

A Regular Meeting of the Durham County Board of Health, held March 13, 2014 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Stephen Dedrick, R.Ph, MS; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN F. Vincent Allison, DDS; and Commissioner Brenda Howerton.

Excused Absences: Michael Case, MPA; Heidi Carter, MSPH; and Dale Stewart, OD.

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, James Harris, Dr. Arlene Sena, Dr. Miriam McIntosh, Chris Salter Melissa Downey-Piper, and Michele Easterling.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:08pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Chairman Jim Miller requested the following revisions to the agenda.

1. Item#9 Sliding Fee Scale Approval be moved to the end of the agenda
2. Item #7-personnel committee be moved to the end of the agenda

Dr. Levbarg made a motion to accept the adjustments to the agenda. Commissioner Howerton seconded the motion and the motion was unanimously approved.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Mr. Dedrick made a motion to approve the minutes for January 9, 2014 meeting. Dr. Fuchs seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Chairman Jim Miller recognized and welcomed the following graduate students that joined the Board of Health Meeting. He asked each student to introduce themselves: Kimberly Moye, Pfeiffer University; Turkeisha Brown, East Carolina University; Frank Demarco, East Carolina University; Valarie Worthy, East Carolina University; Jessica Cutler, Pfeiffer University; Michael Luttrell, Pfeiffer University; Sara Hamilton, Pfeiffer University; Irene Snow, Pfeiffer University; and Cary Wright, Pfeiffer University.

Ms. Harris stated that the Health Education Division applied for a chronic disease self management grant and received notification of the grant award from NACCHO in the amount of \$13,500 to expand diabetes self-management classes.

Ms. Harris also stated that follow-up information on questions posed from the Child Fatality Team Update has been provided to the Board.

Ms. Harris reminded the Board of Health of the 2014 Health Summit on Friday, March 21, 2014 at the Washington Duke. Rosalyn McClain will send the registration link to the Board of Health.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **ENVIRONMENTAL HEALTH SEPTIC SYSTEM PRESENTATION** (*Activity 14.2*)

Ms. Harris introduced the presentation by reminding the board of previous discussions regarding failing septic systems and consequences of non-compliance by homeowners. A staff subcommittee which included County Attorney Bryan Wardell met several times to explore ways to financially assist home owners of malfunctioning septic systems that are in need of repair, replacement, or connection to municipal sewer. Ms. Harris requested that the presentation be placed on the April BOCC agenda. Since the March BOCC Worksession was canceled, she was not sure if there is space on the April agenda. She will confirm the date and time of the presentation to the BOCC and apprise the Board.

Mr. Patrick Eaton, Environmental Health Onsite Water Protection supervisor provided the Board of Health with a preview of the discussion and solutions that the Public Health Department subcommittee would like to present at the April 2014 Board of County Commissioners (BOCC) work-session. The Public Health Department would like to establish a program to provide assistance to home owners.

Areas of Durham County outside of the corporate limits of the City of Durham are almost exclusively served by septic systems. Many of these systems have exceeded or will soon exceed their expected service life. Replacement septic systems can cost homeowners in excess of \$30,000. Many homeowners lack these resources and as residential developments from the 1970's and 1980's increase in age the incidence of septic malfunction will increase. Other jurisdictions in the United States and in North Carolina have addressed this issue through innovative programs that offer grants, no-interest, or low-interest loans to septic system owners. These programs aid in abating the public health hazard, avoiding property abandonment, or eviction via court order.

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

Comments/Questions:

Dr. Allison: How many septic systems do we have in the corporate limits of Durham?

Mr. Eaton: We estimate 1,400 that's based on looking at data for parcels that have taxable buildings, residential classifications in the tax, records and also cross referencing those with the sewer building records. So what we're look at is what is classified residential with a building value that doesn't have a connected sewer account.

Commissioner Howerton: So what do homeowners do that don't have the resources to fix the problems

Mr. Eaton: Right now I have to go to the County Attorney and present the Notice of Violation and most of the time when we are at that point we have tried to exhaust every avenue.

Commissioner Howerton: What kind of cost are we talking about?

Mr. Eaton: It could range from \$100 to over \$30,000 depending on site specific conditions.

Commissioner Howerton: You're talking about per site?

Mr. Eaton: Yes. Per site

Commissioner Howerton: So you don't have an overall cost?

Mr. Eaton: No, because it is hard to estimate, most folk do find the means to repair their systems it is hard to know. We looked at some income data but it was really out of date and it gave us garbage numbers that made no sense. We are trying to get some new census data to include in the geographic mapping processing that we have done on these system locations to try to give us an idea of how many people we think might meet the guidelines for assistance.

Dr. Fuchs: Is there a way for homeowners to proactively manage or know that their system is going to fail or potentially could fail?

Mr. Eaton: Sure. There are some great documents available that have some very simple maintenance tips and recommended behavioral habits - don't flush non-biodegradable items, keep food and grease out of the drain. These are the same habits that city sewer managers harp on over and over again in the water reports. Routine pumping every 3 to 5 years for a family of 4 can make a huge difference in the life of the system. Keeping succession growth off drain fields to prevent root intrusion that would ease damage. There are certainly some proactive steps that these septic system owners can take to help prevent premature failure. I have been in contact with Drew Cummings, Assistant County Manager, who is interested in working with us on a way to start pushing out information to septic system owners in the County to try to prolong the life as much as possible.

Dr. Fuchs: Is there a function in the County that actually goes out and accesses all of these?

Mr. Eaton: By rule any system that uses a pump that was installed after 1992 is inspected by the health department on a regular schedule. That ranges from annual to every five years depending on the system type. Gravity conventional systems have no monitoring requirements. So if it doesn't have a pump, we don't see it until there is a problem. We are not entirely sure of the location of a lot of the systems that were installed in the 60's and 70's. Everything after 1992 and 1999 has a special filtering requirement that has ground level accessible entry into the tank so it makes maintenance and monitoring a lot easier but unfortunately with the gravity systems there is no legal requirement for monitoring.

Dr. Levbarg: I was interested in seeing if there were some systems that could hook up to the city sewer. So in looking at creating programs one thing I would think would be important is to find some programs that would look at hooking up to city sewer.

Mr. Eaton: We are working with our partners in the City Public Works Department to determine if they have programs that might help folks connect to the city sewer. There are fourteen hundred systems in the city limits that could potentially benefit from such a program. There are nine hundred systems in the county that would have to petition for annexation before they could get any assistance. There is a \$250 annexation fee. I called the city and learned that a single parcel can be annexed without requiring the whole neighborhood.

Dr. Levbarg: My other question is do you have to connect to city water you can only be on city sewer? Is that correct?

Mr. Eaton: As of now that is correct. You can still have your well and be on city sewer. Those do exist, whether there will be a policy change in the future regarding that I can't predict but for today, yes you could maintain your well service and then they just assess a monthly sewer bill.

Ms. Harris: Patrick, please talk a little bit about our conversation with representatives from Self-Help Credit Union

Mr. Eaton: We sat down with Steve Reardon, Retail Branch Supervisor and Melissa Malkin-Weber, Sustainability Manager from Self Help. They are a full service credit union. He was very interested in what we are attempting to achieve. He is working with his staff to see what they could offer with risk-pools and interest draw downs. He is also checking to see what kind of loans products they can offer. Today, regardless, for someone with a credit score over 580 and certainly over 720 septic improvements are something they would make a loan. They consider that a perfectly good reason to take out a loan. In the past some banks have been hesitant to make those types of loans. We are looking at what we could work out in a partnership to provide lower income folks some sort of off set in interest rate.

Ms. Harris: So we hope to take this to the County Commissioners during budget season. We would like to ask them to think about setting aside some of the health trust fund monies to help with a pot of money to offset

4 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

interest rates. Mr. Reardon said it would better if the money could reside at Self-Help but I talked briefly with the County's Chief Financial Officer today and was told that, if approved, the money will not reside at Self-Help. However, he was amenable to working with us on a solution.

Ms. Watterson: Did you look at any community grants?

Mr. Eaton: We did look at the HUD community grant system and it is very explicit that it can't be used for waste water but it can be used for potable water, it can be used for neighborhood improvements but it has to be a situation where in the local government entity is flipping houses to improve them and get them back on the market for neighborhood improvement functions. It is not so much to help existing inhabited structures. It is also clear that it is for drinking water only.

Commissioner Howerton: So given that you have more in the City, are you talking to the City?

Mr. Eaton: We are talking with the City. However, we estimate that there are 7,000 septic systems in the County that are over 30 years.

Commissioner Howerton: The City has 1400?

Mr. Eaton: 1,400 but that is a total number not just county at large. If those systems fail, best professional practice and municipal code dictates that they connect to municipal sewer. So that is just an indication that we have 1,400 that we don't have worry about finding a septic fix for. They have municipal sewer available but in the county-at-large, in the corporate limits our estimation is roughly 6800 residential parcels are served by septic systems that are 30 years or older.

Commissioner Howerton: So you are looking for resources to serve the ones that are in the county or both?

Mr. Eaton: Both because we are looking at it as a public health issue not necessarily a jurisdictional issue because it is our office and the County Attorney that are tasked with the law enforcement side of the regulation enforcement side of it.

Commissioner Howerton: What I am trying to get clear is that you are working with the City so that the City is part of the solution.

Mr. Eaton: Yes. I have been in contact with Public Works Engineering and their Storm Water Office and they are very interested in seeing what kind of grant monies they have available to assist folks in the corporate limits to connect to sewer when we find a failing septic system. We are hoping that bears fruit.

Mr. Dedrick: I was just wondering; what is the advantage of having more people hook up to the municipal system?

Mr. Eaton: That is debatable. The advantage is Environmental Health doesn't have to worry about it anymore; nor does the homeowner. It is a one and done fix, sewer really doesn't fail unless someone drives a concrete truck over the line and breaks it so it is just an instant permanent fix. From an environmental standpoint there is sort of a raging debate over who has a better septic for municipal sewer but from sort a practical standpoint we don't want to go out and do some sort of "really far out design best professional judgment last ditch effort repair" when we know we have a perfectly good sewer line out in the front of the property. Again within the corporate limits, Section 70-4 of the Durham's Municipal Code requires mandatory sewer connection when the health department determines that the septic system fails.

Ms. Harris: The other thing that we have been looking at is perhaps getting some kind of consideration for incentives given to developers. What happens in the County is that developers come in and they put in the infrastructure for their nice big neighborhoods and bypass the neighborhoods where the septic systems are 30 years old. As new developments are constructed, doughnuts are created around neighborhoods that have aging systems. We would also like some consideration just as developers are told that they have to create a turn lane that there may be some effort to start extending sewer out to the aging areas. We will keep you apprised of the progress that we make.

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

Ms. Harris stated that she is not very satisfied with the information that the report provides the Board. Rebecca Freeman, Eric Ireland and Ms. Harris are working on the document to make it more meaningful to all. The revised report will show how long positions are vacant.

Ms. Watterson: I would like to also see new hires and how long positions are vacant included in the report.

The Board received a copy of the February vacancy report which includes information on the currently vacant positions (21.0 FTEs) (*3 new positions, 4 resignations, 1 transfer, 4 dismissal, 3 promotions, 2 demotions, and 4 retirements*). (*A copy of the 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 January 2014. The report documents notices of violations issued to property owners who are noncompliant with the “Laws and Rules for Sewage Treatment and Disposal Systems. (*A copy of the January 2014 report is attached to the minutes*)

Comments/Questions:

Dr. Levbarg: Every month we look at Notices of Violations and it is such a recurring problem and one that weighs heavily on all of us. We need to have communities that are healthy and not only have potable water but a good way to get rid of waste. So what I wanted to just show again is just how long some of these issues have continued.

Ms. Harris: Attorney Wardell how many do we have before the courts?

Attorney Wardell: We have a few that started in 2012; and some in 2013. They are very difficult cases for our office to deal with because we don't have many alternatives. When you don't have alternatives, you are asking a judge to essentially put someone out of their home. It is a difficult position to take but that is our job. I think with the program that we are trying to set up we can at least present to the court that there are some available options. If the homeowner does not take advantage of those options then the court can go ahead and issue an injunction to vacate the premises if that is what the court wants to do.

Dr. Levbarg: In some months we have had ridges of this.

Attorney Wardell: Right. Lots of them get resolved and you will see some of them haven't ended and they have not been referred to our office yet and a lot them get resolved; but when you see “Ys” and they come to my office; then there is another level of bureaucracy in terms of how long will it take to file a suit; we try to negotiate before we file a suit; then after you file a suit it may be a default; then how long do we wait before we actually get an injunction. People call and say they don't have funds so we try to give them time to actually get funds. We try as much as possible to work with them; so it's a sticky problem when there is no available resource for us at this time.

Dr. Levbarg: Thank you. I just want to give people an idea that we are always scanning this every month as part of what concerns the Board.

- **HEALTH DIRECTOR'S REPORT**
January 2014 Activities

Staff Recognition

(Accreditation Activity 24.1- Promote and provide staff access to training)

Rebecca (Becky) Posada, RD, LDN, Nutrition Specialist, can now add an important credential to her signature—Certified Diabetes Educator (CDE)—that signifies she is health professional who possesses comprehensive knowledge of and experience in prediabetes, diabetes prevention and management. This credential is administered by the National Certification Board for Diabetes Educators. (www.ncbde.org)

A CDE educates and supports people affected by diabetes to understand and manage the condition through self management to achieve individualized behavioral and treatment goals that will optimize health outcomes. Support of the CDE credential demonstrates not only the Department's commitment to professional training, but also to quality care for its patients. Furthermore, it provides assurance to referral sources of the standard of diabetes care available at DCoDPH.

In order to qualify to sit for the national exam, a health professional must have met the following: at least two years of experience in a specified discipline/licensure (for Becky, this is Registered Dietitian); then obtain 1,000 hours of professional practice experience providing diabetes self management education (DSME); obtain a minimum of 15 hours of continuing education hours in diabetes content and then pass the national exam. Recertification is required every five years by obtaining at least 1000 hours of practice and either 75 hours of continuing education or passing the national exam.

Congratulations to Becky Posada for earning this credential!

Division / Program: Dental Division / Workflows for the Tooth Ferry (Mobile Dental Van)

(Accreditation Activity 22.3- Serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.)

Program description

- The Dental Division's Tooth Ferry visits up to eight Durham Public Elementary Schools each year, providing treatment to eligible students. As various team members spend time upon the Tooth Ferry, comprehensive workflows for the unit were created.

