

A Regular Meeting of the Durham County Board of Health, held August 13, 2015 with the following members present:

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

Excused Absence: Heidi Carter, MSPH; Arthur Ferguson, BS; and Teme Levbarg, PhD, MSW

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Marcia Johnson, Hattie Wood, Mel Downey-Piper, Attorney Bryan Wardell, Dr. Miriam McIntosh, Heidi Schoeppner, Tyrone Hall, Rachel Elledge, Lee Lichtenwalter, and Aubrey Delaney.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:09pm with a quorum present.

Ms. Harris introduced the new Board member, Dr. Rosemary Jackson. Dr. Jackson, a former nutritionist at the health department left the health department, to attend and came back to work as a Family Medicine physician in the OB and Family Planning clinics. After being with the department for several years, Dr. Jackson decided that she wanted to provide care in correctional facilities. Dr. Jackson left the area and spent some time working in correctional healthcare. Dr. Jackson has served on the accreditation site visit team for the Durham County Jail several times; served as a physician in student health at North Carolina Central University and is currently employed by NC Department of Corrections in the Utilization Review section. She also currently serves as a member of the Lincoln Community Health Center Board of Directors. Dr. Jackson stated that she is very excited to serve on the Durham County Board of Health.

The Board welcomed Dr. Jackson.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Due to having a trainer in to discuss the Roles and Responsibilities of Local Public Health Governing Boards, items requiring board action were requested to be moved up on the agenda following Staff /Program Recognition.

- 2015-2018 Partnership For A Healthy Durham Action Plans (Action Item: New Business)
- Follow-up on E-cigarettes and Smoking Rule (Action Item: Old Business)

Item for discussion but requiring no action:

- NALBOH Conference (No action required; discussion only)

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

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Mr. Dedrick made a motion to approve the minutes for June 11, 2015. Dr. Allison seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Ms. Harris recognized Jennifer “Jenny” Mauch, RN, Public Health Nurse Supervisor, School

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Health Elementary/Child Health Assessment and Prevention Program (CHAPP), Community Health Division as the recipient of the 2014-2015 Marilyn H. Asay Scholarship for School Nurse Leadership Award in the amount of \$1,500. This award was established by the School Nurse Association of North Carolina (SNANC) in honor of Marilyn Asay, who was the NC State School Nurse Consultant from 1987 until May 2005. SNANC offers scholarships to school nurses committed to a career in school health and who are enrolled in programs to further their education and enhance their clinical practices and leadership skills. Jenny is enrolled in American Sentinel University with a target completion date of November 2015.

Ms. Michele Easterling, Director of Nutrition recognized **Heidi Schoeppner, MS, RD, LDN** who obtained the Certified Diabetes Educator (CDE) credential on June 17, 2015. Heidi is the Nutrition Specialist for the Durham Diabetes Coalition. The CDE credential denotes the highest level of expertise in the field of diabetes education. Attainment of the credential is governed by the National Certification Board for Diabetes Educators and requires successful completion of a national CDE exam. Eligibility to sit for the exam includes completion of specific, required continuing education credits on diabetes care, completion and documentation of 1,000 hours of practice experience in diabetes education, and a course of study preparation for the exam.

The Board applauded those recognized.

- **2015-2018 PARTNERSHIP FOR A HEALTHY DURHAM ACTION PLANS (Activity 38.2)**

Ms. Downey-Piper provided the Board a brief overview on the contents of the 2015-2018 Partnership for A Healthy Durham Action Plans. Copies of the actions plans (Access to Care, Substance Abuse/Mental Health, HIV/STI and Obesity) were sent to the Board to review prior to the meeting. The action plans will be included with the Durham County Department of Public Health's application for national accreditation.

Process

- Committees began the action plan process in March by first looking at the current action plans and related accomplishments. There was some early discussion on what to include on the 2015-2018 action plan.
- In April and May, committees used their monthly meetings to generate ideas of strategies based on: the 2014 listening sessions and community health assessment (CHA) results; lists of evidence-based interventions; and what was included in the county strategic plan. Committee members used a facilitated process using the "sticky wall" to brainstorm ideas and identify who was willing to contribute to the interventions. From there, the committees narrowed down ideas based on interest and capacity of the committee. Members then voted on three to five strategies to include on the action plan either online or at the monthly meeting.
- In May, June and July, smaller groups of committee members drafted action plans for their respective committees based on the strategies decided by the overall committee. The Partnership Coordinator assisted the committees by reviewing the documents, adding information, editing as needed and ensuring that State requirements were met.
- Once approved by Board of Health, the action plans will be implemented by the committees and be placed on the Partnership for a Healthy Durham website.

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Highlights from Action Plans (Note: Mini grant funding referenced below came from the \$25,000 cash award associated with the 2014 RWJF Culture of Health Prize)

- The Access to Care committee Health Equipment Loan Program, HELP, received a \$10,000 RWJF mini-grant to provide durable medical equipment to Durham County residents. The committee will support this initiative and work on identifying strategies to increase access to dental services.
- The HIV/STI committee received a \$5,000 RWJF mini-grant to implement Durham Knows, an HIV testing media campaign to increase testing. The committee is also planning to advocate for opt-out HIV testing for Durham health systems and providers.
- The OCI committee received two RWJF mini-grants in the amount of \$5,000 each to implement a Double Bucks program for seniors and provide bike and pedestrian safety education to elementary school students. These initiatives align with the action plan objectives of increased access to healthy foods and physical activity opportunities.
- The Substance Use/Mental Health committee is working to increase awareness and use of naloxone and improve mental health/substance use resources for Durham providers.

(Copies of the 2015-2018 Partnership for A Healthy Durham Action Plans are attached to the minutes.)

Dr. Fuchs made a motion to accept and approve the 2015-2018 Partnership for A Healthy Durham Action Plans. Mr. Detric seconded the motion and the motion was unanimously approved.

- **FOLLOW-UP E-CIGARETTES (Activity 34.5)**

Ms. Harris stated that the Board received a copy of the recommended changes to the Smoking Rule reviewed by Attorney Wardell.

Attorney Wardell asked if there were any questions pertaining the changes made to the existing smoking rule and if not, requested a vote to accept /approve the changes. Attorney Wardell stated that if the changes are accepted the next step would be to present the amended smoking rule to the BOCC at the next work session.

Dr. Fuchs made a motion to accept and approve the amended smoking rule and present it to the BOCC at the next work session. Dr. Stewart seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **BOARD OF HEALTH TRAINING (Activity 36.3 and)**

Mr. Bill Browder, Retired UNC-CH Administrator, Site Visit Team Member for Local Health Department Accreditation and Teacher of Orientation course for Board of Health members in North Carolina provided the training titled “Roles and Responsibilities of Local Public Health Governing Boards”:

Learning Objectives:

1. Describe key concepts underlying the practice of public health and the role a board of health plays in carrying out core functions and essential services
2. Identify the laws and statutes regulating the local public health system
3. Describe the guidelines and expectations for being an effective board member

The agenda for the training included the following sections:

1. Public Health Milestones and Current Challenges

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2. Public Health Functions and Essential Services
3. Legal Responsibilities and Authority
4. Local Governance Boards
5. Board Member's Work
6. Effective Governance

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

Mr. Browder recommended the following resources:

1. Open Meetings and Local Governments in North Carolina
2. Suggested Rules of Procedure for Small Local Government Boards

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

The Durham County Board of Health received a copy of the June and July 2015 vacancy reports which included a cumulative total of 37.0 FTEs for the year (20 positions vacant as of June 30, 2015 and 17 vacant as of July 31, 2015).

(A copy of June and July 2015 vacancy reports are attached to the minutes.)

COMMENTS/QUESTIONS:

Dr. Miller: I noticed that the vacancies are improving or getting better.

Ms. Harris: The number is lower because five positions were eliminated at the beginning of the fiscal year because the Centers for Medicare/Medicaid Innovations grant funding was not renewed to support those positions.

Dr. Miller: I guess the question that comes to mind is do you feel comfortable with the level of vacancies.

Ms. Harris: It's working. Joanne Pierce and Eric Ireland, Deputy Health Directors, are leading practice management efforts. We are beginning to look for potential opportunities to redeploy staff if we find that efficiencies can be created. We do need additional staff. In prior board meetings, we've talked about a volunteer school nurse program. Staff did literature reviews to identify models using volunteer staff. Recently, they met with Risk Management and our County Attorney to discuss legal aspects of implementing the volunteer nurse model. They were told that the model was not something that Risk Management and the County Attorney could support. Attorney Wardell would you like to comment further?

Attorney Wardell: Right, it didn't seem like the model was viable from a legal standpoint. The volunteers would be volunteering at their own risk because the county and the schools couldn't maintain insurance for them. Some of them maintain their own insurance but some of them don't because many of them are retired. The schools couldn't provide any insurance. We also could not guarantee the amount of time that they would be available. The school year is 10 months. They may want to volunteer for six or eight months. So, we wouldn't be able to guarantee that there would be a possibility for service. All those issues negated the use of volunteers. I don't believe that the program in Florida worked out well.

Ms. Harris: The program in Florida had a reduction-in-force in another area which allowed them to shift employed nurses into the vacant school nurse positions. As a result of the decision to not support the use of volunteer school nurses, we are going to ask for school nurses in the upcoming budgets until we have enough to support both public and charter schools in our community.

Attorney Wardell: One of the things that I found interesting about the study is the number of school nurses that are deployed by the school system. They have fewer nurses than those actually funded or provided by the health department. They are in the schools but they are mostly funded by grants or specific programs where as the public health nurses are different, they have a broad spectrum of tiers.

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Ms. Harris: Those school nurses were formerly employed by the County. The funding came from the NCDHHS DPH for Child and Family and Support Teams to address the needs of children at risk for out of home placement and/or academic failure. NCDHHS DPH would only give public health departments \$50,000 per year for each of those positions which required the County to underwrite the additional funds. However, funds coming from NC Department of Public Instruction to school systems support the entire cost of the positions. It made sense to transfer those positions to the school system so that they would be completely funded by the state.

Attorney Wardell: But their limited in what they do, right?

Ms. Harris: Yes. The nurses work with specific at-risk populations. The school health program has been of a part of the health department services for at least 43 years.

Commissioner Howerton: Didn't you ask for more school nurses in the budget?

Ms. Harris: No, I did not ask for new school nurse positions. I had to ask that the three CHAAP nurses (existing positions) be funded out of the general fund rather than the health trust fund.

Commissioner Howerton: But I still would like for the rest of my board to see the presentations that the nurses did.

Ms. Harris: Great! We will prepare an agenda action form for the October work session. The presentation will be a precursor to our FY 16-17 budget request. It will cost approximately 2 million dollars to have a nurse in every public and charter school.

Dr. Allison: Now if I remember correctly, the charter schools were supposed to provide school nurses out of their operational budget. Did I hear that wrong?

Ms. Harris: I think you did. They are required to make sure the same functions are there but the level in which they have access to nurses is not specified. They may have someone on-call. Cheryl Scott, Child Health Program Manager has reached out to all the charter schools.

Dr. Allison: Are there any studies that would help the commissioners... that show that money is actually saved by having school nurses in every school?

Ms. Harris: I don't know. We can conduct a literature review and bring the findings back to you.

- **FOLLOW-UP DISCUSSION ON LEGISLATIVE AGENDA ITEM-G.S.115C-81 (e1) (9) of Article 8: GENERAL EDUCATION: (Activity 40.2)**

Ms. Harris stated that she spoke with Senator Woodard regarding next steps for legislative action to make contraceptive methods available on school campuses. He said we can restart the conversation in June 2016. Senator Woodard would like for us to convene a group of supporters from across the state, including republican support and the leadership of the Health Directors Association.

NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for July 2015 prior to the meeting. (A copy of July 2015 NOV report is attached to the minutes.)

**Health Director's Report
June Activities
August 13, 2015**

Division / Program: Community Health Division / Communicable Disease Surveillance

(Accreditation Activity 10.4- Promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.

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

Program description

- In October 2014, the Centers for Disease Control and Prevention (CDC) implemented active monitoring of all travelers arriving in the United States from West African countries affected by Ebola, which at the time were Sierra Leone, Liberia, and Guinea.
- On June 15, 2015, Liberia was removed from the list of countries designated by CDC as posing a risk of Ebola exposure. No new Ebola cases have been identified in Liberia since March 20, 2015. Two incubation periods is the timeframe normally used to characterize the end of an outbreak; Liberia reached that milestone on May 9, 2015.
- The DCoDPH Communicable Disease (CD) nursing staff continue to actively monitor all travelers arriving in Durham County from Sierra Leone and Guinea throughout the incubation period (usually 21 days), in accordance with guidance from the CDC and in consultation with NC Division of Public Health, Communicable Disease Branch.

Statement of goals

- To actively monitor travelers who arrive in Durham County from designated West African countries, for signs and symptoms that may indicate Ebola infection in order to activate response protocols as indicated.

Issues

- **Opportunities**
 - Provide direct contact and active daily monitoring (within 24 hours or less of notification by the state)) for every traveler arriving in Durham County from West African countries affected by Ebola
 - Interact directly with travelers from another country/culture
 - Participate with public health professionals in other jurisdictions to ensure seamless monitoring of all affected travelers
- **Challenges**
 - Identifying enough nursing staff to provide daily traveler monitoring, in addition to all their usual duties and responsibilities within the health department
 - Communicating and coordinating appropriate response plans with all local partners

Implication(s)

- **Outcomes**
 - To date, active monitoring has been provided to 54 travelers by specially trained DCoDPH communicable disease nurses
 - Seven travelers from other jurisdictions have also been monitored by DCoDPH nurses while visiting in Durham County.
- **Service delivery. The designated DCoDPH Communicable Disease nurses:**
 - Receive advance notice from state public health of all travelers who will be arriving in Durham County from affected West African countries, which now include Sierra Leone and Guinea

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- Contact each newly arrived traveler by phone to conduct a risk assessment and confirm contact information.
- Conduct a face to face visit with each traveler to explain the monitoring program, issue control measures, and provide a monitoring log with instructions for use.
 - NOTE: Because monitoring has been in place for 8 months, the CD nurses are seeing “repeat travelers”, that is, travelers who have been monitored previously. These travelers are contacted by an assigned CD nurse, and monitored daily for 21 days, but do not require a face to face visit with the nurse. The monitoring regimen is well known to these “repeat travelers”.
- Monitor each traveler on a daily basis daily for a designated time period (determined by date of last exposure)
- Continue monitoring of travelers who travel outside of Durham County on an overnight basis for any length of time
- Coordinate immediate medical evaluation for any traveler who might develop fever and /or symptoms suggestive of Ebola
- **Staffing**
 - Four DCoDPH Communicable Disease nurses have been specially trained to provide active monitoring; one has been designated the “lead” and maintains tracking spreadsheets and coordinates the nurse assignments
- **Other**
 - Travel costs are incurred for face-to-face visits with each traveler
 - Overtime costs and/or comp time are incurred for nurses who are required to conduct active monitoring of travelers on weekends and holidays.
 - PPE and other equipment (i.e.: thermometers) has been purchased and provided to each nurse who conducts traveler monitoring

Next Steps / Mitigation Strategies

- Continue regular communication and collaboration with state public health to ensure active monitoring is provided to all travelers arriving in Durham County in accordance with state and federal guidelines

Division / Program: Nutrition Division / DINE for LIFE/Partnering with Catholic Charities

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- “Catholic Charities provides direct services to individuals and families, and advocates and collaborates with a range of community partners to ensure vulnerable and isolated families in our communities are cared for, fed, clothed, have adequate shelter and safe harbor, and have hope”- taken from www.catholiccharitiesraleigh.org
- DINE nutritionists partnered with Catholic Charities to bring a series of four nutrition education and taste test programs to food pantry recipients in May and June 2015.

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Statement of goals

- Increase the nutrition knowledge of Catholic Charities food pantry recipients by providing nutrition and health information, budgeting techniques, and recipes.
- Encourage simple behavior changes towards healthier food selection, cooking, and eating habits.

Issues

- **Opportunities**
 - The partnership with Catholic Charities allows DINE nutritionists the opportunity to expand their reach to SNAP participants.
 - Catholic Charities provides incentives for the class participants to attend the nutrition programs.
- **Challenges**
 - Some participants arrive late and leave early due to transportation needs.
 - Number of participants is low, possibly because this is a new partnership. There is a need to find ways to raise participation.

Implication(s)

- **Outcomes**
 - The first class covered MyPlate and was held on May 13 for 10 participants.
 - ❖ Taste test: Pasta and Bean Salad
 - ❖ Educational Reinforcement: Reusable grocery bag
 - ❖ Handout: "One Great Plate"
 - The second class, Healthy Snacks, was on May 20 for seven participants.
 - ❖ Taste test: Superhero Smoothies
 - ❖ Educational reinforcements: Cooking spatulas and Chop Chop magazines
 - The third class, ReThink Your Drink, on May 27, 2015, had five participants.
 - ❖ Taste test: Water with lime/lemon/orange slices
 - ❖ Educational reinforcements: water bottles
 - ❖ Handouts: ReThink Your Drink and Make Better Beverage Choices
 - The fourth class, Healthy Eating on a Budget, was held on June 3 for seven participants.
 - ❖ Taste test: Trail Mix
 - ❖ Educational reinforcements: Measuring cups
 - ❖ Handouts: Eating Better on a Budget- 10 tips and Eating Right When Money is Tight.
- **Service delivery**
 - Each nutrition program covered topics relevant to the adult SNAP eligible participant.
 - Taste tests included talking points about the nutritional benefits of the ingredients, ways to tailor the recipe to the participant's liking, and budgeting tips.
 - Each participant received an incentive related to the nutrition topic presented.
- **Staffing**
 - The nutrition programs were staffed by a DINE Community Nutritionist.

Next Steps / Mitigation Strategies

- DINE staff will continue to partner with Catholic Charities through ongoing classes to provide nutrition education to the food pantry recipients.

Division / Program: Community Health Division/School Health Program

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common, costly, and preventable of all health problems. Half of all American adults have at least one chronic condition, and almost one in three have multiple chronic conditions (cdc.gov).
- School Health staff collaborated with Public Health Education and Public Health Nutritionist staff to provide a six (6) week series of educational sessions related to prevention and management of preventable chronic diseases for staff at Lakewood Elementary School.

Statement of goals

- To define preventable chronic diseases,
- To identify the most common preventable chronic diseases, and
- To discuss prevention measures and interventions.

Issues

- **Opportunities**
 - To promote and develop positive health practices and attitudes among Durham Public Schools staff to promote lifelong wellness.
 - To maintain close collaborations with Durham Public Schools.
- **Challenges**
 - Staff management of time to allow attendance prior to school start time,

Implication(s)

- **Outcomes**
 - Participants learned that chronic diseases such as heart disease, cancer and diabetes are major causes of death and disability in North Carolina.
 - Participants learned how individual behaviors, i.e., physical inactivity, unhealthy eating and smoking affect the treatment and/or progression of chronic diseases.
 - Pre and posttests revealed a 100% increase in knowledge gained from the sessions.

Service delivery

- Public Health School Nurse, Health Educator, and Nutritionist collaborated to provide 6 weekly educational sessions on the prevention and management of preventable chronic diseases.

Next Steps / Mitigation Strategies

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

Division / Program: Dental Division / Tooth Ferry Mobile Unit

(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- The Tooth Ferry is a mobile treatment dental van that has been in operation since 2001. Through an MOU with Durham Public

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Schools, and provides oral health services at DPS and various summer programs during the year. Due to its deteriorating condition, funds have been appropriated in the FY' 2016 budget to replace the current unit.

Statement of goals

- The Tooth Ferry reaches 8,000+ youth a year in Durham County, providing screenings and oral health services aboard the Tooth Ferry.

Issues

- **Opportunities**
 - The van offers families the convenience of having their child treated in the school setting, without their needing to take time off from work and/or find transportation.
 - The Dental team can begin treatment of the student on the Tooth Ferry and refer them to the Division's clinic to complete treatment.
- **Challenges**
 - This past year the Tooth Ferry has not been able to visit many schools due to requiring numerous repairs.
 - The Division will be required to put together specs for a potential new vehicle before a Request for Bids can be issued. Furthermore, the lead time to build a new unit (once a contract is secured) is 270 days.

Implication(s)

- **Outcomes**
 - The team has begun visiting mobile units, including the North Carolina Baptist Men's medical and dental units.
 - Information on like-units has been obtained from LifeLine Mobile (Columbus, OH), and Mathews Specialty Vehicles (Greensboro, NC).
 - The Division has also met, and continues to meet with EMS staff for assistance in development of spec sheets.
- **Service delivery**
 - The current Tooth Ferry continues to undergo repairs (as needed) as the vehicle may need to be used another year.
- **Staffing**
 - Dr. McIntosh provides all dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van. While the vehicle is being repaired, the team is working in the clinic.

Next Steps / Mitigation Strategies

The Division has begun exploring grants opportunities to assist with the purchase and customization of a new unit.

Division / Program: Administration / Communications and Public Relations

Program description

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

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Statement of goals

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

Issues

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

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - As of June 29, one general public health media release was disseminated. Staff also responded to five (5) direct (unsolicited) inquiries from reporters. A total of 27 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including this month's *My Carolina Today* segment on overdose prevention, heatwave safety tips, new shot requirements taking effect in July⁽¹⁾, school-based clinics (CHAPP program), the launch of Blue Cross and Blue Shield of North Carolina's "Walk [Your City]" signage program in Durham, and restaurant inspection scores.
(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: Health Education / National HIV Testing Day
(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)

Program description

- The fight against HIV/AIDS begins with HIV testing. In observance of National HIV Testing Day, Health Education's ITTS team (Paul Weaver and Dennis Hamlet) and Lincoln Community Health Center's EI Clinic partnered with NC Central University's Student Health Center, CAARE Inc., El Centro Hispano, and the Alliance of AIDS Services Carolina to host a large Durham community event for National HIV Testing Day at the Lincoln Community Health Center, Friday, June 26, 2015 from 10 am to 4 pm. The theme for National HIV Testing Day this year is "Take the Test. Take Control."

Statement of goals

- To encourage people to learn their HIV status.
- To address and reduce the stigma of HIV/AIDS and testing.
- To promote routine HIV testing.
- To improve access to quick HIV testing.
- To improve education about HIV/AIDS.
- To remind people that HIV/AIDS is an ever present problem that affects everyone.

Issues

- **Opportunities**
 - Collaborate with agencies within the Durham community (Alliance of AIDS Services-Carolina, El Centro Hispano, NC Central University's Student Health Center, CAARE Inc., Triangle Empowerment Center, and community volunteers) along with Lincoln Community Health Center.
- **Challenges**
 - Due to the location of Conference Room A, B, and C in Lincoln Community Center, we didn't have many "walk by" clients who initially did not know about the event as they walked into Lincoln Community Health Center. Lincoln Community Health Center had their slowest day of the week on this day so there weren't as many people to recruit as in previous years in their waiting lobbies.

Implication(s)

- **Outcomes**
 - Free screenings (HIV, Syphilis, Gonorrhea, and Chlamydia) and condoms were provided along with community information and resources.
 - One hundred and eight (108) participants received a HIV and Syphilis screening at Lincoln Community Health Center.
 - Eighty six (86) participants received a Gonorrhea and Chlamydia screening.
- **Service delivery**
 - The Partnership for a Healthy Durham website, The KISS Facebook page, personal Facebook, Twitter, and Instagram pages from partners, organizational e-mail blasts for agencies within the HIV/STI Committee, flyers in barber/beauty shops and stores along Fayetteville St., Martin Luther King Jr. Blvd., Alston Ave, University Dr. and all Durham Housing Authority sites to promote and provide event information.

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- **Staffing**

- The ITTS team formed a National HIV Testing Day committee, made up of representatives of the partnering agencies that met eight consecutive Fridays leading up to National HIV Testing Day, which ultimately led the event planning and staffed the event held at Lincoln Community Health Center.

Next Steps / Mitigation Strategies

- Start planning for 2016 National HIV Testing Day event early in the year.
- Bring National HIV Testing Day back to a specific community in Durham opposed to a Health Center.
- Become more creative in our approach to host a National HIV Testing Day event that greatly peaks the interest of those in the Durham community.

