

A Regular Meeting of the Durham County Board of Health, held May 8, 2014 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison, DDS; Heidi Carter, MSPH; Commissioner Brenda Howerton; Stephen Dedrick, R.Ph, MS and Dale Stewart, OD.

Excused Absence: Michael Case, MPA; and John Daniel, Jr., MD

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Dr. James Harris, Dr. Arlene Sena, Dr. Miriam McIntosh, Chris Salter, Melissa Downey-Piper, Melissa Martin, Eric Nickens, Attorney Bryan Wardell, Michele Easterling, Will Sutton, Gina Hill and Tom Dawson.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:13pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Ms. Harris requested the following revisions to the agenda.

1. Move the update on the communicable disease reporting to # 6 on the agenda.
2. Ratification of Budget Amendment
3. Budget Update
 - a. Senior PharmAssist Request
 - b. Manager's Recommended Budget
4. Update on Septic System Issues
5. NALBOH Conference

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

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Levbarg made a motion to approve the minutes for April 10, 2014 meeting. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris spoke about the Public Health Month Video. Ms. Harris stated that staff enjoyed working on the video. The video will stream on YouTube for one year. Eric Nickens is going to submit the video to APHA and

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it was sent to NCPHA, the membership of NC Association of Local Health Directors and the leadership of NC Division of Public Health.. Ms. Harris stated that the department celebrated Public Health Month and the end of the centennial celebration on April 25 with an event, *Public Health After Hours*. Commissioner Page, Commissioner Jacobs, Dr. Levbarg and Ms. Watterson attended the celebration. As part of the event, retirees reflected on the history of public health in Durham County and their personal work experiences at the department. Retirees Sue Guptill and Catherine Medlin, who have been reviewing board of health minutes from 1913 to get significant highlights to capture the 100 years of public health in Durham County, reflected on their findings.. Other retirees (Theodore Brooks, former dental director; Delores Vaughan, former nursing supervisor; Tekola Fisseha, former health education division director; and Daryl Poe, former environmental health program specialist) reflected on their years at the department. To encourage attendees to visit program display tables, participants had to have cards initialed by agency staff at the tables to become eligible to enter the drawing for prizes that encouraged physical activity. Included in the prizes were two bicycles with helmets, an autographed Duke Basketball and football, and a soccer ball. Approximately 400 people attended and everyone seemed to have enjoyed the event.

Ms. Harris stated that the department recognized the Administrative Support staff with a lunch and learn event on April 23. The training was conducted by Melissa Martin. The training was titled “Tell me a Story: Understanding Our Customer”. Based on staff feedback, the session was very impactful.

Ms. Harris stated that for Nurses’ Day the department nurses viewed a Robert Wood Johnson Foundation video, “Nurses Leading the Way”; participated in a continuing education offering titled “Bully Behavior in the Workplace” (presented by Theresa Raphael-Grimm, PhD, CNS), celebrated with food and posed for a group picture. The picture was signed by the nurses and will be framed and displayed in a variety of settings throughout the department.

Ms. Martin (Allied Health Services - Laboratory and Pharmacy), Ms. Easterling (Nutrition), and Dr. Harris (Dental) have hosted separate appreciation activities for their staff members. Mr. Salter is working on identifying a day for Environmental Health Specialists and Ms. Downey-Piper is working on a day for Health Educators.

- **REPORTING COMMUNICABLE DISEASES UPDATE**
(Activity 2.3)

Dr. Sena stated that last month she gave a communicable disease update whereby she presented mainly on STD, HIV, food-borne illnesses. One

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thing that was noted was that providers in Durham County were not being very thorough in their reporting. Duke University was mentioned. Since the last meeting, staff did a little bit more investigation on the scope of the problem. The communicable disease staff met with the Leadership Team to help us understand where the deficits are. There doesn't appear to be a significant proportion of STDs and HIVs not reported at the moment. However, the Durham County Communicable Disease Program investigates an average of 500-600 communicable disease (CD) reports annually not including sexually transmitted diseases. Although this seems to be a large number, we actually would expect more reports, given the presence of a major medical center, 2 large universities, and a vast and varied array of medical providers in the county.

Dr. Sena stated that the Communicable Disease program wants to ensure that all healthcare providers and laboratories are aware of and compliant with reporting laws in regard to communicable disease. To this end, staff developed a packet containing communicable disease information. They are also developing a plan to distribute this information to healthcare providers through a variety of methods. To ensure accurate reporting by the major healthcare providers and large laboratories in this area, staff are meeting with the Public Health Epidemiologists and other relevant staff at the hospitals; meeting with providers and others to assure everyone understands the communicable disease reporting requirements. Dr. Sena circulated a copy of the Communicable Disease newsletter that discussed reporting requirements. The newsletter was sent to providers last year but will be sent again via Blastfax. Staff obtained a list of all of the providers at Duke since the last meeting. The list will be prioritized so that staff will know which providers to target. A meeting with Lincoln providers is also scheduled.

- **BUDGET RATIFICATION:**

The Department of Public Health received \$25,000 Title X funds from NC DHHS, Division of Public Health to support clinical services in the Family Planning Program. These funds are to be used to purchase birth control supplies, specifically long-acting contraceptive devices.

Comments/Questions:

Dr. Allison: Who would be eligible for them?

Ms. Harris: Any of our patients for whom there are no contraindications. Last year there was approximately a two hundred and sixty-seven percent increase in utilization of long-acting contraception.

Dr. Allison: Is it something that you guys not necessarily push but really educate especially the young women?

Ms. Harris: We have our program manager, Vickie White, here who can answer the specific questions.

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Ms. White: Patients like these methods because they don't have to anything.

Commissioner Howerton: How will the person know when it's expired?

Ms. White: Each device has a life span. There is one IUD that last for 5 years.

Ms. Harris: How often do they come back to you?

Ms. White: Every year.

Dr. Allison made a motion to approve the budget ratification in the amount of \$25,000 from NC DHHS, Division of Public Health. Mr. Dedrick seconded the motion and the motion was unanimously approved.

Ms. Harris stated that the FY 12-13 Annual Report was completed and posted on the main page of the Public Health website:

<http://www.dconc.gov/modules/showdocument.aspx?documentid=9337>

Ms. Harris stated that the report format is based on the ten essential services for public health.

- **SENIOR PHARMASSIST REQUEST (Activity 41.2):**

Ms. Harris stated that the department received a request from the Executive Director of Senior PharmAssist to jointly request that the agency's funding be removed from the County's non-profit budgeting process and placed into the health department's budget very much like the funding for Project Access of Durham County. The Commissioners have talked about changing the nonprofit process. Ms. Upchurch discussed this suggested change with former County Manager Mike Ruffin and Deputy County Manager Marqueta Welton. The letter was sent to Dr. Miller and Dr. Levbarg. After responding to some questions about the relationship, they were comfortable with sending it forward to the County Manager and Deputy County Manager. If approved, the funds would be put in a contract line and disbursed through contract. If approved, the funding level approved by the Commissioners would be the amount that would be placed in the department's budget.

(A copy of the letter is attached to the minutes.)

Comments/Questions:

Commissioner Howerton: So they would remain in the same building? So this has not come to us.

Ms. Harris: Yes, the agency would remain in the same building. No, the request is that it be included in the Manager's recommended budget.

Commissioner Howerton: Now what about the funds from last year for seniors?

Ms. Harris: The Partnership for Seniors through Triangle J Council of Governments and Durham CAN asked the county for \$20,000 to support a part-time position to coordinate the activities for the seniors and disabled

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adults. The group has been in existence for a long time but it became the Partnership for Seniors when the County and City used the Results-Based Accountability Model to document progress toward goals to improve the quality of life in Durham.

Commissioner Howerton: So that will remain where it is?

Ms. Harris: The coordinator is housed here at the health department but the money is in the County Manager's budget. In the Manager's recommended budget, the funds were moved into the contract line item in the departmental cost center in this department's budget.

- **FY 14-15 BUDGET FOLLOW-UP DISCUSSION** (*Activity 39.3*)

Ms. Harris stated that the department asked for nine new priority items from 2-10. Priority 1 items included the increased costs for doing business. As it stands now, most of these were included in the County Manager's recommended budget. The new telephone system for a little under \$13,000 and two flat screens to go into two conference rooms were not included. The Interim Budget Director recommended a cheaper alternative to the flat screens that will be explored. The County Manager's recommended budget includes all the costs associated with Priority 2, two new Environmental Health Specialists positions. The last two requested priorities, numbers 9 and 10, which increase both a part-time (0.89 FTE) School Nurse position and a part-time (0.80 FTE) Family Planning Public Health Nurse I position to fulltime positions are also in the Manager's recommended budget. Funding for initiatives related to Goal 2 (Health and Well-being for All) of the County's strategic plan that total approximately \$31,000 is in the department's budget. These initiatives are related to employee and resident health and physical activity; outreach and communication; and training materials for Mental Health First Aid – a training to help participants become cognizant of signs and symptoms of major mental health illnesses and to be able to refer individuals to the appropriate resources. The new Goal 2 initiatives requested for next year include training two additional county employees as certified trainers for Mental Health First Aid (\$6,000); introducing the Veggie Van into a low wealth community where there is no access to fresh fruits and vegetables (\$15,000); and implementing a pilot program for Medical Respite for homeless people discharged from the hospital with additional care needs that may them ineligible to go to the Homeless Shelter and not physically able to return to their previous living arrangements (\$20,000). This pilot will provide temporary housing for approximately 20 individuals. The requested \$20,000 is a small portion of budget which includes approximately \$400,000 in-kind wraparound services. These three items are also included in the department's budget.

Comments/Questions:

Commissioner Howerton: So Gayle these things that you are talking about are things that were added to the budget?

Ms. Harris: Yes, the County Manager and his team decided to move Strategic Plan funds out of the Manager's budget into related department budgets. It will be easier for the appropriate departments to manage that money rather than having to request the funds from a cost center within another department.

Commissioner Howerton: I asked that question so when I look at the budget again I can see it.

Ms. Harris: You will not be able to see this in the department's budget notebook. The change was made yesterday. The new initiatives are added into the administrative cost center in the contract line and the existing initiatives have been placed in the departmental cost center so it will be easier to keep the funds separate.

Dr. Levbarg: Gayle back a while ago you were talking about some training about medical triage.

Ms. Harris: The Mental Health First Aid?

Dr. Levbarg: So that's going to be staffed from here?

Ms. Harris: The employees to be trained as certified trainers can come from any county department that's willing to give a staff member the time to attend the five-day off-site training and the time to conduct the actual training at least three times a year. The program is an evidence-based model. Twenty-five people can be trained in two four-hour sessions.

Dr. Levbarg: Who does the certification?

Ms. Harris: Right now there is a national organization that does the certification. We sent an EMS staff member to training in Asheville, NC in the fall. Prior to that, the County relied on employees from the Alliance for Behavioral Healthcare. They are no longer County employees; so we pushed to train county staff to also deliver the training.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **THE DOWNTOWN OPEN SPACE PLAN**

Mr. Thomas Dawson Architect from the City/County Planning Department presented highlights of the Downtown Open Space Plan and how it relates to health. Mr. Dawson stated that the purpose of the Durham Downtown Open Space Plan is to create policies appropriate to the preservation and enhancement of open space in Durham's downtown, as well as to identify such lands that are of prime importance as open space in our urban fabric. To these ends, three objectives have been identified:

1. Assess current open space inventories;
2. Identify potential new public open space locations; and
3. Recommend policy and ordinance changes to regulate the provision of public, semi-public, and private open space

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The Downtown Open Space Plan was begun in 2011 as a companion project to the creation of the Downtown Design District. The main purpose of the Plan was to evaluate downtown open space needs holistically, and develop downtown-specific open space recommendations. Five public workshops and meetings were held on the Downtown Open Space Plan, the last in February 2014, to garner input on the draft document.

The Planning Department has completed a draft of the Downtown Open Space Plan which includes goals and objectives, research and comparative metrics, existing conditions, policy and Unified Development Ordinance (UDO) change recommendations, locations of open spaces, illustrative open space concepts, and implementation strategies.

Mr. Dawson stated that the planning commission has made a recommendation and will present the recommendation on June 2 to the City Council for them to consider for adoption. Mr. Dawson extended an invitation to the Board to attend the City Council meeting. Mr. Dawson stated the Downtown Open Plan is on-line (<http://durhamnc.gov/ich/cb/ccpd/Pages/dosp.aspx>) if anyone is interested. He also stated that he will present a similar presentation at the May 23rd Transforming Communities Conference. *(A copy of the PowerPoint presentation is attached to the minutes).*

Comments/Questions:

Chairman Miller: Is there anything about strategic sidewalks in the plan?

Mr. Dawson: There is some funding to do more about strategically planned sidewalks. A lot of times the sidewalks are generated when development occurs and the developer pays for a large section of sidewalk or street. That is handled through the development of streets section.

Ms. Carter: How did you decide where to draw your boundaries when you were trying to connect to the governmental buildings – such as the library, City Hall?

Mr. Dawson: The distinct boundaries for the scope work would be the downtown line. We actually found in the course of our studies that people were willing to walk a lot further, sometimes three fourths of a mile if there was something to walk to. We were really looking for public land and contacts in connection around it. Would the spaces be activated? Would they generate more activity within the area? That's how we kind of looked at it instead of distinct governmental services areas. There is a government services district that is on paper but to a person who walks through the district, it would be about the landmarks.

Dr. Levbarg: Is there another sector that does the planning for the parking that sort of works in tandem?

Mr. Dawson: Yes. We actually work in tandem...we flip hats - the Planning and Parks Departments. We work closely with the Transportation Department which has parking czars that we communicate with and discuss how to best use different spaces. If we look at taking away from their parking, ultimately City Council would have to decide how to balance the need. We keep actual score. Within this plan and within the concept of this plan, I try to shoehorn areas intended to these for parks where potentially there have been parking spaces. You want to encourage walking but there are also ADA concerns. The Transportation Department looked at locations for potential parking structures. We are serious about going vertical within downtown. These parking structures potentially could have first floor retail.

Ms. Carter: So I really want the school system to connect with the City and County. Was that ever considered?

Mr. Dawson: Actually in the Urban Development Space Plan, there were no downtown schools.

Ms. Carter: I am particular speaking of the Fuller Building behind the fire station and right across the street from City Hall.

Mr. Dawson: Within the context of the plan we do have some ideas about connecting the Fuller Building and utilizing that space more. So look at the details and feel free to ask me any questions about connection. In the Urban Space Plan where we have schools disconnected from the streetscapes, we are looking at more direct connections through trails. The Urban Space Plan scale is much bigger than the downtown; so, we have to be more deliberate about connecting. We don't have a streetscape plan necessarily for the larger areas; so that's where the school system gets into the GIS model for a larger area.

- **PREGNANCY CARE MANAGEMENT PRESENTATION**
(Activity 22)

Ms. Gina Hill, Pregnancy Care Management Supervisor provided the Board with an overview of the Pregnancy Care Management Program. Pregnancy Care Management (PCM) is a population-based care management approach to improving birth outcomes and reducing costs in the pregnant Medicaid population. The Pregnancy Medical Home Initiative that includes PCM began in 2011 and is a collaborative between Community Care of NC, the state Division of Medical Assistance and the state Division of Public Health. PCM replaced the Baby Love Program.

Pregnancy Care Managers are social workers or nurses who provide evidenced-based care management to pregnant women with Medicaid who have the risk factors that contribute to poor birth outcomes. Successful strategies have been used in providing PCM to the targeted population. Dashboard (process) measures are indicators of service delivery according to the PCM standardized plan. There are challenges to achieving the goals and meeting the dashboard measures set for the county. Implementation of

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next steps has begun as PCM continues best practice and successful strategies.

Objectives:

1. Explain the Pregnancy Medical Home (PMH) Initiative
2. Explain the goals of PMH
3. Present the monitoring Data of Pregnancy Care Management to the Medicaid pregnant population county and statewide.

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

Comments/Questions:

Dr. Levbarg: Gina when you are talking about performance improvement what I think you are saying is that the women who are reached will be more likely to follow through, would finish the contract if you will. So that says something to me about how effective the staff is but there are so many variables to get in the way of that. It's a tough number to be asking for. The kinds of things that the Social Workers and Nurses do - are they contacting people by phone but also face-to-face in the clinic here?