Statement of goals

- To maintain standardized dental practices among all team members rotating on the Tooth Ferry that encompasses provision of efficient and excellent dental care to children.

Issues

- **Opportunities**
 - The team worked together to create the workflows for the Tooth Ferry.
 - The workflows outline the registration process for all students eligible for treatment on the Tooth Ferry.
 - The document outlines the steps in treatment, from initial exam through recall/referral to community dentists. If the family

7 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

does not have a dental home, referrals are made to the Dental Division Clinic.

- **Challenges**
 - There are sometimes issues with schools' timeliness in handling paperwork to and from parents that is required for dental care on the Tooth Ferry, which may require rearranging Tooth Ferry schedules and assignments.

Implication(s)

- **Outcomes**
 - The workflows ensure consistent dental services are provided by staff members returning to the Tooth Ferry after serving in the Dental Clinic for a few months.
- **Staffing**
 - All Dental Assistants and Hygienists complete rotations on the Tooth Ferry with Dr. Miriam McIntosh (Director of Dental Practice), the Tooth Ferry dentist.

Next Steps / Mitigation Strategies

- Continue to document additional workflows and assignments for practice areas, such as assisting UNC Dental Students within the clinic, etc.

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - During the month of January, four (4) media releases/advisories were disseminated (one of these, a Durham Diabetes Coalition release) and staff responded to five (5) direct inquiries from reporters, resulting in 18 unique media postings/airings (television), printed in the news, or posted to the web. These included coverage of a spike in seasonal flu cases, Give Kids A Smile event, and the growing popularity of e-cigarettes. (**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**)
 - The executive producer and co-hosts of *My Carolina Today*, a lifestyles show that airs weekdays on WNCN (NBC) at 11:30 am, has requested that the Durham County Department of Public Health become a regular part of the show. Starting February 10, and on the second Monday of the month thereafter, the Department will be able to spotlight various public health topics and events taking place. This opportunity will allow us to reach a greater segment of the population in Durham outside of the Department’s traditional demographics, as well as throughout the 22 other counties that makes up the Raleigh-Durham-Fayetteville media Designated Marketing Area (DMA). (**Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the Department of Public Health’s delivery of information and communications.

Division / Program: Community Health Division / Immunization Program--Refugee Health

(Accreditation Activity: Activity 20.1- Collaborate with community health care providers to provide personal and preventive health services.)

Program description

- Provide communicable disease screenings for all newly arrived refugees to ensure that any communicable diseases of public health concern are promptly identified and treated before they can spread to others in the community
- Administer vaccinations, both recommended and required by law, to refugees (adults and children)
- Collaborate with local relief agencies to ensure that all newly arrived refugees receive medical and other services as needed

Statement of goals

- To eliminate the backlog of refugees in need of communicable disease screening and administration of required vaccinations.

Issues

- **Opportunities**
 - DCoDPH Immunization/Refugee Health Clinic is required by the NC Refugee Health Program to provide communicable disease screenings to refugees within 30-90 days of their arrival in the county.
 - The number of refugees arriving in the county has increased approximately 300% over the past 5 years.
 - The rapid increase in the number of refugees has challenged the ability of the Immunization/Refugee Health Clinic to provide services in a timely manner.
 - Immunization/Refugee Health Clinic staff worked to eliminate the backlog of refugees in need of services by scheduling refugee appointments every day during the week of January 13-17, 2014. Clinic is usually held only one day each week.
- **Challenges**
 - To ensure adequate numbers of staff were available to provide services to refugees and also to clients in need of services through the Immunization Clinic
 - To collaborate and coordinate with local relief agencies to schedule more than the usual number of refugees to be screened each day during the week of January 13-17
 - To decrease the backlog of refugees in need of services enough to justify the use of additional resources for one week
 - To ensure an adequate supply of vaccines was on hand to meet the need

Implication(s)

- **Outcomes**
 - 49 refugees (adults and children) were scheduled for communicable disease screenings during the week of January 13-17. Usually, an average of four refugees is screened each week.
 - 39 of those scheduled from January 13-17 kept their appointments.
 - A total of 66 refugees were scheduled to be seen during the entire month of January; of those, 50 were seen.
 - Average number of refugees screened in a month is usually 16, so the decision to increase services for one week was justified and helped decrease the backlog.
- **Service delivery**
 - Services provided included communicable disease screening, administration of vaccinations, lab testing, and referral for follow-up care for each refugee.
- **Staffing**
 - Immunization Clinic staff (2 FTEs), Refugee Health clinic staff (1.5 FTEs), and one administrative assistant in addition to one temp nurse contracted for the week worked together to provide services.
 - Services provided required coordination with laboratory staff, TB clinic staff, and Adult Health clinic staff, as well as with the local relief agencies.
- **Revenue**
 - Immunizations given to refugees are billed to Medicaid.

Next Steps / Mitigation Strategies

- Continue to problem-solve and to refine and enhance the operation of the Refugee Health Clinic in order to meet the growing need for refugee services

10 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- Provide justification for and request additional nursing staff for the DCoDPH Refugee Health clinic to meet the growing needs of the refugee population of Durham County.
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Division / Program: Community Health Division / Tuberculosis Control Program

(Accreditation Activity: Activity 17.3- Monitor compliance with communicable disease control laws and rules.)

Program description

- Investigate and report all tuberculosis cases in Durham County to state public health
- Provide treatment for clients with tuberculosis (TB)
- Conduct outreach efforts to rapidly identify individuals who are high priority contacts to a confirmed case of tuberculosis.

Statement of goals

- To ensure all persons with active tuberculosis will complete a standard multi-drug regimen and will be managed using Directly Observed Therapy (DOT), which is the actual observation of medication ingestion by a health care worker and is required by law (10A NCAC 41A.0205 (g)).

Issues

- **Opportunities**
 - A TB Clinic patient currently on DOT traveled to India and will remain there for several weeks. Despite his presence in India, the TB Program nurses are still responsible to provide DOT.
 - Innovative and technologically advanced methods are being used by the TB clinic nurses to ensure DOT with this patient.
- **Challenges**
 - To plan and coordinate adequate communication with the patient to ensure DOT is provided in a way that can be verified and documented in accordance with TB control laws.
 - To coordinate communications (visual and auditory) with the patient to provide DOT, despite differences in time zones and other issues that may arise.
 - To secure use of appropriate and secure technology to communicate with the patient.

Implication(s)

- **Outcomes**
 - A loaned laptop computer with built-in camera and audio was successfully used by the TB nurses to communicate with and see the patient in India in real time via Skype to provide DOT as required by law.
- **Service delivery**
 - DOT has been successfully provided on two occasions via Skype and will continue while patient remains in India.
- **Staffing**
 - No additional staff are needed; DOT with the patient is provided by the TB case manager/nurse

Next Steps / Mitigation Strategies

- Purchase technology device(s) for exclusive use by TB clinic staff to enhance options for DOT.
 - Explore other new and innovative uses of technology to enhance clinic services provided to patients.
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Division / Program: Community Health Division / Maternal Health Clinic

(Accreditation Activity: Activity 20.1- Collaborate with community health care providers to provide personal and preventive health services.)

Program description

- Maternity Clinic presently documents patient care in Duke's OB TraceVue/ electronic health record.
- Maternity Clinic staff is currently being trained to use the new Duke Maestro electronic health record.

Statement of goals

- Duke Medical Center's goal is to have one chart for each patient rather than different charts for each service.
- The goal of the DCoDPH Maternity Clinic staff is to learn and implement the new system while continuing to meet the medical needs of the prenatal patients.

Issues

- **Opportunities**
 - Maternal Health Clinic staff was offered three different times for training so that everyone would have the opportunity to train.
 - Everyone must receive this particular training before they receive the rights to document in the patient's chart.
- **Challenges**
 - The training was designed for ambulatory care in a Duke facility and has little to do with care processes in a health department clinic.
 - Changing to this new system for documentation will be very time-consuming in the beginning.
 - Exam rooms in Maternity Clinic require computers so providers can document while they are seeing the patient.

Implication(s)

- **Outcomes**
 - The clinic liaison with Duke Maestro is meeting with Maternity Clinic staff to review work flow and the most efficient way to use the Maestro system.
 - Duke's clinic liaison listened to concerns and questions. She will return with answers before the go-live date of March 3.
- **Service delivery**
 - We have been advised to decrease the appointment schedule by half for the first two weeks after the go-live.
- **Revenue**
 - Fewer patient visits for two weeks will decrease services billings.

Next Steps / Mitigation Strategies

- Interfacing the Department's new electronic health record, Patagonia, with Duke's Maestro is being pursued.
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12 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

Division / Program: Nutrition Division / DINE for LIFE--Durham Academy of Medicine Health Fair

(Accreditation Activity 10.1- Develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)

Program description

- DINE for Life participated in a health fair at the Durham Academy of Medicine High School on January 24, 2014.

Statement of goals

- Provide interactive educational opportunity for students.
- Expose students to health professionals that practice in the Durham community.
- Expose students to different career choices in the health field.

Issues

- **Opportunities**
 - This fair provided DINE nutritionists with the opportunity to reach new students at a high school where they normally do not teach.
- **Challenges**
 - Students did not have enough time to reach all the health stations that were set up in a hallway. Some of the stations were very loud and made it hard to communicate with the group present at the DINE display.

Implication(s)

- **Outcomes**
 - 120 students learned about energy balance. They had to jog in place to burn off the calories from a baby carrot or a Cheetos cheese snack. They received handouts on how long it takes to burn off the calories from some common foods and snacks and a handout on what calories are.
 - Students had the opportunity to ask the nutritionist about their health profession.
- **Service delivery**
 - Students rotated through different health stations at the school wide health fair organized by the school nurse.
 - 120 students learned how to balance energy in (food) with energy out (exercise) in an interactive way.
- **Staffing**
 - Three DINE nutritionists staffed the four hour health fair.

Next Steps / Mitigation Strategies

- The DINE team will look for other ways to partner with this school since all students are planning on careers in the health field and they can help extend our message to others in the future.

Division / Program: Health Education / Durham County Government Fitness Center

Accreditation Activities: 10.3 - The local health department employ evidence-based health promotion/disease prevention strategies, when such evidence exists. 12.2 - The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)

Program description

- Durham County Government is again a leader for local government to provide an onsite fitness center for employees. The fitness center in the Human Services Building opened in late November 2013. The facility houses cardiovascular equipment that includes treadmills, elliptical, stationary bikes as well as Universal and Smith machines and a separate aerobics room for stretching and group fitness classes.

Statement of goals

- In support of Durham County Government's Strategic Plan Goal 2, Health and Well Being for All, the Fitness Center provides a no fee facility with quality equipment and a safe environment to exercise. Employees who register as part of the Choose to Move program also receive an additional 30 minutes daily to be physically active.

Issues

- **Opportunities**
 - Anticipating opening late fall, a survey was launched in September to assess interest in group fitness classes and to determine baseline information. The goal of reaching 10% of the workforce (180 employees) was exceeded; 334 employees completed the survey.
 - Work is not only an ideal place to promote healthy habits but the workplace itself has an impact on people's health. Employers who find ways to help employees be active during their workday contribute to both health and job satisfaction.
 - Being active also improves employees' energy level and morale. People who enjoy their work and feel their employer cares are more productive. This has also been evident through the very positive comments provided by users of the Fitness Center.
- **Challenges**
 - During the first week of opening, over 200 waivers were received for employees to gain access to the facility. Waivers were individually reviewed and entered for badge access. DCoDPH Health Educators Willa Allen & Jannah Bierens and Personnel Representative Donna Murphy worked diligently to process the high volume of requests.
 - Despite entry, several employees had to be re-entered, but those issues were resolved.

Implication(s)

- **Service delivery**
 - In November, 140 employees attended 20 minute equipment orientations over a period of two days. In December, 3 orientation sessions were offered reaching 38 participants. In January, 3 orientations sessions were offered reaching 41 participants.
 - LunchTime Aerobics officially moved from the YMCA to the Fitness Center in late November. As anticipated, participation from Durham County Government employees has increased.
- **Staffing**
 - Currently, two instructors (Willa Allen & Jannah Bierens) are providing group fitness classes. During the month of December, only LunchTime Aerobics was on the schedule to assess how effectively the room could be used.

Next Steps / Mitigation Strategies

- Group Fitness Phase II (January-March 2014) will include the addition of a "CORE" 30 minute lunch class, yoga and the first of

14 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

many 6 week series of specialty classes to get participant input for future schedules.

- Group Fitness Phase III (April-June 2014) will include the addition of contract group fitness instructors in a variety of formats based upon the most requested classes from the employee survey.
- Equipment orientation classes will be offered bi-weekly January-March 2014 and quarterly thereafter.

- **HEALTH DIRECTOR'S REPORT**
February 2014 Activities

Division / Program: Administration / Information Technology

(Accreditation Activity 24.3 - The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation. **Activity 32.1** - The local health department shall have computer equipment and software needed to interface with state data management systems.)

Program description

- DCoDPH 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. Electronic Medical Record (EMR) is for quality improvement to increase HIPAA compliance, provide quality services to clients, and increase revenue by the adoption of meaningful use programs.
- To increase the overall quality of customer service to both internal and external customers and increase knowledge among staff.

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
- To ensure customer service standards for internal and external customers.

Issues

- **Opportunities**
 - Phase 2 of Patagonia Health, EMR, was successfully implemented. Clinical staff were trained on how to enter clinical notes and data into Patagonia. Go Live for Phase 2 was on January 31. Staff are currently using Patagonia for appointments, clinical notes, and labs.
 - Patagonia Implementation Team was on hand to assist during the Go Live phase, to ensure a smooth transition to the new system.
 - Clinical staff are excited about the new system and are currently utilizing the system during the patient visit.
- **Challenges**
 - Scheduling training for Administration to work in Patagonia has been a challenge due to seasonal competing priorities within the department.
 - The number of scheduled appointments during Go Live was reduced to ensure the level of customer service and quality of service were not impacted during the transition.

Implication(s)

- **Outcomes**
 - The full implementation of Patagonia Health will reduce patient wait times and increase efficiency across the organization once staff are acclimated to the new system.
- **Service delivery**
 - Completion of the EMR project assists the clinics in having visibility throughout the care provided at the Health Department.
 - Phase 3, providing interfaces between Patagonia Health and existing software [Orchard Harvest (labs), QS/1(Pharmacy), and Laserfiche] is underway.
- **Revenue**
 - A positive impact on revenue is expected with the full implementation of the Patagonia Health (Practice Management and Electronic Medical Record).