Division / Program: Health Education

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- In observance of the ASK (Asking Saves Kids) Campaign in June, the Gun Safety Team held various events during the month of June to promote safe storage of firearms and distribute gunlocks. The purpose is to talk to parents about gun safety, specifically as to where they are stored and to make sure that even in storage the gun is secured with a lock. ASK Day is the first day of summer; with children home for the summer it is critical to lock up firearms and make sure homes where your children play are safe. Gun Safety Team members set up in various medical centers in Durham as well as the Human Services Building to extend the message of gun safety to parents as they come in for services. Team Members were featured on In Touch with Durham County Government show which aired in June.

Statement of goals

- To raise awareness regarding the importance of keeping firearms locked and stored properly.
- To promote the importance of asking the parents where your children visit and play, about firearms and make sure they are stored safely.
- To increase awareness that by law, guns must be locked up and stored in a safe place where children live.
- To continue public awareness events that inform adults that children getting to guns and harming themselves or someone else is preventable.
- To provide free gunlocks to adults who own firearms and do not have a gunlock.

Issues

- **Opportunities**

- The Gun Safety Team is coordinated by Public Health Educator and includes a broad group of partners and stakeholders such as gun owners, community organizations, law enforcement, medical professionals, and religious organizations.

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- Participation in events anywhere in Durham County upon invitation such as health fairs, worksites, and health clinics, schools, and faith communities. Exhibits are set up to educate communities about gun safety and distribute free gunlocks.
- Disseminate gun safety educational supplies to medical clinics and distribute gunlocks when needed.
- **Challenges**
 - Many individuals who own firearms are convinced that all they have to do is hide their firearms from their children.
 - Convincing individuals who don't own a gun that gun safety is still important because they need to make sure where their children play is safe from firearms.
 - Some event planners do not want to broach the subject of guns and gun safety as part of their event.
 - The message is about gun safety, not gun control and the Team clarifies this message for the public.

Implication(s)

- **Outcomes**
 - A total of 136 parents were educated on gun safety and 35 gunlocks distributed through 3 separate events.
 - The Gun Safety Team was invited to Youth Explosion event for teens as a result of ASK Campaign
 - Joanie Ross appeared on "In Touch with Durham County Government" TV show which provided daily outreach to the community.
- **Service delivery**
 - The ASK Campaign was held in medical clinics and we were able to speak with parents one on one through these venues.
- **Staffing**
 - Gun Safety Public Health Educator, Family Nurse Practitioner, Duke Trauma Health Educator and community member served these events.

Next Steps / Mitigation Strategies

- The Gun Safety Team will continue throughout the year to educate citizens of Durham County about gun safety and distribute gunlocks.

**Health Director's Report
July Activities
August 13, 2015**

Division / Program: Nutrition/DINE for Life/Junior Iron Chef Durham

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE's Junior Iron Chef Durham (JICD) partnered with Durham Public Schools to provide four math based culinary classes to 53 rising sixth graders in the *DPS Stepping Up Summer Program- Transitioning from Fifth to Sixth*.

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Statement of goals

- To teach students basic nutrition, essential culinary techniques, and important culinary math concepts in an effort to empower students to take ownership of their education and health at home and at school.
- The goal of JICD is to provide nutrition and culinary training in selected middle, high schools, and afterschool programs.

Issues

- **Opportunities**
 - Students could learn and ask questions about food, nutrition, and healthy lifestyles.
 - Students were able to work with peers to learn the basic skills of cooking including reading recipes, measuring ingredients, converting measurements, basic knife work, and cooking techniques. Using applied math in cooking increases students' interest in math and their understanding of its relevance in their lives.
 - This was a new collaboration and was initiated by DPS. It marked another avenue for DINE-DPS collaboration and strengthened the bond between the DINE program and DPS.
- **Challenges**
 - Attendance (12-14 per class) was limited by number of participants in the summer program, limiting DINE's reach.
 - The structure of the summer program allowed for only one topic per week, limiting the opportunity for repeat classes on nutrition and cooking.

Implications

- **Outcomes**
 - Each of the four classes over one week consisted of an educational lesson and a guided cooking lesson performed by a DINE nutritionist. Educational session topics were MyPlate and Math in the Kitchen. Students made Fresh Vegetable Summer Rolls
 - Classes addressed increased rates of obesity among middle and high school students by:
 - improving overall knowledge about healthy lifestyles;
 - providing students with basic culinary knowledge to encourage food preparation and healthy lifestyle changes in the home and at school.
 - Classes assisted students in learning skills to use math in food preparation at home.
 - An average of 13 students attended each session.
- **Service delivery**
 - Classes took place at Shepard Middle School, 2401 Dakota St, Durham, North Carolina 27707.
- **Staffing**
 - Classes were staffed by one nutritionist.

Next Steps / Mitigation Strategies

- Continue to partner with Durham Public Schools to increase the reach of the DINE program and the Durham County Department of Public Health.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education at the HUB Farm

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and

educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying DPS schools (those with 50% or more of their students receiving free/reduced lunch).
- Throughout June and July, students enrolled in Durham Public Schools (DPS) Summer Camps took field trips to the DPS Hub Farm to engage in experiential learning about agriculture, food systems, and natural science.
- DINE nutritionists offered cooking and nutrition lessons using Hub Farm produce. Lessons focused on fruits and vegetables. Students worked in teams to make and prepare healthy recipes: (1) veggie fritters and (2) veggie ribbon salad.

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.
- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy.
- To increase students' understanding of how food is produced, and how food can be grown locally.
- To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families.

Issues

- **Opportunities**
 - Partnering with DPS Summer Camps provides the opportunity to provide nutrition education to students when school is not in session.
 - Partnering with the Hub Farm allows DINE nutritionists to demonstrate connections between the natural world and nutrition, and to give students more experiential education.
 - DINE nutritionists are not able to provide nutrition education in all DPS schools, due to staffing limitations. Working with summer camps allows DINE to reach students who are not reached during regular school year programming.
- **Challenges**
 - Cooking classes, particularly when partnered with harvesting and other outdoor activities, are labor-intensive. Having enough DINE staff members to provide supervision and direction for these activities is an ongoing challenge.
 - The Hub Farm has no temperature controlled areas. Extremely high temperatures during the month of June 2015 led to cancellation of some of the planned trips to the Hub Farm, so DINE staff provided nutrition and cooking programming at the schools instead.

Implication(s)

- **Outcomes**
 - From June 16th to July 2nd, a total of 250 students participated in DINE cooking classes as part of their visits to the Hub Farm. DINE staff provided programming to an additional 87 students at their schools when weather forced the cancellation of the Hub Farm trip.

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- Students expressed excitement for being able to come to the farm, and enthusiasm for coming back again. Many of the students loved the recipes and said they wanted to make the recipes again at home with their families.
- **Service delivery**
 - Each session included education about the importance of eating fruits and vegetables, and the goal of having fruits and vegetables cover half of a meal plate.
 - DINE nutritionists also discussed and demonstrated safe cooking techniques.
 - After cooking, the students tasted the dish and were given a copy of the recipe to take home. DINE also provided bags with children's cooking magazines ("Chop Chop"), promotional pencils, and promotional Frisbees.
- **Staffing**
 - The nutrition and cooking programs were staffed by DINE Nutritionists. Support was provided by Nutrition Division interns and by volunteers from Duke and UNC.
 - Hub Farm staff provided staffing for the farm and nature exploration activities.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- Thanks to the ongoing availability of the Hub Farm as a resource to DPS schools and as a partner for programming, DINE plans to have many more nutrition and cooking events at the Hub Farm with DPS students.
 - DINE nutritionists will collaborate with their schools and teachers to arrange field trips for interested classes to the farm during the 2015-2016 school year.
 - DINE nutritionists will also collaborate with DPS summer camps and the Hub Farm in summer 2016 to bring field trips of students to the farm for nutrition education and cooking experiences.

Division / Program: Nutrition Division / Clinical Nutrition Team/Achieving Medicare Provider Status

(Accreditation Activity 21.3: The local health department shall develop and implement strategies to increase use of public health programs and services.)

Program description

- The Clinical Nutritionists of Durham County Department of Public Health (DCoDPH) have recently become enrolled providers of service for clients with Medicare Part B. DCoDPH can now receive reimbursement through Medicare Part B for nutrition services provided by the Nutrition Clinic.

Statement of goals

- Improve access to care by providing nutrition services to clients insured under Medicare Part B.
- Improve revenue from nutrition services by maximizing options of insurance coverage accepted by the Nutrition Clinic.

Issues

- **Opportunities**
 - Increased revenue is expected for DCoDPH as clients with Medicare Part B coverage are seen for Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME). The current Medicare rate of reimbursement for 1

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hour of initial MNT is \$136.00/hour and \$103.04/hour for initial hour of DSME.

- Clients covered under Medicare Part B with diagnoses eligible for nutrition services, such as diabetes, can now receive these services at DCoDPH.
- **Challenges**
 - The process to become Medicare Part B enrolled providers was tedious and time consuming due to Centers for Medicaid and Medicare Services (CMS) regulations and wait times.

Implication(s)

- **Outcomes**
 - The Clinical Nutritionists can now provide nutrition services to clients with Medicare Part B coverage and can receive reimbursement for these services.
- **Service delivery**
 - The Clinical Nutrition team maintains a clinic at DCoDPH and offers nutrition services by appointment Monday through Friday 8am to 5pm, with extended hours on Tuesdays.
- **Staffing**
 - The clinical team consists of 4.5 RD's who provide MNT and DSME.
- **Revenue**
 - MNT and DSME are billable services. DCoDPH nutritionists are providers for BCBS, Duke Select/Basis, Medicaid, and Medicare Part B. Clients not covered by third party payers are billed using a sliding scale fee.

Next Steps / Mitigation Strategies

- Use of Nutrition Clinic services by clients with Medicare Part B coverage will be tracked, as will revenues received from Medicare Part B reimbursement for these services.

Division / Program: Administration / Communications and Public Relations

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers.

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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**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - During the month of July, two general public health media releases were disseminated and one op-ed piece was submitted. Staff also responded to six (6) direct (unsolicited) inquiries from reporters. A total of 34 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities and issues including this month's *My Carolina Today* segment on water safety, awareness on illegal food vendors⁽¹⁾, adulterated heroin in the community⁽¹⁾, proper nutrition and hydration for athletes⁽¹⁾, new immunization requirements, school-based clinics (CHAPP program), the Durham County Jail lock back, a new walking challenge with the Orange County Health Department, a program recapping Public Health's first 100 years, and restaurant inspection scores.
(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)
 - On July 15, the Communications/PR Manager participated in a water contamination tabletop exercise with the City of Durham, Durham County, Orange County, Town of Cary, and Wake County. Several other Public Health Leadership Team and Environmental Health staff also participated. This exercise was designed to identify strengths and opportunities for improvement in the event a water contamination emergency were to occur. **(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan)**
 - The Communications/PR Manager attended the monthly planning meetings on June 22, in preparation for the department's SNS Exercise scheduled for September 2015. Communications with other county communications officials, as well as city and other agencies, will be critical in the event of an actual emergency requiring SNS resources. Therefore, it is also one of several areas within the county's SNS plan that will be evaluated during this upcoming exercise.
(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan)

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: Dental Division / Oral Health Presentations in DPS Elementary Schools

(Accreditation Activity 21.3- The local health department shall develop and implement strategies to increase use of public health programs and services.)

Program description

- The Dental Division's Public Health Hygienist makes oral health presentations to students in Durham's elementary schools throughout the year.

Statement of goals

- Presentations are designed to promote oral health instruction to elementary-aged children, and provide them with information to bring back to their families on dental care, as well as information on the service offered through the Tooth Ferry and/or Dental Clinic.

Issues

- **Opportunities**
 - The presentations serve to acquaint students with oral health instruction, including proper hygiene techniques.
 - The presentations accompany the hygienist conducting screenings at the schools, and for many of the same participants.
 - The presentations serve as an opportunity to introduce students (and their families) to dental services available through the Department of Public Health.
- **Challenges**
 - Currently one hygienist is conducting screenings, offering presentations, and working on the Tooth Ferry. Thus, the presentation schedule is limited (but could be augmented by the second hygienist, typically assigned to the clinic, being able to provide some of the school presentations).

Implication(s)

- **Outcomes**
 - Oral health presentations reached over 700 students during the past year.
- **Service delivery**
 - Presentations are being scheduled for the upcoming school year. Sessions are also arranged for additional community events (as requested).
- **Staffing**
 - Fariba Mostaghimi provides presentations.

Next Steps / Mitigation Strategies

- The Division has begun exploring ways to provide additional presentations, to reach an even greater number of underserved children and families in Durham County.

Division / Program: Public Health / Environmental Health/Contaminated Municipal Water Supply Table Top Exercise
(Accreditation Activities 4.2 - The local health department shall monitor exposure to environmental health risks. 5.3 – The local

health department shall provide health alerts or advisories to the news media to inform the public when disease outbreaks or other potential public health threats occur. 6.3 – The local health department shall participate in regional emergency preparedness exercises and activities.)

Program description

- If the municipal water supply should ever become contaminated, the health department would be responsible for closing permitted food service establishments (and others) as well as informing the public of risks associated with consumption and use of the water. A coordinated response with community partners would be paramount.

Statement of goals:

- Identify partners and agencies that would be involved
- Educate and discuss roles, sharing of event information, uniform and timely coordination of messages, share of existing and development of new templates
- Identify who is actually impacted (might stretch beyond city/county borders)

Issues:

- **Opportunities**
 - Participating staff were able to discuss activities that would be taking place, requirements, timelines, and triggers thus creating more understanding and tolerance of partners and their roles.
 - Create a response plan, acquire message templates and modify as needed, craft messages, and regulatory action documents
- **Challenges**
 - Activation of the plans would require implementation of ICS
 - Multiple shifts may be needed resulting in the need for accommodations and provisions
 - Implementation of “just in time” training
 - Non-compliance with closures/permit suspensions might result in the need for issuance of an imminent hazard and the aid of local law enforcement

Implication(s)

- **Outcomes**
 - Problems, concerns and solutions were identified
 - Increased familiarity with agencies responsibilities, and enhanced awareness and confidence of participants
 - Satisfied training requirements
 - A permitted establishment educational effort has been implemented in hopes that operators gain increased understanding and suspension compliance is achieved without incident
- **Service delivery**
 - Staff will be more confident and capable of a rapid and effective response to a contaminated water supply incident
- **Staffing**
 - 10 DCo health department members attended the event. Other attendees included members of the City of Durham department of water management, Orange water and sewer authority, City of Roxboro water treatment, Chatham County utilities and water division, state Public Water Supply, state regional environmental health, DCo emergency management, and environmental health staff members from Orange, Wake, and Person Counties.

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

Next Steps / Mitigation Strategies

- Continued training and education of operators
- Plan refining and improvement to include use of new GIS mapping tools
- Documents review

Division / Program: Health Education / Communicable Disease & Maternal and Child Health / Making Proud Choices

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

Program Description

- In an effort to assist adolescents with making healthy and responsible choices about their sexual and reproductive health, Communicable Disease & Maternal and Child Health (CD&MCH) partnered with Club Boulevard, Durham Teen Center and First United Antioch Baptist to implement *Making Proud Choices* (MPC).
- MPC is an evidenced-based curriculum that addresses the prevention of adolescent pregnancy and sexually transmitted diseases (STDs), including HIV. It acknowledges that abstinence is the best choice but emphasizes the importance of condoms, if participants choose to have sex.

Statement of Goals

The goal of MPC is to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and their risk for an unplanned pregnancy. Youth participating in this intervention will:

- Increase their knowledge about prevention of HIV, STDs and pregnancy.
- Believe in the value of safer sex, including abstinence.
- Develop confidence in their ability to negotiate abstinence/safer-sex practices
- Have stronger intentions to use condoms if they have sex.
- Improve their ability to use condoms correctly.
- Have a lower incidence of HIV/STD sexual risk-taking behavior.
- Take pride in choosing responsible sexual behaviors.

Issues

- **Opportunities**
 - Utilizing established, youth-serving organizations such as Club Boulevard, Durham Teen Center and First United Antioch Baptist to implement and host MPC. These sites provide a safe environment for young people to receive education on youth specific issues.
 - Peer leaders from each site have formed relationships with the youth and were able to encourage participation in MPC.
 - The program occurred after school and during the summer months, lending more time for sexual and reproductive health education.
 - MPC was free for participants and refreshments were provided at some sessions.

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- **Challenges**

- As a result of the sizes of the groups, age ranges, maturity levels, and attention spans, modules required additional time to complete, 1.5 – 2 hour sessions.
- Each module is designed to focus on a key element or specific skill. When participants began the program in the middle of the series or skipped sessions, it delayed the entire group because significant time was spent trying to review key concepts and skill building elements from previous sessions. Although Peer Leaders were aware of the importance of youth attending at least six sessions to benefit from MPC, attendance was unstable.

Implication(s)

- **Outcomes**

- A total of 48 youth, Club Blvd (8), Teen Center (25) and Antioch (15), were educated on prevention of HIV, STDs and pregnancy.
- Participants completed an anonymous evaluation, asking them to share something they learned from MPC and something they liked about the program. Every participant responded “yes” for their intentions to refer MPC to a friend. Sample responses include for:
 - ❖ “Tell me something you learned”:
 - How to make safe sex choices.
 - Never be scared to ask your partner to go with you to get tested.
 - You can’t tell if people have STDs or not, so be careful all the time.
 - When I start having sex, I know, no matter what, make sure I use a condom unless my partner and I are married and have to make babies.
 - What did you like about the program?
 - It taught us how to be safe and don’t do nothing crazy.
 - Being informed about all the consequences that comes with sex.
 - The speakers, activities, and movies.
 - People came to talk with us about things we didn’t know and we learned how to respect one another.
 - Learning about different topics that I never got a chance to talk about because of my age.

- **Service delivery**

- MPC consists of eight, one-hour modules.
- The Public Health Educator facilitated modules, at each site, in 90-120 minutes, on the following dates:
 - ❖ Club Boulevard (May 4, 2015 – May 27, 2015)
 - ❖ Durham Teen Center (June 22, 2015 – July 15, 2015)
 - ❖ First United Antioch Baptist (June 25, 2015 – July 21, 2015)

- **Staffing**

- One Public Health Educator was responsible for MPC, however, other CD&MCH Public Health Educators assisted on various occasions

- **Revenue**

- Received some TANF funds to provide program supplies, refreshments and gift cards.

Next Steps / Mitigation Strategies

- CD&MCH will be facilitating an all-day sexual health workshop, *FOCUS* in November 2015. *FOCUS* will be held at NCCU-Miller Morgan, to reach young adults, ages 18 – 24.

Division / Program: Health Education/Durham Diabetes Coalition/Patient Appreciation Day

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- The Durham Diabetes Coalition (DDC) is a partnership between Durham County Department of Public Health (DCoDPH), Duke University Medical Center, the University of Michigan School of Natural Resources and Environment, Durham health and community organizations, faith-based groups, local government, and community members.
- The DDC held a celebration to honor and thank its patients and program participants for their ongoing attendance and commitment to self-care.

Statement of goals

- The DDC was formed to improve health outcomes and quality of life for diagnosed and undiagnosed adults living with Type 2 diabetes.
- Patient Appreciation Day was held to honor and support patients and participants of the DDC's program and their ongoing commitment to diabetes self-management.

Issues

- **Opportunities**
 - Allowed patients to receive continued support and encouragement from DDC staff.
 - Patients were able to connect with one another and provide one another with support in managing their diabetes.
 - Patients were able to receive clinical care while attending the event from Duke clinical staff.
 - The event allowed an opportunity for the DDC to hear how its work is affecting patients and participants and relay this information to funders.
- **Challenges**
 - Attendance was limited to patients who were able to access transportation. For those who did have transportation, convenient parking was limited and difficult for many of the older or less mobile attendees.
 - Although the refreshments provided different selections, some choices were high-fat and high-sodium, which may not be the healthiest alternatives for a DDC patient celebration.”

Implications

- **Outcomes**
 - 78 people were reached at the event.
 - Patients were recognized with certificates to celebrate and remind them of their ongoing efforts in diabetes management.
 - The event included many positive comments and testimonials from participants about how much the DDC programs and services had benefitted them. (The following are paraphrased quotes came from attendees.)
 - “My HgbA1c was 14 before DDC and now it is at 7.”
 - “I have enjoyed learning about diabetes and how to help my husband. The DDC has been very good for me.”
 - “I love everything that’s going on with the programs here at CAARE. I love the diabetes care that’s personal and helps people with all their needs.”

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- **Service delivery**
 - Planning for this program was overseen by the DDC Duke project manager with DCoCPH staff participating on the day of the event to provide assistance with registration, educational sessions, and filming of the event.
 - This was a one-time event held from 2-4 pm on Wednesday, July 22 at CAARE, Inc. (214 Broadway St.).
- **Staffing**
 - Staffed collaboratively by DDC staff from DCoDPH and Duke.

Next Steps / Mitigation Strategies:

- Provide feedback to planners on the importance of having the food served at events such as this be consistent with the health messages/education that participants are receiving.

OLD BUSINESS:

- **2015 NALBOH CONFERENCE UPDATE**

Dr. Miller and Attorney Bryan Wardell attended the 2015 NALBOH conference held August 5-7, 2015 in Louisville, Kentucky.

Dr. Miller stated that the conference was a good experience and would encourage all the board members to attend. Dr. Miller stated that it validated what we are doing and we are really doing a good job. Dr. Miller stated that some of the hot topics discussed in the breakout sessions were e-cigarettes and sugars in beverages. Dr. Miller stated that he discussed the possibility of hosting a NALBOH conference here in Durham, NC with Ms. Barbara Ann Hughes, 2017 NALBOH President. Dr. Miller stated that Ms. Hughes was receptive to the idea.

Attorney Wardell stated that he thought it was a great conference. Each session had an option for some legal component/aspect of public health law. Attorney Wardell stated the conference provide excellent options, if that wasn't your area, then they had other areas in the breakout sessions that were more suited to specific things that you would do (i.e., board governance, specific examples of what other states are doing, Boards of Health in other states with specific issues, what are the legal implications for parents not having their children vaccinated, etc.). Attorney Wardell stated that they were thinking of gathering some information from Deborah Craig Ray, Assistant County Manager for Public Information and Eric Nickens, Public Health Communication Manager to share with Ms. Hughes regarding all there is to do in Durham to help entice NALBOH to bring the 2017 conference here.

NEW BUSINESS:

AGENDA ITEMS SEPTEMBER 2015 MEETING

- School Health Presentation--NC Vaccination Requirements and What our Role is in the Process

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Allison recognized the Environmental Health Staff—General Inspections for the professional, respectful and non-confrontational manner in which he observed them conducting a restaurant inspection.

Commissioner Howerton made a motion to adjourn the regular meeting at 7:30pm. Mr. Dedrick seconded the motion and the motion was unanimously approved.