Ms. Hill: Yes and in other places in Durham. Care Managers are onsite at Duke High-Risk OB Clinic, Duke Family Medicine and otherwise there is a person assigned to each pregnancy medical home.

Dr. Levbarg: Do they do home visits?

Ms. Hill: They can do home visits but primarily we are doing telephone conversations with the clients. The intervals of the conversations depend of their level of need. We are able to see them as often as needed or it may be just once every two to three months if they don't have a need.

Dr. Allison: Do you consider poor oral health or periodontal disease as a risk factor? Do you screen for that and do you try to make sure that all your clients have a dental home?

Ms. Hill: We do have that question as one of our standard questions and I am sure...

Dr. Allison: I mean, does someone actually screen for that?

Ms. Hill: I am sure the medical home does the screening for that. I know here at the health department, pregnant women are seen.

Dr. Allison: ... and do you encourage them to have a dental home?

Ms. Hill: Yes, particularly if they have general Medicaid. We primarily work with a lot of clients that just have pregnancy Medicaid.

Dr. Allison: Pregnancy Medicaid pays for dental...it's the same as "Baby Love"; it pays for dental.

Ms. Harris: So we should refer them.

Ms. Hill: We definitely ask them if they have a dental home and we encourage them if there are any issues around that to at least make an appointment with our dental clinic or another clinic because there may be some limits to what can be done while they are pregnant.

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Dr. Allison: Actually that is not true because we can do just about anything while their pregnant and it is best to get it done because infection can cause problems with the pregnancy.

Ms. Hill: We definitely send those messages.

Dr. Allison: Because there is a link between periodontal disease and pre-term labor.

Ms. Watterson: What is a pregnancy medical home? Is it a special place where these women go?

Ms. Hill: Any physicians that can contract to provide care to Medicaid patients and adhere to a certain standard of care...

Ms. Watterson: OK so they go to normal OB/GYN physicians. So this is an additional level of care.

Ms. Hill: Right and working with Medicaid.

Ms. Harris: I think Medicaid reimburses the providers \$50 for each risk assessment completed. Those assessments are sent to Gina. The data is entered into the state's information system. There are Medicaid payment enhancements to the pregnancy medical home--\$150 extra for postpartum visit and a little bit more for delivery.

Ms. Harris: Health Departments haven't been able to be designated as pregnancy medical home because the state health department had to get its program agreement approved by the federal government. It's been about 3 years that we have been waiting for the approval. In anticipation that billing will be retroactive, we have been keeping track of all of the risk assessments that we do on our patients. We were notified yesterday that the agreement had been approved and we can bill for services. We need to determine how far back we can bill. At one point, we had \$29,000 waiting to be submitted for payment. We have a highly mobile population. Our patients are more complex than in some very rural areas. I believe there are legitimate reasons why they can't reach some of our patients.

Dr. Allison: So when you contact the clients every so often you basically go through a checklist...have you done this...have you done that?

Ms. Hill: Yes. That is the assessment and we follow-up on the specific guidelines around the service plan that we do; but I also want to say that even if the client is not living in Durham, if her Medicaid remains in Durham her name is added into our numbers. So sometimes when we are trying to contact some of those "unable to contact", we find that they're not even living in Durham. A home visit option would not be available to us because we find out she is not living in Durham.

Ms. Harris: Is there a way to disaggregate that rationale for why you couldn't contact clients?

Ms. Hill: Yes.

Ms. Carter: Are the services for adults and adolescents?

Ms. Hill: Yes, anyone who is pregnant and receiving Medicaid and reside in our County.

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

Ms. Harris requested feedback on the vacancy report to see if the report was providing the Board with the information they needed. Ms. Harris stated that she wants to develop a quality improvement project to see where the lags are in the process from the time the position becomes vacant to the initial recruitment date to the official hiring date.

The Durham County Board of Health received a copy of the April vacancy report which included information on the vacant positions from July 1 through March 31, a total of 35.0 FTEs (5 new positions, 5 resignations, 3 transfer, 5 dismissal, 4 promotions, 3 demotions, 1 grant ended and 9 retirements). (A copy of the April 2014 vacancy report is attached to the minutes)

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

The Durham County Board of Health received a copy of the Environmental Health Onsite Water Protection Section NOV report for April 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 April 2014 NOV report and status update is attached to the minutes)

Attorney Wardell apprised the Board that on Tuesday, May 13, 2014 the County Attorney’s Office will be taking legal action against one of the individuals on the NOV report due to failure to respond to rectifying a septic tank issue.

**Health Director’s Report
For April 2014 Activities
May 8, 2014**

Division / Program: Community Health Division / Women’s Health/Program Audit

(Accreditation Activity 22.2- Comply with laws, rules and contractual requirements for programs and services provided pursuant to the local health department’s consolidated agreement and agreement addenda, including requirements for corrective action.)

Program description

- Women’s Health state monitoring visit was held on April 10, 2014 to review Maternal Health Clinic, Family Planning Clinic, and Postpartum Home Visiting.
- Women’s Health Branch nursing consultant Dara Dockery conducted the monitoring visit.

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Statement of goals

- Employ “best practices” in providing women’s health services.
- Comply with Maternal Health and Family Planning 2013-2014 Agreement Addenda and other requirements of funding sources.

Issues

- **Opportunities**
 - Women’s Health monitoring is conducted every three years.
 - The department was encouraged to send program policies and procedures to the consultant in advance of the visit in order to lessen the time that the consultant needed to spend onsite. This was done.
 - Prior to the visit, a chart review was conducted by each of the three programs of five randomly selected charts. Any deficiencies found were addressed on a Corrective Action Plan form provided by the consultant.
 - The consultant reviewed the same five charts and compared her findings with those of the program reviewers.
 - The consultant conducted a walk-through of the clinic areas and intake areas to check for required signage, availability of emergency equipment, and the assurance of patient confidentiality.
- **Challenges**
 - The consultant used new monitoring tools because the Women’s Health Branch decided to adopt the federal tools rather than continue with the state tools that they had used in the past.
 - The Postpartum Home Visiting Program is conducted by Durham Connects through a contract with the Center for Child and Family Health. Program records and policies were sent to the department, and the program director was available by phone if needed.

Implication(s)

- **Outcomes**
 - It was a positive review. The consultant identified two issues requiring correction. One was a Family Planning Clinic Policy that needed a statement on anti-trafficking. This was done on the day of the visit. The other was an Administrative Fee Policy that needs to address patient donations to the department.
 - The consultant will provide an official written report to the Health Director in two weeks following the review.

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- **Service delivery**
 - The consultant was very complimentary of the services provided by the Women's Health Programs at Durham County Department of Public Health.
- **Staffing**
 - Staff was informed of the good review of the programs and thanked for their hard work.
- **Revenue**
 - Compliance with funding requirements is essential in maintaining the current levels of federal and state grants.

Next Steps / Mitigation Strategies

- After the official report of the monitoring visit is received by the Health Director, the department will submit documentation within 30 days that the identified issues have been resolved.

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.

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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**
 - As of April 24, four (4) media releases and one (1) media advisory were disseminated during the month. Staff also responded to five (5) direct (unsolicited) inquiries from reporters. A total of 16 media pieces featuring the Department were aired (television), printed in the news, or were posted to the web by local media during the month. These included coverage of activities including Bull City Play Streets, a change in operating hours, our monthly My Carolina Today segment, action to reduce STDs in the community, and the *Public Health After Hours* event. (**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**)
 - Health Department staff members continued to meet and finalize logistics and activities for *Public Health After Hours* on April 25. The event is designed to observe Public Health Month and the end of our centennial celebration, as well as engage the community with our programs and services. (**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**)
 - Staff were involved with communications liaisons and staff from the City of Durham’s Neighborhood Improvement Services and Blue Cross and Blue Shield of North Carolina to carry out the first *Bull City PlayStreets* event held on April 12 along Fayetteville Street and around W.G. Pearson Elementary, coinciding with the Lisa P Foundation 5K walk for diabetes.

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(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)

- A radio and web media campaign to promote the Board of Health Smoking Rule began and has concluded on K97.5 (WQOK-FM) and its website, hiphopnc.com. **(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)**
- A radio and web media campaign has started to promote *A Healthier Durham* and ahealthierdurham.com. Radio ads are currently airing on Radio One's 103.9 The Light FM. Web-based media ads are currently being displayed on thelightnc.com and heraldsun.com. Print ads in the Durham Herald-Sun, bus ads on DATA and the Bull City Connector, and television ads on various Time Warner Cable channels will go on display or begin airing soon. **(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 Department's FY 2013 Annual Report has been completed and posted to our website, with a feature link on the homepage. **(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 Communication Manager and Public Health Preparedness Coordinator, along with Durham County EMS representatives, participated in the County's #AskDCo live chat on Facebook and Twitter on April 23. Questions were fielded from the public on emergency preparedness and response, a tie-in to the National County Government Month theme of "Ready and Resilient Counties: Prepare. Respond. Thrive." The discussion was so active and popular that it actually ran slightly past its scheduled conclusion time of 2:00 p.m. **(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.
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**Division / Program: Nutrition Division / Clinical Nutrition Services—
Collaboration with Durham Diabetes Coalition**

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

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.
- Registered Dietitians with the Nutrition Division Clinical Team scripted and conducted the Dining Out with Diabetes segment for a Living Healthy show.

Statement of goals

- Improve health outcomes and quality of life for diagnosed and undiagnosed adults living with type 2 diabetes.

Issues

- **Opportunities**
 - Type 2 diabetes affects almost 12% of Durham County residents.
 - Sound nutrition advice from nutrition experts, like that offered in the Dining Out with Diabetes segment, can increase knowledge of eating habits to improve blood sugar control and blood pressure.
- **Challenges**
 - Residents with limited access to technology may be less likely to see Living Healthy episodes.

Implication(s)

- **Outcomes**
 - Dining Out with Diabetes was filmed at a local restaurant.
 - The segment guides the viewer on making healthier choices when dining out including information on portion sizes, substitutions, and lower calorie selections.
- **Service delivery**

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- The Living Healthy television series is broadcast on the Durham Television Network as well as the Durham Diabetes Coalition website and the Coalition's YouTube channel. It is also aired in patient lobbies throughout DCoDPH.

Next Steps / Mitigation Strategies

- Registered Dietitians from the DCoDPH will continue to provide expertise in nutrition related topics that appear in episodes of Living Healthy.
-

Division / Program: Nutrition Division / DINE for LIFE - Nutrition Education at Shepherd's House

(Accreditation Activity 10.2 - Carry, develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families. Shepherd's House United Methodist Church is located in East Durham and provides an afterschool program for elementary and middle school students on Tuesdays and Thursdays.
- Cooking-based nutrition education is provided by DINE to students in the afterschool program approximately once per month on Thursday afternoons during the 2013-2014 school year.

Statement of goals

- To increase the nutrition knowledge and basic cooking skills of elementary and middle school students living in East Durham.
- To work with students to develop and practice food preparation techniques, reading directions and teamwork.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.

Issues

- **Opportunities**
 - The church-based afterschool program provides an opportunity to reach Durham students outside the typical school setting.
 - The church has a full kitchen, which allows for a wider variety and complexity of cooking techniques and recipes to be utilized.
- **Challenges**
 - The number of students present for these classes varies from week to week and is unpredictable as it just depends on who

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shows up for the afterschool program. This can make planning difficult especially when purchasing ingredients.

- Behavior issues can be a challenge with some of the individuals in this group. After a full day at school and in the familiar setting, a couple of the students are restless and tend to act out. Church staff and volunteers are able mitigate these behavior issues.

Implication(s)

- **Outcomes**

- During the 2013-2014 school year, eight nutrition and cooking sessions have been conducted by DINE at Shepherd's House Afterschool Program.
- Fourteen unduplicated students have participated in these afterschool sessions, although attendance typically ranges from 4 to 10 students per session.
- The nutrition lessons have included topics such as MyPlate, fruits and vegetables, protein, whole grains, and healthy snacks. And the students have prepared and tasted recipes including apple salad, hummus wraps, bok choy soup, pineapple-carrot muffins, kale salad, peach crisp, mini pizzas and whole wheat pizza dough.
- The programming was mentioned briefly in the introduction of an article about the church in Duke Divinity's online magazine *Faith and Leadership* (April 22, 2014: <http://www.faithandleadership.com/features/articles/church-reborn>).

- **Service delivery**

- Each session includes a brief nutrition lesson, followed by the students working together to prepare a recipe related to the lesson topic. Cooking techniques and food safety are also discussed and demonstrated. After cooking, the students eat together and are given a copy of the recipe to take home.

- **Staffing**

- Nutrition education is provided by a DINE nutritionist, in collaboration with Shepherd's House staff and volunteers.

Next Steps / Mitigation Strategies

- The DINE program will continue collaborations with Shepherd's House UMC to deliver programming and promote healthy eating for students and families in East Durham.
-

Division / Program: Administration / Information Technology

[Accreditation Activity 32.1 - The local health department shall have computer equipment and software needed to interface with State data management systems.

Accreditation Activity 3.2 - The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.]

Program description

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

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**
 - Duke Maestro went live on March 1 in the Maternal Health Clinic. The implementation was successful. This software replaced OB TraceVue. Nursing staff was trained on Duke Maestro and a consultant from Duke came in during Go Live to ensure staff knew how to use the system.
 - Department IT staff is in the process of implementing Medlink for providers who share patients with Duke. This link provides the opportunity for staff to see health care history of Duke patients that are seen in Public Health. Currently six nursing staff have access to Medlink. Duke Medlink will be giving access to other nursing staff in order to provide quality service as we continue to roll-out Duke Medlink within the department.

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- **Challenges**

- Introducing two software programs (Duke Maestro and Patagonia) at the same time required coordination and collaboration.
- Scheduling Patagonia training for administrative support staff and still meet the needs of the department was challenging.
- During Go Live the consultant worked with support staff during regular operating hours while nursing staff assisted patients.

Implication(s)

- **Outcomes**

- The implementation of Patagonia will reduce patient wait times and increase efficiency across the organization once staff are acclimated to the new software system.

- **Service delivery**

- Completion of the EMR project will provide the clinics with the ability to provide a continuum of care at the Health Department.
- Currently we are working on Phase 3, implementation of interfaces with software currently in place; Orchard Harvest (labs), QS/1(Pharmacy), and Laserfiche.

- **Revenue**

- The implementation of the Patagonia practice management tool should significantly improve our ability to file claims for service provided.

Next Steps / Mitigation Strategies

- Continue with Patagonia Phase 3, developing interfaces with the software [Orchard Harvest (labs), QS/1(Pharmacy), and Laserfiche] currently in place.
- Complete Medicaid Meaningful Use process in order to attest for Meaning Use incentives.
- Continue transition to e-claims for dental services and with upgrading Dental software to Dentrix 8.0 which is Meaningful Use Compliant.

OLD BUSINESS:

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

Mr. Salter stated to the board that we didn't have an educational program when we initially permitted a system. Staff put together an educational packet that contains a lot of good information from the State. It's just common sense and general knowledge of what a septic system is and how to take care of it. It's readily available on-line so it's not costing us anything. In addition to that, the staff is distributing door hangers when

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they are out in the community. The door hangers have a lot of the same information as contained in the packets. We are also looking for opportunities to partner with General Services or other County agencies sending mailings to get some information out to everybody about septic systems.

COMMITTEE REPORTS:

There were no committee reports discussed.

NEW BUSINESS:

Ms. Harris apprised the Board of the NALBOH conference in Minnesota in August and requested names of any Board members interested in attending. Ms. McClain will send out an e-mail to remind members to let her know of their interest in attending the conference. The FY 14-15 budget contains funds to send three board members to the conference.

❖ **AGENDA ITEMS-JUNE 2014 MEETING**

- ❖ Public Health Emergency Response
- ❖ Recommendation for Bell Schedule for Schools (When should school start based on research regarding adolescent sleep?)

- ❖ Repealing the Local Swimming Pool Rules

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris passed around the new Communicable Disease folder that staff developed to take with them to nursing homes. The information will help nursing home staff deal more effectively with gastrointestinal illnesses.