Next Steps / Mitigation Strategies

- Continue with Phase 3 including interfacing with Maestro, Epic software used by Duke Medicine, and external laboratories.

Division / Program: Health Education / Durham County Government Fitness Center

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

Program description

- Durham County Government is again a leader for local government to provide an onsite fitness center for employees. The fitness center in the Human Services Building opened in late November 2013. The facility houses cardiovascular equipment that includes treadmills, elliptical, stationary bikes as well as Universal and Smith machines and a separate aerobics room for stretching and group fitness classes.

Statement of goals

- In support of Durham County Government’s Strategic Plan Goal 2, Health and Well Being for All, the Fitness Center provides a no fee facility with quality equipment and a safe environment to exercise. Employees who register as part of the Choose to Move program also receive an additional 30 minutes daily to be physically active.

Issues

- **Opportunities**
 - Anticipating opening late fall, a survey was launched in September to assess interest in group fitness classes and to determine baseline information. The goal of reaching 10% of the workforce (180 employees) was exceeded; 334 employees completed the survey.
 - Work is not only an ideal place to promote healthy habits but the workplace itself has an impact on people’s health. Employers who find ways to help employees be active during their workday contribute to both health and job satisfaction.
 - Being active also improves employees’ energy level and morale. People who enjoy their work and feel their employer cares are more productive. This has also been evident through the very positive comments provided by users of the Fitness Center.

16 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- **Challenges**

- During the first week of opening, over 200 waivers were received for employees to gain access to the facility. Waivers were individually reviewed and entered for badge access. DCoDPH Health Educators Willa Allen & Jannah Bierens and Personnel Representative Donna Murphy worked diligently to process the high volume of requests.
- Despite entry, several employees had to be re-entered, but those issues were resolved.

Implication(s)

- **Service delivery**

- In November, 140 employees attended 20 minute equipment orientations over a period of two days. In December, 3 orientation sessions were offered reaching 38 participants. In January, 3 orientations sessions were offered reaching 41 participants.
- Lunchtime Aerobics officially moved from the YMCA to the Fitness Center in late November. As anticipated, participation from Durham County Government employees has increased.

- **Staffing**

- Currently, two instructors (Willa Allen & Jannah Bierens) are providing group fitness classes. During the month of December, only Lunchtime Aerobics was on the schedule to assess how effectively the room could be used.

Next Steps / Mitigation Strategies

- Group Fitness Phase II (January-March 2014) will include the addition of a “CORE” 30 minute lunch class, yoga and the first of many 6 week series of specialty classes to get participant input for future schedules.
- Group Fitness Phase III (April-June 2014) will include the addition of contract group fitness instructors in a variety of formats based upon the most requested classes from the employee survey.
- Equipment orientation classes will be offered bi-weekly January-March and quarterly thereafter.

Division / Program: Nutrition/ Health Promotion/Collaboration with Durham Public Schools Hub Farm

(Accreditation Activity 12.2 - Participate in a collaborative process to assess resources needed, including personnel funding, policy changes, and system change, to address community health problems.)

Program description

- DCoDPH assisted the Durham Public Schools (DPS) Hub Farm in applying for the Statewide Pioneering Healthier Communities Teen Advocacy Mini-Grant funded by the YMCA. DPS was awarded the grant and will use the money to hire youth to advocate for improvements to the sidewalks and crosswalks surrounding the Hub Farm.

Statement of goals

- To train students to be advocates for programs that improve health.
- To improve sidewalks and paths connecting the Hub Farm to three adjacent schools to allow for safer, easier access, increase student physical activity and increase student exposure to healthy food.
- To advocate for cross walks connecting the Hub Farm with Northern High Soccer Fields, a likely location for a future farmers market or farm stand.

Issues

- **Opportunities**

17 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- Students and adult advisors will attend a training led by Youth Empowered Solutions (YES!), a successful NC nonprofit that improves environments through youth advocacy work.
- Connecting the sidewalks and putting in cross walks and paths build an infrastructure around the Hub Farm that encourages physical activity and healthy eating. Currently the students walk along the street, cut through parking lots, and cross the street in areas where there are no crosswalks.
- DCoDPH has worked on a Health Impact Assessment around creating a new farmers market/farm stand in North Durham. This has included a walkability assessment of the area around the Hub Farm. Data from the assessment will be used in the youth advocacy work. Furthermore, sidewalks and crosswalks will make a more pleasant, safe, and inviting market.
- **Challenges**
 - Identifying 2 to 3 responsible, driven, passionate youth willing to work on the project before the April training by YES!
 - Identifying what DPS policies exist for paying interns and determining how to work within these policies.
 - Completing this project in 200 hours of youth's time will be challenging. The project will fund about 200 hours of work at \$7.50 an hour.

Implication(s)

- **Outcomes**
 - The student interns will research, create and advocate for a pedestrian plan. The project will be considered a success if the interns create a pedestrian plan that City and County officials agree to fund.
- **Service delivery**
 - The interns will engage the community in the planning and implementation process through surveying and speaking with groups such as PTAs, student groups, student health advisory councils, school wellness committees, library patrons, and school board.
 - The interns will present their plan to and advocate for funding from various boards and groups throughout the county.
- **Staffing**
 - One DCoDPH nutritionist will provide technical support, no more than 3 hours per week during the grant period.
 - The Hub Farm will hire two or three student interns that will work a total of 200 hours.

Next Steps / Mitigation Strategies

- Identify and hire interns.
- Attend youth advocacy training provided by YES! on April 12 and create an action plan.

Division / Program: Nutrition Division / Durham Diabetes Coalition /Taping of a Spanish-Language Nutrition Information Video Segment (Accreditation Activity 19.2 - Take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved populations.)

Program description

- The Durham Diabetes Coalition (DDC) is a partnership of Durham County health and community organizations, faith-based groups, local government, and universities and community members.
- The DDC produces Living Healthy, a 30 minute TV show that airs nightly at 7 pm on Time Warner Cable Channel 8, DTV8.

18 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- A nutritionist from the DDC/DCoDPH taped a video segment featuring a healthy recipe demonstration with nutrition information.

Statement of goals

- To reduce death and injury from type 2 diabetes.
- To provide reliable health and nutrition information to Durham's residents including the Spanish speaking community.

Issues

- **Opportunities**
 - The risk of diagnosed diabetes is 66% higher among Hispanics compared to non-Hispanic white adults according to CDC's 2011 National Diabetes fact sheet.
 - Because Hispanics have a higher prevalence of type 2 diabetes, it is important to reach this community with diabetes related health and nutrition information.
 - Cooking demonstrations on television are popular and often have a large audience. A cooking demonstration in Spanish is a creative way to reach the Spanish-speaking community in Durham with useful, culturally appropriate and accurate nutrition information.
- **Challenges**
 - Durham Diabetes Coalition nutritionists are not fluent in Spanish. Therefore another employee, fluent in Spanish, needed to voice over the video segment.

Implication(s)

- **Outcomes**
 - A cooking demonstration featuring a modified recipe for tacos was filmed.
 - The demo instructed viewers how to prepare tacos that were reduced in fat, sodium, and cost.
 - This video segment is part of a Living Healthy 30-minute episode that is completely presented in Spanish.
- **Service delivery**
 - The recipe featured in the demonstration was reviewed by Latino staff for its appropriateness. Suggestions were made to increase the recipe's appeal (e.g., suggested purchasing hard taco shells rather than making the taco shell; substituting some of the meat with black beans).
 - The Living Healthy segment will first air on Time Warner Cable Channel 8, DTV8 in March as well as on the DDC website and YouTube channel.
- **Staffing**
 - A DDC/DCoDPH project nutritionist conducted the cooking demo. Licensed nutritionists host the cooking segments to ensure accurate nutrition information is presented to the community.

Next Steps / Mitigation Strategies

- Continue to participate in the production of the Healthy Living TV show with different diabetes related nutrition topics each episode.
-

Division / Program: Administration/Durham Diabetes Coalition/Community Health Assistants Trained in Diabetes

(Accreditation Activity 24.1- Have policies that promote and provide staff access to training.)

Program description

- The American Association of Diabetes Educators (AADE) has a career path for diabetes education training.
- Community Health Assistants (CHAs) are eligible for the Level 1 career path.

Statement of goals

- To staff Durham Diabetes Coalition (DDC) clinical care team with multi-disciplinary staff that are adequately trained at their scope of practice level in the recommended self-care behaviors for persons living with diabetes.
- To provide targeted training to DDC CHAs to ensure that they possess updated knowledge about diabetes self-management recommendations.
- To provide the opportunity for CHAs to obtain a Level 1 Diabetes Educator Certificate.

Issues

- **Opportunities**
 - The AADE provides affordable on-line training for diabetes education, with Level 1 targeted for positions such as the community health worker, health navigators, and nonprofessional health care providers.
 - Individuals who complete the Level 1 training may then complete 20 hours of diabetes self-management related work experience to fulfill the requirement to become a Level 1 Diabetes Educator. They also must complete 10 hours of continuing education related to diabetes within this same two year period.
- **Challenges**
 - Training started after staff's patient load increased which posed a challenge to make time for the on-line modules and taking the tests.

Implication(s)

- **Outcomes**
 - Both DDC CHAs completed the AADE Level 1 training and are currently capturing their 20 hours of diabetes education related work experience required to obtain the Level 1 Certificate.
 - Both CHAs expressed satisfaction with the knowledge they acquired from the training and feel more prepared to conduct home visits with persons living with diabetes.
- **Service delivery**
 - The CHAs completed seven training modules including topics such as defining the 7 recommended self-care behaviors for diabetes; understanding laboratory tests, health literacy, and national standards of care for diabetes.
 - After each training module, the CHAs met with the DDC Project Manager to review what they had learned in the module and how they could integrate what they learned in the course in home visit discussions/education with patients.

Next Steps / Mitigation Strategies

- A third CHA who will join the DDC team in March will complete the Level 1 training.
- CHAs will capture required hours to complete Level 1 certification.
- DCoDPH will support the 10 hours of continuing education (within budgetary limits) required for the CHAs to complete all requirements for obtaining the Level 1 Certificate.

Division / Program: Dental Division / Give Kids a Smile Event
(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- The annual Give Kids a Smile Program was held in the Dental Clinic on Friday, February 7th, with free exams and limited services provided to youth under 21 years of age.

Statement of goals

- To promote good oral health in children ages 6 months through 20 years
- To provide oral health instruction to patients and their families served in the clinic, as well as the community at large through press releases and media coverage of the event.

Issues

- **Opportunities**
 - Two dentists from the community, Dr. Ted Brooks and Dr. Gary Hill, participated in the event. In addition, six dental students from UNC provided dental services under the supervision of practicing faculty member, Dr. Jina Yoo.
 - The Department's Director of Dental Practice and an additional UNC School of Dentistry dentist provided treatment.
 - Uninsured children, some of whom had not been to a dentist in years, received dental x-rays and screening.
 - Families were given the opportunity to speak with a nutritionist after their dental appointment.
- **Challenges**
 - Working within the current Dental Clinic Friday schedule (whereby the clinic ends at noon) and given the volunteers' schedules, limited the number of patients treated.
 - There were more dental providers than dental assistants, which caused some delays in treatment (i.e. waiting for x-rays to be completed).

Implication(s)

- **Outcomes**
 - The clinic was well-attended, though numbers were down slightly due to "no-shows".
 - Numerous parents expressed their appreciation to the dental staff.
 - The event was covered by two media outlets (newspaper and television).
 - The Dentists expressed their interest in participating in future events.
- **Service delivery**
 - The event ran from 8:30 a.m. – 1 p.m.
 - Thirty-seven (37) children received x-rays and exam, and some received sealants.

21 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- Forty-one (41) individuals (including parents) talked with the nutritionist.
- **Staffing**
 - Four dental assistants, one hygienist, Director of Dental Practice, Division Director, Van Coordinator, and two front desk staff assisted with the event in addition to the volunteer dental personnel
- **Revenue**
 - Although families were not charged for dental services at this special event, \$8,000 worth of services were provided

Next Steps / Mitigation Strategies

- The Dental Division will host the next Give Kids a Smile event on February 6, 2015.

Division / Program: Community Health Division / School Health Program

(Accreditation Activity 12.3 - Participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- School Health program nurses were trained in Youth Mental Health First Aid to strengthen knowledge of supports and resources that may be offered to students experiencing mental health challenges, mental health disorders or a mental health crises. Wake AHEC sponsored this training conducted by the School Nurses Association of NC.

Statement of goals

- To complete training in assessment of risk for self-harm and/or suicide
- To assure provision of appropriate consultation and professional help
- To facilitate support strategies

Issues

- **Opportunities**
 - Increase nurses' knowledge to identify thoughts and behaviors that may be recognized as signs and symptoms of mental health concerns
 - Incorporate this knowledge into traditional school health nurse services,
 - Make available an additional point of health care access to attain and maintain the optimal health status of students in order to maximize the benefit from their educational experience,
 - Promote and develop positive health practices and attitudes among students and families to promote lifelong wellness
 - Advocate for a safe and healthy school environment.
- **Challenges**
 - Develop strategies to increase participation in school mental health initiatives to educate students, families, school staff and the community in the continuum of onsite wellness and prevention.

Implication(s)

- **Outcomes**
 - Early identification and referral for mental health conditions (chronic and acute)

22 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- Increased ability to identify factors that increase self-harm/suicide risk for students

Next Steps / Mitigation Strategies

- Develop strategies to promote the school health program's participation in the identification of signs and symptoms of mental illness in students in the schools.

Division / Program: Community Health Division / Communicable Disease (CD) Program /Illness Investigation

(Accreditation Activity 7.2 - Conduct communicable disease investigations, follow-up documentation, and reporting activities.)

Program description

- Conduct thorough reporting and investigation of all reports of communicable disease and implement prompt communicable disease control management to protect the health of the community.
- Ensure compliance with North Carolina's communicable disease statutes and rules through implementation of appropriate control measures, education of providers, and education of the community.