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James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director



Community Health Action Plan 2015-2018

Designed to address Community Health Assessment priorities

County: Durham County **Partnership, if applicable:** Partnership for a Healthy Durham **Period Covered:** 2015-2018

LOCAL PRIORITY ISSUE

- Priority issue: Access to Healthcare
- Was this issue identified as a priority in your county's most recent CHA? Yes No

LOCAL COMMUNITY OBJECTIVE Please check one: New Ongoing (was addressed in previous Action Plan)

- By (year): 2018
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population):
 - 1) Increase percentage of children (1-5 years old) enrolled in Medicaid who receive any dental service in previous six months from 58.1% to 60%.
 - 2) Decrease percentage of adults who have had a permanent tooth removed due to tooth decay or gum disease from 37.8% to 36.8%.
 - 3) Increase the percentage of formerly homeless people and low-income people with HIV/AIDS in permanent supportive housing who are receiving non-cash mainstream benefits, including Medicaid or Medicare from 82% to 90%
 - 4) Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years) from 19% to 18%.
- Original Baseline: Children enrolled in Medicaid receiving dental services in previous six months: 58.1%; Tooth removed in adults: 37.8%; Formerly homeless receiving benefits: 82%; Uninsured: 19.0%
- Date and source of original baseline data: 2014 Durham County Community Health Assessment <http://www.healthydurham.org/docs/file/about/CHA%20Final%20Document.pdf>

POPULATION(S)

- Describe the local population(s) at risk for health problems related to this local community objective (At risk populations are members of a particular group that are likely to, or have the potential to acquire a certain health conditions. Examples of at risk populations include racial/ethnic disparities, gender, age, income, insurance status or geographical location.
 - Formerly homeless people, Hispanic/Latinos, foreign-born residents, underinsured and uninsured residents, children and adults living in poverty
- Total number of persons in the local disparity population(s) (include data and source of data):
 - 294 formerly homeless persons (2015 homeless one-night Point in Time Count)
 - Foreign-born individuals in Durham County is 38,000. The Hispanic population of Durham County is 36,000- including foreign-born and US-born residents. (United States Census Bureau and The Latino Migration Project at UNC-Chapel Hill)
 - 32,788 children and adults are uninsured (2015 estimate from the Lincoln Community Health Center)
- Number you plan to reach with the interventions in this action plan:
 - 1 out of 4 immigrants and refugees
 - 200 homeless individuals
 - 325 uninsured

HEALTHY NC 2020 FOCUS AREA ADDRESSED At a minimum, two out of the three local priority issues must have a corresponding Healthy North Carolina 2020 focus area that align with your local community objective Please check **one of the following 13** Healthy NC 2020 focus area (if applicable):

- Check **one** Healthy NC 2020 focus area:

Tobacco Use

Physical Activity and Nutrition

Substance Abuse

STDs/Unintended Pregnancy

Environmental Health

Social Determinants of Health
(Poverty, Education, Housing)

Maternal and Infant Health

Injury

Mental Health

Oral Health

Infectious Diseases/
Food-Borne Illness

Chronic Disease (Diabetes,
Colorectal Cancer,
Cardiovascular Disease)

Cross-cutting (Life Expectancy,
Uninsured, Adult Obesity)

- **Resource for detailed information of HEALTHY NC 2020 Objective:**
<http://publichealth.nc.gov/hnc2020/foesummary.htm>

- **List county baseline data associated with the HEALTHY NC 2020 Objective listed above.** (Include data date and source. Some county-level data is available at <http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html>):

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

The Action Plans corresponding to Healthy NC 2020 focus areas must include at least two evidence-based strategies (EBS), or expand current EBS for new target populations if an EBS is already being used. (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. Or, if evidence-based interventions are already being used, expand the interventions into new target populations. *Training and information are available from DPH. Contact your regional consultant about how to access them.

Evidence-Based Intervention	Source	Level of change	Intervention goal	Intended population	Implementation venue(s)	Resources required
NC Oral Health Collaborative	http://oralhealthnc.org	__ Individual/ interpersonal behavior _X_ Organizational/ Policy __ Environmental	1) oral health literacy through collaboration with faith organizations 2) Medical dental collaboration to incorporate preventative care and education	North Carolina residents	Clinical and community providers, church/agro-medicine, social media	Volunteers, health professionals, health literacy resources
Dental Aid Clinics Boulder, CO	http://www.dentalaid.org	__ Individual/ interpersonal behavior _X_ Organizational/ Policy __ Environmental	Provide reduced cost care for low income individuals and populations at risk	Various	3 dental clinics and one satellite clinic at center for homeless	Dentists, clinics, case managers
Community health workers evidence-based models toolbox	HRSA Office of Rural Health Policy U.S. Department of Health and Human Services Health Resources and Services Administration, August 2011	_X_ Individual/ interpersonal behavior _X_ Organizational/ Policy __ Environmental change	Improve access to care, increase knowledge, prevent disease, and improve select health outcomes for populations.	Rural and vulnerable communities (Adults)	Neighborhoods, Clinics, Faith institutions, nonprofits, community based organizations	Funding, infrastructure, training
Addressing Chronic Disease through Community Health Workers A Policy Brief On Community Health Workers A Policy And Systems-Level Approach	National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Diseases and Stroke Prevention, April 2015	_X_ Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Implementing recommendations to integrate community health workers (CHWs) into community-based efforts to prevent chronic disease.	Rural, Urban and Vulnerable Communities (Adults)	Neighborhoods, Clinics, Faith institutions, nonprofits, community based organizations	Funding, infrastructure, training

Refugee Healthcare Project	New York State Health Foundation	<input checked="" type="checkbox"/> Individual/interpersonal behavior <input type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental change	Identify the barriers that previous refugee health programs faced and create strategies to overcome them and develop and implement a more sustainable model to serve Rochester's newly arriving refugees.	Refugees in Rochester, New York	Rochester General Hospital	Case managers, refugee resettlement agencies, health professionals
Center for Diabetes & Translation Research	Vanderbilt University	<input checked="" type="checkbox"/> Individual/interpersonal behavior <input type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental change	Reduce Gestational Diabetes Risk in the Hispanic Population Improving Health Communication to Help Prevent Childhood Obesity Decreasing weight gain in the perinatal period- Latina pregnant women and their infants	Hispanic community in Nashville (Tennessee) and the surrounding region.	Vanderbilt University, Meharry Medical College, The Foreign Language Institute and YMCA Young Hispanic Achievers, Nashville WIC Clinic	Health care providers, health literacy resources, health educators
Charitable Assistance to Community's Homeless	http://www.catchprogram.org/	<input checked="" type="checkbox"/> Individual/interpersonal behavior <input checked="" type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental change	Re-house homeless families with children and provide support for six months to increase self-sufficiency	Homeless families with children	Community	Private/public partnerships, funds, case managers
Ask Me 3	http://www.npsf.org/?page=askme3	<input checked="" type="checkbox"/> Individual/interpersonal behavior <input checked="" type="checkbox"/> Organizational/Policy <input type="checkbox"/> Environmental change	Improve communication between patients and health care providers, encourage patients to become active members of their health care team, and promote improved health outcomes	People with limited literacy skills	Healthcare	Materials, training

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date (include any process/outcome measures, barriers to implementation)
Dental care for uninsured adults (Basic+ cleanings, fillings, extractions, emergency procedures, root canals; also fluoride varnishing for children)	Lincoln Community Health Center	2014 – 3,173 unduplicated patients & 6,117 visits; Sliding scale with nominal fee of \$40; accept private and public insurance
Basic (x-rays, cleanings, extractions, fillings, pulpotomies, sealants and fluoride for children) for children and OB patients	Durham County Dept. of Public Health	1,134 last year; Medicaid & sliding scale with nominal fee of \$25; no one turned away; no private insurance
Project Access Dental Pilot Project for existing patients	Project Access of Durham County working with Lincoln Community Health Center and Durham County Department of Public Health to conduct screening and create treatment plan	60 individuals seen in pilot phase; no charge to individual
Donated basic dental services free of charge for adults	CAARE Clinic, Samaritan Health Center, North Carolina Missions of Mercy (NC MOM)	450 individuals seen– no charge to individual at CAARE; 100-150 clients, 224 visits; no charge to individual at Samaritan Health Center; A two day event occasionally scheduled in Durham once every year or so for NC MOM
Discounted dental care & students volunteer at certain clinics	UNC School of Dentistry	Senior dental students are working at CAARE clinic now The school has a special clinic for geriatric and other complex work.
Refugee Advocacy	Church World Service	Language and cultural barriers.
Diabetes support for Hispanic patients with diabetes	DARA	Primarily support and health education, approximately 25 individuals
Nutrition counseling for diabetics	Northern Piedmont Community Care	English-language only. Available at Duke Outpatient clinics and some high schools (group setting)
Diabetes prevention	Duke Children's Healthy Lifestyles	
Diabetes education	Local Access to Coordinated Healthcare (LATCH)	Limited to patients enrolled in the program. Focus on management rather than prevention.
Health insurance education and enrollment	Coalition of Certified Application Counselor organizations and Navigators that formed a local workgroup	2 years of education and enrollment experience including serving this special population.

(Insert rows as needed)

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help (existing program/resource, access to target population, staff/venue/financial support, evaluation, etc.)
Agencies, providers, etc. providing access to dental care	Project Access	Review and share resources that are currently available and work together to help fill in some gaps in care.
Children who have Medicaid, CHIP (NC Health Choice) or a plan on the federal exchange (an essential health benefit for children)	Navigators and CACs (certified application counselors), DSS caseworkers	Many children are eligible for dental benefits and may not be aware or understand how to use the benefit.

Hispanic immigrants, refugees, other immigrant groups, obese children without insurance and a medical home	El Centro Hispano, Church World Service, Local Access to Coordinated Healthcare, Lincoln Community Health center, Duke Health system	Immigrant and refugee groups and children receive access to health care services and a medical home
Hispanic immigrants, refugees ending health coverage, other immigrants who may qualify for insurance.	ACA workgroup, including MDC, Legal Aid, Lincoln Community Health Center, Enroll American, Project Access of Durham, United Way of the Greater Triangle, Planned Parenthood, Durham County Department of Public Health	Planning outreach and enrollment events for Open Enrollment (November through January) and available throughout the year to help individuals learn about and access health insurance coverage.
Poverty Reduction Initiative: Health Committee	City Council, Duke Division of Community Health, Lincoln Community Health Center, Durham County Department of Public Health, Durham County Department of Social Services, Partnership for a Healthy Durham, Healing with CAARE, Durham T.R.Y.	Group meets monthly to develop and implement action plan, Initiative spearheaded by Mayor
Partnership for Health Durham Access to Care Committee	Durham County Health Department, Local Access to Coordinated Healthcare, Duke Cancer Institute, Durham County Social Services, Lincoln Community Health Center, Durham Center Access, Durham Congregations Associations Neighborhood (CAN), Project Access of Durham County, SeniorPHARMAssist, Community Health Coalition, Durham Housing Authority, Durham Partnership for Children, Duke Regional Hospital, First Calvary Baptist Church, Healthcare for NC, NC Central Dept. of Health Education, Durham Center, InterDenominational Ministerial Alliance of Durham	Group meets monthly, responsible for development and implementation of action plan, Established linkages to target population

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: Educate families about dental coverage benefits for children available via Medicaid, CHIP (NC Health Choice) and plans purchased via the federal exchange.</p> <p>Intervention: _X_ new ___ ongoing ___ completed</p> <p>Setting:</p> <p>Target population: Children with incomes below 200% FPL</p> <p>Start Date – End Date (mm/yy): (7/15 – ongoing)</p> <p>Targets health disparities: _X_Y__N</p>	<p>X_ Individual/ interpersonal behavior</p> <p>_X_ Organizational/ Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Durham County Department of Public Health (DCODPH), Partnership for a Healthy Durham Access to Care committee Dental working group</p> <p>Role: Work with Navigators and CACS and DSS Medicaid & CHIP (NC Health Choice) workers to ensure they understand the dental benefits of these programs.</p> <p>Target population representative: Youth Empowerment Solutions (YES) representatives who live in Durham</p> <p>Role: Ensure that outreach and education is relevant and effective</p> <p>Partner agencies: LCHC, Project Access, CAARE, Samaritan Clinic, DSS, YES, City of Medicine Academy, Early Head Start and preschool representatives, Oral Health Initiative</p> <p>Role: Screen children for these programs/benefits and help explain the advantages of such coverage</p> <p>Include how you're marketing the intervention:</p> <p>The Dental working group can assist with writing articles for local newspapers such as the Durham Herald-Sun about the benefits and how they are underutilized (Note: Articles can be submitted on behalf of the Partnership for a Healthy Durham, but should be approved by PHD leadership first)</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <ul style="list-style-type: none"> • Increase percentage of children (1-5 years old) enrolled in Medicaid who receive any dental service in previous six months. • Decrease average number of decayed, missing, or filled teeth among kindergarteners. <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>X</u> <u>Y</u> <u>N</u> If yes, explain how intervention will be adapted:</p> <p>Lack of enrollment in available dental services may be because of lack of knowledge of the importance of good preventive oral health early in life and it could point to the other stresses poor families face. In addition, it is not clear if there are enough providers who will accept these dental benefits.</p> <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator, Gina Upchurch with Senior PharmAssist, Gary Greenberg with Duke University Medical Center, Alyse Lopez-Salm with LATCH, Natalie Atyco with Duke University, community member Andy Landes, Jonathan Kotch with UNC, Alissa Ridenour with Durham Head Start, Sally Wilson with Project Access of Durham County and Norma Marti with NC DHHS</p> <p>4. Does project staff need additional training? <u>X</u> <u>Y</u> <u>N</u> If yes, list training plan:</p> <p>The dental working group will create a basic fact sheet about dental benefits for children including who is eligible, what the benefits are and how to enroll. This will help educate the general public and the partners screening children for benefits.</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.) The dental working group will meet regularly as a sub-committee to determine the best methods (ex. an outreach</p>

			<p>project plan) for reaching parents and other stakeholders working with children eligible for dental coverage and how many of these stakeholders can feasibly be reached (dependent on community partners engaged and using the tool(s) developed.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>The dental workgroup will work with to obtain feedback from those it reaches with educational materials about insurance options to determine their usefulness to the target group (stakeholders with direct/indirect contact with children potentially eligible for dental coverage).</p> <p>7. Evaluation: Are you using an existing evaluation? <u>X</u> <u>Y</u> <u>N</u> If no, please provide plan for evaluating intervention impact:</p> <p>Use same source of data for NCIOM and Healthy NC 2020.</p> <p>Impact will be measured by assessing the aforementioned Local Community Objective #.</p>
<p>Intervention: Identify a plan for expanding dental care in Durham based on Durham assets & best practices from around the country.</p> <p>Intervention: __ new <u>X</u> ongoing __ completed</p> <p>Setting: It is likely that this expansion will build off the efforts already begun in Durham.</p> <p>Target population: Adults and children in Durham with incomes below 200% FPL</p> <p>Start Date – End Date (mm/yy): 7/15 – 6/2018</p>	<p><u>X</u> Individual/ interpersonal behavior</p> <p><u>X</u> Organizational/ Policy</p> <p>__ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Access to Care committee Dental working group</p> <p>Role: Community convener</p> <p>Target population representative: Project Access of Durham County</p> <p>Partner agencies: DCoDPH, LCHC, Project Access, CAARE, Samaritan Health Center and will engage the local dental society and UNC Dental School representatives</p> <p>Partners will meet regularly to discuss planning and eventual</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <ul style="list-style-type: none"> • Increase the capacity of existing programs and/or work with interested stakeholders to introduce new programs or services. • Decrease percentage of adults who have had a permanent tooth removed due to tooth decay or gum disease <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>X</u> <u>Y</u> <u>N</u> If yes, explain how intervention will be adapted:</p> <p>Unfortunately, oral health has long been isolated from other health concerns and is not regularly discussed with medical providers. In addition, there are major capacity issues related to number of people who do not have dental</p>

<p>Targets health disparities: X_Y __N</p> <p>Those with incomes below 200% FPL are much less likely than those with incomes above to have access to dental care</p>		<p>implementation (ex. grant opportunities/partnerships) to expand dental care access among low-income adults in Durham County.</p> <p>Include how you're marketing the intervention:</p> <p>The plan, once implemented, can be marketed to interested dental students/dentists and other potential stakeholders through word of mouth and recruitment efforts of physicians/other dentists interested in the efforts of the workgroup.</p> <p>There is not a need to market to community members, as recipients of Project Access, the Samaritan Clinic, Lincoln services, etc. have an abundance of patients in need of dental care that can be screened and recruited to receive services.</p>	<p>coverage. Even for those who do have some level of access to care, they may not be able to easily access an affordable provider.</p> <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator, Gina Upchurch with Senior PharmAssist, Gary Greenberg with Duke University Medical Center, Alyse Lopez-Salm with LATCH, Natalie Atyco with Duke University, community member Andy Landes, Jonathan Kotch with UNC, Alissa Ridenour with Durham Head Start, Sally Wilson with Project Access of Durham County and Norma Marti with NC DHHS</p> <p>4. Does project staff need additional training? __Y__X N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ol style="list-style-type: none"> 1) Complete an inventory of programs that already provide free or discounted dental care; keep this document up-to-date. 2) The working group will review the oral health chapter of the 2014 Durham County Community Health Assessment and the three CMS May 2015 Oral Health Initiative documents in order to better understand the needs of Durham residents and what programs or policies might help Durham residents. 3) Weigh the pros/cons of expanding these services, esp. as it relates to the use of volunteers and/or paid professionals 4) Examine with other communities have done to expand dental access 5) Design and administer dental access questionnaires to dental professionals and residents in Durham who have little to no dental access now 6) Consider potential funding opportunities and long-term sustainability of the expansion options 7) Host a major stakeholder conversation by early fall 2016 to discuss expansion ideas for 2017 <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff</p>
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			<p>receiving feedback throughout the intervention?)</p> <p>The dental working group will design two dental care access questionnaires that will be administered to: a) Durham residents with incomes below 200% FPL; and b) to dental providers in Durham. The dental working group will use this information and their review of best practices to recommend next steps that major stakeholders will be asked to respond to by Fall 2016.</p> <p>7. Evaluation: Are you using an existing evaluation? X_Y_X_N If no, please provide plan for evaluating intervention impact:</p> <p>Adult permanent tooth lose question is included in BRFSS. Evaluation of program development is TBD.</p>
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<p>Intervention: Improve health literacy among patients and improve communication between patients and health care providers</p> <p>Intervention: ___new <u>X</u> ongoing ___ completed</p> <p>Setting:</p> <p>Target population(s):</p> <ul style="list-style-type: none"> • Adults over the age of 65 • Minority populations • Recent refugees and immigrants • People with less than a high school degree or GED • People with incomes at or below the poverty level • Non-native speakers of English <p>Start Date – End Date (07/2015 – 06/2018):</p> <p>Targets health disparities: <u>X</u> <u>Y</u> <u>N</u></p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Community Health Coalition, Inc. and Partnership for a Healthy Durham Access to Care committee Health Literacy Workgroup</p> <p>Role: Coordinate and implement intervention</p> <p>Partners: Community Health Coalition, Inc. LCHC Clinic For The Homeless, Durham Public Libraries, Duke University Medical Center Library, Durham Partnership For Seniors, <i>others that should be listed here? Who else do we need to bring to the table?</i></p> <p>Target population representatives: LATCH</p> <p>Role: Help identify participants</p> <p>Include how you're marketing the intervention: This program will be marketed through the established channels of the Lead Agency and the Partnership for Health Durham, i.e. traditional and social media, PSAs, invitations, press releases, etc.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will).</p> <ul style="list-style-type: none"> • Improved communication skills to ensure agreement between patient and provider & a better understanding about individual care plans. Increase the dissemination and use of evidence based health literacy practices and interventions. • Increased use of clear health communication techniques can significantly improve the care and outcomes of vulnerable patients with limited health literacy. <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>X</u> <u>Y</u> <u>N</u> If yes, explain how intervention will be adapted:</p> <ul style="list-style-type: none"> • Health literacy, both conceptually and in practice, has often been siloed from other interventions designed to overcome cultural and linguistic barriers. • Stigma related to low literacy can presents challenges as there is a growing emphasis on the need for patient participation in health care decision making. There is an anxiety associated with revealing literacy difficulties which sometimes causes people to self-isolate due to fear of being judged harshly. <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator, Kim Monroe and Kenisha Bethea with Duke University Health System, Jennifer Bynum and Dr. Elaine Hart-Brothers with Community Health Coalition, community members Andy Landes and Ramon Llamas; Charita McCollers with Lincoln Community Health Center Clinic for the Homeless, Dr. Angeloe Burch with the Interdenominational Ministerial Alliance</p> <p>4. Does project staff need additional training? ___ <u>Y</u> <u>X</u> <u>N</u> If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ol style="list-style-type: none"> 1) Research health literacy and health care communication interventions. 2) Research and identify health literacy resources already available through organizations in the community.
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			<p>3) Identify organizations that could incorporate health literacy activities into current activities and services (invite libraries, literacy councils, etc.)</p> <p>4) Identify potential funding sources to help support effort</p> <p>5) Create plan for implementing activities to improve health literacy among patients and communication between health care providers and patients.</p> <p style="padding-left: 20px;">a. Work to ensure sustainability of activities to improve health literacy among patients and communication between health care providers and patients.</p> <p>Two Part Intervention:</p> <p>Phase One:</p> <p>In May 2016, the Community Health Coalition annual meeting will focus on health literacy as it relates to enhanced patient-provider communication. This meeting will serve as a kick-off intervention for the health literacy program.</p> <p>Participants include health care providers, patients, caregivers, politicians and pastors. Information gathered during the meeting will be used to develop health literacy materials and program implementation.</p> <ul style="list-style-type: none"> • At the kick-off meeting, participants will have the option to attend one of four workshops designed for specific populations audiences. i.e. providers, patients, pastors, and politicians. Approximately 150 – 175 community members are anticipated to attend the kick off meeting. Discussion topics will be communicating health concerns, understanding bottled prescriptions and treatment regiments, understanding dietary needs, health insurance forms, etc. <p>Phase Two:</p> <p>The second phase of the intervention includes:</p> <ol style="list-style-type: none"> 1. Evaluation and creation (or redesign) of health education materials (to include graphic designs/pictures) based on best practices in health communication, patient decision making for low-literacy populations. <ul style="list-style-type: none"> • Mass distribution of health materials will be implemented through the Partnership's current distribution methods new strategies developed from community feedback. 2. Partner with community and healthcare agencies to
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			<p>coordinate smaller community-based workshops in “pockets” throughout Durham County to reinforce health literacy practices and messages and obtain community feed-back.</p> <ul style="list-style-type: none"> • Four community-based workshops will be held in each quadrant of the city. These workshops focus on training providers and patients on the basic reading, math, and communication skills needed for health literacy practices and comprehension of health information. <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Information relative to the intervention (to include community feed-back) will be shared on a quarterly basis at the Partnership For A Healthy Durham Access to Care committee meetings.</p> <p>7. Evaluation: Are you using an existing evaluation? <u>X</u>Y__N If no, please provide plan for evaluating intervention impact:</p> <p>The team will use the RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework to evaluate the impact of this intervention by evaluating the factors considered most relevant to real-world implementation, such as the capacity to reach underserved populations and to be adopted within diverse settings.</p> <p>Use pre, mid, and post-test/surveys to obtain feedback at community workshops and education sessions. Team will utilize evidence based tools to assess health literacy levels.</p>
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<p>Intervention: Conduct outreach and enrollment efforts of immigrants, refugees, and low-income special populations in coverage through the Federal Health Insurance Marketplace, Medicaid, or through local programs that offer free/sliding-scale coverage to vulnerable populations.</p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: All of Durham County.</p> <p>Target population: Immigrants, refugees, low-income special populations</p> <p>Start Date – End Date (mm/yy): 8/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<input checked="" type="checkbox"/> Individual/ interpersonal behavior <input type="checkbox"/> Organizational/ Policy <input type="checkbox"/> Environmental change	<p>Lead Agency: MDC</p> <p>Role: <u>Convener</u></p> <p>Target population representative: Scott Edmonds – program manager, MDC</p> <p>Partners: Legal Aid, Lincoln Community Health Center, Enroll American, Project Access of Durham County, United Way of the Greater Triangle, Planned Parenthood, Durham County Department of Public Health, Partnership for a Healthy Durham Access to Care Committee Special Populations workgroup</p> <p>Role: Develop and implement intervention</p> <p>Include how you're marketing the intervention: Radio PSAs, community tabling and enrollment events, bus ads and letters to the editor</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <ul style="list-style-type: none"> Increasing enrollment of populations potentially eligible for Marketplace coverage, Medicaid, or free/sliding scale programs <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <ul style="list-style-type: none"> Residual politic resistance to the ACA/public benefit programs Cultural barriers with Spanish speaking populations / Hispanics <p>3. List anticipated project staff: Affordable Care Act Navigators and Certified Application Counselors (CACs) from Lincoln Community Health Center, MDC, Legal Aid, Enroll America</p> <p>4. Does project staff need additional training? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, list training plan: Organizations plan to renew federal training</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.) Conduct 8 outreach and enrollment events over three years throughout Durham County targeting populations potentially eligible for Marketplace coverage, Medicaid, or free/sliding scale programs.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?) Information related with the outreach efforts (including community feedback) will be shared at the Partnership for a Health Durham Access to Care Committee meeting. Open Enrollment ends on January 31 each year so information will</p>
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			<p>be shared the following March or April.</p> <p>7. Evaluation: Are you using an existing evaluation? __Y <input checked="" type="checkbox"/> N If no, please provide plan for evaluating intervention impact.</p> <p>Marketplace enrollment data is reported to the Federal Government. Enrollment evaluation data will be shared with the Access to Care Committee.</p>
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<p>Intervention: Support Community Health Workers</p> <p>Intervention: ___ new <u>X</u> ongoing ___ completed</p> <p>Setting:</p> <p>Target population: Residents and patients in Northeast Central Durham (Census tract 10.01 and 10.02)</p> <p>Start Date – End Date (07/2015-06/2018):</p> <p>Targets health disparities: <u>X</u> <u>Y</u> <u>N</u></p>	<p><u>X</u> Individual/ interpersonal behavior</p> <p><u>X</u> Organizational/ Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Poverty Reduction Initiative (PRI) Health Task Force (made up of City Council members, Durham County Department of Public Health, Lincoln Community Health Center, Durham Social Services, Community Health Coalition, Together for Resilient Youth Coalition, Duke Community Health</p> <p>Role: Develop and implement intervention</p> <p>Target population representative: Identified Community Health Worker (CHW)</p> <p>Role: Lay member serve as a bridge between the individual, home, community, provider, and the health and human services system; to improve health outcomes by addressing community health issues specific to residents in 10.01 and 10.02.</p> <p>Partners: Partnership for a Healthy Durham: Access to Care Committee, East Durham Children’s Initiative, InterDenominational Ministerial Alliance of Durham</p> <p>Role: Support the efforts of the PRI Health Task Force</p> <p>Include how you’re marketing the intervention:</p> <p>Partnership for a Healthy Durham: Access to Care Committee and Communications Committee will support and assist with marketing this intervention via the existing established network of the PRI Health Task Force and the networks made up of the Partnership.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>What is the expected outcomes? How will people be impacted by this initiative?</p> <p>Utilizing a Peer Education Model: Community Health Worker (CHW); the task force hope to address poverty by:</p> <ul style="list-style-type: none"> • Address social determinants of health to increase access to health care services, healthy foods, and reduce language/literacy barriers within census tract 10.01 and 10.02 and the Durham community at large. • Identify families within the target population that suffer from chronic illness; CHWs will link identified families to evidence based/best practice programming related to reducing chronic illness (i.e. diabetes self-management, smoking cessation, healthy eating/nutrition classes, asthma education). • CHWs will be identified and trained by utilizing identified evidenced based practices to recruit and educate local community members to serve as CHWs (involving existing community organizations and resources); • Address sustainability CHWs in the community by developing an infrastructure to support community CHWs and policies that will allow for reimbursement of CHW services. <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>X</u> <u>Y</u> <u>N</u> If yes, explain how intervention will be adapted:</p> <p>Creating infrastructure and adopting policies to support the CHWs by allowing for reimbursement of services to ensure sustainability.</p> <p>3. List anticipated project staff:</p> <p>Identified CHWs, additional support provided via the network of institutions that make up the PRI Health Task Force, Kenisha Bethea, Valarie Worthy and Kimberly Monroe with Duke University, community member Angeloe Burch Sr.</p>
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		<p>Strategies include but not limited to community outreach (residents/businesses), social media, press releases, PSAs, newsletters, list serves, etc.</p>	<p>4. Does project staff need additional training? <u>_X_</u>Y__N If yes, list training plan:</p> <p>Training of newly identified CHWs; utilize curriculums developed by existing partners</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> The community health worker subcommittee will provide support in identifying the CHWs within the community by identifying at least 5 community partner websites, community organizations, nonprofits, to advertise career opportunities (job announcements) related to CHWs. The community health worker subcommittee will assist with identifying resources in the community (i.e. resource guides for CHWs, referrals) and disseminate to CHWs. <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> The community health worker subcommittee will meet regularly to determine best methods for collaborating with partners to create an outreach plan to share job announcements related to CHWs through their networks; including but not limited to community based organizations, local non-profits, community clinics, faith based institutions, Durham Technical Community College. Updates will be shared monthly as needed to the Access to Care Committee. The community health worker subcommittee will meet regularly to ensure partner and community resource guides are integrated and current; information will be disseminated to CHWs via the committee and community partners. Updates will be shared monthly as needed to the Access to Care Committee. <p>7. Evaluation: Are you using an existing evaluation? <u>X</u>Y__N If no, please provide plan for evaluating intervention impact:</p>
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<p>Intervention: Implementation of H2 (Housing and Healthcare) Initiative Action Plan</p> <p>Intervention: <input checked="" type="checkbox"/> new ___ ongoing ___ completed</p> <p>Setting: City of Durham</p> <p>Target population: Formerly homeless people in permanent supportive housing and people with HIV/AIDS receiving tenancy support with HOPWA funds</p> <p>Start Date – End Date (mm/yy): 09/15—08/18</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental Change</p> <p>Environmental change</p>	<p>Lead Agency: City of Durham’s Community Development Department & Partnership for a Healthy Durham’s Access to Care Committee</p> <p>Role: Help coordinate work of the subcommittee</p> <p>Partner Agencies & Roles: DUMC Partners in Caring, Housing for New Hope, Alliance Behavioral Healthcare, Health For the Homeless Clinic, Lincoln Community Health Center, Duke University Health System, Homeless Service Advisory Committee, Partnership for a Healthy Durham HIV/STI committee</p> <hr/> <p>Target population representative:</p> <p>Target population representative is not yet identified, but two formerly homeless people do serve on Durham’s Homeless Services Advisory Committee, which serves as Durham’s primary community decision-making body concerning housing and services for homeless and formerly homeless people.</p> <p>Include how you’re marketing the intervention:</p> <ul style="list-style-type: none"> • Communicate with key audiences through various mediums including but not limited to: housing and healthcare service providers, non-profit and civic organizations, city and local government boards, committees, and commissions. • Invite members of the HIV/STI Partnership for a Healthy 	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <ul style="list-style-type: none"> • Improved housing stability for formerly homeless people and people with HIV/AIDS in HOPWA supported housing. • Improved health outcomes for the target populations. • Identification of opportunities to coordinate strategies and sustain partnerships through targeted funding opportunities. • Increased service coordination and improved collaboration within existing programs to make organizational, policy and process changes and to respond effectively to consumer needs. <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <ul style="list-style-type: none"> • Medicaid has not been expanded in NC, which impacts the ability for programs to claim Medicaid reimbursements for services they provide. Dialogue with the State suggests it may be possible to use Medicaid to fund “tenancy support services.” • Definition of homelessness varies among organizations. Initial focus will be on people who have met HUD’s definitions of homelessness and chronic homelessness. • Multiple data collection systems impacts the ability to share information across organizations regarding service utilization, costs, outcomes and client eligibility. Suggested strategies include exploring ways to increase data sharing to improve health and housing outcomes. <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator, Kim Monroe with Duke University, Lloyd Schmeidler with the city of Durham, community member Ramon Llamas and Charita McCollers with Lincoln Community Health Center.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy</p>
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		<p>Durham committee to participate in this intervention.</p> <ul style="list-style-type: none"> • Collaboration is growing out of HUD-sponsored Technical Assistance (TA) received in late April 2015. The overall goal is to increase and improve access to health care and services that support housing stability. Nearly two dozen Durham health care and housing professionals participated in the TA session 	<p>change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Form a Housing Support Services Subcommittee. Convene bi-monthly meetings • Review draft action plan from the HUD-sponsored Technical Assistance (TA) session conducted in late April 2015. • Identify local interventions already being implemented and determine where gaps are. • Identify one or two strategies on the community or state strategies that would require a minimum of investment and energy, but that could still make a tangible difference in Durham • Identify 3-5 strategies from the community level list that would be priority strategies for the subcommittee's work for the next 1-3 years. <p>6. List how agency will monitor Intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Levels of Medicaid participation by residents of Continuum of Care funded permanent supportive housing projects and persons receiving HOPWA assistance will be monitored annually.</p> <p>7. Evaluation: Are you using an existing evaluation? __Y__N If no, please provide plan for evaluating intervention impact:</p> <p>Primary evaluation will be the percentage of formerly homeless and homeless people and people receiving HOPWA assistance who are receiving health insurance benefits via Medicaid, Medicare, or VA Medical Benefits.</p>
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(Insert rows as needed)