Ms. Harris apprised the Board that Michael Case has resigned from the Board. He is moving to Wake Forest. Mr. Case will receive a plaque and letter from the Board thanking him for his service to the Board of Health.

Mr. Dedrick made a motion to adjourn the meeting. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Jim Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director

16 April 2015

To: Marqueta Welton and Wendell Davis

From: Gayle Harris and Gina Upchurch

Re: *Proposal for Durham County Department of Public Health to create a service contract with Senior PharmAssist to provide services to more seniors and Medicare beneficiaries in FY15.*

Background: Several years ago, then manager Mike Ruffin suggested that Senior PharmAssist (SPA) consider contracting with Durham County via the Department of Public Health. This would be in place of applying for grant support via the annual nonprofit process. He noted that the County staff and commissioners felt that SPA's work was essential to support the health of the community – especially those seniors with limited incomes. Since that time, SPA has grown significantly in terms of the numbers of seniors helped and in the services they offer (now includes Medicare insurance counseling on medical and prescription coverage). SPA projects to help 1,850 individuals in FY15, which will be a 12% annual increase, and almost a 50% growth over the last five years.

Unfortunately, in order to keep growing, the program needs more financial support from community partners – including Durham County. Senior PharmAssist celebrates its 20th anniversary in June. However, if the agency is to remain a dependable resource for Durham residents, they need to prepare for the tsunami of seniors turning 65 years old each day (over 10,000 people a day in the US). In addition, there is a growing income and wealth gap that needs to be addressed in The City of Medicine as more services will be needed particularly by those marginalized by our economy. Senior PharmAssist offers the prescription “safety net” for seniors 60 and older in Durham both in terms of paying for medicines and ensuring that medicines do more good than harm.

Senior PharmAssist's general operating support from the County - both in real dollars and as a percentage of their overall budget - has declined since FY08, when it was \$94,264 or 17.2% of the budget. In this current fiscal year, the County's support of \$94,080 is 13% of the original FY14 budget and 11% of the revised budget. We are proposing that Durham County contract with Senior PharmAssist via the Department of Public Health to provide \$120,000 in services, which is just under 17% of the agency's \$713,718 FY15 budget.

Since Senior PharmAssist became the SHIIP – Seniors' Health Insurance Information Program – coordinating site in Durham County, many of the participants assume that the counseling services are funded by the County. SPA receives about \$8k annually from CMS via the state SHIIP office at the NC Department of Insurance for the Medicare insurance counseling. However, it costs approximately \$150,000 to provide the services even with a stellar cadre of volunteers.

Senior PharmAssist helps Durham County save money in a variety of ways. One of the overriding goals of SPA is to help seniors remain living independently if that is what they want and are able to do. If someone goes from the community to an institution (adult care home or skilled nursing or hospital), the cost of care significantly goes up (the median annual cost in a skilled nursing home is \$76k and \$42k in an adult care home). If someone lands in an adult care home, the County has to pick up 50% of special

assistance funding. If the person “spends down” to Medicaid, the federal and state government pick-up most of that cost, however, other services needed by some of these individuals fall to the County to administer. Another way SPA helps the county save money is by helping seniors and people with disabilities (any age) save money. Participants who receive Medicare insurance counseling from SPA save an average of \$500-700 a year on drug coverage alone; this is money that then goes back into seniors’ pockets to spend in Durham. SPA also believes that the local hospitals are some of the biggest benefactors of their work by helping their patients avoid hospital readmissions. SPA is also approaching Duke Medicine for a contract.

There are approximately 40,000 seniors in Durham sixty and older, which is 15% of the total population. This is supposed to grow 76% over the next twenty years. Twelve percent of these seniors are at or below 100% of the federal poverty level and about 50% are below 200% of the FPL (Senior PharmAssist’s target population). Relying solely on charitable contributions to meet the growing need is not reasonable. SPA is currently in negotiations with Duke Medicine’s new Medicare Accountable Care Organization (Duke Connected Care) to create a contract for services. If approved, this will help replace some of the \$145,000 that was lost due to reductions to CCNC from the NC General Assembly in FY14 (CCNC lost this special provision contract to help seniors with Medicare and Medicaid). In addition, the Stewards Fund, which has been the program’s biggest financial supporter for years is spending down rapidly and plans to go out of business in FY18 or FY19 (funding from the Stewards Fund to SPA in FY13 - \$95k; FY14 - \$80k; and projected FY15 - \$52k). At the same time, the cost of helping to pay for medications continues to climb. We are grateful that many family foundations, individuals, businesses, civic groups and faith communities continue to generously support the work of Senior PharmAssist, but relying on them is a very difficult way to sustain an organization that is so critical to the well-being of the community.

Senior PharmAssist provides four services:

Medication therapy management services: from PharmD’s trained in geriatrics with a great deal of *hands on* experience. Currently, this is done in the office (transport offered via Red Cross when needed) or the participant’s home every six months. The clinical pharmacists work with seniors and caregivers to reconcile medicines and create comprehensive medication records, discuss adherence, appropriate administration technique, smoking cessation, sleep hygiene, blood pressure and blood glucose home monitoring logs, etc. The staff intervenes with providers as needed (80% of baseline visits).

Direct financial assistance to help pay for medicines: to those with incomes up to 200% FPL who are not eligible for the full Part D “low income subsidy” (LIS). Participants pay up to \$2/generic and \$5/brand for medicines on the geriatric formulary (SPA offers primary coverage for seniors 60 and older without Medicare and secondary coverage after Part D) using a PBM-based/computerized card program, which allows seniors to continue their relationships with their community pharmacists. For those eligible for federal low-income subsidy (LIS), SPA helps them apply and maintain their eligibility so medication cost-sharing is minimal. In addition to directly paying for medicines, many of the staff pharmacists’ suggestions (generic or therapeutic substitutions) create tremendous cost-savings.

Tailored community referral: The most frequent referrals including MQB (help paying Medicare B premiums, saving over \$1,200/yr), LIS applications, DSS in-home aide services, food assistance (immediate and Meals on Wheels), Duke hardship applications, and medical transportation.

Medicare insurance counseling: SPA is Durham's Seniors' Health Insurance Information Program (SHIIP) coordinating site for the NC Dept. of Insurance. The staff (paid & volunteer) ensures that Medicare beneficiaries and their families understand their coverage options. The annual Medicare counseling identifies when an individual could save money and/or improve coverage by changing plans (approximately 2/3 of those who receive counseling at SPA) and saves those who switch Part D plans a great deal of money - \$660/person for 2014 (mean). Assistance with medical coverage decisions can be even more critical in terms of ensuring access to local providers and protecting the individual from financial ruin if s/he has medical problems during the year.

How Senior PharmAssist's work fits within the County strategic plan and the mission of the Department of Public Health: The three strategic health goals for Durham County from the State of the County Health Report 2013:

- Decrease health disparities within the community
- Strengthen the well-being of individuals and families through prevention and education
- Partner with community resources to increase access to health and wellness services.

Senior PharmAssist does all of these things. Of the seniors who receive all four of the SPA services in FY13, 75% were female, 71% were either single, divorced or widowed, 54% were African American, 51% lived alone, 11th grade was the average level of education, 76 was the average age, and \$1,438 was the average single person's monthly income and \$1,921 was the average couple's monthly income.

Senior PharmAssist has been very engaged with both the Access to Care committee of the Partnership for a Healthy Durham and the Durham Partnership for Seniors. Both of these efforts are housed – and are thriving – in the Department of Public Health. Much of SPA's work is also related to improving health literacy and health education, which are objectives of the Department of Public Health.

Senior PharmAssist – like Durham County and the Public Health Department believe that:

1. Seniors enrich our community.
2. Seniors should be treated with respect and dignity.
3. Seniors can live healthier lives. Healthier seniors make for a healthier Durham.
4. Most seniors can continue to live independently as they age.
5. Seniors make cost-effective choices about their health care when provided with information tailored to their personal circumstances.
6. Collaboration among healthcare professionals facilitates better outcomes for seniors and more efficient care.
7. Educating seniors about their healthcare options makes them better advocates for their health.
8. Senior PharmAssist makes a difference for seniors, enabling more independent, healthier living.

Senior PharmAssist needs more support from Durham County and others if they are going to meet the growing demand for assistance. By contracting directly with the Durham County Department of Public Health, the services can continue to flourish ensuring that older adults with limited incomes remain as active and healthy as possible – for as long as possible.

THE

**DOWNTOWN DURHAM
OPEN SPACE PLAN**

PRESENTATION OUTLINE

- Goals, Objectives and Analysis
- Participatory Design Process
- Staff Recommendations
- Implementation Strategies



PROJECT HISTORY AND BACKGROUND

PLAN OBJECTIVES

- Assess current open space inventories
- Identify potential new public open space locations
- Recommend policy and ordinance changes to regulate the provision of public, semi-public, and private open space

DOWNTOWN OPEN SPACE GOALS

- A variety of open spaces
- Opportunities for outdoor social, civic, and recreational activities
- Connect urban neighborhoods to Downtown
- Design that promotes safety, ecology, and complements the urban fabric

PUBLIC PARTICIPATION PROCESS

- Open Space Survey
- Workshops:
 - Open Space Qualities
 - Master Plan
 - Open Space Design
- Meetings:
 - Concept Presentation
 - Boards, Commissions and Stakeholders
 - Draft Presentation on February 6th