Statement of goals

- To investigate reported cases of communicable disease in Durham County, including all outbreaks
- To ensure appropriate control measures are implemented to prevent disease transmission
- To provide timely and accurate education and information to all involved, such as ill patients, schools, parents, healthcare providers, media, community at large, and others as indicated

Issues

- **Opportunities**
 - One reported case of gastrointestinal illness in an assisted living facility with unconfirmed reports of others ill as well
 - Initial investigation revealed 12 of 45 residents ill with nausea, vomiting, diarrhea; 2 of 46 staff members ill with same symptoms
 - Epi Team activated and Incident Command System implemented as an exercise opportunity
 - On-site visit conducted by selected members of the Epi Team to inspect the food service operation, to conduct interviews with residents and staff, to view overall facility operation and provide education to staff, and to ensure control measures had been correctly implemented by the facility
- **Challenges**
 - Obtaining accurate food histories and medical information from resident population (ages ranged from 61 to 97)
 - Effectively implementing control measures, such as in-room meals, no visitors, and no activities, over a period of several days (These control measures can have an adverse affect on older residents, who may become more confused and depressed with the decreased level of interaction and activity).
 - Working with the facility to correct several deficiencies found in the kitchen operation
 - Responding quickly with inclement weather approaching (Epi Team was activated on 2/11/14, with snow predicted for 2/12/14).

Implication(s)

- **Outcomes**
 - Total of 29 of 45 residents and 4 of 36 staff members became ill.
 - Four stool specimens collected; three tested positive for norovirus.
 - Control measures were lifted 48 hours after last reported new case
 - Facility staff received additional written information and education on how to respond to a suspected outbreak
 - Several deficiencies in the kitchen operation were corrected with oversight of the DCoDPH Environmental Health staff
- **Service delivery**
 - On-site interviews at the facility were conducted by the CD nurse, the CD Program Manager, the Preparedness Coordinator, a school nurse, and the coordinator of the Partnership for a Healthy Durham Program.
 - Three Environmental Health staff worked closely on-site with the facility staff to correct identified deficiencies in the kitchen operation
 - Epi Team members kept informed of the situation via use of regular Situation Reports
- **Staffing**
 - DCoDPH response involved internal communication and collaboration among Communicable Disease nursing staff, Communicable Disease Program Manager, Medical Director, Community Health Division Director, Deputy Health Director, Health Director, Information and Communications assistants, School Nursing, Health Education, and Environmental Health staff.
 - Regular communication and collaboration with the facility involved the CD nurse as the primary DCoDPH contact and Environmental Health staff
 - DCoDPH also collaborated with state public health and the state laboratory to obtain approval to test specimens

Next Steps / Mitigation Strategies

- Communicable Disease nursing staff will continue to monitor for and investigate reported cases of gastrointestinal illness in healthcare facilities in the county
- Environmental Health staff will continue to work with this facility as needed to ensure standards are maintained and rules are followed.

Division / Program: Community Health Division / Communicable Disease Program/TB Response

(Accreditation Activity 7.2 - Conduct communicable disease investigations, follow-up documentation, and reporting activities.)

Program description

- Conduct thorough reporting and investigation of all reports of communicable disease (including outbreaks) and to implement prompt communicable disease control management to protect the health of the community.
- Ensure compliance with North Carolina's communicable disease statutes and rules through implementation of appropriate control measures, education of providers, and education of the community.

Statement of goals

- To investigate reported cases of communicable disease in Durham County, including all outbreaks
- To ensure appropriate control measures are implemented to prevent disease transmission
- To provide timely and accurate education and information to all involved, such as ill patients, schools, parents, healthcare providers, media, community at large, and others as indicated

Issues

- **Opportunities**
 - Received weekend call from NC public epidemiologist regarding the exposure of a Durham County resident to a case of meningococcal meningitis during an overseas flight from Paris to Chicago
 - Local investigation revealed resident to be a graduate student at Duke, living in Paris, who had flown to Chicago for a conference
- **Challenges**
 - Quickly locate the student with the information provided by the state (a single email address and a Duke office phone number).
 - Determine how to provide “long-distance” prophylaxis in the most prompt and efficient way
 - Clearly explain the need for prophylaxis, and to ensure the student’s cooperation in taking prophylaxis, all without causing undue alarm or panic in the student

Implication(s)

- **Outcomes**
 - The student received prophylaxis within 8 hours of initial contact
- **Service delivery**
 - Contacted the student to explain the exposure, to provide education, and to determine how best to provide recommended prophylaxis within the specified time frame
 - Contacted Duke Student Health and explained the situation (all with the knowledge and consent of the student)
 - Duke confirmed the situation with the student and arranged for a prescription to be sent to a pharmacy near the student’s hotel in Chicago.
- **Staffing**
 - DCoDPH response involved internal communication and consultation between CD Program Manager and DCoDPH Medical Director
 - Situation resolved by CD Program Manager via phone calls and email with student and Duke Student Health

Next Steps / Mitigation Strategies

- Student to contact CD Program Manager with any additional questions or concerns

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - Two (2) media releases/advisories were disseminated during the month of February and staff responded to 5 direct (unsolicited) inquiries from reporters. A total of 15 unique media postings/airings (television), printed in the news, or were posted to the web during the month. These included coverage of continued inquiries on seasonal flu cases, our 10th Annual Give Kids a Smile, improvement in child health in Durham, the 2013 State of the County Health report (SOTCH). **(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)**
 - Our first reoccurring segment on *My Carolina Today*, a lifestyles show that airs weekdays on WNCN (NBC) at 11:30 a.m., aired on February 10, focusing on children's dental health. *My Carolina Today* staff was pleased with the final product that was delivered in a creative manner. This opportunity will allow us to reach a greater segment of the population in Durham outside of the Department's traditional demographics, as well as throughout the 22 other counties that makes up the Raleigh-Durham-Fayetteville media Designated Marketing Area (DMA). **(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)**

26 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

- Health Department staff members have been meeting weekly to develop draft budgets and plans for *Public Health After Hours*, to observe Public Health Month and the end of our centennial celebration. The event is scheduled for Friday, April 25, from 4 p.m. until 7 p.m. in the Human Services Building.
(Accreditation Activity 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)
- The department's flat panel sub-lobby displays were installed during the week of February 17. The department Information and Communications Manager received basic training on February 27, utilizing a cloud-based program called DynaSign. Once fully acclimated to the program's processes and functions, we will be able to promote programs and services, as well as upcoming events via this medium in a variety of media formats (video, still images, etc.). A backup staff member has been identified and will receive training in the near future.
(Accreditation Activity 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.

Comments/Questions:

Dr. Levbarg: Is there any word yet on the Robert Wood Johnson Foundation application?

Ms. Harris: We expect to be notified in March/April and notified in June but we haven't heard anything.

Dr. Levbarg: Just for information for our visitors...

Ms. Harris: We will let our Health Education Division Director, Mel Downey-Piper talk about Robert Wood Johnson Healthy Communities Road Map.

Ms. Downey-Piper: The Health Education Division applied for the Robert Wood Johnson Foundation Road Maps which is a \$25,000 national based prize award for any community can apply for to really show what you have done in the community to mobilize and put together in terms of partnerships to bring together non-traditional businesses, faiths, and governments that focus on social determinants of health. We talk a lot about health access, building environment interventions, disparities and all sorts of things. With the process you have to do a 5-page essay on what you have done in the community and we included a video and another essay. We were then chosen as one of the 12 top finalists to receive a site visit. 6 communities out of 12 will receive a notification that their application has been moved forward. We are really excited and feel like we are going to win it.

COMMITTEE REPORTS:

● **FINANCE COMMITTEE REPORT**

Dr. Levbarg: The Finance Committee met with the Public Health Leadership Team on Tuesday, February 25, 2014 to review FY14-15 Proposed Budget. The budget notebook was very impressive I will say that the way this budget has been constructed, accomplishment included information explained and details about the expenditures put together is very impressive.

Ms. Harris: We did not bring the large budget notebooks tonight. There were some things that needed to be tweaked. However, if you would like

a copy of the full budget document please let me know. Tonight, we are providing you with budget summary sheets. You also have a brief description of services by cost center. I am going to walk you through some spreadsheets. The first one we will look is labeled FY 14-15 Approved/ Requested Expenditure Budget Overview. Then we will look at the sheet labeled Breakdown of Personnel Expenditures/Request it has by cost center summary personnel data at the top and summary operational expenses at the bottom. Then I will talk about the revenue using the sheet labeled FY 14-15 Revenue Budget Overview. The Budget Office asked that we use priority designations for all budget requests. Priority 1 is the designation for requests that represent a Continuation Budget (a level of spending that keeps service levels at the same level that they are being provided during the current Fiscal Year) request increase. Priorities 2-15 show all the expenditures necessary to implement programs or initiatives that will expand services and help performance measures. With that said the last document that we will review is labeled FY 14-15 Priority Requests 2-10 and 16 & 17 which are supported by grant funds. Last year our adopted budget, as of July 1, was \$ 20,876,989. This budget is used as the starting point for developing the requested budget. This year our total budget request is \$ 22,311,881. This number includes Priority 1 requests and Priorities 2 – 17 including grant funds.

(See the attached budget sheets. Ms. Harris reviewed each sheet.)

Comments/Questions:

Commissioner Howerton: Where are the savings?

Ms. Harris: We hired personnel in the same positions at a lower salary due to retirees leaving with more experience leaving at a higher salary.

Commissioner Howerton: So the \$226K...

Ms. Harris: That 226K is another issue. That is in Nutrition. Our division director requested to create a new cost center for the Dine Program that work with low income clients providing nutrition and physical education activities.

Commissioner Howerton: So how many places have you done the same thing? I am just trying to follow as where you moved...

Ms. Harris: In those first three columns anywhere that you see there is nothing in the first column and there are numbers in the second and third columns that was a change from this budget year. We either are moving the money or we deleted the program but I think DINE is the only one that looks like that.

Chairman Miller: Wasn't there one that was arbitrarily moved out or something?

Ms. Harris: We did have staff that wanted to go from a Public Health Nurse III to a Public Health Nurse II and the salary differential may have caused some minuses to some programs and may have added some to others.

Commissioner Howerton: We have had a lot of conversation around signing people up for the Affordable Care Act once they are incarnated if they haven't signed up.

Ms. Harris: The enrollment period ends on March 31. Mr. Ireland has taken brochures to the jail for officers to give to the inmates when they leave the facility. The brochures encourage residents to sign up in the Market Place. I have asked the medical staff and the CJRC staff to document how many inmates say they have insurance and to make sure that we can access any available benefits. We are also redoubling efforts to determine if inmates have disabilities that may make them eligible for Medicare or Medicaid. As you know the Senate Bill 321 will allow local jurisdictions to bill Medicaid for those inmates that have Medicaid beginning in July. .

Dr. Allison: How many inmates on the Affordable Care Act...do you think we should start looking at really the future because so many people may already have insurance or an individual plan? Don't you think it would be less expensive for the County to continue paying the premiums

on those plans verses paying high healthcare costs? I think that would sound like saving a whole bunch of money there?

Ms. Harris: I have heard that some institutions are doing that. The other piece of it we would have to do Medicaid Expansion to reach some those individuals.

Chairman Miller: So comparable the budget is going up around 3.5%?

Ms. Harris: No. It is 8.4% with all of the priorities included. We know that it is unlikely that we will get all priorities as requested.

Chairman Miller: Isn't there something about software that was added?

Ms. Harris: Yes, our new software system does not come with a maintenance agreement. Everything is in the cloud. Which means this software is Software as a Service (SaaS) - the vendor will handle everything. The charge included in the propose budget is \$246,487.

Commissioner Howerton: The telephone system...what are you doing now?

Ms. Harris: We have a Cisco Telephone system and a person who answers each call. She forwards calls where they need to go but we need something that is more robust and can send people to a live person but can also send people to the right place without first interacting with a live person. There are such systems in other County departments.

Mr. Dedrick made a recommendation to accept and approve FY14-15 Proposed Budget. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **FY 14-15 PROPOSED FEE SCHEDULE**

Mr. Ireland provided the Board with an overview of the changes in the FY14-15 Proposed Fee Schedule. (*A copy of FY14-15 Proposed Fee Schedule is attached to the minutes*).

Comments/Questions:

Dr. Fuchs: Overall with the current fee schedule what percent is reimbursed?

Ms. Harris: That's hard to say right because of how NC Tracks is working.

Dr. Fuchs: But what are you expecting? Is that how you built this new revenue budget with the proposed increases?

Ms. Harris: Yes.

Mr. Ireland: What we do with the fees is we look at cost of service, what our surrounding counties are charging for the same service and we also use to look at or the state use to provide the cost of our services but know we will be doing that ourselves the state has provided us a tool were we can cost out our services and again address our fees from that standpoint.

Dr. Fuchs: So I see in the column that currently says for many of them "currently greater than 25% of the Medicaid Rate or higher" so the proposal is to go even higher than that and are we getting reimbursed for that amount now that is 25% over it because I am worried that we can charge all we want but in building a revenue budget based upon that but if we don't get reimburse we are going to have a real shortfall and do we understand what that potential is?

Mr. Ireland: Yes we do.

Dr. Fuchs: We do, then based upon our reimbursement rate is...I mean I know we understand if we don't get the money then we will have a shortfall but what is the potential for that shortfall...is a 1/2 million...what is it?

Ms. Harris: The past three years have been different in terms of working through...the short answer is we don't know specifically because of the issues we have had with billing. The state system didn't work and we were billing; so we didn't get all of the revenue. With NC Tracks we are still having problems. We had a denial in terms of setting up the provider NPI number and now can't bill retroactive; we have to bill going forward with what they approved so we probably lost \$170,000. We don't know

29 A Regular Meeting of the Durham County Board of Health, held March 13, 2014.

what the potential is. We do know that we won't get all the money that we ask for but for the past 2 years we have received 1million dollars in cost settlement money that the County applies it to our budget.

Dr. Fuchs: So that's how we manage the overage?

Ms. Harris: Yes.

Commissioner Howerton: Yeah. It's a lot to understand I mean...we had one of the representatives/senator at the County Commissioner's meeting for the State Association and it is real scary when they talk about what is going to happen on April 1 given the system is not working and has crashed.

Ms. Harris: So there are going to be some revenue shortfalls for everybody because the Medicaid enrollees will not have their benefits in place and they will double the number of people reapplying or to be recertified.

Student: So Gayle what happens to the uninsured? I am thinking about those getting TB test prior to employment for instance there is a population of CNAs who some time have to get that done before they can start employment.

Ms. Harris: We get all of our TB screening tools/medications from the State and there has been a shortage. The state has been prescriptive in establishing priority populations to receive TB tests. TB tests for CNAs for work related requirements are not included in the priorities. CNAs would have to go to their providers.