Community Health Action Plan 2015-2018

Designed to address Community Health Assessment priorities

County: Durham Partnership, if applicable: Partnership for Healthy Durham Period Covered: 2015-2018

LOCAL PRIORITY ISSUE

- Priority issue: HIV and Sexually Transmitted Infections
- Was this issue identified as a priority in your county's most recent CHA? Yes No

LOCAL COMMUNITY OBJECTIVE Please check one: New Ongoing (was addressed in previous Action Plan)

- By (year): 2018
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population): Increase testing by 3% through increased prevention, testing, and linkage to treatment.
- Original Baseline: Date and source of original baseline data:
- Updated information (For continuing objective only): a) HIV rate- 29.9 per 100,000 b) Chlamydia rate- 851.5 per 100,000 c)Gonorrhea- 299.9 per 100,000 d) Primary and Secondary Syphilis rate- 7.3 per 100,000
- Date and source of updated information: 2014 Durham County Community Health Assessment, <http://healthydurham.org/docs/file/about/CHA%20Final%20Document.pdf>

POPULATION(S)

- Describe the local population(s) at risk for health problems related to this local community objective: Young, African-American men who have sex with men (MSM), 18-45 year old African-American women, transgender, African-American and Latino men and women over the age of 18, all MSM
- Total number of persons in the local disparity population(s) (include data and source of data): 137,654 (2010 Census – African American and Latinos)
- Number you plan to reach with the interventions in this action plan: 3% of population which is approximately 4,000

HEALTHY NC 2020 FOCUS AREA ADDRESSED At a minimum, two out of the three local priority issues must have a corresponding Healthy North Carolina 2020 focus area that align with your local community objective Please check **one of the following 13** Healthy NC 2020 focus area (if applicable):

• Check **one** Healthy NC 2020 focus area:

- | | | |
|---|--|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Social Determinants of Health (Poverty, Education, Housing) | <input type="checkbox"/> Infectious Diseases/ Food-Borne Illness |
| <input type="checkbox"/> Physical Activity and Nutrition | <input type="checkbox"/> Maternal and Infant Health | <input type="checkbox"/> Chronic Disease (Diabetes, Colorectal Cancer, Cardiovascular Disease) |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Injury | <input type="checkbox"/> Cross-cutting (Life Expectancy, Uninsured, Adult Obesity) |
| <input checked="" type="checkbox"/> STDs/Unintended Pregnancy | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health | |

• **Resource for detailed information of HEALTHY NC 2020 Objective:** <http://publichealth.nc.gov/hnc2020/foesummary.htm>

• **List county baseline data associated with the HEALTHY NC 2020 Objective listed above.** (Include data date and source. Some county-level data is available at <http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html>):

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

The Action Plans corresponding to Healthy NC 2020 focus areas must include at least two evidence-based strategies (EBS), or expand current EBS for new target populations if an EBS is already being used. (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. Or, if evidence-based interventions are already being used, expand the interventions into new target populations. *Training and information are available from DPH. Contact your regional consultant about how to access them.

Evidence-Based Intervention	Source	Level of change	Intervention goal	Intended population	Implementation venue(s)	Resources required
VOICES/VOCES	http://www.publichealthmap.org/tool/#detail/fde8fd7d-5a0b-e411-bf20-782bcb63d3c5	X_ Individual/ interpersonal behavior — Organizational/ Policy — Environmental change	Increase knowledge about HIV/STD transmission Increase intention to use condoms Reduce STD infections	Heterosexual African American and Latino men and women	STD clinics, health department,	Funding for condoms, staff time, equipment to show videos at clinics
Bronx Knows	http://www.nyc.gov/html/doh/downloads/pdf/ah/bronx-knows-summary-report.pdf	X_ Individual/ interpersonal behavior X Organizational/ Policy — Environmental change	Helping all Bronx residents learn their HIV status	Bronx residents between the ages of 13 to 64	Healthcare, community,	Funding for media buys and testing, staff time
Couples HIV Testing and Counseling	https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/CHTC.aspx	X_ Individual/ interpersonal behavior — Organizational/ Policy — Environmental change	Couples discuss, establish, or revise sexual agreements for their relationship Prepare a risk-reduction plan based on the HIV status of both partners Supports pre-exposure	MSM and high risk couples	STD clinics, health department	Training, counselors

			prophylaxis (PrEP) and condom use, which can help prevent HIV transmission			
NYC Condom	http://www.nyc.gov/html/doh/html/living/condoms-press.shtml	X_ Individual/ interpersonal behavior X Organizational/ Policy — Environmental change	Increase condom usage	African Americans and Latinos	Health department, businesses, community, online	Funds for condoms, media buys
Rubber Revolution!	http://doh.dc.gov/service/condoms-and-condom-information	X_ Individual/ interpersonal behavior X Organizational/ Policy — Environmental change	Increase condom usage	Washington D.C. residents	Health department, businesses, community, online	Funds for condoms, media buys
Mpowerment	http://www.cdc.gov/hiv/prevention/research/rep/packages/mpowerment.html	X_ Individual/ interpersonal behavior X Organizational/ Policy — Environmental change	Reduce the frequency of unprotected anal intercourse among young gay and bisexual men.	Young gay and bisexual men (18-29)	Community	Trained staff, volunteers, funding for program
3MV- Many Men, Many Voices	https://effectiveinterventions.cdc.gov/en/highimpactprevention/Interventions/3MV.aspx	X_ Individual/ interpersonal behavior X Organizational/ Policy — Environmental change	Reduce unprotected insertive and receptive anal intercourse, Increase testing for HIV and other sexually transmitted infections (STIs)	Black gay men	Community	Trained facilitators, space

(Insert rows as needed)

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date (include any process/outcome measures, barriers to implementation)
Non-traditional testing (jails, bars, churches, etc.)	Health department, Alliance of AIDS Services – Carolinas, CAARE, Inc., Partners in Caring	Four staff trained from Durham County Department of Public Health: two Jail Health Educators, two Nontraditional Testing Sites Coordinators
Traditional Testing and Counseling	Durham County Department of Public Health, CAARE Inc., Lincoln Community Health Center, North Carolina Central University, Duke Partners in Caring,	Currently offer HIV/STI testing and counseling
LGBT support groups	Triangle Empowerment Center, Inc., LGBT Center, CAARE Inc.	Three different groups meet: Older LGBT group, M-Club (young MSMs), minority women's LGBT empowerment group. Ultimate goal is to get a day drop-center that can house 6-8 people in crisis.
Partners in Caring: established by Duke Pastoral Services and Duke University AIDS Research and Treatment (DART) Center to bring spiritual comfort to people living with HIV/AIDS (PLWHA) and their families.	Duke University	

(Insert rows as needed)

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help (existing program/resource, access to target population, staff/venue/financial support, evaluation, etc.)
Partnership for a Healthy Durham, HIV/STI group	B.E.R.T. Center, CAARE, Inc., DUHS Duke AIDS Research and Treatment Center (DART), Duke University Center for Health Policy (Health Inequalities Program), Durham County Department of Public Health, El Centro Hispano, Family Health International (LinCS 2 Durham), Lincoln Community Health Center (Early Intervention Clinic), NCCU, Planned Parenthood of Central NC, Research Triangle Institute (RTI), Durham Parks and Recreation, UNC ACTU, Partners in Caring, Indigo Consortium, Triangle Empowerment Center (TEC)	Meet monthly to address issues related to HIV and STIs, including coordination of testing
African American churches; Churches	Planning group for Durham Faith Community on HIV/AIDS; Durham Ministerial Alliance, Durham Congregations in Action	Reach out to congregations
college students, MSMs	Duke LGBT Center, COLORS at NCCU, Project	Work with college students identifying as MSM

	SAFE at NCCU, Art Institute Gay-Straight Alliance Triangle Empowerment Center	
Community Advisory Board (CAB) <i>(Insert rows as needed)</i>	Duke DART	Lunch and learns, community involvement and feedback, education

INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: <u>Access to Testing</u></p> <p>Intervention: __ new <u>X</u> ongoing __ completed</p> <p>Setting: Community</p> <p>Target population: Black young men who have sex with men (YBMSM), Transgender, Black women, 18-45 year olds</p> <p>Start Date – End Date (mm/yy): August 2015- June 2018</p> <p>Targets health disparities: <u>X</u> <u>Y</u> __N</p>	<p><u>X</u> Individual/ interpersonal behavior</p> <p><u>X</u> Organizational/ Policy</p> <p>__ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham HIV/STI Committee, Durham County Department of Public Health</p> <p>Role: Coordinate HIV, Syphilis, Gonorrhea, and Chlamydia testing at a variety of community sites, provide programs focusing on STD/HIV prevention, education, and community outreach</p> <p>Target population representative: To be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: Outreach Teams- HIV/STI committee, DCoDPH, Lincoln, CAARE Inc, TEC, Duke Partners N Caring-testing & Counseling, NCCU, Disease Intervention Specialists-State, Partnership- Access, OCI, and SAMH,</p> <p>Role: Provide testing and resources</p> <p>Marketing: Community outreach,</p>	<ol style="list-style-type: none"> Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) In participation with Durham Knows Campaign, 5% more people in Durham will get tested and know their HIV status. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>__Y__N</u> If yes, explain how intervention will be adapted: Competition among agencies for testing numbers. List anticipated project staff: Partnership for a Healthy Durham Coordinator and committee members Does project staff need additional training? <u>__Y__X__N</u> If yes, list training plan: Quantify what you will do (# classes & participants, policy change, built environment change, etc.) Coordinate two outreach teams- HIV/STI committee, DCoDPH, Lincoln, CAARE Inc, TEC, Duke Partners in Caring-testing & Counseling, NCCU, Disease Intervention Specialists-State, Partnership- Access, OCI, and SAMH committees

		<p>Partnership website, social media websites, printed materials, and ads in Northgate shopping mall.</p>	<p>Provide two testing events/year- Spring/Fall with outreach teams.</p> <p>Committee members and volunteers will do mass outreach for events.</p> <p>Recognize at least six HIV/STI observances each year through social media and community outreach.</p> <p>Promote universal testing with providers through working with the Duke Health System to establish an opt-out HIV testing policy.</p> <p>Inform health providers and public of CDC/USPTF recommendation for testing.</p> <p>Provide strategies for providers (how to incorporate in routine exam, include in routine blood testing, coding for payment)</p> <p>Improve networking of health and community organizations to improve testing and linkage to care.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Intervention activities will be monitored at monthly HIV/STI committee meetings and annually through at least one method- participant surveys or interviews.</p> <p>7. Evaluation: Are you using an existing evaluation? __Y__N If no, please provide plan for evaluating intervention impact:</p> <p>Measure how people heard about testing by adding information to partner agency existing testing forms. Example- How did you hear about event? Add Durham Knows (DK) as a choice.</p>
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INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: <u>Condom Distribution</u></p> <p>Intervention: __ new <u>X</u> ongoing __ completed</p> <p>Setting:</p> <p>Target population: women, men, 18 and over,</p> <p>Start Date – End Date (mm/yy): August 2015- June 2018</p> <p>Targets health disparities: <u>X</u> Y __N</p>	<p><u>X</u> Individual/ interpersonal behavior</p> <p>__ Organizational/ Policy</p> <p>__ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham HIV/STI Committee, Durham County Department of Public Health</p> <p>Role: Convener</p> <p>Target population representative: To be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: University of North Carolina at Chapel Hill CFAR program</p> <p>Role: Collaborate with on their project with community engagement to enhance evidence based interventions in public housing communities (RAPP).</p> <p>Marketing Strategies: Community Outreach, social media websites, printed materials, and ads in Northgate shopping mall.</p>	<ol style="list-style-type: none"> Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) Decrease stigma around condom access and usage Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>__Y__N</u> If yes, explain how intervention will be adapted: Funds, stigma, and condom brand preference List anticipated project staff: Partnership for a Healthy Durham Coordinator and committee members Does project staff need additional training? <u>__Y__X</u> N If yes, list training plan: Quantify what you will do (# classes & participants, policy change, built environment change, etc.) Conduct one condom distribution event per year. Distribute condoms during National Condom Awareness Week (Feb14-21at a site such as Durham Housing Authority community Purchase condoms that target populations likes Invite Condom Nation Truck (request 5,000 condoms) Coordinate distribution with UNC RAPP (community level intervention) List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)

			<p>Intervention activities will be monitored at monthly HIV/STI committee meetings and annually through at least one method- participant surveys or interviews.</p> <p>7. Evaluation: Are you using an existing evaluation? Yes If no, please provide plan for evaluating intervention impact:</p> <p>Administer surveys at events to measure condom use intention, barriers, and change in stigma. Data collected through surveys with show whether change occurred over the three year period.</p>
	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: <u>Access to Community Resources</u></p> <p>Intervention: __ new <u>X</u> ongoing __ completed</p> <p>Setting: Community</p> <p>Target population: Residents living in Durham</p> <p>Start Date – End Date (mm/yy): August 2015- June 2018</p> <p>Targets health disparities: <u>X</u>Y __N</p>	<p><u>X</u> Individual/ interpersonal behavior</p> <p>X Organizational/ Policy</p> <p>__ Environmental change</p>	<p>Lead Agency: Lead Agency: Partnership for a Healthy Durham HIV/STI Committee, Durham County Department of Public Health</p> <p>Role: Convener</p> <p>Target population representative: To be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: Outreach Teams- HIV/STI committee, DCoDPH, Lincoln, Partnership- Access, OCI, and SA/MH committees</p> <p>Marketing: Community outreach, social media websites, printed materials, and ads in Northgate shopping mall.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Link Durham residents to HIV testing and human services resources.</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? __Y__N If yes, explain how intervention will be adapted:</p> <p>Locations to place hard copies, lack of access to computers/internet for some residents, publicizing (getting the word out), and funding.</p> <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator and committee members</p> <p>4. Does project staff need additional training? __Y X N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.) Develop a resource list of food access, access to care- Obamacare, Medicaid and other human services needs that</p>

			<p>will be listed online.</p> <p>An HIV/STI committee member to attend Access to Care meetings and partner with the committee to develop a list of resources.</p> <p>Work with Partnership to get information to the community.</p> <p>Create a flyers on where and how to access resource information on website. Distribute flyers at Durham Housing Authority sites, libraries, and community centers.</p> <p>Revise testing site palm cards to include resource website.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Include a link on website to ask how individuals heard about resources and collect the number of hits on website</p> <p>7. Evaluation: Are you using an existing evaluation? <u> </u>Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>Include a link on website to ask how individuals heard about resources. Collect user analytics on website.</p>
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<p>Intervention: <u>Durham Knows campaign</u></p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Community</p> <p>Target population: Young, African-American MSM, transgender, Latinos and African-American men and women</p> <p>Start Date – End Date (mm/yy): August 2015- June 2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input type="checkbox"/> Environmental change</p>	<p>Lead Agency: Lead Agency: Partnership for a Healthy Durham HIV/STI Committee, Durham County Department of Public Health</p> <p>Role: Convener</p> <p>Target population representative: To be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: Lincoln Community Health Center, CAARE Inc., TEC, Duke University, North Carolina Central University, University of North Carolina at Chapel Hill, faith-based organizations, community</p> <p>Role: Develop campaign materials, post campaign materials, provide outreach on campaign</p> <p>Marketing: Community outreach, social media websites, printed materials, media placements and posted materials in community businesses and locations.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Increase HIV+ patients in care: lower percentage of undiagnosed and out of care.</p> <p>Patients in care diagnosed earlier in their disease.</p> <p>Decrease new infection rate (driven largely by those unaware of infection)</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <p>Stigma and funding</p> <p>3. List anticipated project staff: Partnership for a Healthy Durham Coordinator and committee members</p> <p>4. Does project staff need additional training? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <p>Create at least one poster, one flyer and one video ad for a media campaign.</p> <p>Print campaign materials and work with partners to post materials in at least 10 locations in Durham each year.</p> <p>Create a webpage for the Durham Knows campaign.</p> <p>Create Twitter and Facebook social media accounts for the campaign.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Intervention activities will be monitored at monthly HIV/STI committee meetings and annually through at least one</p>
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			<p>method- participant surveys or interviews.</p> <p>7. Evaluation: Are you using an existing evaluation? __Y <u>X</u> N If no, please provide plan for evaluating intervention impact:</p> <p>Include a link on website to ask how individuals heard about resources.</p> <p>Collect user analytics on website.</p> <p>Measure how people heard about testing by adding information to partner agency existing testing forms. Example- How did you hear about testing? Add Durham Knows (DK) as a choice.</p>
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Community Health Action Plan 2018