TYPES OF DOWNTOWN OPEN SPACE: PUBLIC



TYPES OF OPEN SPACE: OUTDOOR SPACE AT PUBLIC BUILDINGS



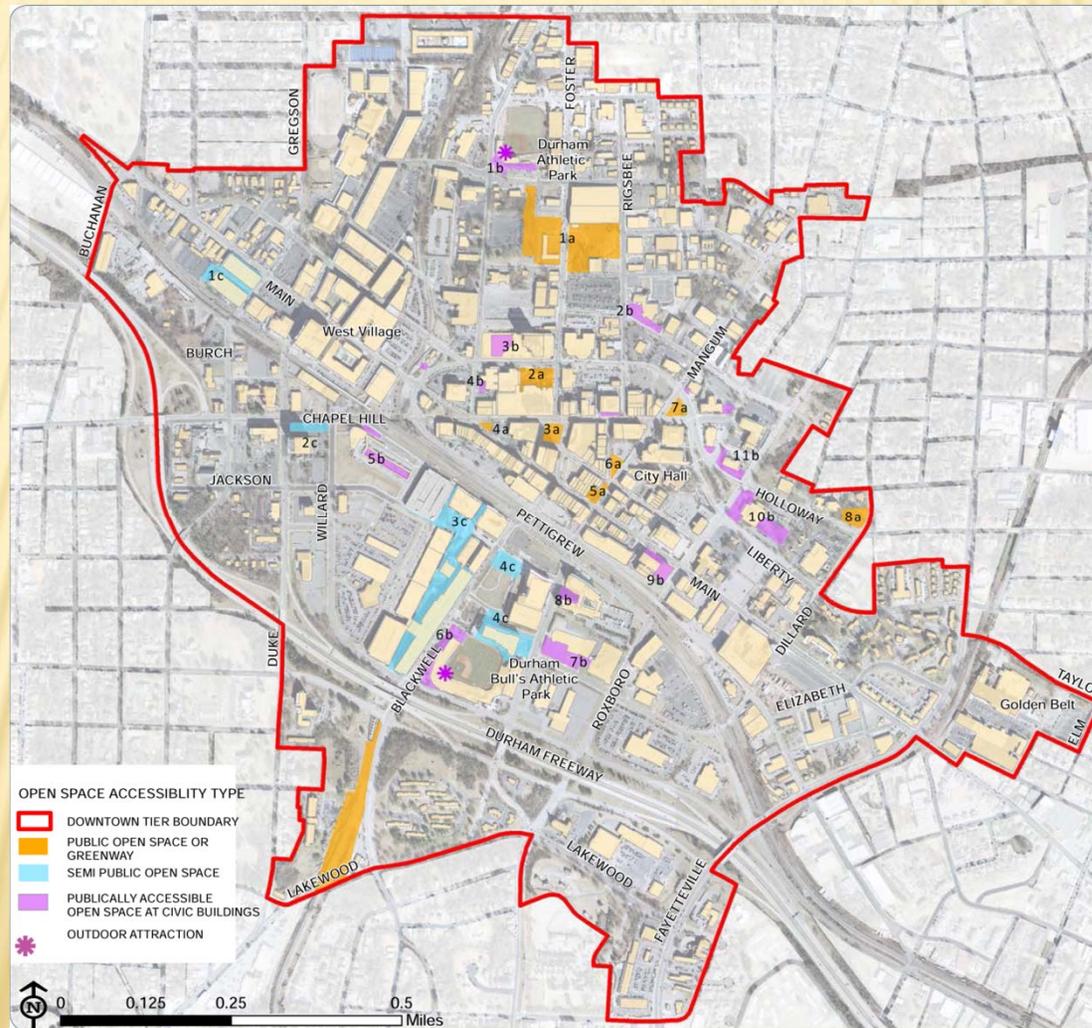
TYPES OF OPEN SPACE: SEMI-PUBLIC



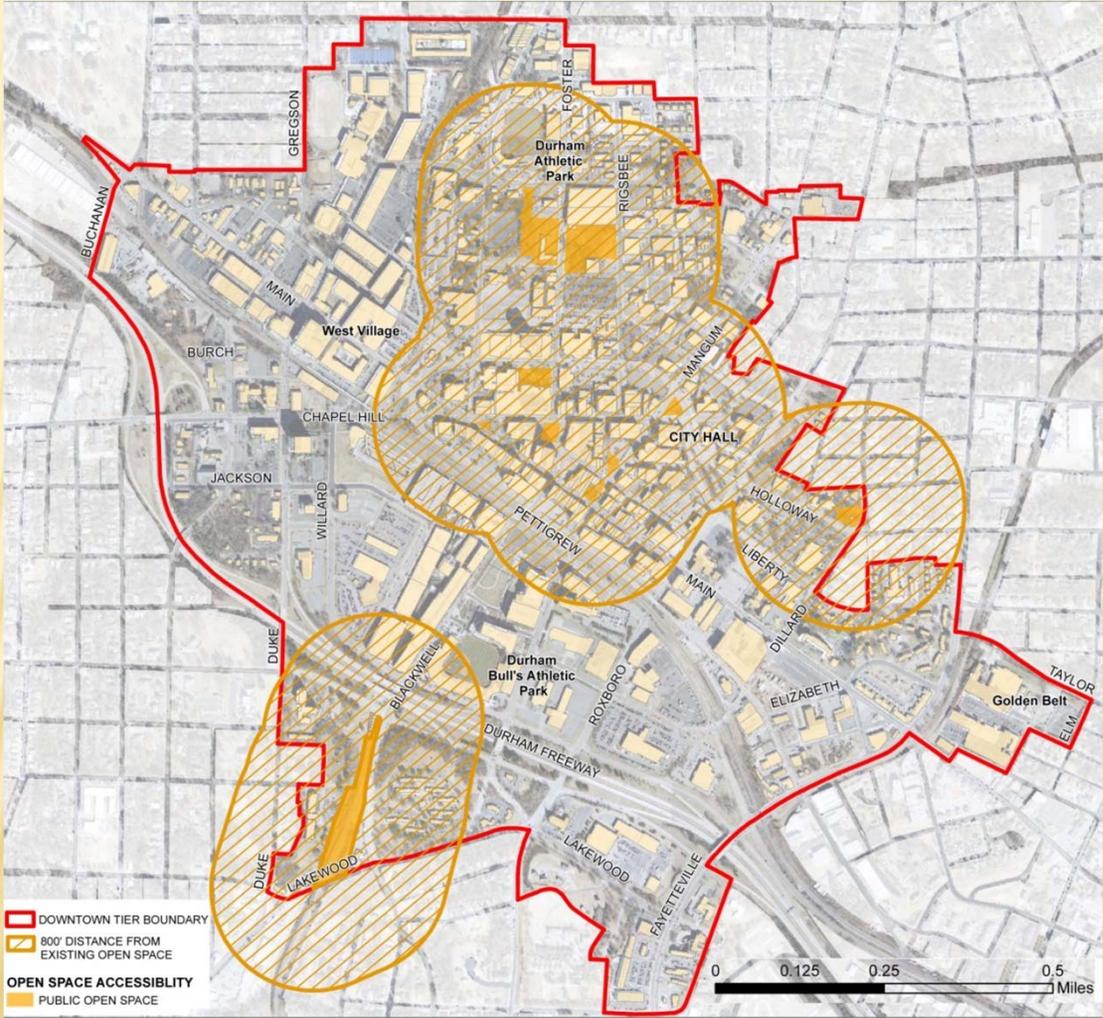
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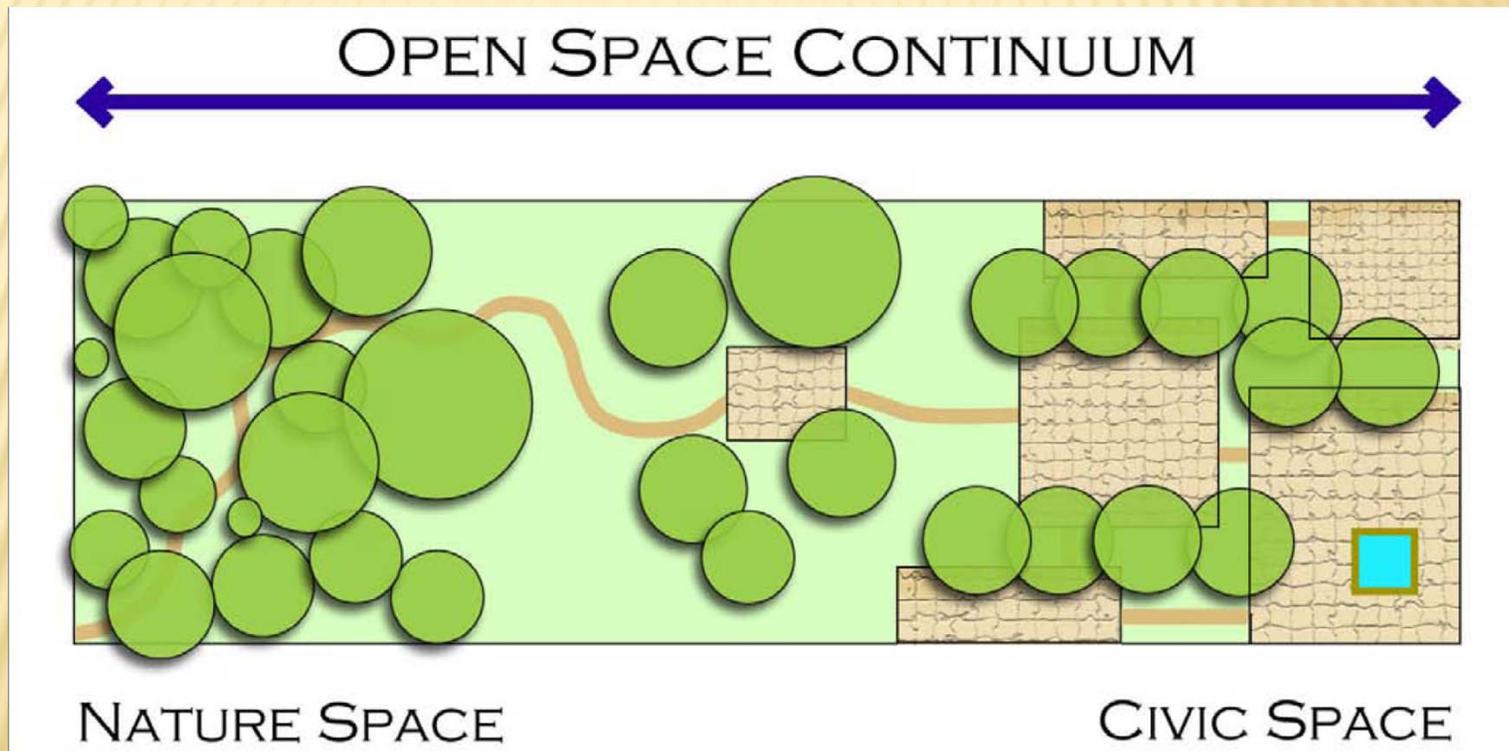
EXISTING OPEN SPACE



WALKABILITY AND PUBLIC OPEN SPACE



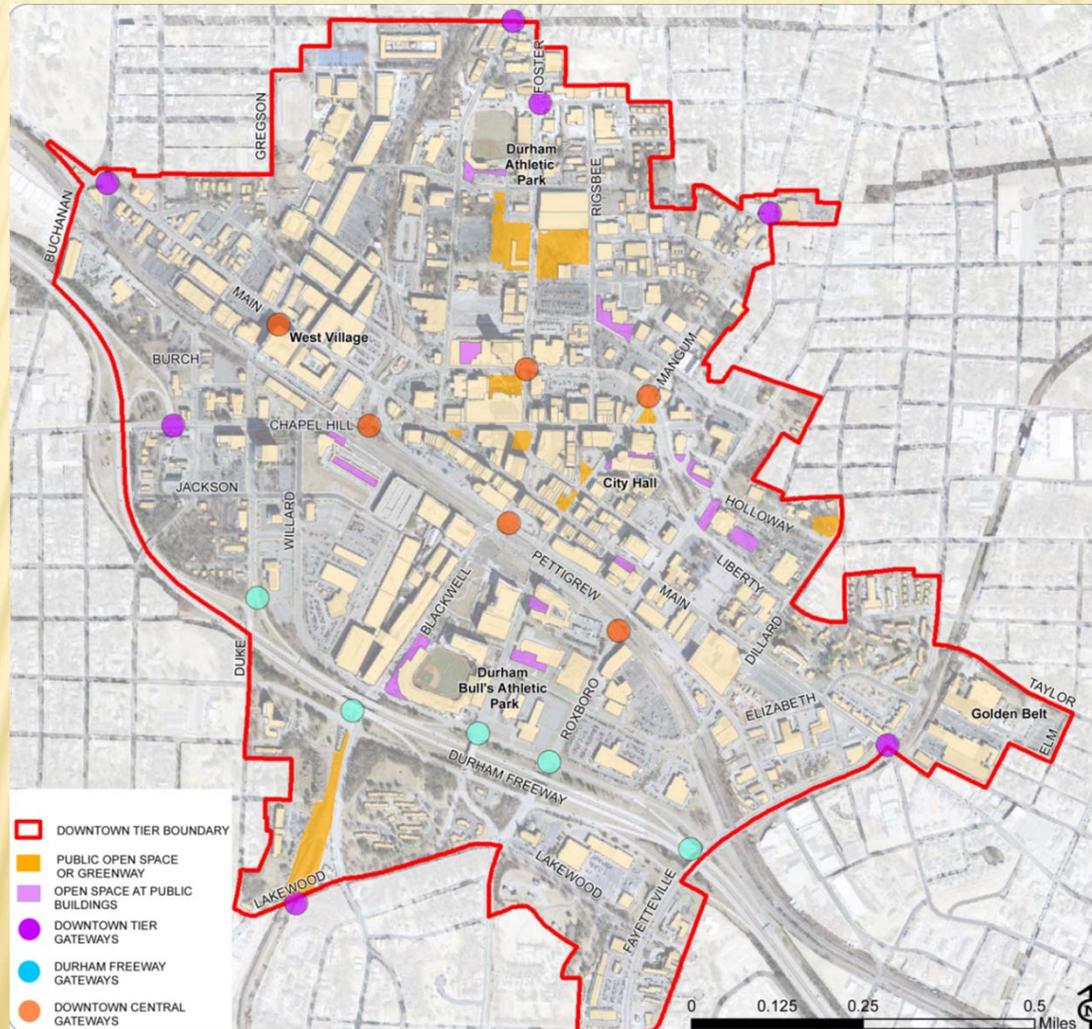
DOWNTOWN OPEN SPACE CHARACTER



OPEN SPACE FUNCTION

- Civic Gathering
- Environmental Resources
- Recreational Facilities
- Gateways
- Transportation & Connectivity

GATEWAYS INTO DOWNTOWN



RECOMMENDATIONS

- *General Policy Recommendations*
- *Renovation of Existing Spaces*
- *New Public Open Space*
- *Improved Connectivity*
- *Implementation and Funding*

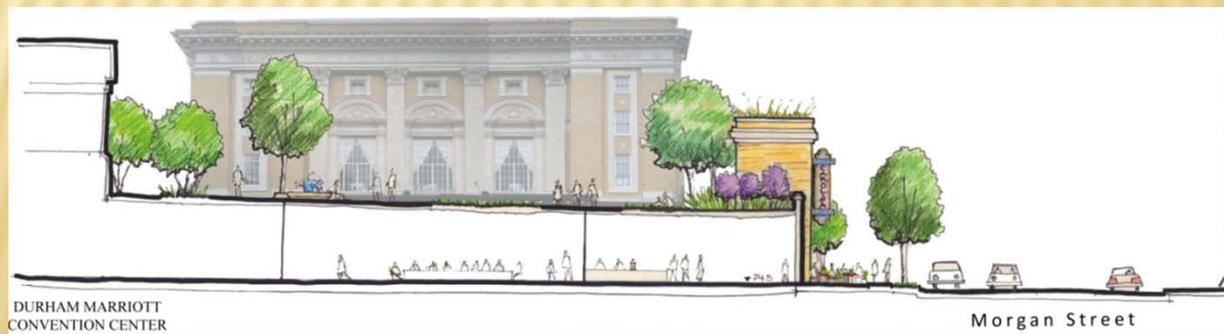
DOWNTOWN OPEN SPACE MASTER PLAN



RENOVATE EXISTING OPEN SPACES

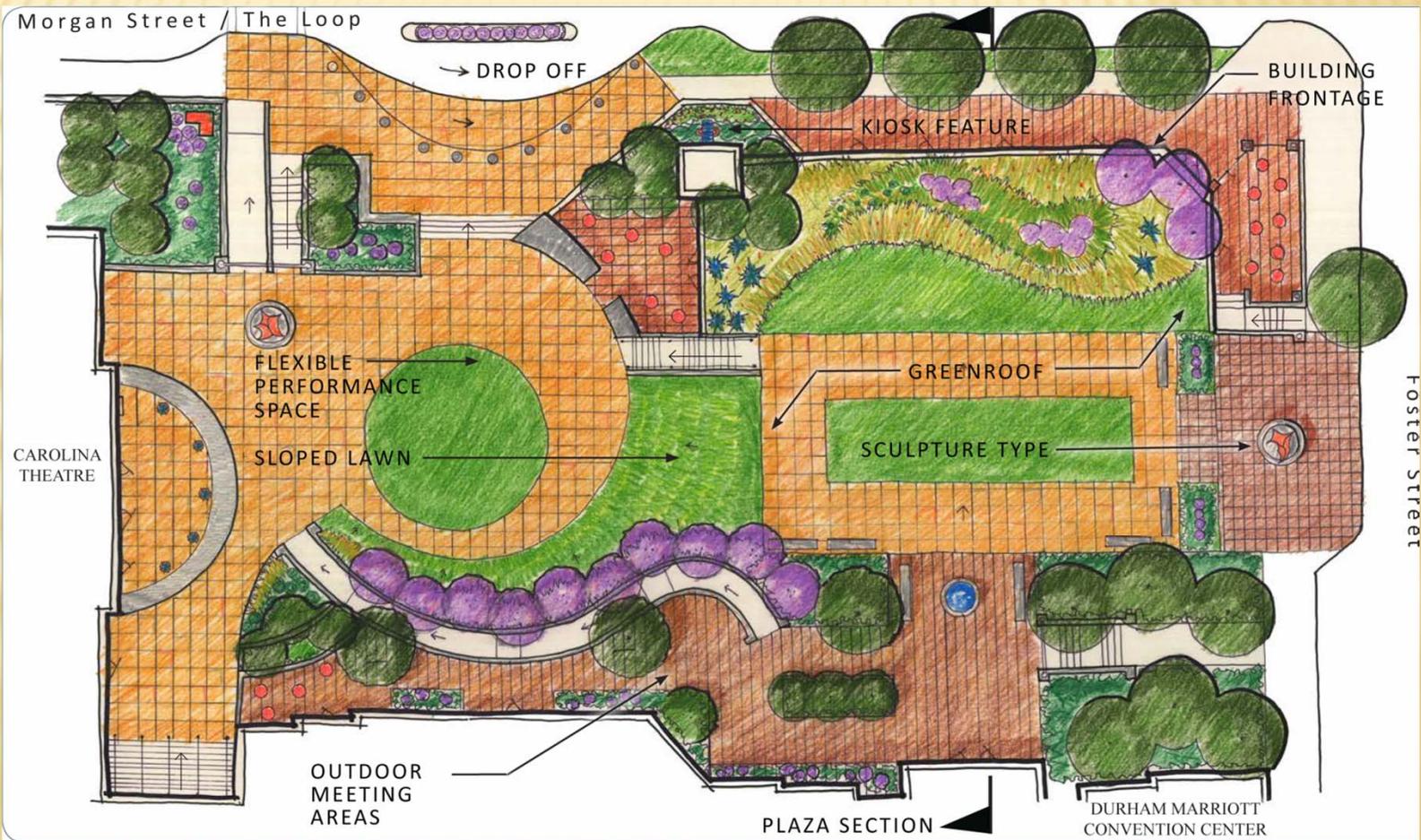
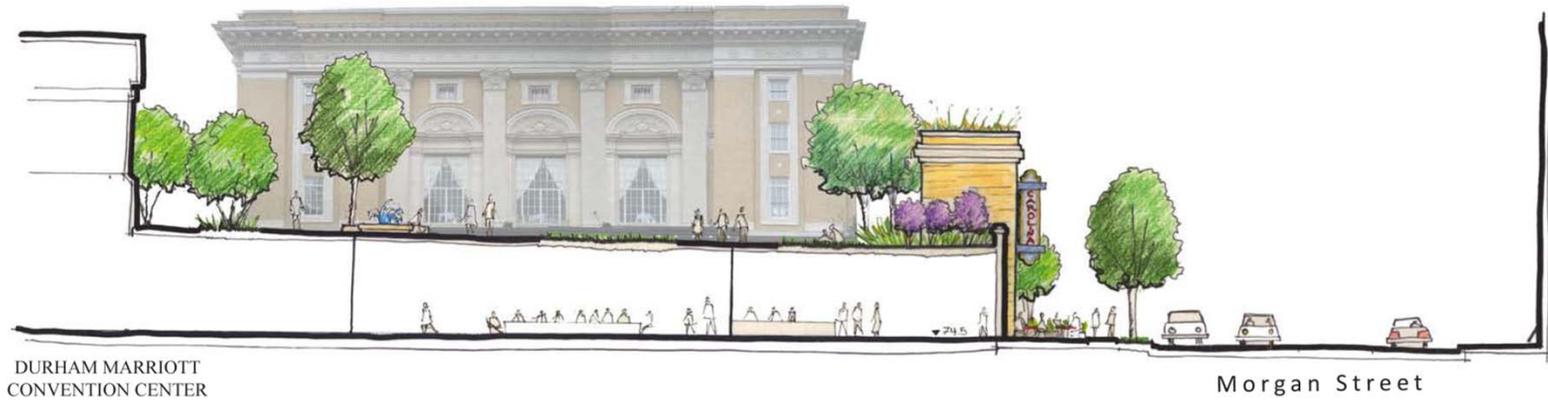