Mr. Dedrick made a recommendation to accept and approve FY14-15 Proposed Fee Schedule. Dr. Levbarg seconded the motion and the motion was unanimously approved.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

• **2014 SLIDING FEE SCALE APPROVAL (Ratification)**

Ms. Harris: The new Title X fee scale was released in late January. In order for the scale to be implemented on February 1, Chairman Miller and Vice Chairman Levbarg approved the fee scale as the scale used for all services except dental effective February 1. Dental fees do not slide to zero per cent as do fees for other programs. All dental self-pay customers are charged at least \$25. The board was asked to ratify their vote. (See the attached fee scale.)

Comments/Questions:

Dr Allison: Question about the dental sliding fee schedule...is it \$25 per visit or procedure?

Mr. Harris: Per visit.

Dr. Allison: In that same visit, you know you can do \$1,000 worth of dentistry in that one visit or you can do \$25 worth of dentistry and I am just wondering is it some kind of mechanism or capping place to how much you want to do per visit so you're not doing bad dentistry but you are not being...since its revenue driven...you follow what I am saying?

Mr. Harris: The appointment slots are 45 minutes in length.

Dr. Allison: You can do a lot of dentistry in 45 minutes.

Ms. Harris: Dr. McIntosh, are we doing quadrant dentistry?

Dr. McIntosh: Yes. Most of all of our slots are quadrants.

Dr. Allison: I would suggest no more than quadrants.

Dr. McIntosh: But we are working with children.

Dr. Allison: I understand.

Mr. Dedrick made a motion to ratify FY14-15 Sliding Fee Schedule. Ms. Watterson seconded the motion and the motion was unanimously approved.

❖ **AGENDA ITEMS-APRIL 2014 MEETING**

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- ❖ March 19 - Mayor is convening a group to talk about ending property in Durham one neighborhood at a time
- ❖ April 14 - Wendell Davis, new County Manager starts to work.

Personnel Committee

Dr. Miller made a motion to adjourn into closed session pursuant to G.S. 143-318.11 (A) (6) to discuss a personnel matter. Dr. Levbarg seconded the motion and the motion was unanimously approved.

The board reconvened into regular session.

Commissioner Howerton made a motion to adjourn the meeting. Mr. Dedrick seconded the motion and the motion was unanimously approved.

Jim Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director



DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health
Onsite Water Protection Section

Our Mission:

“Working with our community to prevent disease, promote health and protect the environment.”

Our Vision:

*“Healthy Durham, Join Us
People, Partners, Places, Policy, Practice”*

Environmental Health Division

Chris Salter: Director

Patrick Eaton: Supervisor, Onsite Water Protection

Marc Meyer: Supervisor, General Inspections

Patsy Gentry: Local Public Health Preparedness Coordinator



Presentation Outline

- ❑ **Onsite Wastewater System Overview**
- ❑ Legal Requirements of DCoDPH and Property Owners
- ❑ Current and Future System Repair Challenges
- ❑ Assistance Programs in Other Jurisdictions

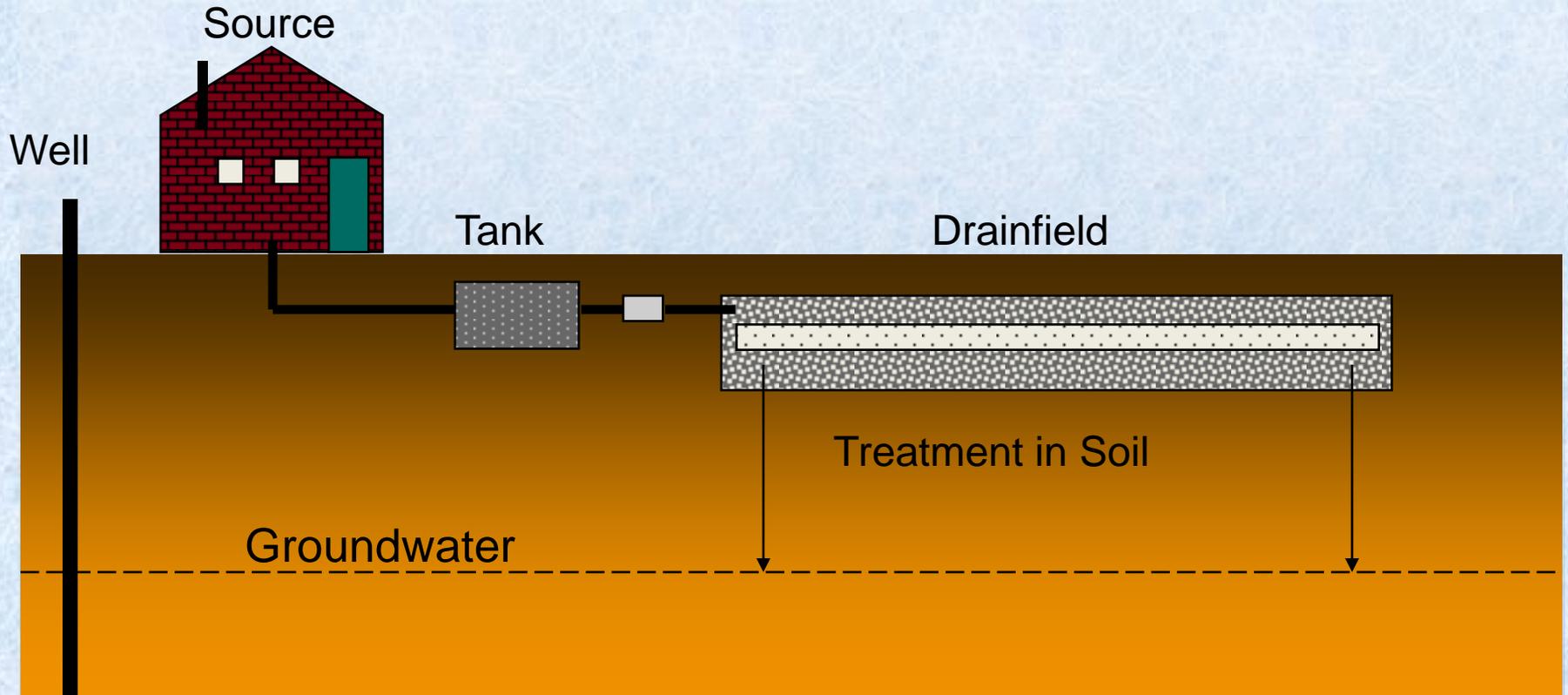


What is an Onsite Wastewater System?

- ❑ More commonly known as a septic tank system
- ❑ Utilized in areas where sewer is not available
- ❑ Consists of 4 major components:
 1. Wastewater source
 2. Septic Tank (pretreatment)
 3. Drainfield (dispersal)
 4. Soil (treatment)



System Components



Soil is the Most Critical Component

- ❑ Treatment and disposal in the soil is achieved through:
 1. Mechanical filtration of pathogens and organic matter.
 2. Aerobic microbial digestion.
 3. Nutrient transformation, adsorption, binding to soil colloids.
 4. Returns treated water to the groundwater.
- ❑ Soil hydraulic loading rate determines size of drainfield.



Presentation Outline

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Laws and Rules for Onsite Wastewater Systems

- ❑ **NCGS 130A-335(a)** – Any person owning or controlling a residence, place of business, or a place of public assembly must provide an approved wastewater system.
- ❑ **NCGS 130A-335 – 337** – Local Health Departments are required to issue permits for properties that meet the requirements of 15A NCAC 18A .1900 rules.



Maintenance and Repair

☐ **15A NCAC 18A .1961** – Any person owning or controlling a property served by a ground absorption wastewater system shall maintain the system to prevent:

1. A discharge of sewage or effluent to the ground surface,
2. a backup of sewage into the facility, plumbing, tank, or
3. free liquid surface within 3” of the ground surface.

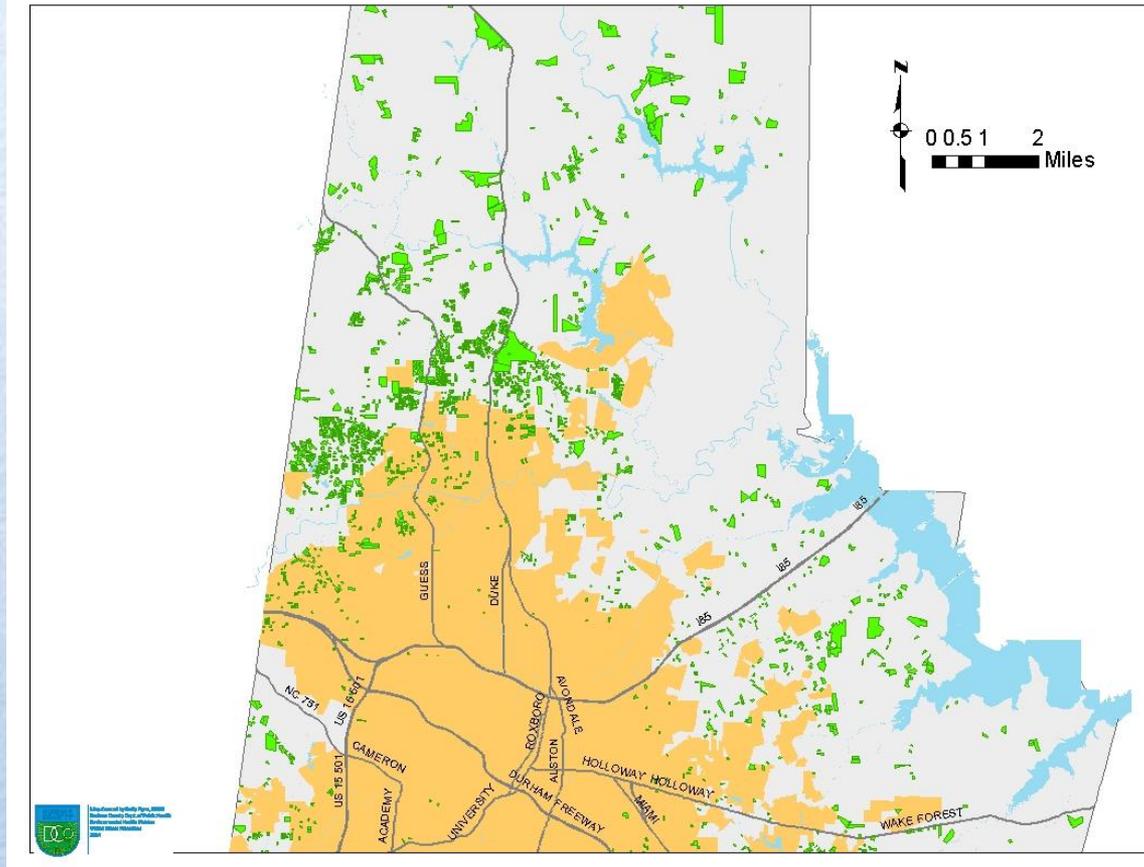


Onsite Wastewater System Service Life

- Onsite wastewater systems eventually fail.
- Average service life in Durham County is **30** years.
- The North Carolina average is less than **15** years.



Map of Known Septic Systems 30+ Years Old



Surface Discharge of Effluent



Courtesy of D.L. Lindbo, NCSU



Notices of Violation

- Environmental Health Specialists must issue a Notice of Violation for any observed malfunction.
- Property owners must be given a minimum of 30 days to correct the malfunction.
- Legal remedies may be pursued 30 days after issuance of a Notice of Violation.
- Environmental Health Specialists do not have citation authority.



Presentation Outline

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- ❑ **Current and Future Septic Repair Challenges**
- ❑ Assistance Programs in Other Jurisdictions



Repair Options

- Connect to municipal sewer (if available)
- Partial repair of drainfield
- Complete drainfield replacement
- Discharging system permitted by NC Div. of Water Resources
- Permanent pump and haul
- Vacate premises and abandon the septic system

These options range in cost from \$500 to \$35,000+



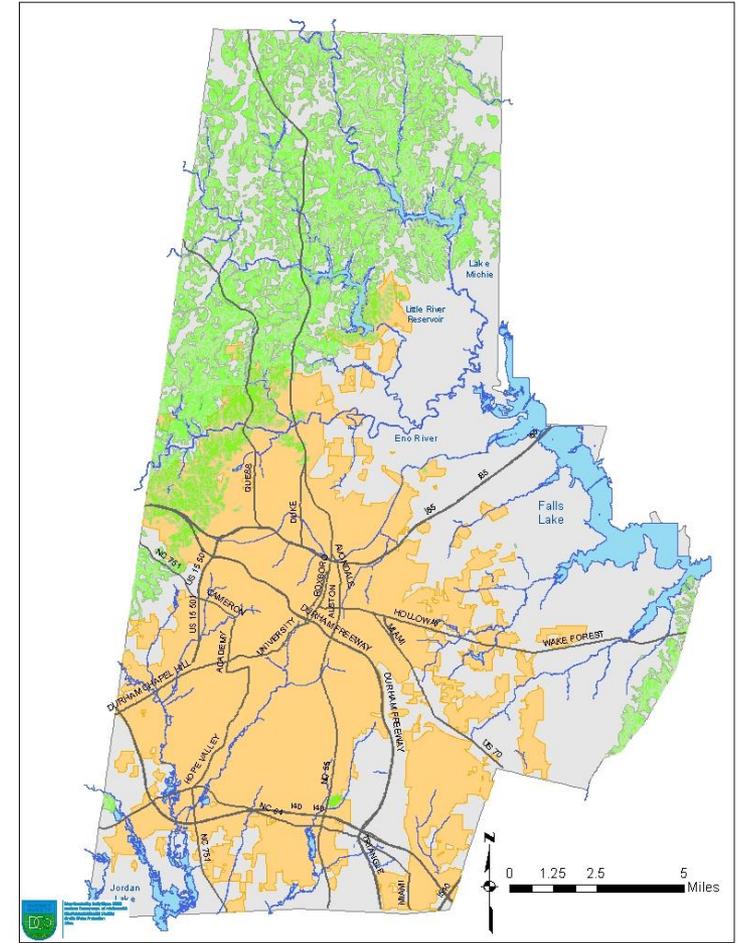
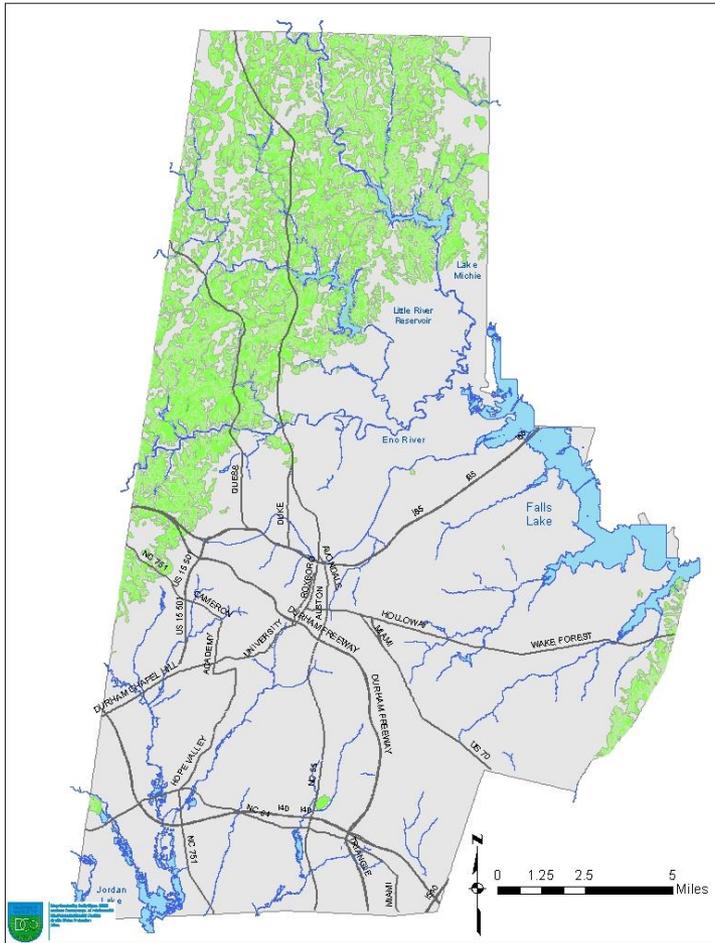
Reasons for Denial of Septic Repair Permit

- Unsuitable soils
- High water table
- Limited or no available space for repair
- Unsuitable landscape position
- Complex topography

Any of these conditions may prevent proper functioning of ground absorptions wastewater system.