Designed to address Community Health Assessment priorities

County: Durham Partnership, if applicable: Partnership for a Healthy Durham Period Covered: 2015-2018

LOCAL PRIORITY ISSUE

- Priority issue: Obesity and Chronic Illness
- Was this issue identified as a priority in your county's most recent CHA? X Yes ___ No

LOCAL COMMUNITY OBJECTIVE Please check one: ___ New X Ongoing (was addressed in previous Action Plan)

- By (year): 2018
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population):
 - Increase the percentage of adults getting recommended amount of physical activity from 52.2% to 55%
 - Increase the percentage of adults who report they consume fruits and vegetables five or more times per day from 19% to 22%
 - Decrease the percentage of adults who smoke from 15% to 14.5%
 - Decrease the percentage of adults with diabetes from 8.0% to 7.5%
- Original Baseline: Physical activity: 52.2%; Fruits and vegetables: 19%; Adults who smoke: 15%; Diabetes: 8.0%
- Date and source of original baseline data: 2014 Durham County Community Health Assessment <http://www.healthydurham.org/docs/file/about/CHA%20Final%20Document.pdf>
- Updated information (For continuing objective only):
- Date and source of updated information:

POPULATION(S)

- Describe the local population(s) at risk for health problems related to this local community objective (At risk populations are members of a particular group that are likely to, or have the potential to acquire a certain health conditions. Examples of at risk populations include racial/ethnic disparities, gender, age, income, insurance status or geographical location.
 - Minorities and lower income populations are at higher risk for being overweight or obese (BRFSS, 2013)
- Total number of persons in the local disparity population(s) (include data and source of data):
 - Population of Durham County is 276,494; minorities comprise 51.1% or 137,648 (2012 U.S. Census)
- Number you plan to reach with the interventions in this action plan:
 - We estimate 10% of the population of Durham County, approximately 27,000 people over the course of three years

HEALTHY NC 2020 FOCUS AREA ADDRESSED At a minimum, two out of the three local priority issues must have a corresponding Healthy North Carolina 2020 focus area that align with your local community objective Please check **one of the following 13** Healthy NC 2020 focus area (if applicable):

- Check **one** Healthy NC 2020 focus area:

<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Social Determinants of Health (Poverty, Education, Housing)	<input type="checkbox"/> Infectious Diseases/ Food-Borne Illness
<input type="checkbox"/> Physical Activity and Nutrition	<input type="checkbox"/> Maternal and Infant Health	<input checked="" type="checkbox"/> Chronic Disease (Diabetes, Colorectal Cancer, Cardiovascular Disease)
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Injury	<input type="checkbox"/> Cross-cutting (Life Expectancy, Uninsured, Adult Obesity)
<input type="checkbox"/> STDs/Unintended Pregnancy	<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Oral Health	

- **Resource for detailed information of HEALTHY NC 2020 Objective:**
<http://publichealth.nc.gov/hnc2020/foesummary.htm>
 - Increase the percentage of adults getting the recommended amount of physical activity.
 - Increase the percentage of adults who report they consume fruits and vegetables five or more times per day.
 - Decrease the percentage of adults who are current smokers.
 - Reduce the cardiovascular disease mortality rate (per 100,000 population)
 - Decrease the percentage of adults with diabetes.

- **List county baseline data associated with the HEALTHY NC 2020 Objective listed above.** (Include data date and source. Some county-level data is available at <http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html>):
 - Percentage of adults getting the recommended amount of physical activity: 52.2%
 - Percentage of adults who report they consume fruits and vegetables five or more times per day: 19%
 - Percentage of adults who are current smokers: 15%
 - Percentage of high school students who have smoked cigarettes in the past 30 days: 19%
 - Cardiovascular disease mortality rate (per 100,000 population): 199.1
 - Percentage of adults with diabetes: 8%

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

The Action Plans corresponding to Healthy NC 2020 focus areas must include at least two evidence-based strategies (EBS), or expand current EBS for new target populations if an EBS is already being used. (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. Or, if evidence-based interventions are already being used, expand the interventions into new target populations. *Training and information are available from DPH. Contact your regional consultant about how to access them.

Evidence-Based Intervention	Source	Level of change	Intervention goal	Intended population	Implementation venue(s)	Resources required
<p>Improve access to outdoor recreational facilities</p>	<p>Recommended Community Strategies and Measurements to Prevent Obesity in the United States". Morbidity and Mortality Weekly Report. 58, no. RR-7 (2009)</p>	<p>___ Individual/ interpersonal behavior ___ Organizational/ Policy X Environmental change</p>	<p>The Community Guide found in a comprehensive review of 108 studies that access to facilities and programs for recreation near their homes, and time spent outdoors correlated positively with increased physical activity among children and adolescents.</p>	<p>Children and Adolescents</p>	<p>Neighborhoods, communities</p>	<p>Funding, space,</p>
<p>Enhance infrastructure supporting walking and biking</p>	<p>Recommended Community Strategies and Measurements to Prevent Obesity in the United States". Morbidity and Mortality Weekly Report. 58, no. RR-7 (2009)</p>	<p>___ Individual/ interpersonal behavior X Organizational/ Policy X Environmental change</p>	<p>The Community Guide reports sufficient evidence that street-scale urban design and land use policies that support walking and biking are effective in increasing levels of physical activity.</p>	<p>Children, Adolescents Adults</p>	<p>Neighborhoods, communities</p>	<p>Funding, infrastructure, cost, prioritization by local government</p>
<p>Stanford University Chronic Disease Self Management program</p>	<p>http://patienteducation.stanford.edu/programs/cdsmp.html http://patienteducation.stanford.edu/programs/diabetesenig.html</p>	<p>X Individual/ interpersonal behavior ___ Organizational/ Policy ___ Environmental change</p>	<p>Subjects who took the Program, when compared to those who did not,</p>	<p>Adults</p>	<p>Neighborhoods, community organizations, health care setting, faith-based</p>	<p>Trained facilitators, space, funding to attend training and</p>

<p>(CDSMP) and Diabetes Self Management Program (DSMP)</p> <p>American Diabetes Association Recognized Diabetes Self Management Education</p>			<p>demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years.</p>			<p>purchase materials</p>
<p>Stanford University Chronic Pain Management Program (CPSMP)</p>	<p>http://patienteducation.stanford.edu/programs/cpsmp.htm</p>	<p>X Individual/ interpersonal behavior ___ Organizational/ Policy ___ Environmental change</p>	<p>The research studies found that, on average, people who have participated in the CPSMP have more vitality or energy, less pain, less dependence on others, improved mental health, are more involved in everyday activities, and are</p>	<p>Adults</p>	<p>Neighborhoods, community organizations, health care setting, faith-based</p>	<p>Trained facilitators, space, funding to attend training and purchase materials</p>

			<p>more satisfied with their lives compared to those who have not taken the program.</p> <p>Evaluation of the program found it to be beneficial for participants in terms of coping skills, education, and overall quality of life. To date, the program has been delivered to hundreds of individuals with chronic pain.</p>			
<p>A Matter of Balance, fall prevention program</p>	<p>http://www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html</p> <p>http://www.cdc.gov/pcd/issues/2012/11_0057.htm</p>	<p>X Individual/ interpersonal behavior</p> <p>___ Organizational/ Policy</p> <p>___ Environmental change</p>	<p>Participants significantly changed their attitudes about falling after completing the program. Self-confidence in their ability to control falls and manage fear of falling also increased. Other studies that assessed these outcomes in controlled settings and in community-based settings found similar results. Furthermore, change in a person's attitude toward sense of control over falls can lead to</p>	<p>Adults</p>	<p>Neighborhoods, community organizations, health care setting, faith-based</p>	<p>Trained facilitators, space, funding to attend training and purchase materials</p>

			improvement in everyday function and engagement in low-impact physical activity, enhancing quality of life			
Healthy Checkout Aisle Projects in West Virginia Foodland Stores and Wal-Marts (Part of Change the Future West Virginia)	<p>WVa Gazette, 10/8/11; e-mails and phone conversation with Amy Berner, Mid Ohio Valley Health Department; Trust for America's Health: West Virginia and the New Prevention Fund: An Investment in the Future Health of America</p> <p>Also, see: Healthy Checkout Aisle projects in Schnucks stores: Evansville Courier and Press, 1/31/12; Family Fresh Market, New Richmond, WI, candy-free checkout aisle project New Richmond (WI) News, 10/21/11</p>	<p><input type="checkbox"/> Individual/ interpersonal behavior</p> <p><input type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Participating Wal-Mart stores stock fresh fruits, vegetables and snacks which meet the WV Standards for School Nutrition and also carry activity-based seasonal toys, and strategically placed merchandising redistribution showcases reasonably priced toys and items to promote physical activity and healthy snacks and fruits in cereal and sweetened beverage product aisles. Reported successes inside the stores show marked increases in sales of these items and a maintenance of those increased sales.</p>	<p>Children, Adolescents Adults</p>	<p>Grocery stores</p>	<p>Space, supplies such as additional shelving, cooperation from store management, staff time</p>
Baltimore Healthy Corner Stores, Philadelphia Corner Store	<p>http://centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/Baltimore_Healthy_Stores_template.pdf</p> <p>http://www.dccentralkitchen.org/healthycorners/</p>	<p><input type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Stores work with local government and nonprofit agencies to improve selection</p>	<p>Children, Adolescents Adults</p>	<p>Convenient stores</p>	<p>Space, supplies such as additional shelving,</p>

Project and DC Central Kitchen Health Corner Initiatives	http://thefoodtrust.org/		and marketing of healthy foods.			cooperation from store managem nt, staff time
Kids Take a Stand: Healthy Option: South Shasta (CA) HEAC (Healthy Eating Active Communities) Initiative	http://www.californiaconvergence.org/sites/default/files/S_hastaCounty_Wal-Mart.pdf	<input type="checkbox"/> Individual/ interpersonal behavior <input checked="" type="checkbox"/> Organizational/ Policy <input checked="" type="checkbox"/> Environmental change	Based on customer surveys, pilot stands placed near checkout were so successful that pilot surveys were discontinued. Two healthy checkout aisles have been stocked with healthier than expected foods— trail mix, granola bars, dried cranberries, diced peaches, and animal crackers. Sales of these items have more than doubled, and Wal-Mart has difficulty keeping the stand stocked.	Children, Adolescents	Grocery stores	Space, supplies such as additional shelving, cooperation from store managem nt, staff time
Point of Decision Prompts	http://www.thecommunityguide.org/pa/Physical-Activity.pdf	<input type="checkbox"/> Individual/ interpersonal behavior <input type="checkbox"/> Organizational/ Policy <input checked="" type="checkbox"/> Environmental change	Signs placed in stairwells increased the percentage of people taking stairs vs. elevator/escalator by 54%. Signs are more effective among obese vs. non- obese people, esp. when signs	Adults	Workplaces, healthcare settings,	Materials such as signage

			indicate help with weight loss.			
Double Up Food Bucks	http://www.doubleupfoodbucks.org/	<input type="checkbox"/> Individual/ interpersonal behavior <input checked="" type="checkbox"/> Organizational/ Policy <input type="checkbox"/> Environmental change	SNAP benefits are doubled up to \$10 at farmers markets, mobile markets and some grocery stores to increase access to healthy foods.	Adults	Farmers Markets	Funds, marketing, adequate amount of produce available
Freshstart	http://www.acsworkplacesolutions.com/freshstart.asp	<input checked="" type="checkbox"/> Individual/ interpersonal behavior <input type="checkbox"/> Organizational/ Policy <input type="checkbox"/> Environmental change	Freshstart incorporates the most current guidelines for tobacco cessation support into four face-to-face group support sessions. The Freshstart evidence-based approach is geared to help participants increase their motivation to quit, learn effective approaches for quitting and guide them in making a successful quit attempt.	Adults	Community organizations, healthcare settings, neighborhoods	Trained facilitators, space, funding to attend training and purchase materials
QuitSmart	http://www.quitsmart.com/	<input checked="" type="checkbox"/> Individual/ interpersonal behavior <input type="checkbox"/> Organizational/ Policy <input type="checkbox"/> Environmental change	QuitSmart is available in a self-help stop smoking kit and, in many communities, as a three-session quit smoking class that utilizes the kit plus personalized coaching. Quit Smart combines several powerful	Adults	Community organizations, healthcare settings, neighborhoods	Trained facilitators, space, funding to attend training and purchase materials

			treatment elements — including hypnosis, medication recommendations and a patented simulated cigarette — to produce a potent stop-smoking treatment. The program was developed by Dr. Robert Shipley, founder of the Duke Medical Center Stop Smoking Clinic.			
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(Insert rows as needed)

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date (include any process/outcome measures, barriers to implementation)
American Tobacco Trail / bikes on buses	Triangle Rails to Trails; City of Durham, Town of Cary, Wake County; DATA; Triangle Transit	40 miles of covered RR tracks suitable for walking, biking and other modes of self-transit; all buses can hold at least two bikes
Classes, open gyms, etc.	Durham Parks and Recreation, 3 YMCAs, JCC, Healing with CAARE, Inc.	Parks and Recreation: 69 parks with 1,800 acres, 23 miles of accessible trails and greenways, 188 miles of planned trails and greenways; DPR has: 11 program sites with seven gymnasiums, five dance studios, five pools, three fitness facilities and two indoor walking tracks Healing with CAARE offers free classes including yoga and Zumba.
Eat Smart, Move More Durham Map; Bike Pedestrian map	Partnership for a Healthy Durham; City of Durham - Transportation	Paper copies (English and Spanish) show citizens opportunities to eat smart and move more; online version is also available
Health Resource Guides (Health Care, Diabetes, Food Resource Guide)	Durham Health Innovations, Partnership for a Healthy Durham	Health Care Guide / Medical Options/Transportation are complete (updated as needed), Diabetes and Food Resource guides are drafted. Update in progress.
Chronic Disease / Diabetes classes	Durham County Department of Public Health, Cooperative Extension, Healing with CAARE, Inc.	Classes are offered periodically; contingent upon space to hold the program series
Fall Prevention classes	Durham County Department of Public Health, Durham Center for Senior Life, Lyon Park, Healing with CAARE, Inc.	Matter of Balance offered at least twice
Chronic Pain classes	Durham County Department of Public Health; Duke Division of Community Health	Offered periodically and available more frequently upon request
SEEDS produce offered at Durham Farmers' Market; gardening skills taught to children and teens	SEEDS (South Eastern Efforts Developing Sustainable Spaces, Inc.) http://www.seedsnc.org/index.html	SEEDS has been in Durham since 1994. They have added new programs every couple of years.
Community Gardens	Bountiful Backyards http://www.bountifulbackyards.com/node/6 , Cooperative Extension, SEEDS, Parks and Recreation, Inter-Faith Food Shuttle, City of Durham Neighborhood Improvement Services	A cooperative and community based enterprise that works with individuals, neighborhoods, groups, schools, and communities to create abundant, low-maintenance and beautiful edible gardens.
Corner Store Initiatives	DCoDPH, Farmer Foodshare, Veggie Van Durham TRY	DCoDPH leads a corner store initiative that includes a group of community stakeholders. Activities include reducing the number of alcohol/cigarette ads, increasing onsite marketing of healthy items, providing technical assistance in increasing the inventory of healthy items including fresh produce.
Increasing access to healthy foods, including fresh fruits/vegetables in Durham Public Schools; Fresh produce/fruit/ snacks in DPS; Backpack program	DPS Child Nutrition Services; Food Shuttle; DPS Hub Farm; other agencies	DPS has USDA grants for fruit and vegetable snacks in 12 elementary schools. Fresh fruit delivered every Wednesday to a few schools. Backpack program is in select elementary and middle schools. DPS is working on increasing the number of fresh fruit/vegetables in menus, focusing on local, NC grown. Durham Public Schools has a teaching, or Hub, farm.

Mobile Markets	IFFS (Interfaith Food Shuttle), Veggie Van, Grocers on Wheels, Farmer Foodshare	Mobile markets that distribute fresh produce in areas that would otherwise lack access. Nutrition education often provided. IFFS offers free produce. Veggie Van sells at wholesale prices.
Farmers Markets	Durham Farmer's Market; South Durham Farmer's Market; Duke Farmers' Market	Downtown, Duke, Southpoint. Durham Farmers' Market and South Durham Farmers' Market accept and double SNAP benefits (Double Bucks). DCoDPH is assisting to advertise this program.
Bull City Play Streets	City of Durham Neighborhood Improvement Services	2009-10: 1 Bull City Open Streets, partnered with Parks and Recreation 2010 -11: 3 Bull City Open Streets, expanded to neighborhoods 2014 - 2015 became Bull City Play Streets; held a few events in 2014 and more planned in 2015
Safe Routes to School	DPS, BPAC, Regional safe routes to school office, American Tobacco Trail Watch Volunteer Group	Currently 12 schools participating in the safe routes to school program.
Eat Smart, Move More, Weigh Less	Durham Parks and Recreation, Durham County Department of Public Health, Cooperative Extension	Implemented
Inter-local Agreements	Durham Parks and Recreation and Durham Public Schools	Joint use agreement to use one another's facilities at no charge
Nutrition Education in Durham school and community	DINE Program, Nutrition Division, Durham County Department of Public Health	The DINE program is Durham County's SNAP Nutrition Education and Obesity Prevention program. DINE Nutritionists provide many different classes, food preparation demonstrations, and tasting opportunities related to healthy eating and physical activity. Adequate fruit and vegetable intake is a common theme in these sessions. Provides consultation to improve the nutrition and physical activity environments of childcare centers. Quarterly newsletter on healthy eating, increase physical activity, and food safety sent to households participating in the SNAP program.
Duke Healthy Lifestyles Clinic; Durham Healthy Weight Collaborative; Bull City Fit	Duke Healthy Lifestyles Clinic, Bull City Fit	The clinic sees 400 new Durham families every year. The focus is on childhood obesity, but they provide education for the family as a unit. Families receive monthly counseling from a physician, dietician, physical therapist and mental health provider. All of these patients are linked into the Active programs. The Durham Healthy Weight Collaborative is a Phase II funded project sponsored through NICHQ and funded by HRSA and the RWJF. The goal is to address childhood obesity across health care, school, and public health sectors. Funding is through June 2012
Durham Board of Health Smoking Rule and Cessation Classes	Durham County Department of Public Health	Smoking ordinance put in effect in 2013. Signage and compliance efforts underway. Evidence-based smoking cessation classes taught throughout the community.
Durham Diabetes Coalition (DDC) project, funded by Bristol Myers Squibb foundation	Durham County Department of Public Health, Duke University Medical Center, Lincoln Community Health Center, University of Michigan, and many community partners.	The DDC project addresses diabetes prevention and control in Durham County with overall goals of 1) improving population-level diabetes management, health outcomes, and quality of life for diagnosed and undiagnosed adults living with Type 2 diabetes and 2) reduce disparities in diabetes management, health outcomes, and quality of life for adults living with diabetes. Multi-disciplinary staff and community partners address diabetes in Durham County through population-based and home-care interventions.

(Insert rows as needed)

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help (existing program/resource, access to target population, staff/venue/financial support, evaluation, etc.)
Partnership for a Healthy Durham Obesity and Chronic Illness (OCI) committee	Child Care Service Association, City of Durham, Cooperative Extension, Duke Division of Community Health, Duke Medicine, The Duke Cancer Institute, Office of Health Equity and Disparities, Durham City Government, Durham County Government, Durham County Department of Public Health, Durham County Social Services, Durham Parks and Recreation, Durham Public Schools, Durham Public Works, Durham Social Services, East Durham Children's Initiative, I9 Sports, Inter-Faith Food Shuttle, John Avery Boys and Girls Clubs, Lincoln Community Health Center, Playworks Durham, YMCA of the Triangle	Coalition meets monthly to improve physical activity and nutrition among Durham County residents and implement action plan.
Strong city and volunteer groups promoting self-transit	BPAC, Rails to Trails, Durham Bike Co-op, Clean Energy Durham, Safe Kids Durham, Bike Durham, American Tobacco Trail Watch Volunteer Group, Durham Open Space and Trails Commission (DOST), Recreation Advisory Commission	Holds bike repair workshops, events that promote biking and walking, labeling bike paths, increasing driver awareness of cyclists
City and volunteer groups promoting wellness and service	Partnership for a Healthy Durham OCI Committee, Junior League, Lion's Club, Girls on the Run, Volunteer Center	Elbow grease to put down the Healthy Mile markers, volunteers to man the Bull City Play Streets and Fitness Day events
Durham Public Schools	Music departments, athletic departments, Student Health Advisory Council (both adult and student); Hub Farm, Wellness Councils, Bike Durham, Student Nutrition Services	Runs a teaching farm to teach about nutrition, environmental stewardship, farming, and increase physical activity. Working to improve school breakfast, lunch and snack nutrition standards, increase fruit and vegetable access/consumption and increase access use of local foods. Coordinate wellness programs for students and staff.
Groups focused on policy change	City and County Government; Board of Education; Board of Health; Durham Farm and Food Network (food policy council) Durham CAN, Farmland Advisory Board, BPAC, Southern Coalition for Social Justice, Recreation Advisory Commission	Expertise in policy; ability to make policy changes that promote health; access to funding

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: Increasing access to healthy foods including fruits, vegetables, and locally produced food for lower income populations through initiatives such as but not limited to:</p> <ol style="list-style-type: none"> 1. Support and expand Durham's Double Bucks Program. 2. Support mobile markets and stores that sell produce in neighborhoods that would otherwise lack access through promotion, grant writing, technical assistance, etc. <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: 1. Convenience stores 2. Grocery stores 3. Farmers Markets 4. Mobile markets</p> <p>Target population: SNAP recipients and other low income Durham residents. Grocers on Wheels, a mobile market that OCI, is targeting a new population for Double Bucks, seniors living in community housing sites.</p> <p>Start Date – End Date (mm/yy): (07/15-ongoing)</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p> <p>*Note: This intervention fits both individual and environmental changes, but is not duplicated in these sections.</p>	<p>Lead Agency: Durham County Department of Public Health (DCODPH) Role: Coordination/ Organization</p> <p>Target population representative:</p> <p>Role:</p> <p>Partner agencies: Partnership for a Healthy Durham, OCI Committee and Communication Committee will assist with outreach, program evaluation, grant writing, kick off events, communication, promotion and marketing efforts, nutrition education, and technical assistance.</p> <p>Farmers markets will double SNAP benefits up to \$10 and promote this Double Bucks Program.</p> <p>Mobile markets will sell healthy products including fruits and vegetables in neighborhoods that would otherwise lack access and may work towards doubling SNAP benefits up to \$10 when used to purchase healthy items.</p> <p>Convenience/grocery stores may become partners if they decide to run Double Bucks Programs. They would be responsible for data collection, reports, and providing store space for advertising/marketing/nutrition education, and for training staff on program components.</p> <p>Include how you're marketing the intervention:</p>	<ol style="list-style-type: none"> 1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) <ol style="list-style-type: none"> a. Increase in marketing and programming should translate into an increase in sales of healthy foods. Increase in sale of healthy food should translate into an increase in consumption of healthy food. 2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y If yes, explain how intervention will be adapted: Increased access to healthy foods does not always equate to increased consumption if the target community does not accept the food, want the food or know how to cook the food/know the importance of eating the food. DCoDPH and other partners such as Veggie Van and the Cooperative Extension have been working to educate and increase efficacy around cooking and healthy eating. Recipes used are adapted to best reach the target population whenever possible. 3. List anticipated project staff: Leah Williams (DCoDPH), Kelly Warnock (DCoDPH), Jenny Elander (Durham Farmers' Market), Demetrius Hunter (Grocers on Wheels), Casey Horvitz (Veggie Van) 4. Does project staff need additional training? <input type="checkbox"/> X <input type="checkbox"/> N If yes, list training plan: 5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.) <ol style="list-style-type: none"> a. Project staff will assist with the expansion of double bucks to at least one more site in Durham County, which can include a mobile market, farm stand, farmers' market, grocery store or convenience store. b. Project staff will assist with identifying grants, grant writing and local advocacy work to ensure Durham's Double Bucks maintains funding. Identify and write at least one grant annually to fund Double Bucks. c. Project staff and the Partnership for a Healthy