CONVENTION CENTER PLAZA

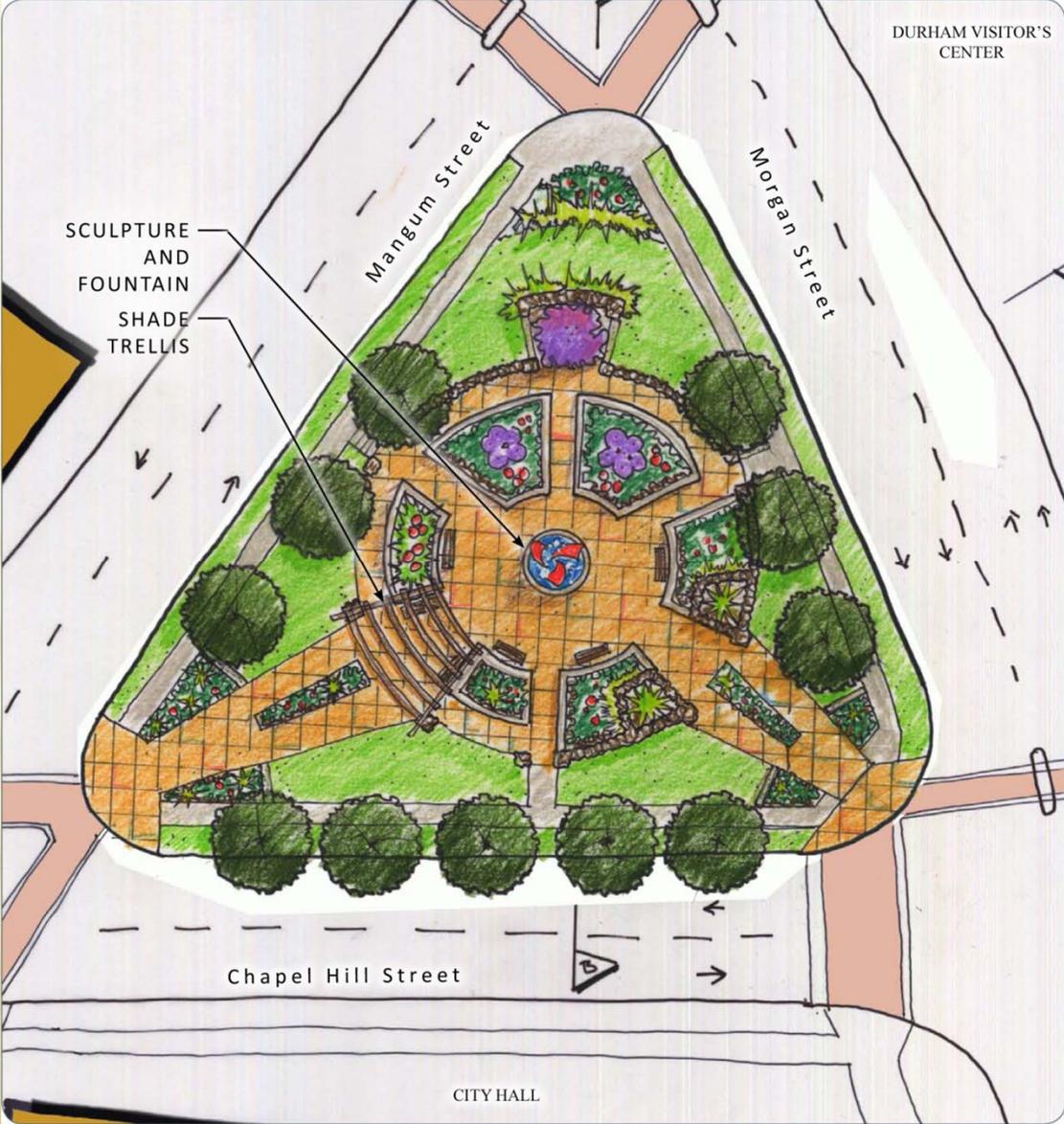


A POCKET PARK AND VIEWSHED FOR THE HISTORIC KRESS BUILDING





A GATEWAY TO DOWNTOWN

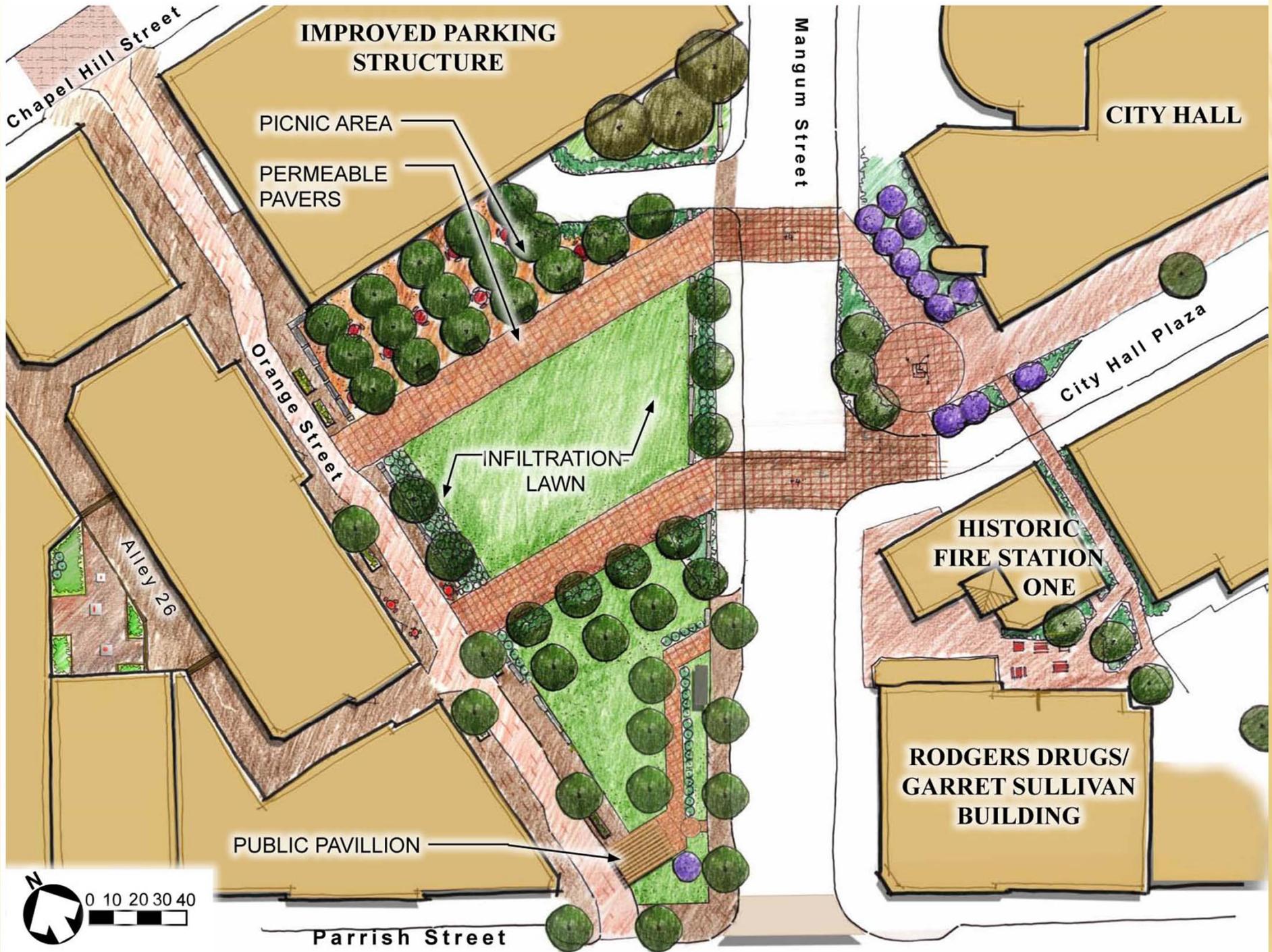


CONCEPTUAL DESIGNS FOR NEW PUBLIC OPEN SPACE

- ✘ Green the civic space: Provide a system of parks, plazas and play area to connect and enhance the government services area.

NEW OPEN SPACES





**IMPROVED PARKING
STRUCTURE**

PICNIC AREA

**PERMEABLE
PAVERS**

Orange Street

Alley 26

PUBLIC PAVILLION

Parrish Street

Mangum Street

CITY HALL

City Hall Plaza

**HISTORIC
FIRE STATION
ONE**

**RODGERS DRUGS/
GARRET SULLIVAN
BUILDING**



FUTURE INFRASTRUCTURE CHANGES





FIRE STATION

PARKS AND RECREATION DEPARTMENT

PLAY EQUIPMENT RENTAL EXERCISE TRAIL

BUS STOP AND FOOD TRUCK STATION

Holloway Street

ENTRY SIGN AND FENCE

BASKETBALL HALF COURT

CITY HALL

BOCCI GARDEN

Roxboro Street

DOWNTOWN LIBRARY

City Hall Plaza

EXISTING TREES PLAYGROUND LAWN

GATE SEATING SCULPTURE

TRINITY METHODIST CHURCH

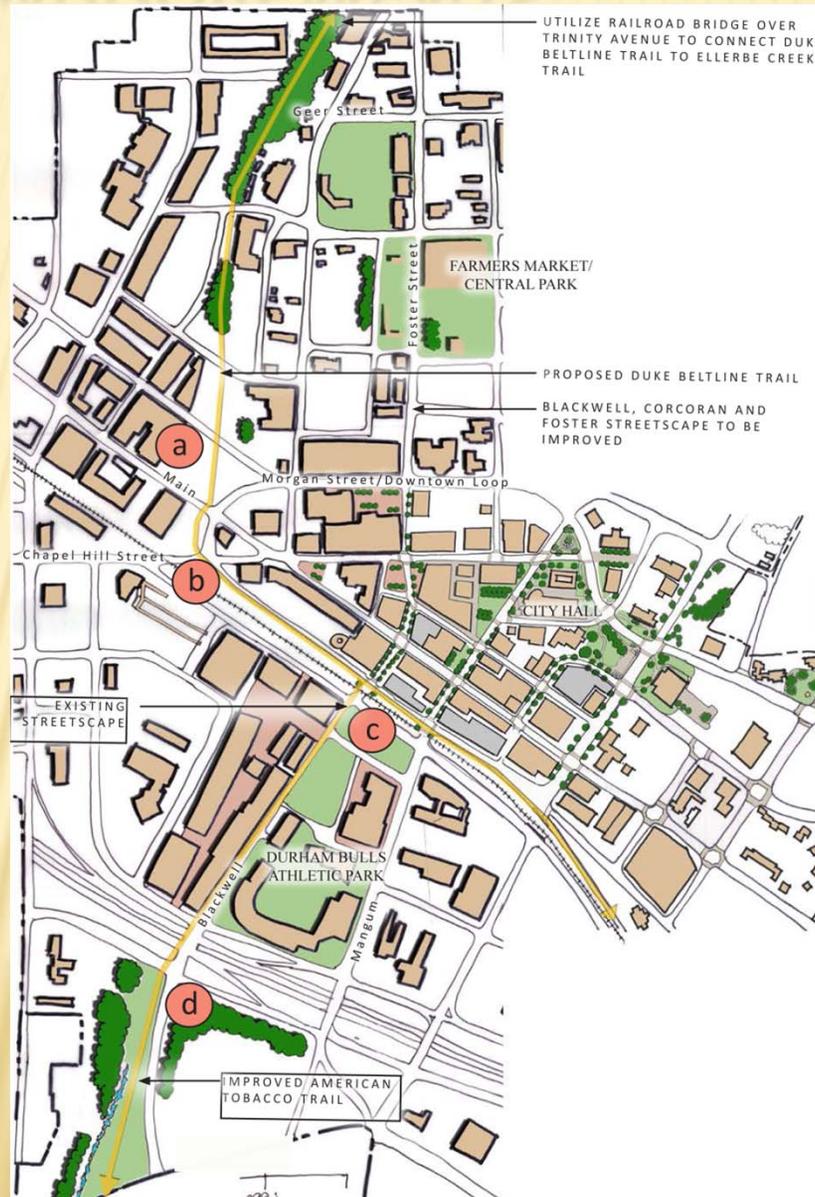
FENCE

Church Street

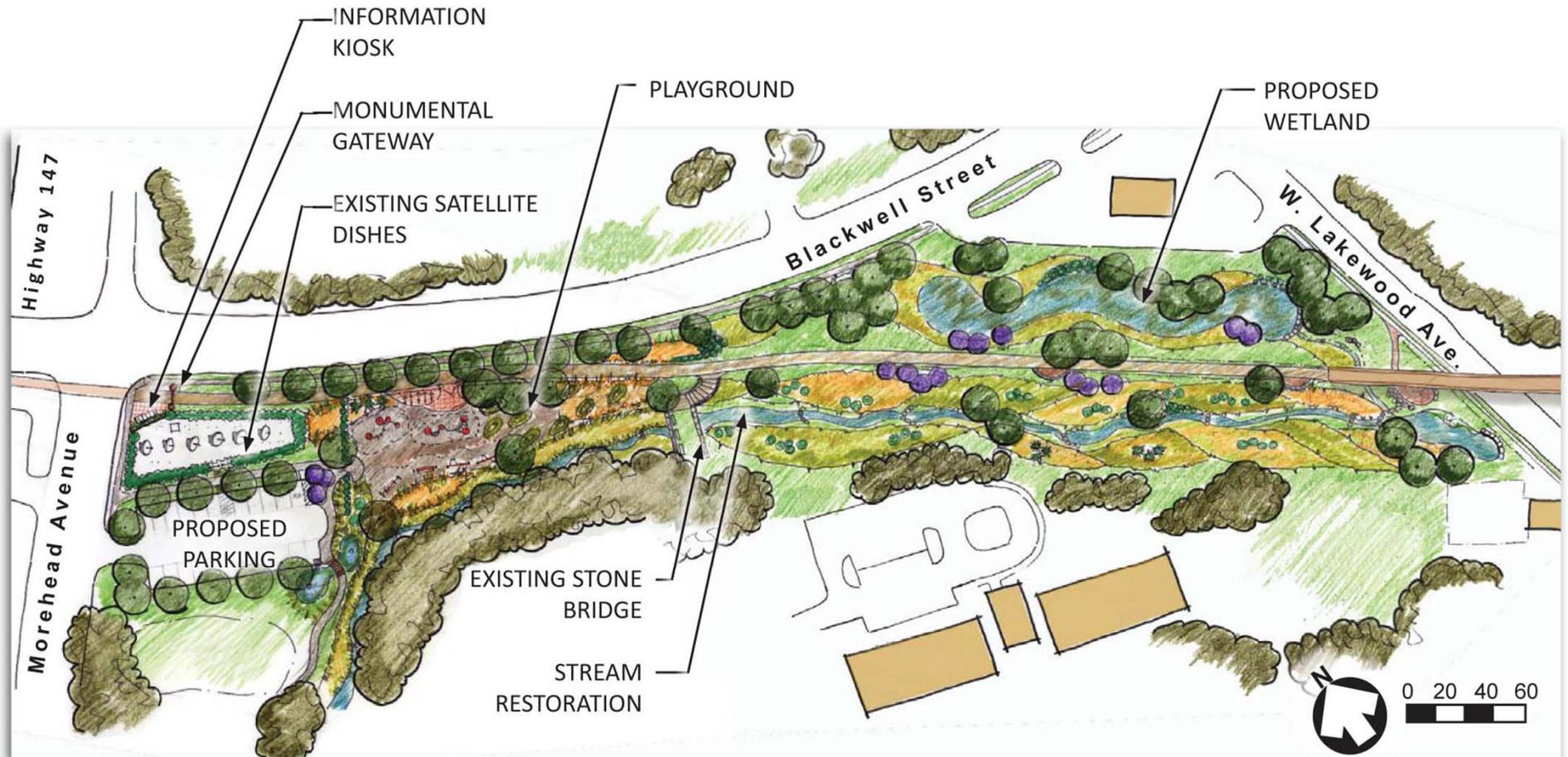
CONCEPTUAL DESIGNS FOR IMPROVED CONNECTIVITY

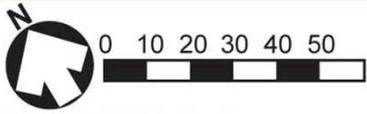
- ✘ Connect public and semi-public open spaces with a downtown greenway corridor.