Durham Soils Overview



Recent History of Septic Repairs

□ During the Period 1/1/2010 through 12/31/2013:

- 72 Notices of Violation Issued
- 177 Septic Repair Permits Issued
- 270 Sewage Complaints Investigated



Repair Challenges – Cost

- Municipal sewer connection = **\$7500+**
- Complete septic system replacement = **\$5,000 - \$35,000**
- Systems permitted by NC Div. of Water Resources = **\$35,000**
- Permanent Pump and Haul = **\$250 - \$300** per pump truck visit

Not all homeowners have the resources to cover these costs.

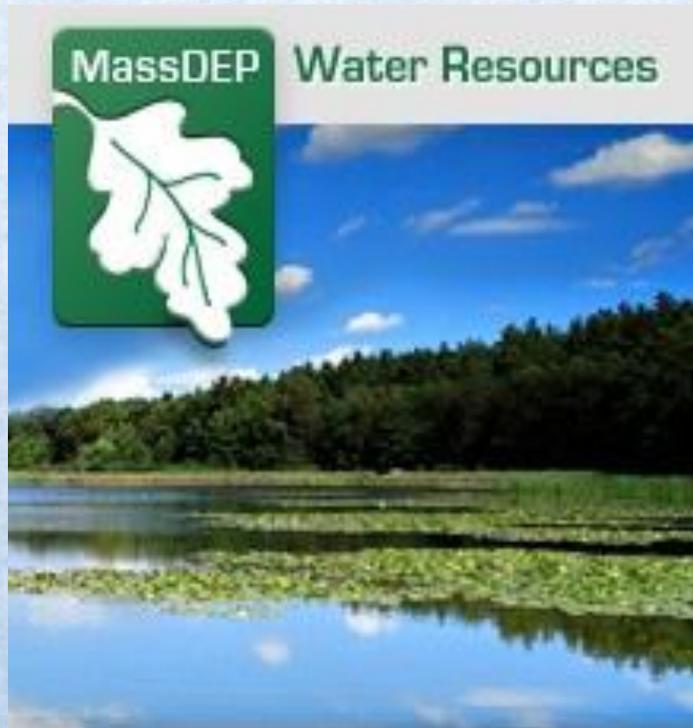


Presentation Outline

- ❑ Onsite Wastewater System Overview
- ❑ Legal Requirements of DCoDPH and Property Owners
- ❑ Current and Future System Repair Challenges
- ❑ **Assistance Programs in Other Jurisdictions**



Commonwealth of Massachusetts



- Community Betterment Loan
(State funds, 0% interest)
- Bank Loan Program
(Private sector, low interest)
- Tax credit (\$6000) to defray
cost of septic repair.



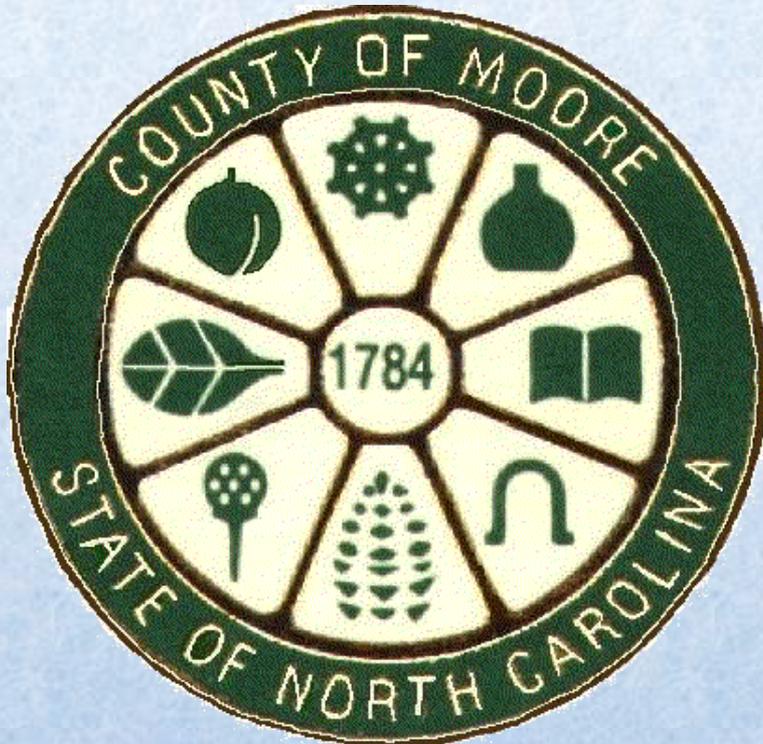
Eugene Water & Electric Board



- Zero Interest Loan Program
- Up to \$10,000 for septic repair
- Funded by grants from State of Oregon



Moore County, NC



- Sewer and Water Assistance Program
- Provides grants or loans for septic repairs
- Funding obtained through foundation grants and lending institutions



Onslow County, NC



- SSSDRIP – Septic System Database, Repair, and Information Program
- Provides grants or low interest loans for septic repairs
- Eligibility based on HUD guidelines



Summary

- ❑ Incidence of septic system failure will increase as housing in Durham County continues to age.
- ❑ Economic burden of septic repair may be insurmountable for some homeowners.
- ❑ Existing programs provide novel approaches to addressing a legal and public health issue.
- ❑ Durham County can benefit from a similar approach.



Questions?

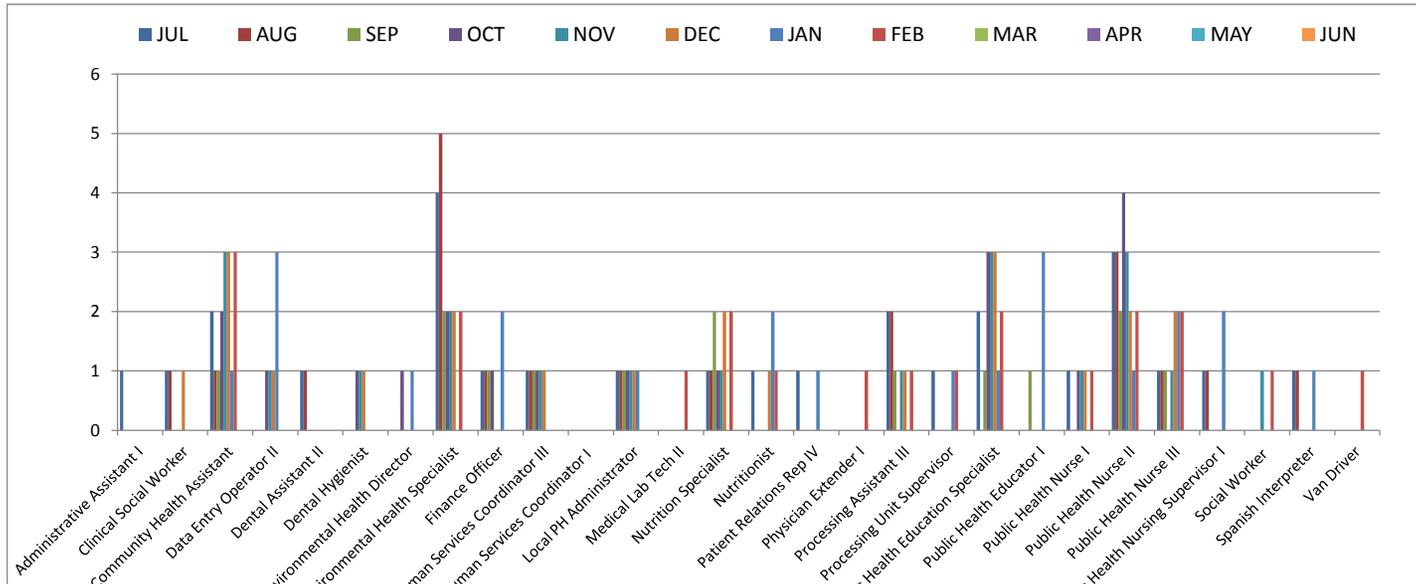
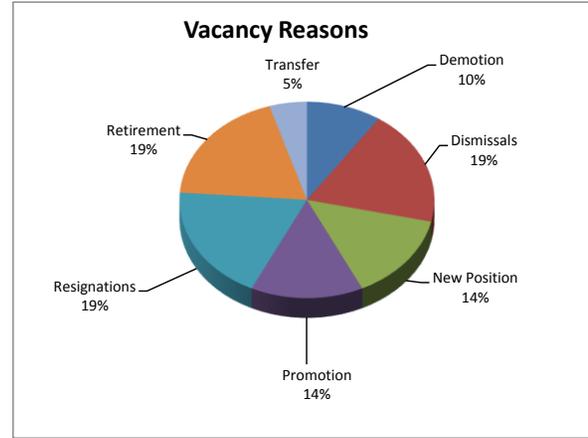


PUBLIC HEALTH VACANCY REPORT
FY 2013/2014*

Vacancy Report FY 2013/2014

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Administrative Assistant I	1											
Clinical Social Worker	1	1				1	1					
Community Health Assistant	2	1	1	2	3	3	3	3				
Data Entry Operator II				1	1	1						
Dental Assistant II	1	1										
Dental Hygienist				1	1	1	1					
Environmental Health Director				1								
Environmental Health Specialist	4	5	2	2	2	2	2	2				
Finance Officer	1	1	1	1								
Human Services Coordinator III	1	1	1	1	1	1						
Human Services Coordinator I							1					
Local PH Administrator	1	1	1	1	1	1						
Medical Lab Tech II								1				
Nutrition Specialist	1	1	2	1	1	2	2	2				
Nutritionist	1					1	1	1				
Patient Relations Rep IV	1											
Physician Extender I								1				
Processing Assistant III	2	2	1		1	1	1	1				
Processing Unit Supervisor	1						1	1				
Public Health Education Specialist	2		1	3	3	3	3	2				
Public Health Educator I			1									
Public Health Nurse I	1			1	1	1	1	1				
Public Health Nurse II	3	3	2	4	3	2	2	2				
Public Health Nurse III	1	1	1		1	2	2	2				
Public Health Nursing Supervisor I	1	1										
Social Worker					1		1	1				
Spanish Interpreter	1	1										
Van Driver							1	1				
Total Vacancies	27	20	14	19	20	22	23	21	0	0	0	0

Vacancy Reasons	#	%
Demotion	2	10%
Dismissals	4	19%
New Position	3	14%
Promotion	3	14%
Resignations	4	19%
Retirement	4	19%
Transfer	1	5%
Total	21	



PUBLIC HEALTH VACANCY REPORT

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ENVIRONMENTAL HEALTH
 Onsite Water Protection Notices of Violation
 January 2014

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
10/1/2012	3903 Hanford Dr	Surfacing effluent and unpermitted modification of the existing system.	10/31/2012	Y	N	11/5/2013	Turned down for a repair on 9/24/2012. Recommended for legal action 11/02/2012 Case has been adjudicated in court. No change regarding site conditions. 10/7/2013 The second trailer has been removed. No further action unless sewage surfaces. Still recommend sandfilter, the system is still aging out and reduced water usage is likely the reson there is not an active failure. 11/26/2013
10/1/2012	3823 Hanford Dr	Surfacing effluent and unpermitted modification of the existing system.	10/31/2012	Y	N		Turned down for a repair on 9/24/2012. House is not occupied, but system has been modified to discharge. Recommended for legal action 11/02/2012. Case has been adjudicated in court. No change regarding site conditions.

1/7/2013	4919 FARRINGTON RD	Surface discharge of effluent	2/15/2013	Y	N	<p>Failing lpp system , NOV issued to have owner to complete repair application so site can be evaluated for repair options. File forwarded to County Attorney's office 5/2/2013. 9/27/2013 Received report from Brantley & Sons, system still failing. 11/20/2013 visit for repair evaluation with Kevin Neal, LSS (Regional Soil Scientist NCDHHS). 12/5/2013 - Repair permit issued. 2/3/2014 - Owner has contacted a licensed septic installer and is awaiting estimate. EH staff has verified this with the contractor.</p>
3/14/2013	2707 Little River Dr	Surface discharge of effluent	4/14/2013	Y	N	<p>Application for repair permit has been received, Met septic contractor onsite 3/12/13. System determined to be non-repairable. New NOV issued directing property owner to pursue permit for discharging system through NC DWQ. 9/30/13 - No application has been received by NC DWR. 2/3/2014 - Site visit verified system is still failing. 2/4/2014 - NOV forwarded to County Attorney's office.</p>

7/17/2013	3038 Tavistock Dr	Surfacing sewage and accessory dwelling build without permit.	8/17/2013	Y	N	9/23/2013 - Violations discovered during monitoring visit. 10/7/2013 - No attempt has been made to correct the situation. 1/8/2014 - File forwarded to County Attorney's office.
8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	N	N	9/4/2013 clarified repair question via email. Still need a repair application to replace the tank. 10/7/2013, application has been received and the repair permit has been issued, waiting for installation. 2/3/2013 - Site visit performed by EH staff. House is occupied and tank has not been replaced. 2/4/2014 - NOV forwarded to County Attorney's office.