		<p>Store signage, earned media, online advertising through social media like Facebook, flyers, posters, internal communication and word of mouth through partner organizations.</p>	<p>Durham Communications committee will assist with marketing and communication to ensure Durham's Double Bucks, mobile markets and other healthy food access programs are well utilized. Efforts will be evaluated through surveys to determine where/how new customers heard about the program.</p> <p>d. Project staff will assist the farmers' markets with creating and executing a thorough evaluation plan for the Double Bucks program to determine the effectiveness of the program's marketing campaigns and if the effects on participants intake of fruits and vegetables and shopping behaviors.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Intervention activities will be monitored annually through at least one method- participant surveys, interviews, customer counts and repeat customer counts. Feedback will be used to better tailor the program to the target population.</p> <p>7. Evaluation: Are you using an existing evaluation? <u>X</u>Y If no, please provide plan for evaluating intervention impact:</p> <p>We will adapt the Fair Food Network evaluation to meet the needs of our target population and program constraints.</p>
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<p>Intervention: Promote and market partner agency's workshops and programs that aim to reduce and manage chronic disease and obesity.</p> <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Durham</p> <p>Target population: Adult residents of Durham that are in the contemplating, preparing to, or currently acting on changing health behaviors. Center of Balance is reaching a new population for OCl, specifically targeting seniors in Durham County.</p> <p>Start Date – End Date (mm/yy): (07/15-ongoing)</p> <p>Targets health disparities: X Y <input type="checkbox"/> N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input type="checkbox"/> Organizational/ Policy</p> <p><input type="checkbox"/> Environmental change</p>	<p>Lead Agency: Will vary and coincide with which partner agency is providing the workshop or program.</p> <p>Role: Coordination/ Organization</p> <p>Target population representative:</p> <p>Role: _____</p> <p>Partner agencies: The Partnership for a Healthy Durham OCl and Communications committees will assist local agencies with their communication strategies. OCl will also provide technical assistance with identifying populations of need/locations for workshops.</p> <p>The Durham County Department of Public Health, NC Cooperative Extension, YMCA, Durham Parks and Recreation, Lincoln Community Health Clinic, Healing with CAARE, El Centro Hispano, Durham Health Innovations, Duke Health System, Duke University and other organizations throughout will provide low cost or free workshops and programming aimed at reducing obesity and chronic disease rates in Durham County. Workshops include but are not limited to chronic disease self-management classes, diabetes self-management classes, smoking cessation classes, Eat Smart Move More classes, grocery store tours and cooking demonstrations</p> <p>Include how you're marketing the intervention:</p> <p>Flyers, websites, local media, Facebook, Twitter, emails, internal communication, posters,</p>	<ol style="list-style-type: none"> Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) <ol style="list-style-type: none"> Increased visibility and awareness of health promotion efforts and activities Increased participation on the part of Durham residents in healthy eating and exercise activities and initiatives. Increased collaboration on the part of Durham organizations Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input type="checkbox"/> Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N If yes, explain how intervention will be adapted: List anticipated project staff: Willa Robinson Allen, Tyrone Hall, Michael Scott, Chasity Newkirk and other nutrition and health education staff at DCoDPH. YMCA staff, Parks and Recreation staff and Cooperative Extension staff. Does project staff need additional training? <input type="checkbox"/> X <input type="checkbox"/> N If yes, list training plan: Quantify what you will do (# classes & participants, policy change, built environment change, etc.) <ol style="list-style-type: none"> Project staff will enlist five collaborations or committees with access to networks of Durham citizens to promote healthy eating and exercise efforts, enlist participation, and disseminate information. Project staff will develop an evaluation plan to measure increased resource access and participation. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?) We will gauge opinion through participant surveys and feedback through conversations with partners and participants.
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		Communications committee	<p>7. Evaluation: Are you using an existing evaluation? _X_Y If no, please provide plan for evaluating intervention impact:</p> <p>Many healthy lifestyle, smoking cessation and chronic illness disease management curriculums have evaluation components/surveys. When an existing evaluation is not available, one will be created based on existing models.</p>
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<p>Intervention: Increase access to physical activity through policy, environmental and system changes that increase the walkability of neighborhoods such as but not limited to:</p> <ol style="list-style-type: none"> 1. Healthy Mile Walking trails/walk your city signage 2. Promoting bike and pedestrian policies such as complete streets throughout Durham County <p>Intervention: ___ new X ongoing ___ completed</p> <p>Setting: Durham Park and Recreation facilities, community centers, neighborhoods</p> <p>Target population: Durham residents with a focus on low income neighborhoods and neighborhoods that currently lack access/opportunities for physical activity. A new aim is to work with the business community on at least one new Healthy Mile Trail/Walk Your City sign routes. The business community would be a new population.</p> <p>Start Date – End Date (mm/yy): (07/15-ongoing)</p> <p>Targets health disparities: X Y ___N</p>	<p>X Individual/ interpersonal behavior</p> <p>___ Organizational/ Policy</p> <p>X Environmental change</p>	<p>Lead Agency: Durham County Department of Public Health (DCODPH)/ OCI Committee Role: Coordination/ Organization</p> <p>Target population representative:</p> <p>Walking group leaders at East Durham Children’s Initiative and the Historic Stokesdale Community</p> <p>Role: Provide feedback on program and community needs, bridge to the community, help maintain the Healthy Mile Trail</p> <p>Partner agencies: County Commissioners, Durham Parks and Recreation, NC Department of Transportation, Safe Routes to School regional office, Bike Durham, Bike Co-op, Durham Open Space and Trails Commission, Durham City/County Planning Department</p> <p>Include how you’re marketing the intervention:</p> <p>Brochure: flyers, posters, Partnership website, short videos on the Healthy Mile Trails, word of mouth through partner agencies, working with lay health advisors and community leaders,</p>	<ol style="list-style-type: none"> 1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?) <ol style="list-style-type: none"> a. Create 6 new healthy mile trails/walk your city sign routes. b. Durham County will adopt a complete streets policy. c. Durham residents’ access to and levels of physical activity will increase. d. Aid in education of residents on pedestrian/bicycle/automobile issues to increase safety in preparation for a Complete Streets policy. 2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u> X </u><u> Y </u><u> N </u> If yes, explain how intervention will be adapted: Funding will be sought for Healthy Mile Trail signage. Project staff will work with the community to advocate for the Complete Streets policy. 3. List anticipated project staff: Jen McDuffie (Durham Bicycle and Pedestrian Advisory Council), Perry Whitted (resident), residents in target neighborhoods, Annette Smith (Durham Parks and Recreation) 4. Does project staff need additional training? <u> Y </u><u> X </u><u> N </u> If yes, list training plan: 5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.) <ol style="list-style-type: none"> a. Project staff will create and promote two Healthy Mile Trails or Walk Your City sign routes per year. b. Project staff will create and implement an evaluation plan. Use feedback to improve program and marketing/promotion/programming around the trails/walks. c. Support partner agency’s Complete Streets initiatives by writing letters of support and help with promotion and marketing. Distribute Watch for Me, NC and other materials throughout Durham at community events.
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			<p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <p>Project staff will conduct community intercept surveys on and around the Healthy Mile Trails and conduct periodic counts of the number of people using Healthy Mile Trails.</p> <p>7. Evaluation:</p> <p>Are you using an existing evaluation? __Y X N</p> <p>If no, please provide plan for evaluating intervention impact:</p> <p>The committee is working with an evaluation expert to develop a comprehensive evaluation plan which will determine the reach and impact of the Healthy Mile Trails.</p>
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(Insert rows as needed)



Community Health Action Plan 2015-2018

Designed to address Community Health Assessment priorities

County: Durham Partnership, if applicable: Partnership for a Healthy Durham Period Covered: 7/2015-6/2018

LOCAL PRIORITY ISSUE

- Priority issue: Substance Use/Mental Health
- Was this issue identified as a priority in your county's most recent CHA? Yes No

LOCAL COMMUNITY OBJECTIVE Please check one: New Ongoing (was addressed in previous Action Plan)

- By (year):
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population):
 - Reduce the suicide rate (per 100,000 population) from 8.3 to 8.0 per 100,000
 - Reduce the rate of mental health-related visits to emergency departments from 100.8 to 95.0 (yearly admits per 10,000 population)
 - Reduce the rate of unintentional overdose deaths related to prescription (opioids) and illicit (heroin) drugs
- Original Baseline: a) 8.3 per 100,000 b) 100.8 per 10,000 c) 47: Number of Overdose ED Visits from any type of opioid (heroin, methadone, other and unspecified)
- Date and source of original baseline data:
 - North Carolina State Center for Health Statistics. *HealthStats Indicator report – Data for suicide by county, 2007-2011.* http://healthstats.publichealth.nc.gov/indicator/view_numbers/Suicide.CountyRate.html
 - Personal communication of NC DETECT data from T. Howard, Alliance BHC. May 28, 2014
 - 2014 NC DETECT data
- Updated information (For continuing objective only):
- Date and source of updated information:

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective:
Mental health and substance abuse is a problem that crosses all divisions of the population. Hispanics, whites, males, LGBTQ adolescents; suicide among youth: LGBTQ youth, Hispanics, blacks;
- Total number of persons in the local disparity population(s): An estimated 17,000 residents of Durham County need mental health treatment and 19,000 need substance use treatment. In 2012-13, approximately 2663 (32% of 8322 enrolled students) high school students had drunk alcohol in the past month (2013 YRBS). Approximately 100 high school students (12% of 8322 enrolled students) made a plan to attempt suicide in the past year (2013 YRBS).
- Number you plan to reach with the interventions in this action plan: We hope to impact 5% of the Durham population between faith-based, Naloxone and suicide prevention trainings and education and reach 100% of 109 Durham County mental health providers.

HEALTHY NC 2020 FOCUS AREA ADDRESSED At a minimum, two out of the three local priority issues must have a corresponding Healthy North Carolina 2020 focus area that align with your local community objective Please check **one of the following 13** Healthy NC 2020 focus area (if applicable):

- Check **one** Healthy NC 2020 focus area:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Social Determinants of Health (Poverty, Education, Housing) | <input type="checkbox"/> Infectious Diseases/ Food-Borne Illness |
| <input type="checkbox"/> Physical Activity and Nutrition | <input type="checkbox"/> Maternal and Infant Health | <input type="checkbox"/> Chronic Disease (Diabetes, Colorectal Cancer, Cardiovascular Disease) |
| <input type="checkbox"/> STDs/Unintended Pregnancy | <input type="checkbox"/> Injury | <input type="checkbox"/> Cross-cutting (Life Expectancy, Uninsured, Adult Obesity) |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Mental Health/Substance Use Disorder | |
| | <input type="checkbox"/> Oral Health | |

- **Resource for detailed information of HEALTHY NC 2020 Objective:**
<http://publichealth.nc.gov/hnc2020/foesummary.htm>
- **List county baseline data associated with the HEALTHY NC 2020 Objective listed above.** (Include data date and source. Some county-level data is available at <http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html>):

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

The Action Plans corresponding to Healthy NC 2020 focus areas must include at least two evidence-based strategies (EBS), or expand current EBS for new target populations if an EBS is already being used. (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. Or, if evidence-based interventions are already being used, expand the interventions into new target populations. *Training and information are available from DPH. Contact your regional consultant about how to access them.

Evidence-Based Intervention	Source	Level of change	Intervention goal	Intended population	Implementation venue(s)	Resources required
Mental Health First Aid	http://www.thenationalcouncil.org/about/mental-health-first-aid/	X Individual/ interpersonal behavior ___ Organizational/ Policy ___ Environmental change	Educate participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and overviews common treatments.	Health, human services, and social workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, certified instructors, funds to purchase materials
Youth Mental Health First Aid	http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/	X Individual/ interpersonal behavior ___ Organizational/ Policy ___ Environmental change	Learn how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.	Parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, certified instructors, funds to purchase materials
ASK about Suicide to Save a Life	http://www.sprc.org/bpr/section-III/ask-about-suicide-save-life	X Individual/ interpersonal behavior ___ Organizational/ Policy ___ Environmental change	Increased confidence to ask and respond to someone in a suicidal crisis and increased knowledge of appropriate ways to refer a person in suicidal crisis to	Adults who interact with youth or adults at risk for suicide	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, funds to pay a certified instructor to conduct the training

			a mental health professional			
The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention	https://www.gprinstitute.com/gatekeeper.html	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Learn how to Question, Persuade and Refer someone who may be suicidal	Parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare, online	Time, location for training, certified instructors, funds to purchase materials and online training,
Family Acceptance Project	http://familyproject.sfsu.edu/publications	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Decrease suicide risk and promote well-being for LGBT children and youth and to strengthen families	Families, foster families and caregivers	Primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services	Time, location for training, funds to pay a certified instructor to conduct the training and materials
Clean Works	http://redproject.org/services/syringe-access/	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Train people at risk for overdose in how to safely prevent and respond to overdose situations		Healthcare, community	Time
The Dope Project	http://hamreduction.org/issues/overdose-prevention/tools-best-practices/naloxone-program-case-studies/dope-project/	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Provide overdose prevention education and training and distribute naloxone kits	Individuals, family members, and friends	Shelters, jails, treatment programs and hotels	Time
Pathways to Prevention	http://www.urbanministry.org/pathways-prevention-guiding-youth-wise-decisions	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Help faith leaders guide youth to make wise decisions	Faith leaders	Faith-based organizations	Time, person to implement program
Your Life Matters	http://actionallianceforsuicideprevention.org/task-force/faith-communities/YLM-home	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Prevent suicide	Faith leaders	Faith-based organizations	Time, person to implement program
Project Lazarus	http://projectlazarus.org/	X Individual/ interpersonal behavior	Prevent unintentional	Community Healthcare	Hospitals Community-Based	Time Training

		X Organizational/ Policy __ Environmental change	overdose death	providers First responders Behavior Health providers Government Law Enforcement Pharmacist People with pain Seniors Youth	Organizations Emergency Departments Faith-based- Organizations Schools Pharmacies	Education Media Educational materials Public Awareness Coalition Building
Yellow Ribbon Project	http://yellowribbon.org/	X Individual/ Interpersonal behavior X Organizational/ Policy __ Environmental change	Suicide Prevention	Youth/teen Community	Schools Colleges/Universities Community	Public Awareness Education Training

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date (include any process/outcome measures, barriers to implementation)
<i>BECOMING (Building Every Chance of Making It Now and Grown-up):</i> Serve youth ages 16-21 who have behavioral health challenges and are characterized as "disconnected" in one or more of the following ways: no diploma and not in school, pregnant or parenting, involvement with criminal justice, exiting foster care, or long term unemployed or underemployed.	Alliance Behavioral Healthcare	http://becomingdurham.org/ Project began in Fall 2010; Implemented adjustments to service model to serve target population more effectively; Hosted the first-ever statewide conference focusing on the system of care for transition age youth; Joint funding from Durham Public Schools, the City, and the County was used to Hire two new Alliance staff who are focusing on identifying and closing service gaps for 14-24 year olds who are at risk for disconnection
<i>Durham's System of Care:</i> A framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to help individuals and families who need services or supports from multiple human service agencies to be safe and successful at home, in school, at work and in the community. Our System of Care builds on individual and community strengths, and makes the most of existing resources to help these individuals and families achieve better outcomes.	Alliance Behavioral Healthcare	http://www.alliancebhc.org/providers/system-of-care/

<p><i>Durham County Network of Care:</i> Online directory of behavioral health services and information place for the individuals, families and agencies</p>	Alliance Behavioral Healthcare; Durham County	http://durham.nc.networkofcare.org/mh/
<p><i>Durham Together for Resilient Youth (TRY) Coalition:</i> Prevents substance abuse through comprehensive and community-wide environmental and population level strategies that are designed to change or strengthen norms against alcohol and drug use (tobacco, alcohol, marijuana and prescription drugs); to change legislation, policy and enforcement throughout entire communities.</p>	Durham TRY	http://www.durhamtry.org/ Coalition meets monthly
<p><i>Crisis Intervention Training (CIT)</i> Specialized training for police officers to enable them to address challenges posed by people with mental illness, trauma, developmental disabilities and substance abuse problems.</p>	Alliance Behavioral Healthcare Sheriff's Department	Trainings occur quarterly. The County's Strategic Plan will expand crisis intervention teams to train all first responders to improve response of individuals experiencing behavioral health crises
<p><i>Operation Medicine Drop:</i> Safely dispose of expired and unused prescription medication.</p>	Safe Kids Durham; Durham Police Department; Durham TRY; NPCC	Five currently with one more to be added
<p><i>Project Lazarus</i></p>	Northern Piedmont Community Care (NPCC)	http://www.npiedmontcc.org/programs-initiatives/health-initiatives/chronic-pain-initiative/
<p><i>TROSA:</i> An innovative, multi-year residential program that enables substance abusers to be productive, recovering individuals by providing comprehensive treatment, work-based vocational training, education, and continuing care.</p>	TROSA	http://www.trosainc.org/ Key elements of the program include vocational training, education, peer counseling/ mentoring, leadership training, and aftercare.

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help (existing program/resource, access to target population, staff/venue/financial support, evaluation, etc.)
Recovery community	TROSA, NAMI, Nar-Anon, Ala-teen, RCOD, CJRC	Reach out to the recovery community, especially for the Recovery Celebration
Latinos	El Centro Hispano, El Futuro, WEST, teen groups (Julio), Catholic Charities (Sue), Immaculate Conception, Durham Public School Latino drop-out prevention program	Collaborate on future initiatives that involve this population
Teens and college students	Durham TRY; Theresa McGowan (over all DPS Social Workers); Kishia Carrington (over all DPS middle and high school counselors), The Durham Center: BECOMING, Spectrum – Durham Tech	Collaborate on future initiatives that involve this population; Expertise on Durham Public Schools and current mental health and substance abuse initiatives
Individuals and families experiencing trauma	Center for Child and Family Health, The Durham Center	Content expertise; best practices
LGBTQ youth	InsideOUT (Amy Glassner), High School Gay Straight Alliances, especially Durham High School of the Arts, Spectrum – Durham TECH LGBT group	Contacts for reaching LGBTQ youth
Suicide resources	National Suicide line; Alliance hotlines, NCDMH; NCDPH; North Carolina's Plan to Prevent Youth Suicide; ASIST program; NC Suicide Prevention Plan	Content expertise; best practices
Bullying	National Crime Prevention Council (http://www.ncpc.org/topics/cyberbullying), Durham Public Schools: policies, social workers, counselors; School Violence Prevention Act	Content expertise; best practices; knowledge of current services; legislation that aims to prevent bullying
Data on youth	Partnership for a Healthy Durham, Durham Public Schools	YRBS surveys DPS middle and high school every other year; will provide data trends and priority areas
Gun safety	North Carolinians Against Gun Violence, Durham County Department of Public, Gun Safety Coalition, Durham VA	Work on keeping guns away from children and youth
Vets	VA, Durham County Department of Public Health	In the future, may want to reach out to address the mental health/substance abuse needs of veterans

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: Provide trainings and resources to faith-based organizations around mental health issues</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: faith organizations</p> <p>Target population: faith communities</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <u>X</u> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Duke (Carrie Unger)</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Faith leader, to be determined</p> <p>Role: Help promote the initiative within the faith community</p> <p>Partners: Duke Office of Community Relations, Carolina Outreach, Insight Human Services, Durham Health Innovations, Faith Connectors on Mental Health, Health Ministry Network, DCIA, Durham CAN, Durham TRY</p> <p>Role: Identify and contact faith-based organizations. Help identify evidence-based programs. Assess the training needs of the faith-based organization. Provide trainings/link faith-based organizations to trainings offered in communities.</p> <p>Include how you're marketing the intervention:</p> <p>We will contact leaders from faith-based organizations via established and newly formed Wellness Ministries; partner with Durham Cares, DCI Office of Health Equity and Disparities and other partners to be identified that our committee membership is connected with.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Faith community leaders report that they are more connected to mental health supports in the Durham community (using pre/post satisfaction survey).</p> <p>Faith community leaders report being better able to provide mental health/substance use resources to church members.</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <u>X</u> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Resistance to discussing mental health in faith-based communities – we will initially target communities that are open to discussing and addressing mental health. We will build on that momentum/relationships to continue outreach to communities that were initially resistant.</p> <p>Administrative support for satisfaction survey administration – project staff person will seek intern/volunteer support.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Kim Monroe, Ashley Barber and Shadé Shakur.</p> <p>4. Does project staff need additional training? ___ Y <u>X</u> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Perform outreach to up to 5 faith-based organizations per year. • Assess the mental health/substance use training/resource needs of up to 5 faith-based organizations. • Identify at least one evidence-based training/resource for faith-based organizations to use.

		<p>We will reach out to faith-based and inter-faith committees and groups in Durham.</p> <p>We will use social media when possible.</p>	<ul style="list-style-type: none"> • Provide training and/or resources to at least 3 faith-based organization per year. • Partnering with agencies to provide trainings <p>These are changes at the policy/organizations level. Faith-based organizations will incorporate mental health/substance use training/resources into their culture.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. • Project staff will maintain spreadsheet recording activities. <p>7. Evaluation: Are you using an existing evaluation? <u> </u>Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use pre/post satisfaction surveys to evaluate intervention. The evaluations will be designed based on the needs of the faith-based organization and interventions implemented.</p>
<p>Intervention: Provide information on local mental health/substance use resources to providers.</p> <p>Intervention: X new <u> </u> ongoing <u> </u> completed</p> <p>Setting: Healthcare</p> <p>Target population: Private medical and health care providers</p> <p>Start Date – End Date (mm/yy): 7/2015-6/2018</p> <p>Targets health disparities: <u> </u>Y <u>X</u> N</p>	<p><u> </u> Individual/ interpersonal behavior</p> <p>X Organizational/ Policy</p> <p><u> </u> Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Alliance Behavioral Health, Durham Health Innovations, Duke Opiod Safety Task Force, Durham Crisis Collaborative</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Health care provider, to be determined</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Providing information to providers who can share information/resources with patients will help increase mental health services access.</p> <ul style="list-style-type: none"> • Providers will be able to link patients to local mental health resources. • Providers will have more knowledge of local mental health resources available. • Patients will be more readily linked to mental health resources.