DOWNTOWN GREENWAY AND CORRIDOR IMPROVEMENTS

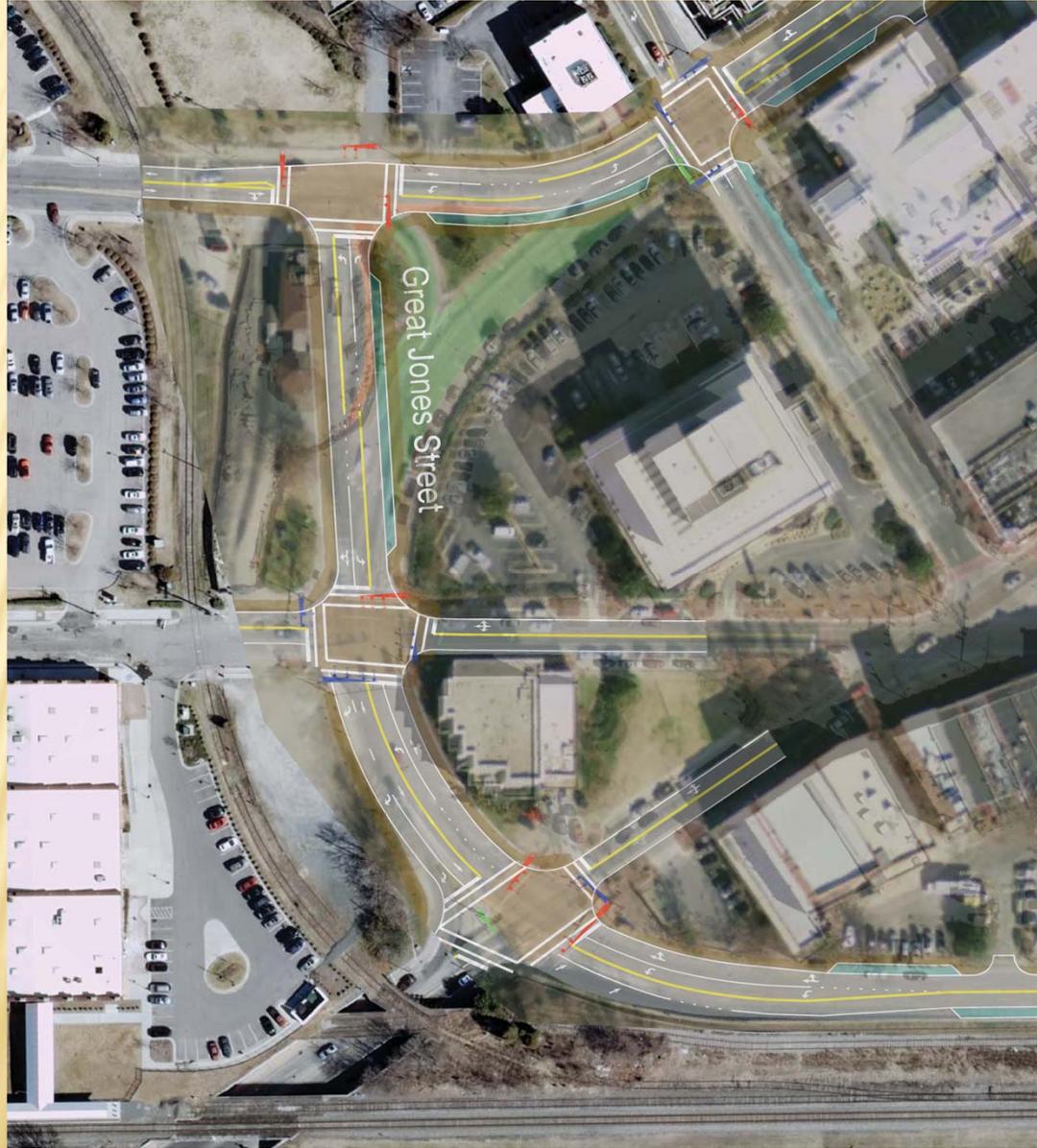


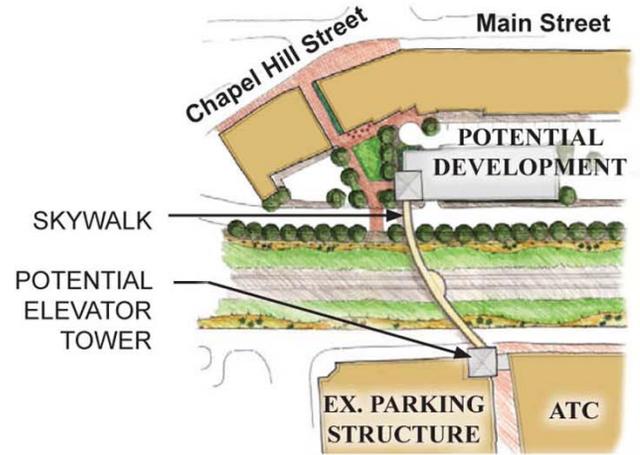
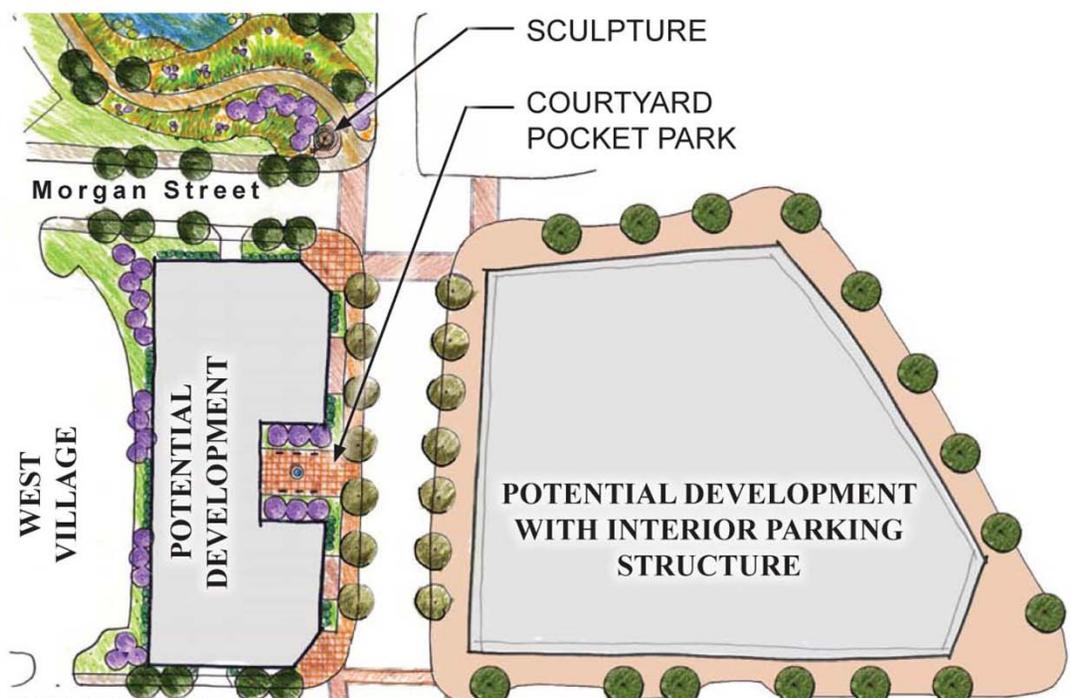
PEDESTRIAN CONNECTIONS TO THE CITY AND REGION



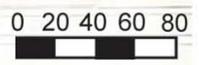
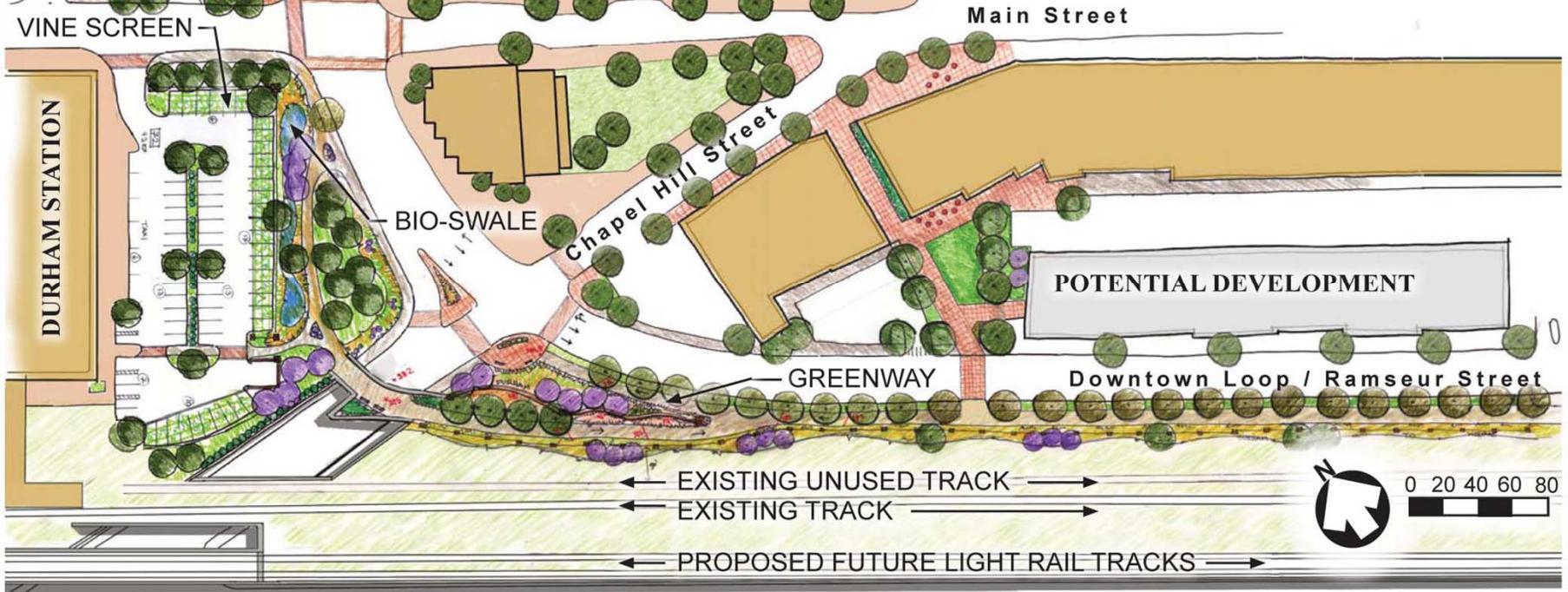