9/26/2013	5901 Boylan	Failing Mound LPP	10/28/2013	N	N	Failing LPP. 10/7/2013 - Repair application received. 11/20/2013 - Repair evaluation performed with Kevin Neal, LSS (Regional Soil Scientist , NCDHHS). 12/9/2013 - Repair Permit issued. 2/3/2014 - Property owner has been in contact with EH staff. Owner is currently seeking bids from licensed septic installers.
9/5/2013	2804 Darrow Rd	Disconnected Municipal Sewer	10/5/2013	Y	N	House was disconnected from municipal sewer by City of Durham Public Works Dept because of non-payment. Sewer clean out has been shattered causing wastewater/solids to discharge to ground surface. NOV issued citing NCGS 130A-335(a) requiring reconnection to sewer. 11/04/2013 - NOV forwarded to County Attorney's office. 11/21/2013 - Civil suit filed in Superior Court.

11/26/2013	2709 Cooksbury	Disconnected Municipal Sewer	12/26/2013	Y	N	House was disconnected from municipal sewer due to nonpayment. Sewage on the ground, verified via site visit. NOV issued. Also, an email was sent to the property owner. 1/6/2014 - Forwarded NOV to County Attorney's office. 1/14/2014 confirmed sewage is still discharging onto the ground. 1/27/2014 - Received another complaint from neighbor regarding discharge of sewage onto their property. 1/30/2014 - Legal complaint drafted by County Attorney's office.
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	N	N	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. 12/6/2013

1/15/2014	2900 Pervis	Surface discharge of effluent	2/14/2014	N	N	Two mobile homes connected to one septic system (possibly a sandfilter). Sewage is surfacing. Confirmed via site visit on 1/14/2014
1/16/2014	Little River Community Complex	No Subsurface Operator	2/16/2014	N	N	No Subsurface Operator.

Brief Description of Services

6211 - Administration

The Administration Division provides support to the department. This cost center contains staff in Senior Management, Finance, Billing, Customer Registration, Vital Records, Interpreter Service, Accounts Payable, Management Support and Systems Support

6212 Departmental

This cost center supports operational expenses that impact the entire Department.

Allied Health

6217-Laboratory services are provided for STI, Family Planning, Adult Health, TB, Immunizations and Maternal Health clinics

6224 - Pharmacy provides prescribed medications to clients receiving services in various Public Health clinics. Pharmacy staff counsel clients about possible drug interactions. Pharmacy staff is also available to staff to answer medication administration inquiries.

Nutrition

6215 – Nutrition in FY13-14 this cost center included clinical nutrition, communications/health promotion as well as the DINE SNAP Ed funded grant program. DINE will move to a separate cost center in FY14-15. Sections remaining in this cost center include:

- 1) **Clinical Nutrition** -Medical nutrition therapy provides individual counseling to clients for whom nutrition guidance can prevent, treat or stabilize a diagnosed condition, such as diabetes, hypertension, failure to thrive, high risk pregnancies and obesity. Diabetes Self- Management Education provides American Diabetes Association curriculum-based group class series to teach people with diabetes how to improve diabetes control. Preconceptual nutrition counseling/guidance promotes health practices prior to and between pregnancies which will improve pregnancy outcomes.
- 2) **Communications/Health Promotion** - Media outreach is conducted to reach the general public through placing targeted educational messages in DATA buses (15,000 riders daily) and a variety of independent and school newspapers, participating in radio and television interviews and distributing media releases. Health promotion activities and outreach focus on wellness issues with worksites and groups in the community.

6219 –DINE for LIFE (Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating) provides classes and school-wide events which focus on the US Dietary Guidelines and the MyPlate recommendations for nutrition, food safety and physical activity in 15 eligible Durham elementary and middle schools, senior centers and the community. Nutrition and culinary skills classes such as Junior Iron Chef Durham are conducted in schools and other community sites.

6229 – Durham Diabetes Coalition Project is a collaboration between the DCoDPH and Duke University. Funding for the project is from the Bristol Myers-Squibb Foundation and the Center for Medicare and Medicaid Innovations. The Project objectives are to 1) improve population-level diabetes management, health outcomes and quality of life for diagnosed/ undiagnosed Type 2 Diabetes in Durham County and 2) reduce disparities (based upon race, age, gender, socioeconomic status and

insurance) in diabetes management, health outcomes, and quality of life for adults living with Type 2 Diabetes.

Health Education (6216)

Health Education is divided into three sections:

- 1) **Health Promotion & Wellness Section:** provides in-person educational and evidence-based programs to adults in community, faith-based, workplace settings and virtually through webinars. Topics are developed based on community interest and focus on health promotion and chronic disease prevention.
- 2) **Communicable Diseases and Maternal/Child Health Educational Services Section:** HIV, Syphilis, Gonorrhea, Chlamydia, and Hepatitis C education and testing is provided for inmates at the Durham County jail and to the public at different sites in the community. Comprehensive health education services are provided for youth K-12 in the Durham Public Schools, the parents of the youth in this age group and the community at large.
- 3) **Partnership for a Healthy Durham:** a community coalition spearheads the Durham County Community Health Assessment every three years, identifies county health priorities, creates strategic plans to address the priorities and mobilizes the coalition to move the strategic plans forward.

Dental (6218)

The Dental Division has two components: the Dental Clinic and the Tooth Ferry Mobile Treatment Unit. Each provides a full range of services including exams, and x-rays, cleanings, fillings, extractions, and oral hygiene instruction, etc. The difference between the two is the way in which they are staffed, and the targeted patient populations.

Community Health

Communicable Disease Control

6221 - General Health/Adult Health/ Hep C#1 Adult Health/STD Clinic, provides medical examination, screening, evaluation, and treatment for persons with sexually transmitted diseases (STD), provides testing and counseling for HIV; hepatitis C testing and counseling for persons with identified risk factors for the disease; and STD/HIV/HCV education to encourage and promote prevention; provides referrals for immunizations, substance abuse, sexual abuse, mental health or other medical issues (hypertension, diabetes, asthma, etc.) as needed.

6222- The Immunization Program includes the Immunization Clinic, the Refugee Health Program/Clinic, and the Rabies Control Program. Focused efforts to identify and eliminate all communicable and vaccine-preventable diseases

6227 - AIDS/HEP C #2 goal of the HIV Testing & Counseling Program is to reduce morbidity and mortality resulting from HIV/AIDS and other sexually transmitted diseases through detection, tracking, investigation, control, education, and care activities to improve the health of the residents of Durham County. Again, hepatitis C testing and counseling for persons with identified risk factors for the disease; and STD/HIV/HCV education to encourage and promote prevention; provides referrals for immunizations, substance abuse, sexual abuse, mental health or other medical issues (hypertension, diabetes, asthma, etc.) as needed

FY 14-15 Approved/Requested Expenditure Budget Overview

Cost Center	Approved FY 13-14	Requested FY 14-15	Increase (Decrease)	% Increase (Decrease)
6211-Adm	2,153,084.00	2,447,713.59	294,629.59	13.68%
6212-Dept	906,693.00	1,287,607.77	380,914.77	42.01%
6215-Nutrition	1,074,420.00	760,917.00	(313,503.00)	-29.18%
6216-Health Ed	1,107,778.00	1,100,626.00	(7,152.00)	-0.65%
6217-Lab	754,068.00	852,453.00	98,385.00	13.05%
6218-Dental	1,001,745.00	1,002,358.00	613.00	0.06%
6219-DINE	-	537,625.00	537,625.00	-
6221-AH	828,548.00	739,526.46	(89,021.54)	-10.74%
6222-Imm	326,011.00	560,575.00	234,564.00	71.95%
6223-TB	514,171.00	557,019.21	42,848.21	8.33%
6224-Pharmacy	691,041.00	720,136.00	29,095.00	4.21%
6225-FP	887,638.00	784,481.76	(103,156.24)	-11.62%
6226-BCCP	29,121.00	29,055.00	(66.00)	-0.23%
6227-Aids Ctrl	189,730.00	307,101.81	117,371.81	61.86%
6229-BMS	555,199.82	584,448.00	29,248.18	5.27%
6229-CMS	542,289.18	622,885.00	80,595.82	14.86%
6231-Gen Nurs	152,206.00	158,220.00	6,014.00	3.95%
6232-MH	1,120,616.00	1,050,174.00	(70,442.00)	-6.29%
6233-CH	679,650.00	718,486.00	38,836.00	5.71%
6235-Jail	3,223,848.00	3,293,044.00	69,196.00	2.15%
6236-SH	1,588,246.00	1,563,196.27	(25,049.73)	-1.58%
6238-Dur Conn	306,270.00	306,702.00	432.00	0.14%
6239-PCM	514,895.00	505,199.69	(9,695.31)	-1.88%
6241-Gen Insp	932,507.00	1,057,389.00	124,882.00	13.39%
6242-Parent P	225,615.00	246,366.92	20,751.92	9.20%
6244-On Site	480,506.00	427,752.02	(52,753.98)	-10.98%
6245-Loc PH Prep	91,093.00	90,822.86	(270.14)	-0.30%
Grand Total	\$ 20,876,989.00	\$ 22,311,881.36	\$ 1,434,892.36	6.87%

excludes flex

		Total Approved FY 13-14	P1 Requested Total FY 14-15	FY 14-15 P1 Increase (Decrease)	P2 and above Requested Total	Total Requested FY 14-15	Total Increase (Decrease)
Personnel Budget Totals		\$ 13,531,228.00	\$ 13,682,301.24	\$ 151,073.24	\$ 433,214.02	\$ 14,115,515.26	\$ 584,287.26
Operating Budget Totals		\$ 7,345,761.00	\$ 7,951,920.51	\$ 606,159.51	\$ 244,445.59	\$ 8,196,366.10	\$ 850,605.10
Combined Budget Totals		\$ 20,876,989.00	\$ 21,634,221.75	\$ 757,232.75	\$ 677,659.61	\$ 22,311,881.36	\$ 1,434,892.36
6211-Adm	Personnel	\$ 2,137,105.00	\$ 2,270,598.00	133,493.00	\$ 158,315.60	\$ 2,428,913.60	291,808.60
6212-Dept	Personnel	\$ 2,340.00	\$ -	(2,340.00)	\$ -	\$ -	(2,340.00)
6215-Nutrition	Personnel	\$ 965,101.00	\$ 738,685.00	(226,416.00)	\$ -	\$ 738,685.00	(226,416.00)
6216-Health Ed	Personnel	\$ 991,186.00	\$ 961,429.00	(29,757.00)	\$ -	\$ 961,429.00	(29,757.00)
6217-Lab	Personnel	\$ 470,440.00	\$ 537,012.00	66,572.00	\$ -	\$ 537,012.00	66,572.00
6218-Dental	Personnel	\$ 690,298.00	\$ 686,996.00	(3,302.00)	\$ -	\$ 686,996.00	(3,302.00)
6219-DINE	Personnel	\$ -	\$ 376,538.00	376,538.00	\$ -	\$ 376,538.00	376,538.00
6221-AH	Personnel	\$ 454,247.00	\$ 418,182.60	(36,064.40)	\$ 27,978.08	\$ 446,160.68	(8,086.32)
6222-Imm	Personnel	\$ 260,928.00	\$ 259,244.00	(1,684.00)	\$ 55,861.00	\$ 315,105.00	54,177.00
6223-TB	Personnel	\$ 448,814.00	\$ 504,238.64	55,424.64	\$ -	\$ 504,238.64	55,424.64
6224-Pharmacy	Personnel	\$ 305,936.00	\$ 318,261.00	12,325.00	\$ -	\$ 318,261.00	12,325.00
6225-FP	Personnel	\$ 766,718.00	\$ 670,192.00	(96,526.00)	\$ 17,169.76	\$ 687,361.76	(79,356.24)
6227-Aids Crtl	Personnel	\$ 181,210.00	\$ 190,192.00	8,982.00	\$ 41,535.31	\$ 231,727.31	50,517.31
6229-BMS	Personnel	\$ 417,100.82	\$ 420,648.00	3,547.18	\$ -	\$ 420,648.00	3,547.18
6229-CMS	Personnel	\$ 374,246.18	\$ 396,650.00	22,403.82	\$ -	\$ 396,650.00	22,403.82
6231-Gen Nurs	Personnel	\$ 148,415.00	\$ 154,685.00	6,270.00	\$ -	\$ 154,685.00	6,270.00
6232-MH	Personnel	\$ 775,102.00	\$ 716,624.00	(58,478.00)	\$ -	\$ 716,624.00	(58,478.00)
6233-CH	Personnel	\$ 603,347.00	\$ 650,773.00	47,426.00	\$ -	\$ 650,773.00	47,426.00
6236-SH	Personnel	\$ 1,563,105.00	\$ 1,530,831.00	(32,274.00)	\$ 8,508.27	\$ 1,539,339.27	(23,765.73)
6239-PCM	Personnel	\$ 501,090.00	\$ 494,335.00	(6,755.00)	\$ -	\$ 494,335.00	(6,755.00)
6241-Gen Insp	Personnel	\$ 885,209.00	\$ 859,310.00	(25,899.00)	\$ 123,846.00	\$ 983,156.00	97,947.00
6242-Parent P	Personnel	\$ 59,802.00	\$ 56,135.00	(3,667.00)	\$ -	\$ 56,135.00	(3,667.00)
6244-On Site	Personnel	\$ 455,919.00	\$ 392,513.00	(63,406.00)	\$ -	\$ 392,513.00	(63,406.00)
6245-Loc PH Prep	Personnel	\$ 73,569.00	\$ 78,229.00	4,660.00	\$ -	\$ 78,229.00	4,660.00
6211-Adm	Operating	\$ 15,979.00	\$ 12,808.00	(3,171.00)	\$ 5,991.99	\$ 18,799.99	2,820.99
6212-Dept	Operating	\$ 904,353.00	\$ 1,274,779.17	370,426.17	\$ 12,828.60	\$ 1,287,607.77	383,254.77
6215-Nutrition	Operating	\$ 109,319.00	\$ 22,232.00	(87,087.00)	\$ -	\$ 22,232.00	(87,087.00)
6216-Health Ed	Operating	\$ 116,592.00	\$ 139,197.00	22,605.00	\$ -	\$ 139,197.00	22,605.00
6217-Lab	Operating	\$ 283,628.00	\$ 315,441.00	31,813.00	\$ -	\$ 315,441.00	31,813.00
6218-Dental	Operating	\$ 311,447.00	\$ 315,362.00	3,915.00	\$ -	\$ 315,362.00	3,915.00
6219-DINE	Operating	\$ -	\$ 161,087.00	161,087.00	\$ -	\$ 161,087.00	161,087.00
6221-AH	Operating	\$ 374,301.00	\$ 291,955.78	(82,345.22)	\$ 1,410.00	\$ 293,365.78	(80,935.22)
6222-Imm	Operating	\$ 65,083.00	\$ 138,670.00	73,587.00	\$ 106,800.00	\$ 245,470.00	180,387.00
6223-TB	Operating	\$ 65,357.00	\$ 52,780.57	(12,576.43)	\$ -	\$ 52,780.57	(12,576.43)
6224-Pharmacy	Operating	\$ 385,105.00	\$ 401,875.00	16,770.00	\$ -	\$ 401,875.00	16,770.00
6225-FP	Operating	\$ 120,920.00	\$ 97,120.00	(23,800.00)	\$ -	\$ 97,120.00	(23,800.00)
6226-BCCP	Operating	\$ 29,121.00	\$ 29,055.00	(66.00)	\$ -	\$ 29,055.00	(66.00)
6227-Aids Crtl	Operating	\$ 8,520.00	\$ 73,454.50	64,934.50	\$ 1,920.00	\$ 75,374.50	66,854.50
6229-BMS	Operating	\$ 138,099.00	\$ 136,355.00	(1,744.00)	\$ 27,445.00	\$ 163,800.00	25,701.00
6229-CMS	Operating	\$ 168,043.00	\$ 165,506.00	(2,537.00)	\$ 60,729.00	\$ 226,235.00	58,192.00
6231-Gen Nurs	Operating	\$ 3,791.00	\$ 3,535.00	(256.00)	\$ -	\$ 3,535.00	(256.00)
6232-MH	Operating	\$ 345,514.00	\$ 333,550.00	(11,964.00)	\$ -	\$ 333,550.00	(11,964.00)
6233-CH	Operating	\$ 76,303.00	\$ 67,713.00	(8,590.00)	\$ -	\$ 67,713.00	(8,590.00)
6235-Jail	Operating	\$ 3,223,848.00	\$ 3,293,044.00	69,196.00	\$ -	\$ 3,293,044.00	69,196.00
6236-SH	Operating	\$ 25,141.00	\$ 23,857.00	(1,284.00)	\$ -	\$ 23,857.00	(1,284.00)
6238-Dur Conn	Operating	\$ 306,270.00	\$ 306,702.00	432.00	\$ -	\$ 306,702.00	432.00
6239-PCM	Operating	\$ 13,805.00	\$ 10,864.69	(2,940.31)	\$ -	\$ 10,864.69	(2,940.31)
6241-Gen Insp	Operating	\$ 47,298.00	\$ 46,912.00	(386.00)	\$ 27,321.00	\$ 74,233.00	26,935.00
6242-Parent P	Operating	\$ 165,813.00	\$ 190,231.92	24,418.92	\$ -	\$ 190,231.92	24,418.92
6244-On Site	Operating	\$ 24,587.00	\$ 35,239.02	10,652.02	\$ -	\$ 35,239.02	10,652.02
6245-Loc PH Prep	Operating	\$ 17,524.00	\$ 12,593.86	(4,930.14)	\$ -	\$ 12,593.86	(4,930.14)