		<p>Role: Help promote the initiative in the medical and healthcare community</p> <p>Partners: Duke Division of Community Health, Northern Piedmont Community Care, Threshold Clubhouse</p> <p>Role: Identify mental health providers in Durham County. Develop listing of mental health providers.</p> <p>Durham Health Innovations will include mental health resources in the Durham Health Innovations/Northern Piedmont Community Care Resource guide to be shared with providers</p> <p>Find funding for dissemination. Disseminate information to providers.</p> <p>Include how you're marketing the intervention:</p> <p>To disseminate information, we will contact providers directly, share the resource list through the Partnership for a Healthy Durham website and social media channels.</p>	<p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? X Y__N If yes, explain how intervention will be adapted:</p> <p>Funding will be an issue. The committee plans to seek grant funding to help disseminate information.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Project for a Healthy Durham Coordinator, Keisha Blount, Cindy Haynes, Kenisha Bethea, Debbie Royster, Karen Verhaeghe, Irene Dwinnell, Carrie Unger</p> <p>4. Does project staff need additional training? __Y X N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <p>Year 1 Goals:</p> <ul style="list-style-type: none"> • Identify private providers in Durham County who are listed on private insurance panels. • Review the 109 providers from Alliance Behavioral Healthcare that offer care in Durham and vet them as still operational. • Identify within the Duke Medical system all providers who will need to be included in the dissemination of information. • Identify barriers to dissemination of information. (DD missing from the table, dual dx, private insurance). • Prioritize who needs information and where information will be stored and how it will be accessed. • Identify potential funders. • Discuss sustainability. <p>Year 2 Goals:</p> <ul style="list-style-type: none"> • Prioritize missing links to dissemination of information.
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			<ul style="list-style-type: none"> • Prioritize what information needs to be in the provider community. • Continue to determine gaps in services within the community. • Identify additional barriers regarding services where constituents have complex areas of service needs. <p>Year 3 Goals</p> <ul style="list-style-type: none"> • Determine where funding will come from. • Continue working with Dr. Pintello from NIMH to identify best practice for disseminating information to providers. <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. <p>7. Evaluation: Are you using an existing evaluation? <u> </u>Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use identify whether goals were met in each of the three years of the intervention and to what level.</p>
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<p>Intervention: Increase awareness of the use of naloxone/naloxone training</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: Community, healthcare</p> <p>Target population: healthcare providers, first responders, community members</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Durham Crisis Collaborative</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: First responder or provider, to be determined</p> <p>Role: Help promote the initiative among first responders and in the healthcare community</p> <p>Partners: Duke Division of Community Health, Durham Health Innovations, Northern Piedmont Community Care, NC Harm Reduction Coalition, Durham Crisis Response Center</p> <p>Role: Provide outreach to providers, first responders and community members. Assist with Naloxone 101 trainings.</p> <p>Durham Health Innovations will work with Chronic Pain Coordinator to identify community members (groups, organizations) to receive education (to increase awareness) and/or provide training when applicable.</p> <p>Include how you're marketing the intervention:</p> <p>We will contact providers and first responders regarding available naloxone resources and trainings.</p> <p>We will reach out to the community through use of the Partnership for a Healthy Durham website and social media. We will disseminate</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>First responders and providers will report having increased knowledge of naloxone resources in Durham County.</p> <p>Community members will report increased knowledge of naloxone resources in Durham County and how to use properly.</p> <p>Educating providers, first responders and the community addresses individual/interpersonal behavior and will increase the knowledge and access to Naloxone in Durham County.</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Resistance to discussing substance use in the community, resistance from providers and first responders on training due to limited time/job responsibilities.</p> <p>Project team will assess providers and first responder training needs and best times/dates of training.</p> <p>Project team will work with community leaders and organizations to share information on Naloxone in different segments of the population.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Cindy Haynes.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Perform outreach to up to 5 healthcare providers/first responder organizations per year. • Assess the Naloxone training/resource needs of up to 5 healthcare providers/first responder organizations per year.
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		<p>information through earned media in radio, television and newspapers.</p>	<ul style="list-style-type: none"> • Identify at least one evidence-based training/resource/tool to use with healthcare providers/first responder organizations. • Provide training and/or resources/tools to at least 3 healthcare providers/first responder organizations per year. • Assist/provide support with at least one community Naloxone training per year. • Place at least 4 pieces of earned media annually regarding Naloxone/opiate use in locations such as television news story, newspaper article, op-ed, etc. per year. • Durham Government Channel <p>These are changes at the policy/organizations level. Healthcare providers/first responder organizations will incorporate Naloxone training/resources/tools into their culture. Community members will have more knowledge of Naloxone and where to obtain resources.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. • Project staff will maintain spreadsheet recording activities. • Number of media stories will be counted. <p>7. Evaluation: Are you using an existing evaluation? <u> </u>Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use pre/post surveys to evaluate knowledge and learning. The evaluations will be designed based on the needs of the first responders/providers and the training implemented.</p> <p>We will survey community members on their knowledge of Naloxone in Durham County and the source of knowledge.</p>
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<p>Intervention: Implement suicide prevention activities targeted to high risk populations.</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: various</p> <p>Target population: Populations shown to be at a high risk for suicide, per local and national statistics (ex: by age, ethnic group, sexual orientation, etc.).</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health Committee, Durham County Department of Public Health</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Young adult, to be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: Duke Integrated Pediatric Mental Health, Insight Human Services, NC DHHS Prevention Team, Duke Division of Community Health, Alliance Behavioral Health, Durham TRY</p> <p>Role: Identify target population and most effective interventions to reach population.</p> <p>Include how you're marketing the intervention:</p> <p>Marketing strategies will vary based on target population and activities identified, and may include social media, networking, and direct contact.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Intervention activities will reach Durham populations identified as at high risk for suicide.</p> <p>Participants will report that they are more connected to mental health supports in the Durham community (using pre/post satisfaction survey).</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Mainstream resistance to discussing suicide – we will initially partner with local organizations that have successfully advocated for mental health and/or suicide prevention in our community. We will build on that momentum/relationships to continue broadening reach.</p> <p>Administrative support for satisfaction survey administration – project staff person will seek intern/volunteer support.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Kendra Rosa, Shadé Shakur, Paul Savery, Carey Unger, Jennifer Meade, Dawn Manus, Karen Verhaeghe, Cindy Haynes.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Identify target population for suicide prevention activities • Identify and provide at least one suicide prevention activity targeting this group per year <p>Activities may include:</p> <ul style="list-style-type: none"> • Partnering with agencies to provide free presentations and/or trainings, to support existing suicide prevention
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			<p>efforts, and/or to reach target population (ex: NAMI, Durham TRY, DCAPP, DHA, Durham Teen Center, Reality Center, El Centro Hispano, Pauli Murray Center, PTAs)</p> <ul style="list-style-type: none"> • Implementing effective suicide prevention program or training (ex: ASIST, SafeTalk, CIT, QPR) • Creating and facilitating open dialogue (ex: media campaign, film screenings, PSAs, events) • Seeking funding for intervention activities, as needed <p>Activities will incorporate people with lived experience of suicide (either self or loved one) in development and/or implementation whenever possible.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. • Project staff will maintain spreadsheet recording activities. <p>7. Evaluation: Are you using an existing evaluation? __Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use attendance data and/or pre/post satisfaction surveys to evaluate intervention. The evaluations will be designed based on the needs of the target population identified and the activities implemented.</p>
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Regulation of Smoking in Prescribed Public Areas.

Section I. Findings and Purpose

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), tobacco use and secondhand smoke exposure are leading preventable causes of illness and premature death in North Carolina and the nation; and

WHEREAS, Healthy North Carolina 2020 Tobacco Use Objectives are 1) decrease the percentage of adults who are current smokers, 2) decrease the percentage of high school students reporting current use of any tobacco product, and 3) decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days; and

WHEREAS, the CDC advises that all individuals with coronary heart disease or known risk factors for coronary heart disease should avoid all indoor environments that permit smoking; and

WHEREAS, tobacco is a recognized carcinogen in humans, and health risks associated with the use of tobacco products include myocardial infarction, stroke, and adverse reproductive outcomes; and

WHEREAS, in 2006, a report issued by the United States Surgeon General stated that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke and that secondhand smoke has been proven to cause cancer, heart disease, and asthma attacks in both smokers and nonsmokers; and

WHEREAS, the 2006 Surgeon General's Report also determined that children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma; and that smoking by parents causes respiratory symptoms and slows lung growth in their children; and

WHEREAS, research indicates that, during active smoking, outdoor levels of secondhand smoke may be as high as indoor levels and may pose a health risk for people in close proximity (such as sitting next to someone on a park bench, or children accompanying a smoking parent or guardian); and

WHEREAS, the CDC reports that smoking and smokeless tobacco use are frequently initiated and established during adolescence, that most people who begin smoking during adolescence are addicted by the age of 20, and that adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers; and

WHEREAS, everyday an estimated 3,900 young people between 12 and 17 years of age try their first cigarette and an estimated 1,000 youth become daily cigarette smokers; and

WHEREAS, children model adult behavior and benefit from positive models of non-smoking behavior and positive reinforcement of healthy lifestyle messages through exposure to smoke free public areas; and

WHEREAS, environmental organizations, including Keep America Beautiful, the Ocean Conservancy, and NC Big Sweep, consistently report cigarette butts as a leading cause of litter; and

WHEREAS, small children playing in city athletic fields and playgrounds are more likely to ingest cigarette butts if they are discarded and accessible; and in 2008, American Poison Control Centers received over 7,000 reports of children under the age of 6 being poisoned by contact with tobacco products; and

WHEREAS, the Durham County Health Department provides support to employees and residents who want to quit the use of tobacco products. Employees and residents are also encouraged to talk to their health care provider about quitting; ask about appropriate pharmacotherapy available through their health insurance plan or employee's insurer and to use the free quitting support services of the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-8669); and

WHEREAS, on January 2, 2010, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," North Carolina Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places;" and

WHEREAS, pursuant to G.S. 130A-39(a), local boards of health have the responsibility to protect and promote the public's health and to adopt rules necessary for that purpose; and

WHEREAS, the Durham County Board of Health wishes to minimize the harmful effects of tobacco use among Durham County and the City of Durham employees and eliminate secondhand smoke exposure for employees and the public in certain buildings and grounds controlled by the county and city; and

WHEREAS, the Durham County Board of Health is committed to protecting the health of children and adults on city athletic fields and playgrounds by eliminating exposure to secondhand smoke and providing an environment that decreases the likelihood of children ingesting cigarette butts; and

WHEREAS, in 2015 the Centers for Disease Control and Prevention (CDC) stated that emitted e-cigarette aerosol is not just water vapor, but contains nicotine and can contain additional toxins, making it less safe than clean air and e-cigarette use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered to other psychoactive substances. Therefore, clean air—free of both smoke and e-cigarette aerosol—remains the standard to protect health; and

WHEREAS, because some e-cigarettes are designed to mimic smoking, allowing e-cigarette use in places where smoking is prohibited could complicate enforcement of smoke-free policies and renormalize tobacco use; and

WHEREAS, Durham County and the City of Durham government buildings, health care facilities and health care facility grounds in Durham County, hospitals and hospital grounds in Durham County, and Durham County Schools are currently operating under smoke-free or tobacco-free policies; and this Board finds and declares that, in order to protect the public health and welfare, it is in the best interest of the citizens of Durham County to expand these smoke-free policies by adopting a rule prohibiting smoking on Durham County grounds; on the City of Durham grounds; on the City of Durham's Park System; in City or County bus stops; in the Durham Station Transportation Center and grounds; at the Durham Train Station and on all sidewalks abutting Durham County grounds, the City of Durham grounds; any Public School; and Hospital grounds;

NOW, THEREFORE, THE DURHAM COUNTY BOARD OF HEALTH ADOPTS THE FOLLOWING RULES:

Section II. Definitions

The following definitions are applicable to this rule.

1. "Bus Stop" – A designated area, whether enclosed or unenclosed, where buses stop for passengers to board or exit a bus. This term shall include areas at bus stops and bus shelters, beginning at the bus stop sign and extending for a radius of one hundred (100) feet around the bus stop sign. This area expressly excludes any private property that might fall within the one hundred (100) foot radius of the bus stop sign.
2. "City of Durham Grounds" – An unenclosed area owned, leased, or occupied by the City of Durham. .
3. "City of Durham Park System"– An enclosed or unenclosed area owned, leased, maintained or occupied by the City of Durham that is part of the City of Durham Parks System including all city greenways and trails.
4. "City or County Bus Stops" - Any bus stop that is owned, leased, maintained or occupied by the City or County of Durham.
5. "Durham County Grounds" – An unenclosed area owned, leased, or occupied by Durham County.
6. "Durham Station Transportation Center" – The buildings and unenclosed areas owned, leased or occupied by the City of Durham that are used as the hub and home of local, regional, and intercity bus service.
7. "Enclosed Area" – An area with a roof or other overhead covering of any kind and walls or side coverings of any kind, regardless of the presence of openings for ingress and egress, on all sides or on all sides but one.
8. "Hospital grounds" - Any unenclosed area, which is owned, leased, or occupied by an institution that is licensed to administer medical treatment or the

primary function of which is to provide medical treatment in this State and which provides inpatient, outpatient, and emergency medical treatment.

9. "Sidewalk" - Any sidewalk that is owned, leased, maintained or occupied by the City or County of Durham and abuts Durham County grounds, the City of Durham Grounds, any public school or hospital grounds.

10. "Smoking". – The use or possession of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

11. "Tobacco Use" – The use of any product containing tobacco.

12. "No Smoking Symbol" – Symbol consisting of a pictorial representation of a burning cigarette enclosed in a circle with a bar across it.

13. "Human Services Facility and Campus" - The Durham County Human Services Building located at 414 E. Main Street, Durham North Carolina 27701 and all adjacent and affiliated buildings.

14. "Private Club" - A country club or an organization that maintains selective members, is operated by the membership, does not provide food or lodging for pay to anyone who is not a member or a member's guest, and is either incorporated as a nonprofit corporation in accordance with Chapter 55A of the General Statutes or is exempt from federal income tax under the internal revenue code as defined in G.S. 105-130.2(1).

15. "Tobacco Shop" - A business establishment, the main purpose of which is the sale of tobacco, tobacco products, and accessories for such products, that receive no less than seventy-five (75%) of its total annual revenues from the sale of tobacco, tobacco products, and accessories for such products, and does not serve food or alcohol on its premises.

16. "E-cigarettes" - Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substance, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah or under any other produce name or descriptor.

17. "Nicotine Replacement Products" - Any tobacco treatment product approved by the U.S. Food and Drug Administration for medical purposes. This includes gum, patches, lozenges, inhalers that are not considered tobacco products. These products are excluded from this Rule.

18. "Cigar Bar" - An establishment with a permit to sell alcoholic beverages pursuant to subdivision (1),(3),(5) or (10) of G.S. 18B-1001 that satisfies all of the following:

- a. Generates sixty percent (60%) or more of its quarterly gross revenue from the sale of alcoholic beverages and twenty-five percent (25%) or more of its quarterly gross revenue from the sale of cigars;
- b. Has a humidor on the premises; and
- c. Does not allow individuals under the age of 21 to enter the premises.

Revenue generated from other tobacco sales, including cigarette vending machines, shall not be used to determine whether an establishment satisfies the definition of cigar bar.

Section III Smoking Prohibited.

Smoking, including e-cigarettes, is prohibited in/on all of the following:

- (a) City of Durham Grounds;
- (b) City of Durham Parks System including playgrounds and athletic fields;
- (c) City or County Bus Stops;
- (d) Durham County Grounds;
- (e) Durham Station Transportation Center (except as specifically designated);
- (f) Sidewalks as defined above;
- (g) Hospital Grounds;
- (h) Child Care Facilities;
- (i) Enclosed Shopping Malls;
- (j) Elevators;
- (k) Polling Places;
- (l) Public Restrooms;
- (m) Public Areas of Retail Stores;
- (n) Service Lines;
- (o) Public Transportation;
- (p) Public Areas of Galleries, Libraries and Museums;
- (q) Lobbies, Hallways and other Common Areas in Apartment Buildings, Condominiums, Retirement Facilities, Nursing Homes and Other Multi-Unit Residential Facilities;
- (r) Durham Train Station (except as specifically designated);
- (s) Durham County Trails and Parks.

Section IV All Tobacco Use Prohibited, including e-cigarettes.

All tobacco use is Prohibited on County of Durham Human Services Facilities and Campus.

Section V: Actions to Implement Required

The City or County shall:

(1) Educate the public about the rule and the reasons for the new rule prior to its implementation date through the news media, website, and educational media. This education shall include information on resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800.QUIT-NOW (1-800-784-8669)).

(2) Educate the employees of city and county facilities covered under this rule about this rule, the reasons for this rule, and how employees can assist with compliance

prior to its implementation date. The city and county shall also provide the city and county employees with resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800-QUIT-NOW (1-800-784-8669)).

(3) Post Signs that meet all the requirements of Section VI in the Durham Station Transportation Center; on the City of Durham Grounds; on Durham County Grounds; on City of Durham Parks System Grounds; on City or County bus stops; and on sidewalks.

(4) Remove all ashtrays and other smoking receptacles from the Durham Station Transportation Center; the City of Durham Grounds; Durham County grounds; the City of Durham Parks System Grounds; City or County bus stops; and sidewalks.

(5) Have the person in charge of Durham County grounds; the City of Durham grounds; the City of Durham Parks System; City or County bus stops; the Durham Station Transportation Center; or sidewalks direct a person who is smoking in a prohibited area to cease and, if the person does not comply, contact the designated enforcement officer for the City and/or County of Durham.

Section VI. Signage

The signs required in Section V must:

(a) State in English that smoking, including e-cigarettes, is prohibited and include the “No Smoking” and “No E-cigarettes” symbol.

(b) Be of sufficient size to be clearly legible to a person of normal vision.

(c) Be posted on Durham County and the City of Durham grounds including the City of Durham Parks System in locations and at intervals reasonably calculated to inform the employees and the public of the prohibition.

(d) Be posted on sidewalks at intervals so as to reasonably inform the public of the prohibition.

(f) Be posted in the Durham Station Transportation Center and Train Station in locations and at intervals reasonably calculated to inform the public and employees of the prohibition.

(g) Be posted on city or county bus stops in areas visible to the public.

Section VII Compliance and Penalties

Violations by persons smoking in prohibited areas. Following oral or written notice by any duly appointed enforcement official, or his or her designee, failure to cease smoking constitutes an infraction punishable by a fine of not more than fifty dollars (\$50.00). A person duly authorized by the Board of County Commissioners or the City Council, shall

be authorized to send a civil penalty citation to the violator by certified mail or personally deliver such citation to the violator stating the nature of the violation, the amount of the penalty, and directing that the violator pay the penalty to the County or City tax collectors office within 14 days of receipt of the citation. Conviction of an infraction under this section has no consequence other than payment of a penalty, and no court costs may be assessed.

Section VIII Public Education

Durham County and the City of Durham shall engage in a continuing program to explain and clarify the purposes and requirements of these rules to citizens affected by it and to city or county employees in their compliance with it. In doing so, the County and City may rely upon materials and information provided by the Durham County Health Department.

Section IX Exceptions

The following areas shall not be subject to the restrictions of this article.

- (1) Private residences.
- (2) Private vehicles
- (3) A tobacco shop if smoke from the business does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (4) All of the premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer.
- (5) A designated smoking guest room in a lodging establishment. No greater than twenty percent (20%) of a lodging establishment's guest rooms may be designated smoking guest rooms.
- (6) A cigar bar if smoke from the cigar does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (7) A private club as defined by State law.
- (8) A motion picture, television, theater, or other live production set. This exemption applies only to the actor or performer portraying the use of tobacco products during the production.
- (9) State and Federal facilities.

Section X Effective Date

These rules shall become effective upon adoption by the Durham County Board of Health and upon approval of this Rule by an ordinance of the Durham Board of County Commissioners.

ADOPTED by the Durham County Board of Health this ____ day of _____ 2015
EFFECTIVE DATE:

SIGNED:

James Miller, DVM, Chairman
Durham County Board of Health

Approved by the Durham County Board of Commissioners by Ordinance this ____ day
of _____, 2015.

SIGNED:

Michael D. Page, Chairman
Durham County Board of Commissioners

**Durham County
August 13, 2015**

TRAINING AGENDA

Roles and Responsibilities of Local Public Health Governing Boards

1. Public Health Milestones and Current Challenges
2. Public Health Functions and Essential Services
3. Legal Responsibilities and Authority
4. Local Governance Boards
5. Board Members' Work
6. Effective Governance
7. Evaluation/Closure

Learning Objectives:

1. Describe key concepts underlying the practice of public health and the role a board of health plays in carrying out core functions and essential services
2. Identify the laws and statutes regulating the local public health system
3. Describe the guidelines and expectations for being an effective board member

Faculty: Bill Browder

**Roles and Responsibilities
of Local Public Health
Governing Boards**

**INSTRUCTOR: BILL BROWDER
DATE: AUGUST 13, 2015
BOARD: DURHAM COUNTY**

Learning Objectives

- Describe key concepts underlying the practice of public health and the role a board of health plays in carrying out core functions and essential services
- Identify the laws and statutes regulating the local public health system
- Describe the guidelines and expectations for being an effective board member

Agenda:

- Section 1
 - Public Health Milestones and Current Challenges
- Section 2
 - Public Health Functions and Essential Services
- Section 3
 - Legal Responsibilities and Authority
- Section 4
 - Local Governance Boards
- Section 5
 - Board Members' Work
- Section 6
 - Effective Governance

Local Boards of Health

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- Board of health
 - County
 - District
- Consolidated human services board
- Public health authority board
- Board of county commissioners

**Public Health Milestones
and Current Challenges**

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SECTION 1

Public Health

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THIS IS PUBLIC HEALTH.

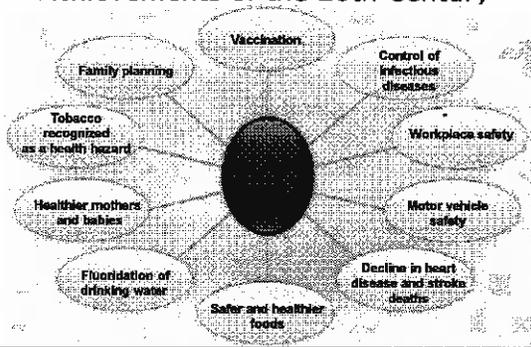
What is Public Health?



Public health is "organized community efforts aimed at the prevention of disease and promotion of health. It links many disciplines and rests upon the scientific core of epidemiology."

The Future of Public Health, Institute of Medicine, 1988.

10 Greatest Public Health Achievements of the 20th Century



Additional Public Health Achievements



- Cancer prevention
- Childhood lead poisoning prevention
- Public health preparedness and response

Current Public Health Challenges



- Preparing to respond to emerging infectious diseases
- Integrating physical activity and healthy eating into daily lives
- Cleaning up and protecting the environment
- Reducing the toll of violence in society
- Eliminating health disparities
- Rapidly changing healthcare landscape

Summary



- Public health main goals are to prevent disease and promote health
- Great public health achievements range from mass vaccination to motor vehicle safety
- Major challenges remain

Public Health Functions and Essential Services



SECTION 2

Big Picture of Public Health



How does the work of a governing board with oversight of public health fit into the bigger picture?



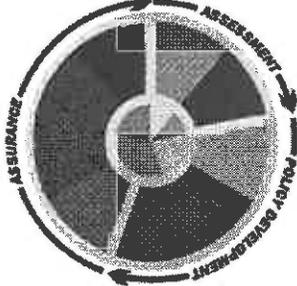
1988 Institute of Medicine (IOM) Report



- **Keep or reestablish boards of health**
- **Members of local boards of health to serve as:**
 - Advocates for public health
 - Brokers between policymakers and service providers



Core Functions of Public Health



Assessment

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- **Community Health Assessment (CHA)** required for health department accreditation
 - Required every 4 years
 - Can synchronize with hospital CHAs (3 year cycle)
 - Also required, annual SOTCH reports
- Requires collaboration with the community
- **Assesses:**
 - Health STATUS/concerns of the community
 - Factors that influence health
 - Assets and resources
 - Where to intervene for positive change



Boards and Assessment

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Community Assessment

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Strategic Plan

What are the needs of the community, families, and individuals?
Resources?

What are the public health initiatives the health department will undertake to meet those needs?