CHANGES TO INFRASTRUCTURE





SKYWALK Alternative



MOVE CURB TO MAKE
ROOM FOR GREENWAY
AND PLANTING STRIP

PATH TO
OVERPASS

PEDESTRIAN
BARRIER







NEW OPEN SPACE

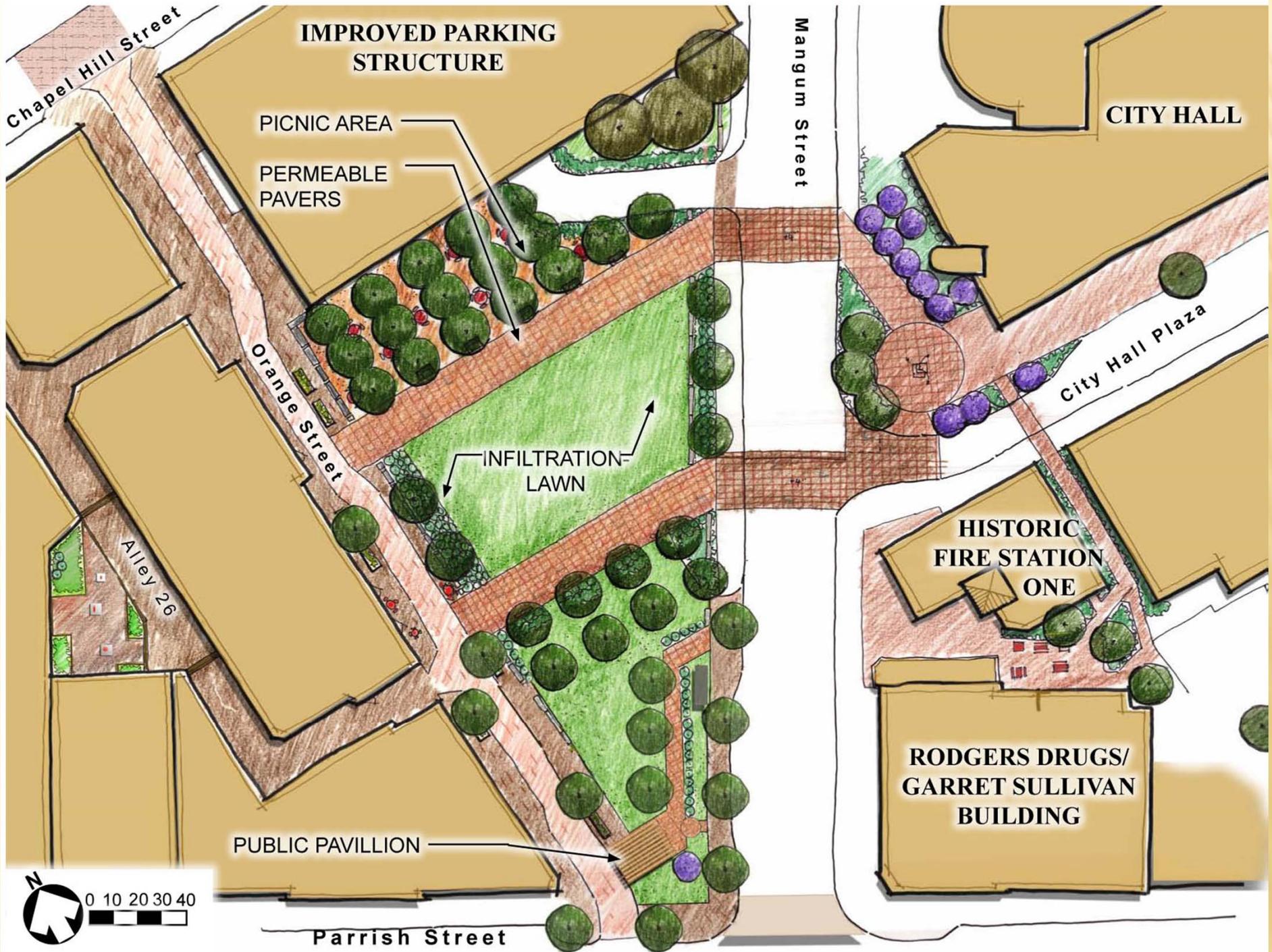


FUTURE INFRASTRUCTURE CHANGES



CHURCH AND ROXBORO STREETS





**IMPROVED PARKING
STRUCTURE**

PICNIC AREA

**PERMEABLE
PAVERS**

Orange Street

Alley 26

PUBLIC PAVILLION

**INFILTRATION-
LAWN**

Parrish Street

Mangum Street

CITY HALL

City Hall Plaza

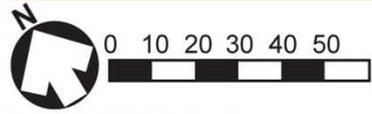
**HISTORIC
FIRE STATION
ONE**

**RODGERS DRUGS/
GARRET SULLIVAN
BUILDING**

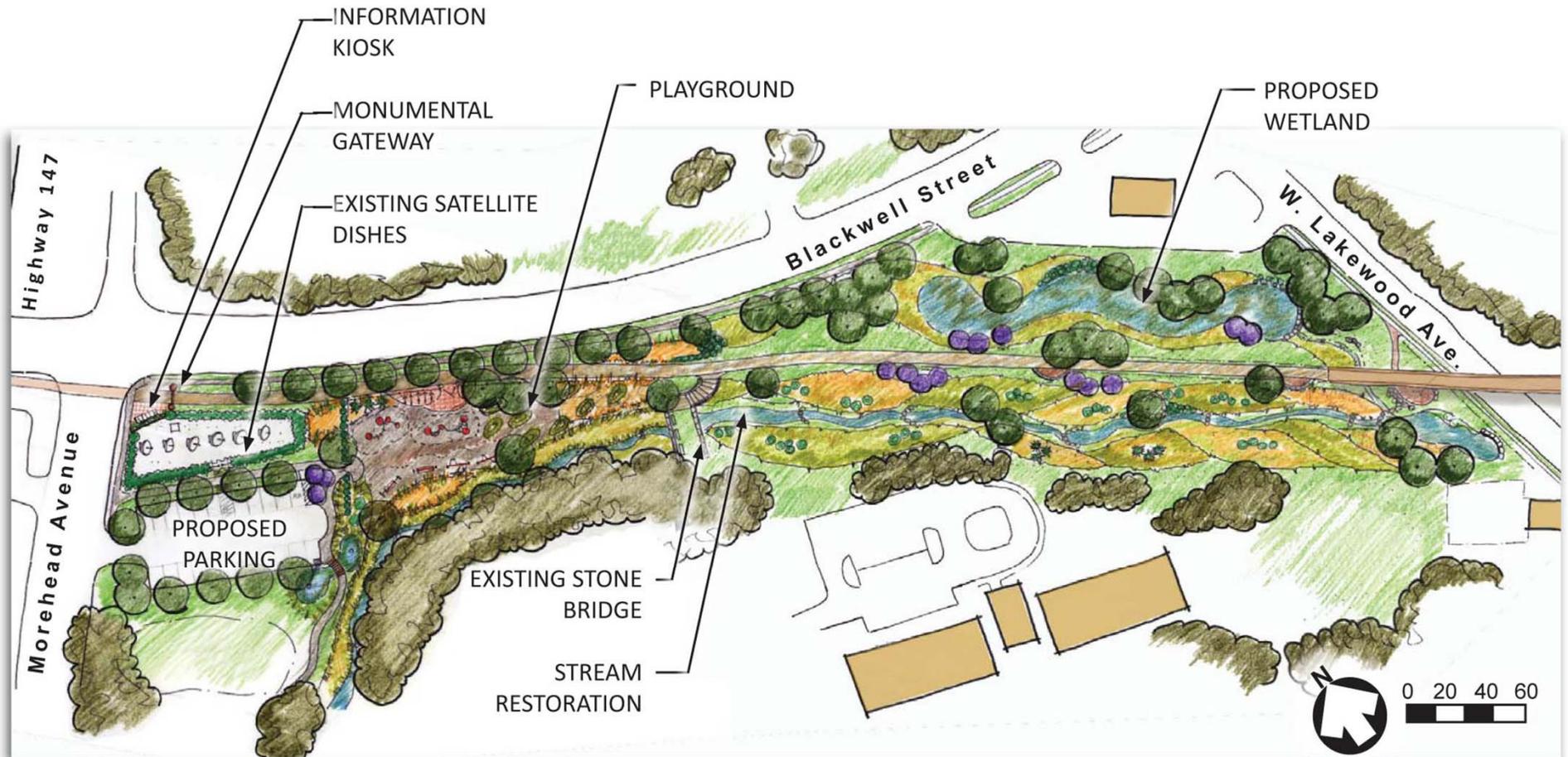


IMPROVED CONNECTIVITY

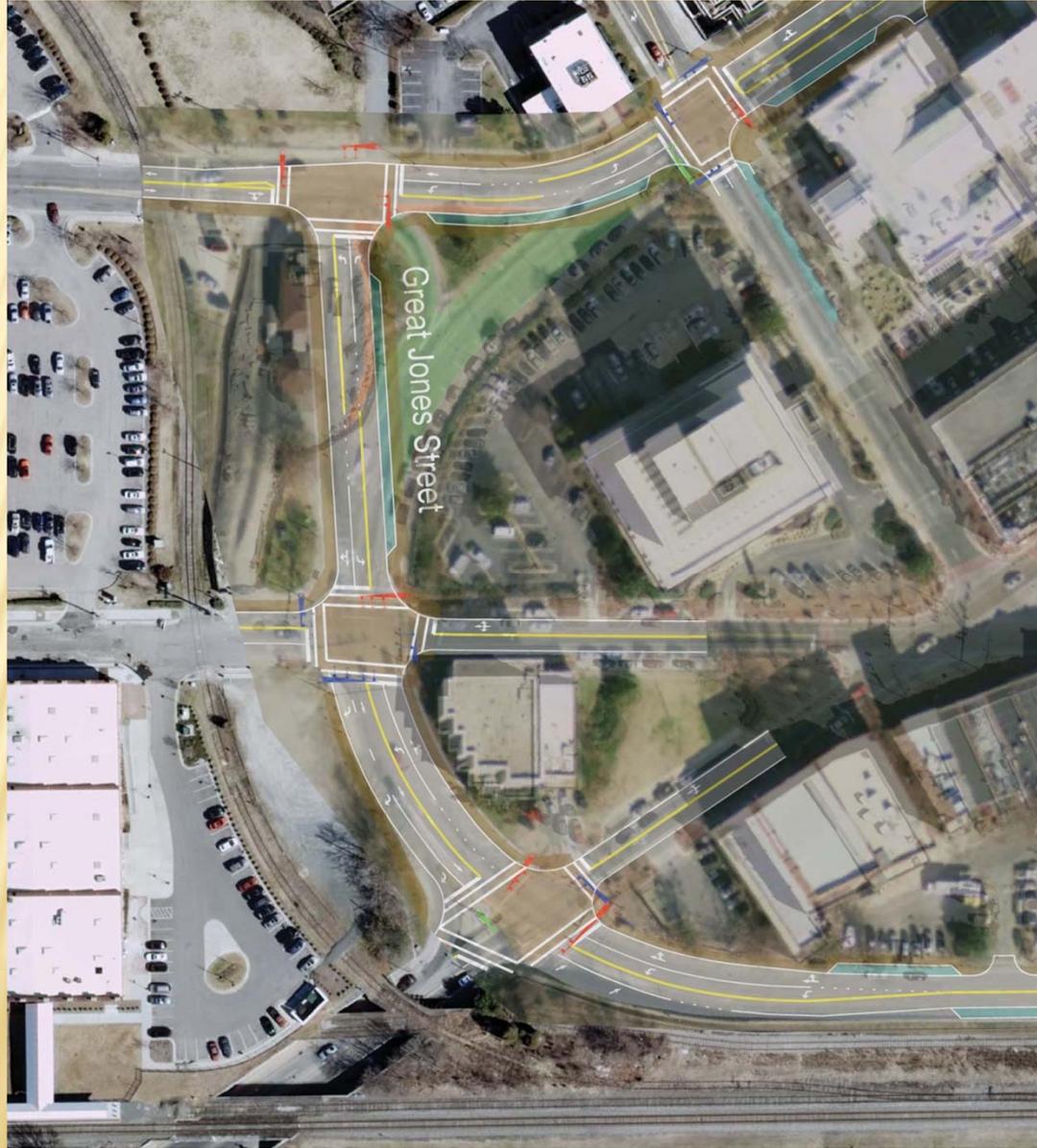




PEDESTRIAN CONNECTIONS TO THE CITY AND REGION



CHANGES TO INFRASTRUCTURE



GREENWAYS



MOVE CURB TO MAKE
ROOM FOR GREENWAY
AND PLANTING STRIP

PATH TO
OVERPASS

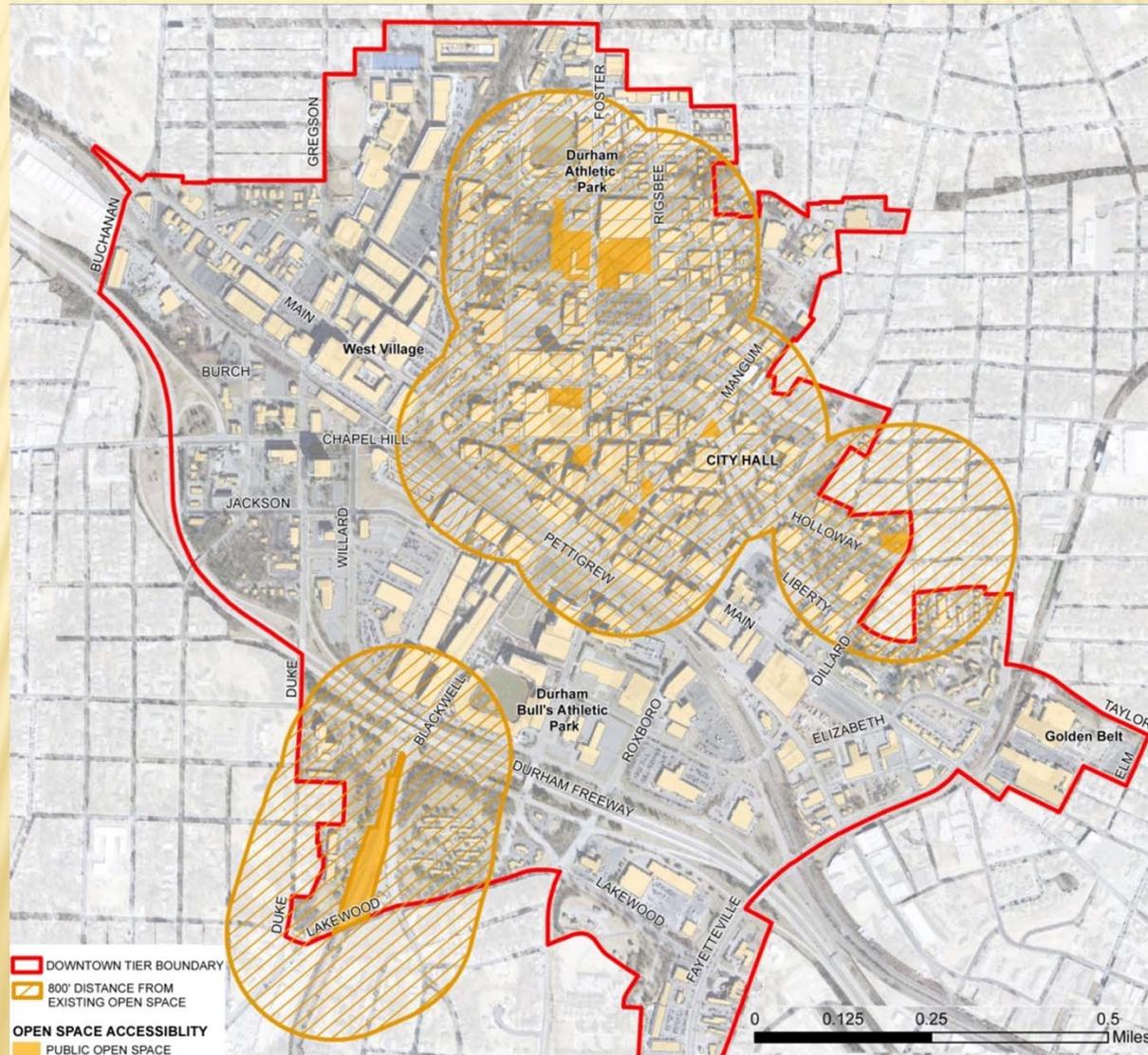
PEDESTRIAN
BARRIER



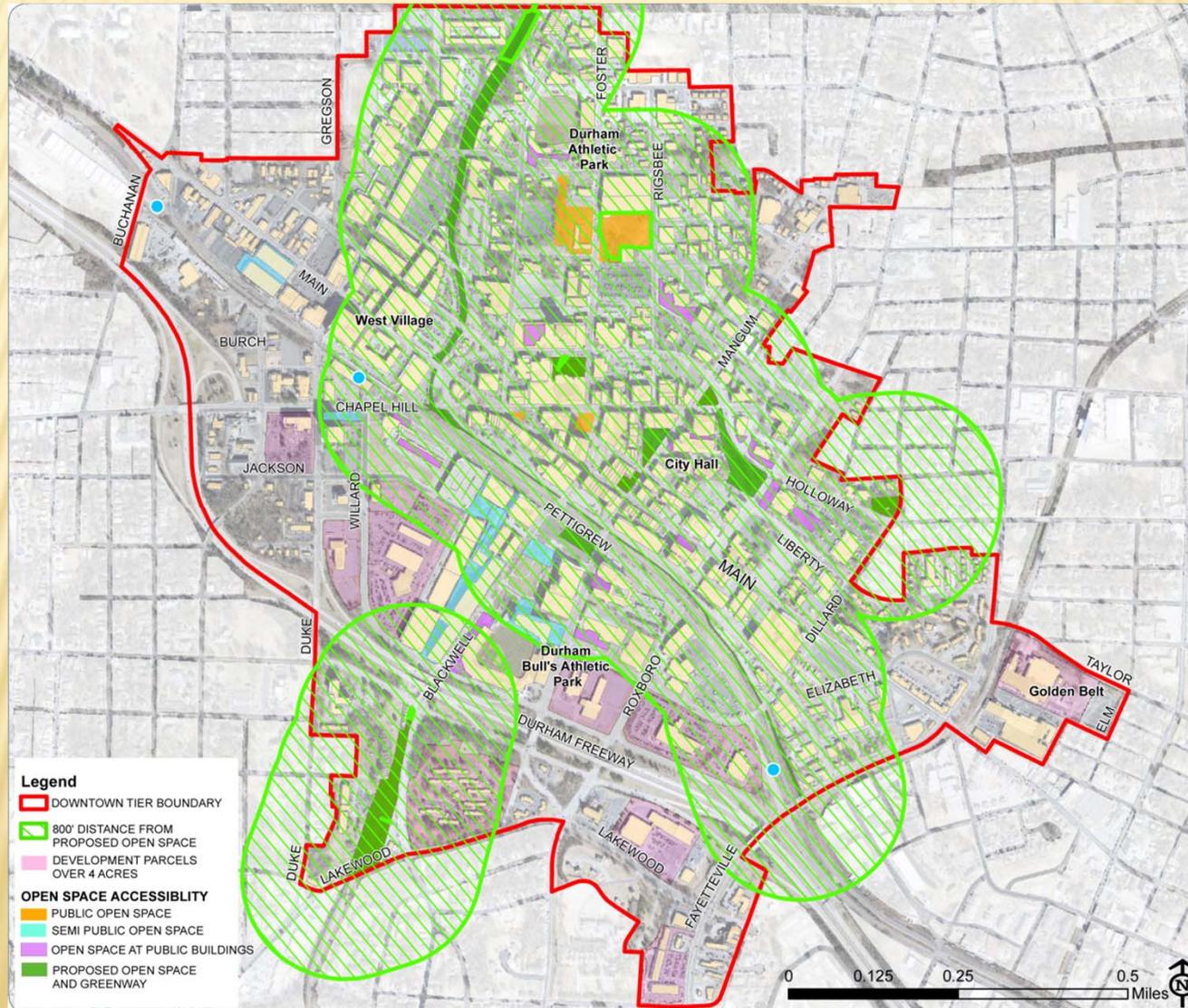




EXISTING OPEN SPACE



PROPOSED OPEN SPACE



IMPLEMENTATION

- Coordinate plan with other City and County departments
- Prioritize open space plan recommendations
- Amend the UDO to require either on-site open space on large non-residential development sites or payment in-lieu

IMPLEMENTATION

- Earmark existing residential impact fees to be spent Downtown
- Open space improvements in CIP
- Grants

QUESTIONS?

Tom Dawson, RLA

Urban Designer

Planning Department, City of Durham

101 City Hall Plaza, Ground Floor

Durham, NC 27701

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PREGNANCY CARE MANAGEMENT

Gina Hill, BSW, MA
Pregnancy Care Management Supervisor
May 08, 2014

Objectives

- Explain Pregnancy Medical Home Initiative (PMH)
- Explain goals of PMH
- Present the monitoring data of Pregnancy Care Management to the Medicaid pregnant population county and state wide



What is Pregnancy Care Management?