FY 14-15 Revenue Budget Overview

Cost Center	Approved FY 13-14	Requested FY 14-15	Increase (Decrease)	% Increase (Decrease)
6211-Adm	120,127.00	110,217.00	(9,910.00)	-8.25%
6212-Dept	120,499.00	120,499.00	-	0.00%
6215-Nutrition	495,701.00	116,127.00	(379,574.00)	-76.57%
6216-Health Ed	418,674.00	360,077.00	(58,597.00)	-14.00%
6217-Lab	40,000.00	-	(40,000.00)	-100.00%
6218-Dental	213,000.00	367,000.00	154,000.00	72.30%
6219-DINE	-	590,048.00	590,048.00	-
6221-AH	131,291.00	85,097.00	(46,194.00)	-35.18%
6222-Imm	84,838.00	76,443.00	(8,395.00)	-9.90%
6223-TB	124,181.00	124,181.00	-	0.00%
6224-Pharmacy	-	25,000.00	25,000.00	-
6225-FP	341,035.00	256,566.00	(84,469.00)	-24.77%
6226-BCCP	29,121.00	29,055.00	(66.00)	-0.23%
6227-Aids Crtl	28,000.00	94,201.00	66,201.00	236.43%
6229-BMS	607,461.00	654,696.00	47,235.00	7.78%
6229-CMS	589,062.00	684,352.00	95,290.00	16.18%
6231-Gen Nurs	2,487.00	-	(2,487.00)	-100.00%
6232-MH	595,686.00	493,198.00	(102,488.00)	-17.21%
6233-CH	696,423.00	696,423.00	-	0.00%
6235-Jail	4,000.00	2,700.00	(1,300.00)	-32.50%
6236-SH	177,415.00	117,550.00	(59,865.00)	-33.74%
6238-Dur Conn	62,522.00	62,522.00	-	0.00%
6239-PCM	508,656.00	500,814.00	(7,842.00)	-1.54%
6241-Gen Insp	49,000.00	49,000.00	-	0.00%
6242-Parent P	233,497.00	246,367.00	12,870.00	5.51%
6244-On Site	100,750.00	89,000.00	(11,750.00)	-11.66%
6245-Loc PH Prep	80,000.00	80,000.00	-	0.00%
Grand Total	\$ 5,853,426.00	\$ 6,031,133.00	\$ 177,707.00	3.04%

excludes flex

	Approved FY 13-14	Total Requested FY 14-15	Increase (Decrease)
Expenditures	\$ 20,876,989.00	\$ 22,311,881.00	\$ 1,434,892.00
Revenues	\$ 5,853,426.00	\$ 6,031,133.00	\$ 177,707.00
Difference	\$ 15,023,563.00	\$ 16,280,748.00	\$ 1,257,185.00

Grand Total 677,659.61 151,167.00 189,454.20 58,114.00 72,843.39 29,178.33 29,178.33 33,872.33 8,508.27 17,169.76 27,445.00 60,729.00

	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8	Priority 9	Priority 10	Priority 16	Priority 17
6211-Administration	0110 - Sal Reg	\$ 9,353.60	\$ 46,687.00		\$ 23,384.00	\$ 23,384.00	\$ 27,119.00				
6211-Administration	0610 - FICA	\$ 1,789.00	\$ 3,572.00		\$ 1,789.00	\$ 1,789.00	\$ 2,075.00				
6211-Administration	0613 - Retire	\$ 1,653.00	\$ 3,301.00		\$ 1,653.00	\$ 1,653.00	\$ 1,917.00				
6211-Administration	0633 - Supl Ret	\$ 1,169.00	\$ 2,334.00		\$ 1,169.00	\$ 1,169.00	\$ 1,356.00				
6211-Administration	1102-Telephone		\$ 222.00		\$ -	\$ -	\$ 222.00				
6211-Administration	1143-Office Supplies		\$ 100.00		\$ 100.00	\$ 100.00	\$ 100.00				
6211-Administration	2000-NonCap F&E		\$ 1,898.00		\$ 1,083.33	\$ 1,083.33	\$ 1,083.33				
6212-Departmental	1102-Telephone	\$ 12,828.60									
6221-Adult Health	0110 - Sal Reg			\$ 23,384.00							
6221-Adult Health	0610 - FICA			\$ 1,788.00							
6221-Adult Health	0613 - Retire			\$ 1,403.04							
6221-Adult Health	0633 - Supl Ret			\$ 1,403.04							
6221-Adult Health	1301-Tr Rel Trvl			\$ 1,410.00							
6222-Immunizations	0110 - Sal Reg	\$ 46,687.00									
6222-Immunizations	0610 - FICA	\$ 3,571.56									
6222-Immunizations	0613 - Retire	\$ 2,801.22									
6222-Immunizations	0633 - Supl Ret	\$ 2,801.22									
6222-Immunizations	1301-Tr Rel Trvl	\$ 350.00									
6222-Immunizations	1541-Immunization	\$ 100,450.00									
6222-Immunizations	1595-Misc Supplies	\$ 1,000.00									
6222-Immunizations	1601-Contract Serv	\$ 5,000.00									
6225-Family Planning	0120 - Sal PT								\$ 14,382.00		
6225-Family Planning	0610 - FICA								\$ 1,100.23		
6225-Family Planning	0613 - Retire								\$ 862.00		
6225-Family Planning	0633 - Supl Ret								\$ 825.53		
6227-Aids Control	0110 - Sal Reg			\$ 34,714.00							
6227-Aids Control	0610 - FICA			\$ 2,655.63							
6227-Aids Control	0613 - Retire			\$ 2,082.84							
6227-Aids Control	0633 - Supl Ret			\$ 2,082.84							
6227-Aids Control	1102-Telephone			\$ 620.00							
6227-Aids Control	1301-Tr Rel Trvl			\$ 900.00							
6227-Aids Control	1501-Oper Trvl			\$ 400.00							
6229-BMS	1102 - Telephone								\$ 1,200.00		
6229-BMS	1143 - Office Supplies								\$ 500.00		
6229-BMS	1301 - Tr Rel Tr								\$ 1,282.00		
6229-BMS	1504 - Food & Provisions								\$ 1,000.00		
6229-BMS	1595 - Misc Supplies								\$ 2,463.00		
6229-BMS	1601 - Contract Serv								\$ 21,000.00		
6229-CMS	1301 - Tr Rel Tr										\$ 482.00
6229-CMS	1595 - Misc Supplies										\$ 1,900.00
6229-CMS	1601 - Contract Serv										\$ 40,000.00
6229-CMS	3004 - Res Fut Proj										\$ 18,347.00
6236-School Health	0110 - Sal Reg							\$ 7,112.27			
6236-School Health	0610 - FICA							\$ 544.00			
6236-School Health	0613 - Retire							\$ 426.00			
6236-School Health	0633 - Supl Ret							\$ 426.00			
6241-Gen. Inspections	0110 - Sal Reg	\$ 72,944.00									
6241-Gen. Inspections	0205 - Phone Allowance	\$ 600.00									
6241-Gen. Inspections	0610 - FICA	\$ 7,876.00									
6241-Gen. Inspections	0613 - Retire	\$ 7,278.00									
6241-Gen. Inspections	0633 - Supl Ret	\$ 5,148.00									
6241-Gen. Inspections	Funds to hire above bas	\$ 30,000.00									
6241-Gen. Inspections	1102-Telephone	\$ 666.00									
6241-Gen. Inspections	1143-Office Supplies	\$ 300.00									
6241-Gen. Inspections	1301-Tr Rel Trvl	\$ 772.00									
6241-Gen. Inspections	1303-Dues & Subsc	\$ 100.00									
6241-Gen. Inspections	1501-Oper Trvl	\$ 5,152.00									
6241-Gen. Inspections	1510-Software Non-Cap	\$ 4,960.00									
6241-Gen. Inspections	1601-Contract Serv	\$ 10,000.00									
6241-Gen. Inspections	1803-Uniforms	\$ 110.00									
6241-Gen. Inspections	2000-NonCap F&E	\$ 5,261.00									

DCoDPH Proposed
Fee Schedule for FY 14-15

Pharmacy Fees

<u>MEDICATION AND STRENGTH</u>	<u>Medicaid Admin Rate</u>	<u>UNIT COST/\$</u>		<u>DCHD/Medicaid Dispensing Cost/prescription</u>	<u>Medicaid Co-pay/prescription</u>
Prenavite		\$2.52/100	Non-Medicaid	\$5.60	NA
Nitrofurantoin		\$0.77/cap		\$5.60	\$3.00
Cipro 250mg		\$0.014/tab		\$5.60	\$3.00
Cipro 500mg		\$0.052/tab		\$5.60	\$3.00
Metrogel		\$7.51/box 75 gm		\$5.60	\$3.00
Septra DS		\$0.041/tab		\$5.60	\$3.00
Lo/ovral		\$5.16/pack		\$5.60	\$3.00
Sronyx		\$8.02/pack		\$5.60	\$3.00
Ortho Evra		15.68/3		\$5.60	\$3.00
Desogen		4.07/pack		\$5.60	\$3.00
Micronor		2.93/pack		\$5.60	\$3.00
Miconazole 7		1.92/45 gms box	Non-Medicaid	\$5.60	\$3.00
Diflucan		0.046/tab		\$5.60	\$3.00
Antifungal Cream		0.90/box 15 gm	Non-Medicaid	\$5.60	NA
Chewable vitamins		1.71/100	Non-Medicaid	\$5.60	NA
Ferrous Sulfate		0.0034/tab	Non-Medicaid	\$5.60	NA
Colace		0.0010/tab	* Indicates Proposed Changes	\$5.60	NA
Phenergan		0.025/tab		\$5.60	\$3.00
Ranitidine		0.010/tab	Non-Medicaid	\$5.60	\$3.00
Zofran		0.91/30		\$5.60	\$3.00
Ortho Tri-cyclen		2.93/pack		\$5.60	\$3.00
Ortho Cyclen		2.93/pack		\$5.60	\$3.00
Ortho Tri-cyclen lo		5.62/pack		\$5.60	\$3.00
Levora		5.95/pack		\$5.60	\$3.00
Plan B		9.05/pack	*Non-Medicaid	\$5.60	\$3.00
Ferrous Gluconate		4.61/100	Non-Medicaid	\$5.60	NA
Terconazole		3.18/box		\$5.60	\$3.00
Yasmin		0.27/pack		\$5.60	\$3.00
Depo		6.21/injection		\$5.60	\$3.00
Nuvaring		14.66/pack		\$5.60	\$3.00

* Indicates Proposed Changes