerous software applications.
- **Revenue**
 - Once this project is complete, our ability to enter data and bill for our services will be markedly improved as will our revenue.

Next Steps / Mitigation Strategies

- Provide Insight Training (ongoing/as needed).
- Work with individual clinics to determine specific needs for and EHR software.
- Continue to gather feedback on new label printer. Purchase additional and roll out to remaining staff in lobbies.
- Patch Insight to 7.1.2 to correct ongoing issues. (Previously delayed due to clinic impact)
- Install a new Firewire card into a Laboratory computer to activate the learning microscope.
- Educate staff about the various data needed for Medicaid claims and the correct process needed to update a client's Medicaid record.
- Create and utilize an address and phone number field that will provide clinics a method to update a client's record that will not affect their Medicaid record.
- Ensure that the Pharmacy and Detention Center are able to process the prescriptions with the computer and printers.
- Gather information on how each clinic needs clients registered so processes can be streamlined.

OLD BUSINESS:

- **Smoke-Free Initiative Update (Activity 34.5)** (Gayle Harris)
 - Health Department has participated in two interviews (News 14 and NBC17)
 - Contact is being made to all county departments to educate them on the new smoking rule
 - A draft policy on the smoking rule is being developed that will be included in the new County Employee Handbook that states "employees can't use tobacco products in those places that it is prohibited and visitors, vendors must be apprised of the new smoking rule".
 - Billboards are in place
 - Data Transit is assisting with signage placement in the most utilized customer areas and educating the public.
 - Bullet points developed for DPAC, Carolina Theatre and Arts Council
- **Operating Procedures-Board of Health (Activity 37.2)** (Gayle Harris)

The Board received a clean copy of the operating procedures to be added to their Board of Health Notebook.

- **Strategic Plan (Activity 15.1)** (Gayle Harris)

A copy of the Strategic Plan was distributed to the Board.

Dr. Allison made a motion that the board review the document and revisit at another meeting.

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- **Food Safety Outreach To Seniors**

The Health Department has developed a newsletter surrounded around food safety issues. The health department is engaged in community outreach to educate and train the public in food safety. The board requested information on temperature controls for food.

- **SNS Stockpile**

There are no shortages in the SNS Stockpile.

- **Progress On Weight Of The Nation Townhall Meeting:**

A planning meeting is scheduled on June 28, 2012 to discuss logistics. Contact Rosalyn McClain if you would like to participate in the meeting.

- **Medicaid Cost Settlement** (*Gayle Harris*)

The health department will receive \$1,301,739.97 from the cost settlement report; however, this is the first time that individual cost reports have been prepared for local health departments. Additionally, a different methodology has been utilized. Medicaid has agreed to pay 90% (\$1,171,564.17) of the amount that is due. The remaining 10% (\$130,173.80) will be withheld until all paid claims can be compared to those included in the cost report. Based on the findings, the cost settlement will be finalized with either a check being requested from us or issued to us. This process will occur in about 18 months from now. There is a strong possibility that many additional claims will be paid that can attribute to the current cost settlement. Ms. Harris proposed placing \$390,000 in a restricted fund code for Public Health and adding \$781,564.17 to the Medicaid revenue for this fiscal year. If the department is required to repay Medicaid, the funds will be available. In the event that we are not required to make payment, funds will be used to support other applicable public health initiatives as required by the consolidated agreement with the State. Ms. Harris will invite Steven Garner to present the cost settlement process to the board at a future meeting.

Ms. Carter made a motion to place \$390,000 in a restricted fund code for public health and add \$781,564.17 to the Medicaid revenue for this year. Dr. Dedrick seconded the motion and the motion was approved.

NEW BUSINESS:

- **Letters of Support** (*Gayle Harris*)

The accreditation process requires that the Board of Health weigh in on letters of support that are sent out by the health department. Ms. Harris apprised the board on the following letters of support.

- Health Tools to Promote Effective Patient-Provider Communication, Adherence to Treatment and Self-Management of Chronic Diseases In Underserved Population. If funded, this grant will work with community groups and individuals in areas of chronic disease self-management.
- If funded, the health department will be used as a site for the SMS scheduled gradual reduction text messages to help pregnant smokers quit.

Ms. Carter made a motion to approve the letters of support. Dr. Short seconded the motion and the motion was approved.

Dr. Levbarg made a request that the Board is contacted when a letter of support is needed for future grant proposals.

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- **Budget Amendments** (Gayle Harris)

The health department is requesting to approve a one year renewal contract between Durham County and Correct Care Solutions, to be administered by Durham County Health Department. The total amount of the contract is \$3,408,258.

Dr. Short made a motion to approve Correct Care Solution contract amendment in the amount of \$3,408,258. Ms. Carter seconded the motion and the motion was approved.

The Health Department requests approval to recognize funds in the amount of \$6,206 from the NC Department of Health and Human Services Division of Public Health to support the implementation of evidence-based strategies to promote active living and healthy eating in all 100 NC counties. The Healthy Communities program requires counties to conduct an assessment on the ability of low-resource populations to have access to healthy food and physical activity opportunities and then develop a plan to address these needs.

Dr. Short made a motion to approve the budget amendment in the amount of \$6,206. Ms. Carter seconded the motion and the motion was approved.

The Health Department has received notification that Duke has secured another grant from the Centers from Medicaid Medicare Innovations Center to work with diabetes in the Southeast. We are going to replicate what we are doing with Bristol Myers grant and get another team of staff (project manager, communication specialist, (2) Health Educators, (2) part-time community health workers, social worker and a registered dietitian) with a budget of \$679, 138.

Dr. Dedrick made a motion to approve the additional funds in the amount of \$679,138. Ms. Carter seconded the motion and the motion was approved.

The following funds were moved to the pharmacy cost center to allow the health department to be more cost effective in using the funds.

General Health	\$6000.00
TB	\$1000.00
Family Planning	\$16,330
Maternal Health	\$24,000

\$155,330 was placed in a revenue line so that we can collect the money and be able to reconcile the purchase of drugs and medications for the jail.

The health department received an additional \$9,000 for Public Health Preparedness. The funds will be used to purchase Quantitative Fit-Testing equipment.

INFORMAL DISCUSSION:

- July 12, 2012 Board of Health Meeting was cancelled.
- Board of Health Training August 7, 2012 from 1:00 – 4:00; regular Board of Health meeting August 9, 2012
- Free Dental Clinic (adults)-CAARE (Tuesday evenings)
- NCPHA poster presentation session – Department encouraged to submit poster for annual NCPHA fall conference.

Dr. Allison made a motion to adjourn the meeting at 7:30pm. Mr. Dedrick seconded the motion and the motion was approved.

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James Miller, DVM Vice-Chairman

Gayle B. Harris, MPH, Health Director