New version of the Baby Love Program

A team consisting of social workers and nurses

Integral component of larger Pregnancy Medical Home (PMH) initiative

Population-based care management approach to improving birth outcomes and reducing costs in the pregnant Medicaid population



CCNC Network

- Community Care of North Carolina (CCNC) developed program to manage care for health care and chronic conditions.
- Program provided patient-centered primary care medical homes, improved health outcomes and reduced costs to Medicaid
- The Pregnancy Medical Home Initiative in 2011 was modeled to manage care for the Medicaid pregnant population



CCNC *continued*

- New collaborative with the Division of Medical Assistance and the Division of Public Health
- Contracts for OB practices to be Pregnancy Medical Homes (PMH)
- Contracts with public health departments for Pregnancy Care Management services (PCM)
- Goal is to improve birth outcomes in the Medicaid population using evidence-based pregnancy care management for women at risk for poor birth outcomes



PMH Model

- Pregnancy Medical Home providers complete a risk screening form with each pregnant Medicaid recipient in the program
- Integrates the plan of care with local care/case management
- Open chart audits



Pregnancy Care Management

- Social workers or nurses provide care management to pregnant Medicaid population with risk factors that contribute to poor birth outcomes.
- PCMs receive risk screenings from the PMH ,agencies, or self referrals
- PCMs provide services and contacts to patients according to level of need.
- PCMs contact patients in providers offices, home visit, or by phone



Successful Strategies

- Utilize face to face interviewing which allows for motivational interviewing
- Have assigned PCM's for PMH
- Access medical records at High Risk Sites
- Collaborate with community agencies(WIC etc)
- Use provider portal to access diagnoses and services
- Have a PCM available to each practice to consult with patient at all times



PCM Data

- Dashboard Measures are
 - indicators service delivery according to the PCM standardized plan
 - indicators of fundamental PCM expectations being met (measurements 1 through 3)
- Goal is to improve outcomes for the priority Medicaid OB population, not to achieve a high “score” on the PCM Data Dashboard measures



PCM Dashboard Measures

1. Proportion of priority patients
2. Proportion of priority patients with an assessment documented within 30 days of being identified
3. Proportion of priority patients deferred from PCM within 60 days of being identified
4. Proportion of estimated pregnant Medicaid population in each county actively engaged in PCM



Measurements Data

Measure 1	# of Priority OB Medicaid Patients	# of Priority OB Medicaid Patients with Completed Contact	% of Priority OB Medicaid Patients with Completed Contact
State Last Report	14,829	9920	66.9%
Durham's First Report	490	230	46.9%
Durham 04/01/13-06/30/2013	250	139	81%
Durham 07/01/2013-09/30/2013	232	130	76.4%
Durham 10/01/2013-12/30/2014	137	117	85.4%
Target Range		80-100%	



Measurements Data

Measure 2	# of Priority OB Medicaid Patients with Pregnancy Assessment Documentation	% of Priority OB Medicaid Patients with Pregnancy Assessment Documentation
State Last Report	7700	51.9%
Durham's First Report	187	38.2%
Durham 04/01/13-06/30/2013	120	70.59%
Durham 07/01/2013- 09/30/2013	130	76%
Durham 10/01/2013-12/30/2013	105	76.64%
Target Range		80-100%



Measurements Data

Measure 3	# of Priority OB Medicaid Patients	# of Priority OB Medicaid Patients Deferred	% of Priority OB Medicaid Patients Deferred
State Last Report	14,829	2797	18.8%
Durham's First Report	490	159	32.4%
Durham 04/01/13-06/30/2013	250	44	17.75%
Durham 07/01/2013-09/30/2013	232	28	29%
Durham 10/01/2013-12/30/2013	193	68	35.23%
Target Range		0-5%	



Measurements Data

Measure 3a	# of Priority OB Medicaid Patients Deferred for Unable to Contact	% of Priority OB Medicaid Patients Deferred for Unable to Contact
State Last Report	898	6.1%
Durham's First Report	62	12.7%
Durham 04/01/13-06/30/2013	28	26.17%
Durham 07/01/2013- 09/30/2013	20	22%
Durham 10/01/2013-12/30/2014	13	19.12%
Target Range		0-5%



Measurements Data

3b	# of Priority OB Medicaid Patients Deferred for Refused Services	% of Priority OB Medicaid Patients Deferred for Refused Services
State Last Report	1255	8.5%
Durham's First Report	74	15.1%
Durham 04/01/13-06/30/2013	11	10.28%
Durham 07/01/2013- 09/30/2013	7	7.87%
Durham 10/01/2013-12/30/2014	2	2.94%
Target Range		0-5%



NC 2012 Infant Mortality Data

- 2012 mortality rate was slightly increased from 2011 and 2010 but was third lowest in state history
- 2012 saw a decline in the preterm birth weight
- PMH data indicate a decline in the rate of low birth weight among Medicaid patients for FY 2013



Challenges

- Vacant positions
- Lack of clerical support
- Communication delays
- Pending contracts for PCMs to have access to hospital electronic medical records
- Not all PMHs agree to have PCM staff on site
- Network issues with CMIS Measurements Data



Next Steps

- Review local data reports monthly for trends
- Continue best practice and successful strategies
- Consider areas to target for performance improvement
- Identify strategies for challenges



References

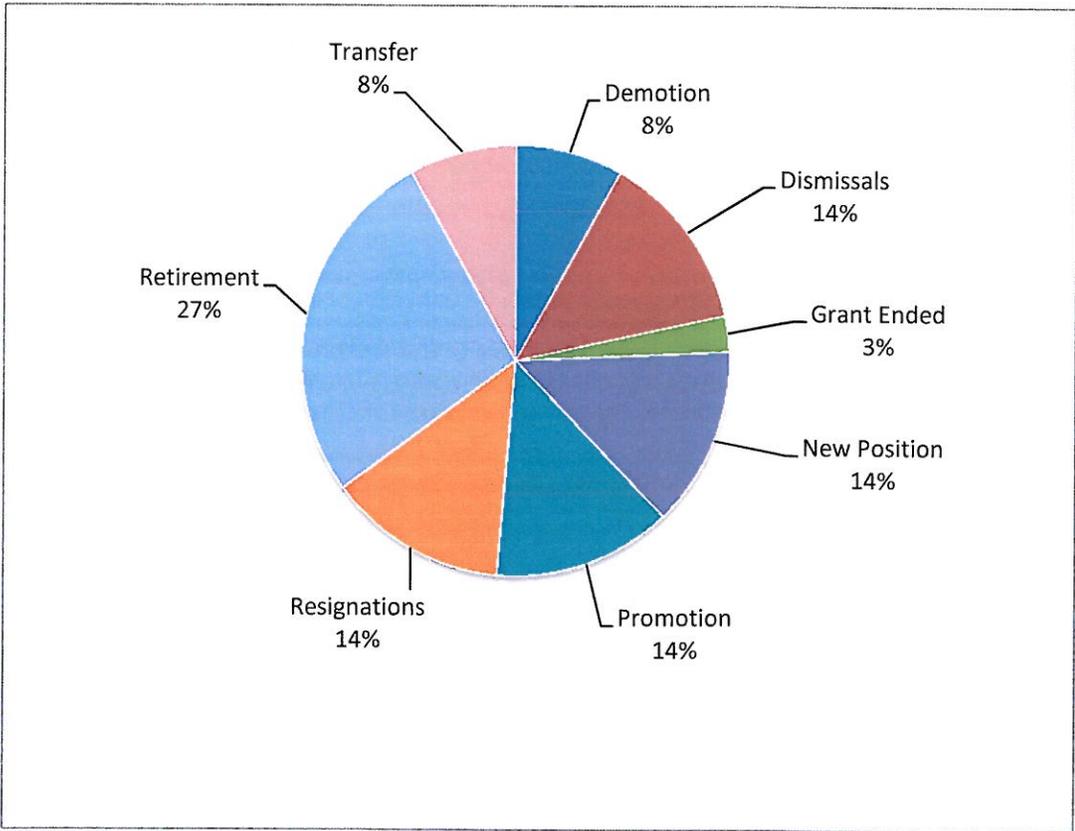
- Edited from the NC DHHS/DPH/ Women's and Children's Health Section and CCNC Presentations



PUBLIC HEALTH VACANCY REPORT
July 1, 2013 through April 30, 2014

<u>Vacancy Reasons</u>	#	%
Demotion	3	8%
Dismissals	5	14%
Grant Ended	1	3%
New Position	5	14%
Promotion	5	14%
Resignations	5	14%
Retirement	10	27%
Transfer	3	8%

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PUBLIC HEALTH VACANCY REPORT
 JULY 1, 2013 THROUGH APRIL 30, 2014

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40006200	Local PH Admin I	12/12/12	9/16/13	10/18/13	1/6/14	
40007983	Finance Officer	6/28/13	9/11/13	10/4/13	11/11/13	
40001091	PHN Supv I	7/9/13	7/22/13	8/23/13	9/2/13	
40007629	PHN II	7/22/13	11/25/2013 & 4/24/14	2/28/2014 & 5/8/14		VACANT-10 month position
40007576	CHA	8/16/13	9/2/13	9/27/13	3/17/14	
40001120	CHA	8/30/13	10/31/13	on hold		VACANT
40001086	PHN II	9/2/13	9/16/13	10/18/13	12/23/13	
40001004	PH Education Spec	9/6/13	No Recruit	No Recruit	Grant Ended	
40001152	Env Health Spec	9/7/13	8/29/13 1/20/14	2/14/14		VACANT
40001065	Data Entry Oper	9/27/13	9/16/13	9/27/13	1/6/14	
40001160	Env Health Director	9/30/13	8/12/13	10/4/13	11/25/13	
40003626	PHN II	9/30/13	9/16/13	10/18/13	11/25/13	
40002856	Dental Hygienist	10/10/13	11/4/13	11/29/13	2/17/14	
40001050	PHN I	10/11/13	11/25/13	1/24/14	3/17/14	
40001138	PHN II	10/13/13	1/6/14	2/7/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13		VACANT
40005377	Nutritionist	10/27/13	12/16/13	2/14/14		VACANT
40001119	CHA reclass to PE I	10/31/13	4/21/14	5/2/14		VACANT-reclass to PE I eff 3/17/14
40001342	Social Worker	10/31/13	9/16/13	10/4/13		VACANT
40007578	PH Education Spec	11/11/13	11/25/13	12/13/13	4/14/14	VACANT
40000989	Office Assistant III	11/25/13	12/2/13	12/13/13	2/17/14	
40007501	PHN III	11/25/13	12/9/13	1/24/14		VACANT
40000948	Proc Assist III	11/27/13	10/30/13	11/5/13	11/25/13	
40007500	PHN III	12/22/13	1/6/14 & 4/18/14	2/17/14 & 5/2/14		VACANT
40006875	Proc Unit Supv	1/1/14	1/20/14	2/3/14		VACANT
40001017	Van Driver	1/14/14	1/27/14	2/28/14	4/28/14	
40001057	Physician Extender I	1/22/14	2/17/14	4/4/14		VACANT
40001031	Proc Assist III	2/21/14	No Recruit	No Recruit		VACANT
40001010	Medical Lab Tech II	2/24/14	No Recruit	No Recruit		VACANT
40000947	Proc Unit Supv IV	3/19/14	1/6/14	1/17/14	4/28/14	
40001042	Pharmacist I	4/30/14	to begin 5/5/14			
40001043	Pharmacist II	4/30/14	1/20/14 & 2/17/14	2/14/14 & 2/28/14	5/1/14	
40007962	HS Coord III	new 7/8/13	7/22/13	8/9/13	12/9/13	
40008050	Nutrition Spec	new 12/19/13	1/13/14	4/25/14		VACANT-Req to HR 1/6/14
40008051	Nutrition Spec	new 12/19/13	1/13/14	4/25/14		VACANT-Req to HR 1/6/14
40007966	Env Health Spec	new 7/18/13	1/20/14	2/14/14		VACANT-Req to HR 1/10/14
40007988	PH Education Spec	new 9/23/13	9/30/13	10/18/13	11/11/13	

ENVIRONMENTAL HEALTH
 Onsite Water Protection Notices of Violation
 April 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 reason 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.

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
3/14/2013	2707 Little River Dr	Surface discharge of effluent	4/14/2013	Y	N	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. 3/5/2014 - NOV forwarded to County Attorney's office. 3/27/2014 - Owner contacted NC DWR regarding application for discharging permit.

7/17/2013	3038 Tavistock Dr	Surfacing sewage and accessory dwelling build without permit.	8/17/2013	Y	N	<p>9/23/2013 - Violations discovered during monitoring visit. 10/7/2013 - No attempt has been made to correct the situation. 1/6/2014 - File forwarded to County Attorney's office. 4/4/14 - 10 day demand letter sent to owner from Bryan Wardell. 4/10/2014 - Owner contacted Env. Health to arrange site visit. 4/15/2014 - site visit made, accessory structure does not have a full bathroom or kitchen. Water use will be monitored by EH to assist in determining cause of drainfield failure.</p>
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8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	Y	N	<p>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. 3/5/2014 - NOV forwarded to County Attorney's office. 3/14/14 - Letter received from owner's attorney stating that owner has contracted with an installer. 30 extension granted by Env. Health to allow ground wetness conditions to improve prior to installation. 4/21/2014 - Contacted by Joel Glass (installer) about requirements for tank installation. No appointment has been scheduled as of 4/29/2014.</p>
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9/5/2013	2804 Darrow Rd	Disconnected Municipal Sewer	10/5/2013	Y	N	<p>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. 3/27/2014 Drove by and took pictures of the sewage on the ground. 4/29/2014 - Awaiting court date for judgment.</p>
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11/26/2013	2709 Cooksbury	Disconnected Municipal Sewer	12/26/2013	Y	N	<p>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. 3/27/2014 drove by and took pictures of the sewage on the ground. 4/29/2014- Court date for default judgement set for May 14, 2014 .</p>
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1/16/2014	Little River Community Complex	No Subsurface Operator	2/16/2014	N	N	No Subsurface Operator. Meeting with potential operator 3/3/2014. Meeting rescheduled for 3/10/2014 due to inclement weather. Facility management has been instructed to have tanks pumped and to save receipts. 3/19/2014 - Electrician repaired power control, restored power to effluent pumps. Facility management has been negotiating with certified operators. No contract submitted to Env. Health as of 4/1/2014. 4/29/14 - Manager notified by EH to comply immediately to avoid legal action.
2/20/2014	8 Steeplton Ct	No Subsurface Operator	3/21/2014	N	N	No Subsurface Operator. Home owner called 2/24/2014 and was sent a list of Subsurface Operators. 4/30/2014 - EH will make one final attempt to encourage owner to comply prior to forwarding NOV to County Attorney's Office.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N	3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available.

3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	N	N	3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner.
4/15/2014	4220 Hallmark	Surface Discharge of Raw Sewage	5/15/2014	N	N	Property was disconnected from municipal sewer due to non-payment of utility bill. Raw sewage is discharging onto the ground surface.
4/17/2014	5340 Lake Vista	Back-up of sewage into septic tank	7/17/2014	N	N	Property owners contacted Env. Health for repair evaluation. Parcel does not have sufficient available space for a repair drainfield. Referred owners to NC DWR for NPDES permit.

4/21/2014	2813 S Roxboro	Surface Discharge of effluent	5/21/2014	N	N	<p>Verified failing system 4/10/2014. Sewer is available. Spoke with T. Marion and agreed that Environmental Health and Storm Water should both issue independent NOVs. Environmental Healths, improper waste disposal, Storm Water's, sewage making it into surface water. Spoke with T. Marion and agreed that Environmental Health and Storm Water should both issue independent NOVs. Environmental Healths, improper waste disposal, Storm Water's, sewage making it into surface water.</p> <p>4/24/2014</p>
4/29/2014	5677 Kemp	Surface Discharge of effluent	5/29/2014	N	N	<p>Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office.</p>

Highlights for April.

20 Fellowship Dr – Removed from list. NC DWR notice of violation supersedes DCoDPH.

2707 Little River Dr – Owner has contacted NC DWR for discharging permit. We will continue to monitor the situation to ensure the process is completed.

3808 Tavistock – Owner contacted EH, accessory structure does not have full bathroom, does not have a kitchen, and does not appear to serve as an accessory residence. Water use is being monitored to assist in determining cause of system failure.

2121 Fletchers Chapel – Contacted by an installer on 4/21/2014 regarding tank installation requirements. No installation appointment has been made as of 4/29/2014.

2804 Darrow – Awaiting court date for judgment.

2709 Cooksbury – Court date for default judgment set for 5/14/2014.

Little River Community Complex – Manager notified on 4/29/2014 by EH to hire system operator immediately to avoid legal action.

8 Steepleton – EH will make one final attempt to contact and encourage owner(s) to comply prior to sending NOV to County Attorney's Office.

7001 Herndon – Awaiting reply from Public Works to determine if application for connection to sewer has been submitted.

913 Cartman – Site visit made 4/29/2014, course of action to determine repair needs was communicated to property owner.

New NOV's issued in April:

4220 Hallmark – Sewer disconnection

5340 Lake Vista – Non-repairable system, backing up in tank. Owners are pursuing permit from NC DWR.

2813 S. Roxboro – Failing drainfield, sewer available.

5677 Kemp – Drainfield failure, unpermitted connection of mobile home in addition to office.