Boards and Policy Making

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- Boards have the authority to make policy on the operations and management of LHD
- Policy is limited by state laws or county ordinances and policy
- Boards are called upon to give advice and help in decision-making
 - Examples:
 - × Board approved strategic plan
 - Set priorities for short and long term
 - × Board operational manual
 - Define relationships and board functions

Tips for Developing Effective Policies



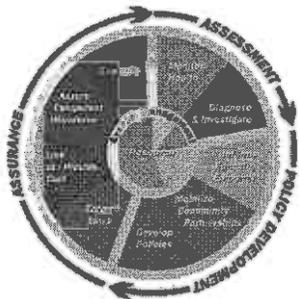
- Written clearly and explicitly
- Free of jargon (say what you mean)
- Current
- Include the date and renewal
- Available to all
- Brief and specific

Assurance



- Assures public health services are provided
 - Even services provided by other organizations
- Assures public health policies and programs are in place and working
- Anticipates trends likely to affect the health department or community

Core Functions and Essential Services



Summary



- Three core functions of public health:
 - Assessment
 - Policy Development
 - Assurance
- Ten essential services within the core functions
- Core functions and essential services represent aspects of your board's activities and responsibilities

Legal Responsibilities and Authority



SECTION 3

Legal Authority for Public Health



A local health department shall ensure that the 10 essential public health services are available and accessible
N.C. General Statute (G.S.) § 130A-1.1(b)

Board of health = "policy-making, rule-making and adjudicatory body" for local public health agency*
G.S. § 130A-34(a), G.S. § 130A-35(a), G.S. § 130A-37(a)

The consolidated human services board shall have the "powers and duties conferred by law upon a board of health"
G.S. 153A-77(d)

*Each statute is specific to a different type of public health governing body/agency - board of health, district board of health, public health authority board.

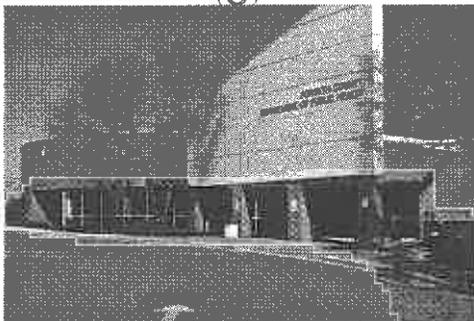
Sources of Public Health Law in NC

- North Carolina Public Health Statutes
 - www.ncleg.net
- North Carolina Administrative Code
 - reports.oah.state.nc.us/ncac.asp
- Federal law
- Other sources:
 - US and North Carolina constitutions
 - Local rules and ordinances
 - Court decisions
 - Contracts

Local Roles and Responsibilities



Local Health Departments



Sources of Authority Governing LHDs

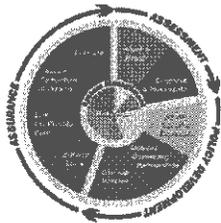


- State laws:
 - Essential services
 - Mandated services
 - Accreditation
 - Maintenance of effort
- Consolidated agreements
- Federal law

State Laws: "Essential" Services



- G.S. § 130A-1.1 list the ten essential services ensured by the local health department



State Law: Mandated Services



State regulations require that every local health department either provide or ensure the provision of thirteen mandated services

10A N.C.A.C. 46 .0201



Mandated Services Law



- What does it mean to “ensure provision” of a service?
 - Provide the service
 - Contract for the provision of the service
 - Certify the availability of the service

Mandated Services Regulations



- | | |
|--|--|
| <ul style="list-style-type: none">• On-site water supply• Sanitary sewage collection, treatment and disposal• Food, lodging, and institutional sanitation• Communicable disease control• Vital records | <ul style="list-style-type: none">• Child health• Maternal health• Family planning• Dental public health• Home health• Adult health• Grade A milk sanitation• Public health lab support |
|--|--|

State Law: Accreditation



- Required under G.S. § 130A-34.1
 - All local health departments must obtain and maintain accreditation
- Aims to ensure consistent quality of public health services across LHDs
- Focuses on capacity to provide the essential public health services
- Achieved by:
 - Meeting a set of capacity-based standards
 - Providing evidence of completion of prescribed activities, either directly or through contracts

State Law: Maintenance of Effort



- Counties must maintain operating appropriations to local health departments from local *ad valorem* tax receipts at levels equal to amounts appropriated in State fiscal year 2010-2011

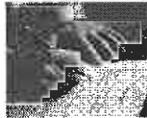
G.S. § 130A-34.4

- Note: law is specific to *ad valorem* tax receipts and does not preclude alteration of appropriations from other local tax receipts

Consolidated Agreement



- All local health departments enter into contracts with the state in order to receive state and federal funds.
 - Impose some programmatic and administrative requirements
 - Include some service mandates, such as community health assessments



Federal Law



- Examples of obligations under federal law include
 - Compliance with the Affordable Care Act (ACA) and the HIPAA Privacy Rule
 - Provision of language assistance services at no cost
 - Provision of services to clients regardless of immigration status
 - "Strings" attached to particular programs (such as Title X family planning grants)

Local Health Directors

Source: <http://www.ncalhd.org/directors/>

Appointment of Local Health Director

County or District	Public Health Authority	Consolidated Human Services Agency
<ul style="list-style-type: none"> • Appointed by BOH • Minimum education and experience • GS 130A-41 and other laws 	<ul style="list-style-type: none"> • Appointed by PHA board • Minimum education and experience • GS 130A-45.5 and other laws 	<ul style="list-style-type: none"> • CHS director appointed by county manager (CM) • If s/he does not meet health director qualifications, the CHS director/CM must appoint someone who does • Acquires powers and duties of a local health director but may delegate • G.S. 153A-77 plus 130A-41 and other laws

Health Director

- The health director wears many hats...
 - Administrator
 - Enforcer
 - Educator
 - Community liaison

G.S. § 130A-41

Administrator – Examples



- Employ health department staff
- Prepare the budget
- Administer programs as directed by board
- Communicate with the BOH
- Enter contracts on behalf of health department
 - County health directors and CHS directors are subject to limitations imposed by the county
 - District health directors are not subject to this constraint

Administrator – Examples, continued



- Powers and duties vary depending on the type of local public health agency
 - **Public health authority:** BOH has the power to enter into contracts
 - **Consolidated human services agency:** CHS director appoints staff with the county manager's approval.

Enforcer – Examples



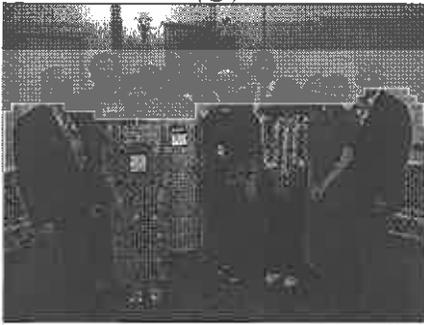
- Enforce immunization requirements
- Exercise quarantine and isolation authority
- Investigate communicable diseases
- Abate public health nuisances and imminent hazards
- Impose administrative penalties

Educator/Liaison – Examples



- Communicate with the public about health issues and concerns
- Promote the benefits of good health
- Advise state and local elected officials
- Coordinate with other components of state and local government
- Collaborate with other jurisdictions

Local Governing Board

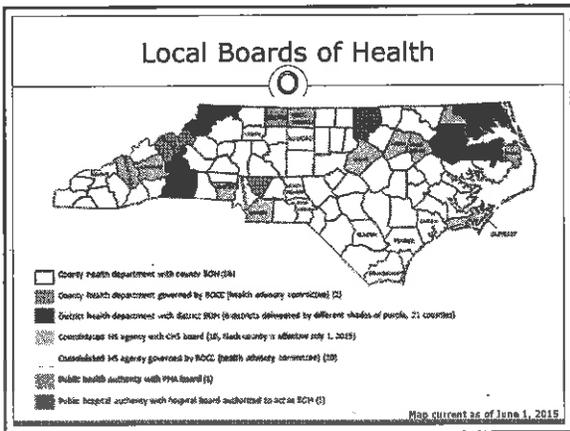


Big Picture



"A local board of health shall have the responsibility to protect and promote the public health."

G.S. § 130A-39



Local Boards of Health

Some key provisions:

- Must be residents of the county
- Appointed/removed by commissioners
- Composition dictated by statute
- Health director serves as secretary

Roles of Boards of Health

- **Rulemaking**
- Adjudication
- Administration

Rulemaking



"A [BOH] shall have the responsibility to protect and promote the public health. The board shall have the authority to adopt rules necessary for that purpose."

G.S. § 130A-39

What is a BOH rule?



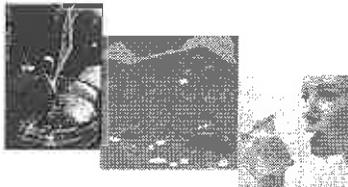
- Prohibit citizens from doing something
- Require citizens to do something
- Criminal, civil, and administrative penalties



Rulemaking – Examples



- Some jurisdictions have local rules governing
 - Private drinking water wells
 - Smoking in public places
 - On-site wastewater



Interaction with Other State Rules

○

BOH rule may be more stringent than the Environmental Management Commission or Commission for Public Health rule where "a more stringent rule is required to protect the public health"

G.S. 130A-39(a)-(b)

Rulemaking – General Limitations

○

- Must be related to health
- Must be reasonable
- Must not discriminate

Rulemaking – Specific Limitations

○

- BOH may not adopt rules related to the grading, operating, and permitting of food and lodging establishments
- Local smoking rules may only govern certain spaces

Roles of Boards of Health

- Rule-making
- **Adjudication**
- Administration

Adjudication

The Board may be asked to hold a hearing about the enforcement of local board of health rule or local imposition of fines

G.S. § 130A-24



Adjudication Role

- Appeal is quasi-judicial
 - Consult with an attorney
 - Follow statutory timelines
 - Record proceedings
 - Issue written decision}
- Board's decision may be appealed to district court

Roles of Boards of Health

○

- Rule-making
- Adjudication
- **Administration**

Administration

○

- **Appointing the health director**
 - Must consult with the county commissioners and State Health Director or designee
- **Evaluate, promote, and terminate the health director**



Administration — Financial

○

- **Establish fees for certain services**
 - Commissioners must approve
 - Fees must be reasonable
 - Imposing some local fees (e.g., food, lodging inspections) prohibited by G.S. § 130A-39(g)
- **Review budget before submission to the board of county commissioners for approval**

Administration – Financial

○

Board of County Commissioners

County Health Departments	District Health Departments
Consolidated Human Services Agencies	Public Health Authorities
Must approve the departmental budget	Not required to approve the departmental budget
Must approve request for appropriation from the county budget	

Summary

○

- Sources of public health law in North Carolina
- Legal guidelines governing the roles and responsibilities of:
 - Local health departments
 - Health directors
 - Boards of health
- All boards have three major roles:
 - Rulemaking
 - Adjudication
 - Administration

Local Governance Boards

○

SECTION 4

Organizing Options



- Board of Commissioners (BOC) may assume powers and duties of the Board of Health
- BOC may create consolidated human service agency and appoint a consolidated human services board
- BOC may do both of these by creating a consolidated human services agency and assuming the powers and duties of the consolidated human services board

G.S. 153A-77, as amended by S.L. 2012-126 (H 438)

Assuming Powers and Duties of Boards



- Notice of public hearing (30 days)
- Public hearing
- Adopts a resolution to assume and confer to the BOC:
 - The powers and duties of the county board of health, if the county is retaining a county health department
 - OR**
 - The powers and duties of a consolidated human services board, if the commissioners have created a CHSA

What Boards Are Included?



- County board of health
- County board of social services
- Consolidated human services board
- Other board or commission appointed by BOC that acts pursuant to BOC authority

Who Is NOT Included?



- MH/DD/SAS board
- Public health authority
- Public hospital authority providing public health services
- Public hospitals
- Multi-county boards:
 - District Boards of Health

BOC as BOH: Powers and Duties



- Protect and promote the public health
- Powers and duties
 - Appoint an advisory committee on health
 - Appoint local health director
 - Make policy for health department
 - Adopt local public health rules
 - Adjudicate disputes arising from local rules or locally imposed fines
 - Impose local public health fees
 - Satisfy state accreditation requirements

**BOC as BOH:
Advisory Committee Membership**



- Required to have an advisory committee
- Same membership required as for a county board of health

BOC as BOH: Health Director

- Same minimum education and qualification requirements
- Must have a background in medicine, public health, or public administration related to health services

**Board of Health Variations:
Consolidated Human Services Board**

- Has most of the same powers and duties of a BOH
- Has additional powers and duties:
 - Fees, compliance, budget, oversight, public relations and advocacy
- Assumes duties most powers and duties of those within the consolidated agency
- Provides input but lacks the authority to appoint the CHS director
- Prohibited from transmitting or presenting the budget for local health programs

CHS Board: Powers and Duties

- Protect and promote the public health
- Powers and duties
 - Fees
 - Compliance with federal and state mandates
 - Agency budget
 - Local health rules and appeals
 - Regulatory health functions
 - Audit and review programs
 - Recommend local programs
 - Agent of the state
 - Dispute resolution
 - Public relations and advocacy

Acquired CHS Board Powers and Duties



- Satisfy local health department accreditation
- If social services is included in the CHSA, then the boards assumes the those duties:
 - Appoint social services director
 - Advise public officials
 - Consult with director in preparing agency budget
 - Monitor and evaluate programs
 - Review suspected cases of fraud for some public assistance programs
 - Authority to inspect confidential social services and public assistance records

CHS: Board Membership



- Membership of Board
 - 4 consumers of human services
 - 8 professionals (psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, nurse)
 - 2 physicians, one must be psychiatrist
 - 1 county commissioner
 - General public representatives
- Serve no more than two, four-year terms

CSHA: Director



- No minimum education and experience requirements
- Able to run an agency that carries out numerous programs and has a large budget and staff
- Appointed and supervised by county manager with "advice and consent of the human services board"
- If unqualified to serve as health director, need to appoint a person with appropriate qualifications
- May delegate public health duties to the appointee with health director qualifications or other appropriate person

BOC as CHS Board



- Same powers and duties as appointed CHS Board
- Required to have an advisory committee
 - Same membership as a county board of health
 - May include additional members to represent social services or other agencies or departments included in the county's CHSA

Summary



- BOCC may:
 - Assume powers and duties of boards
 - Create consolidated human service agency
 - Take both actions
- Protect and promote the public health
- Rules, roles and responsibilities vary depending on BOC decisions

Board Members' Work



SECTION 5

Guidelines for Board Members



- Educate yourself about:
 - Your community and its public health status
 - History, goals, achievements and current situation of BOH and health department



Guidelines for Board Members



- Attend board meetings
- Review all meeting materials
- Carry out assigned work between meetings
- Participate in open, constructive dialogue

Guidelines for Board Members



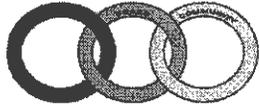
- Represent public health to the community
- Speak for the board when delegated



Guidelines for Board Members



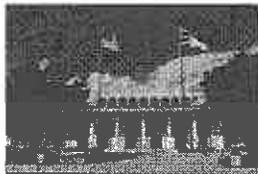
- Work to link the community to the health department



Guidelines for Board Members



- Act as an advocate for public health by maintaining active involvement



Chair Roles and Responsibilities



- Leader of the board
- Speaks for and represents the board
- Promotes teamwork among board members
- Addresses performance issues with other board members when necessary
- Initiates annual evaluation of health director and strategic planning process

Chair Roles and Responsibilities (cont.)

- Runs meetings
- Facilitates discussion and decision making
- Sets meeting agendas with the health director
- Counsels and consults with the health director

Guidelines for Board Meetings and Activities

- Must have a quorum present
- Business of the meeting reflected in written minutes for both open and closed sessions
 - Records of minutes must be preserved
- Subject to NC Open Meetings law
- Follow Roberts Rules of Order or The Suggested Rules of Procedure for Small Local Government Boards for orderly and effective meetings
- Maintain manual and operating procedures
- May use working or sub- committees
 - Can include members from outside of the board

Overall Role of Board

- Rule-making, adjudication and administration
- Leave day-to-day operation of health department to the health director
- Develop and support policies designed to promote and protect the public's health

The Board's Number One Goal:



- Support the health department in achieving its goals



Summary



- Board members are advocates for public health, function as policy makers, and stay educated about local public health
- The Chair has a specific role
- Meetings must follow specific guidelines
- Board's overall roles are rule-making, administration and adjudication
- Board's #1 goal is to support local health department in achieving its public health goals

Effective Governance

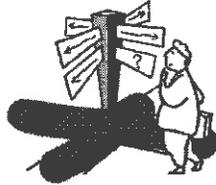


SECTION 6

Governing Challenges



1. Vague task definitions
2. No hierarchy
3. Little feedback
4. Open meetings



Partnership Compass



Governing Well



- Clearly define roles and relationships
- Focus on policy priorities and provide oversight
- Establish and follow protocols
- Seek out and respond to feedback
- Look to the future



The Governing Board as a Team



- Commit to work together
- Open communication
- Respect one another
- A sense of shared work
- Motivated to get things done
- Willing to listen and understand different points of view
- Disagree without being disagreeable



Levels of Board Accountability



Six Expectations for Effective Board-Health Director Relations

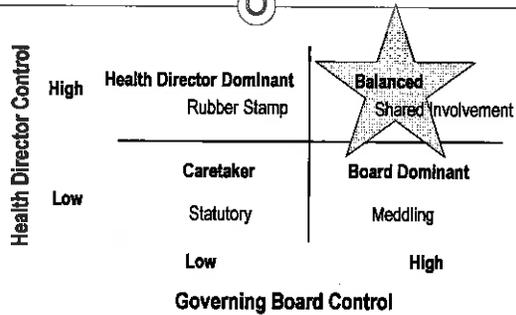


1. The board as a body sets direction
2. The board respects the role of the health director as chief administrator for the health department and allows him/her to demonstrate competency in their role
3. The board and the health director jointly strive for good service to their community

Six Expectations for Effective Board-Health Director Relations (cont.)

4. The board is responsible for board members' behaviors
5. The board freely gives and seeks feedback
6. The board works with the health director to be a high performing governing body

Board-Health Director Relations



Summary

- It is an honor to serve on a governing board for public health
- Serving as a governing board for public health is a weighty responsibility
- Strive for partnership: the board hires the Director and the Director runs the Department
- Providing good service to your community is the ultimate goal

Additional Resources for NC Public Health Governing Boards

The NC Institute for Public Health at the UNC Gillings School of Global Public Health maintains resources for local public health governing boards in North Carolina including:

Introduction to Public Health in North Carolina

A free online series of training modules which serves as a basic introduction to the practice of public health in North Carolina, This training is strongly recommended as part of a complete orientation for all new public health governing board members. Each module is 20-30 minutes and completion of the entire series takes 2 ½-3 hours.

NC Board of Health Rulemaking Authority

This online training is designed to explain rulemaking authority as it applies to a local board of health including the board's general authority to make rules, limitations on this authority, and procedural requirements that NC law imposes on the rulemaking process. The training may be accessed as needed for "just-in-time" training when boards are actively engaged in rulemaking or used towards meeting requirements for ongoing training for board of health members.

Online trainings may be accessed at <http://sph.unc.edu/nciph/boh-train/>

Annual Board of Health Training

NC accreditation requirements stipulate that local boards of health receive annual training. Annual training can be on multiple topics including a refresher on roles/responsibilities, accreditation, community health assessment or other specific topics of interest to a local board. To discuss annual training please contact Rachel Wilfert, Training & Technical Assistance Manager, NC Institute for Public Health, rachel.wilfert@unc.edu or 919.966.4085.

Boards of Health Resources

The NC Institute of Public Health has compiled a webpage of resources for local public health governing boards. Topics include information on open meetings and governance, information from the UNC School of Government on public health law, basic principles of public health agencies, data resources, accreditation, community health assessment and community health improvement planning and much more.

NC Board of Health resources: <http://sph.unc.edu/nciph/nciph-boh-resources/>

Books:

Bell, Fleming A. Suggested Rules of Procedure for Small Local Government Boards, 2nd Edition. School of Government: University of North Carolina at Chapel Hill 2012.

Brown, Jim. The Imperfect Board Member: Discovering the Seven Disciplines of Governance Excellence. San Francisco: Jossey Bass, 2006.

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Heath, Chip and Heath, Dan. Switch: How to Change Things When Change is Hard. New York: Broadway Books 2010.

Kotter, John P; Whitehead, Lorne A. Buy-In: Saving Your Good Idea from Getting Shot Down. Boston: Harvard Business Review, 2010.

Kouzes, James; Posner, Barry. The Leadership Challenge, 4th Edition. San Francisco: Jossey-Bass 2007.

Lawrence, David M. Open Meetings and Local Governments in North Carolina: Some Questions and Answers, 7th ed. Chapel Hill: School of Government, 2008.

Lencioni, Patrick. Death by Meeting: A Leadership Fable...About Solving the Most Painful Problem in Business. San Francisco: Jossey-Bass 2004.

Lencioni, Patrick. The Five Dysfunctions of a Team: A Leadership Fable. San Francisco: Jossey-Bass 2002

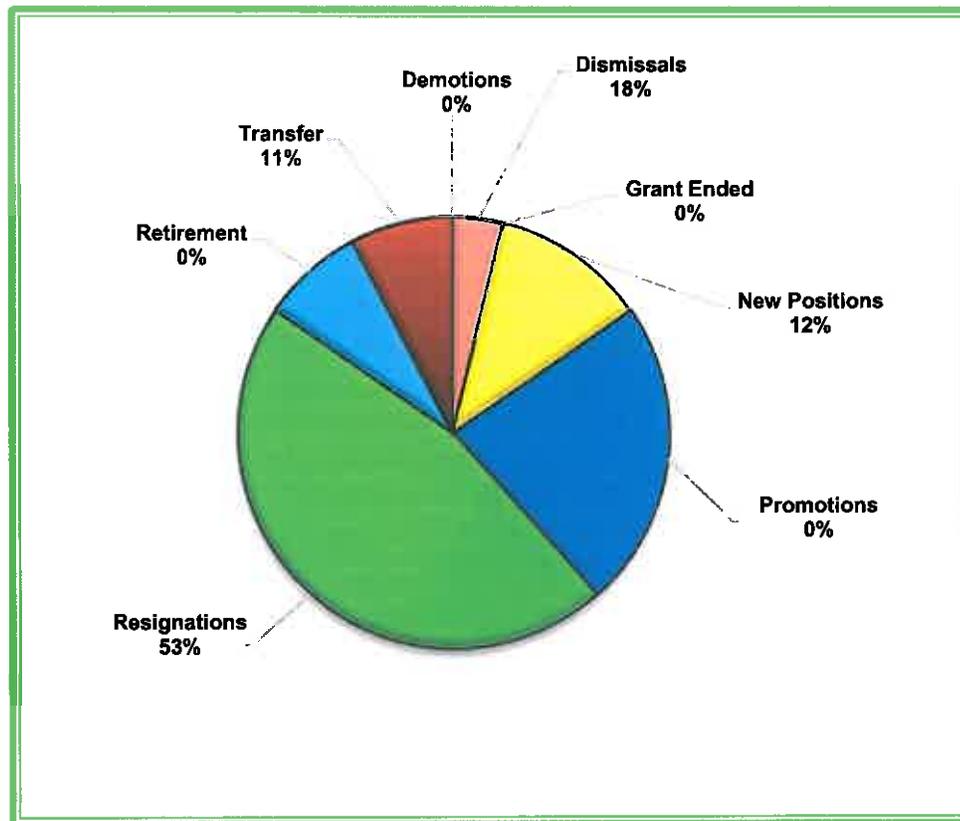
Lencioni, Patrick. Overcoming the Five Dysfunctions of a Team: A Field Guide for Leaders, Managers, and Facilitators. San Francisco: Jossey-Bass 2005.

Lencioni, Patrick. Silos, Politics and Turf Wars : A Leadership Fable About Destroying the Barriers That Turn Colleagues Into Competitors. San Francisco: Jossey-Bass 2006.

Boardsource. The Source: Twelve Principles of Governance That Power Exceptional Boards. Washington DC: Boardsource 2005.

PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 7/31/2015

<u>Vacancy Reasons</u>	<u>FY 13/14 *</u>	<u>FY 14/15**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	3	0	3	18%
Grant Ended	0	0	0	0%
New Positions	2	0	2	12%
Promotions	0	0	0	0%
Resignations	8	1	9	53%
Retirement	0	0	0	0%
Transfer	2	1	3	18%
	15	2	17	100%



*15 positions were vacant from FY 14/15. 4 positions have been filled.

**FY 15/16 vacancies are cumulative

2 position(s) became vacant in July 15/16

13 position(s) were vacant out of 204 employees for the month of July 31, 2015

VACANCY POSITIONS in FY 2015/2016

Month Ending: July 31, 2015

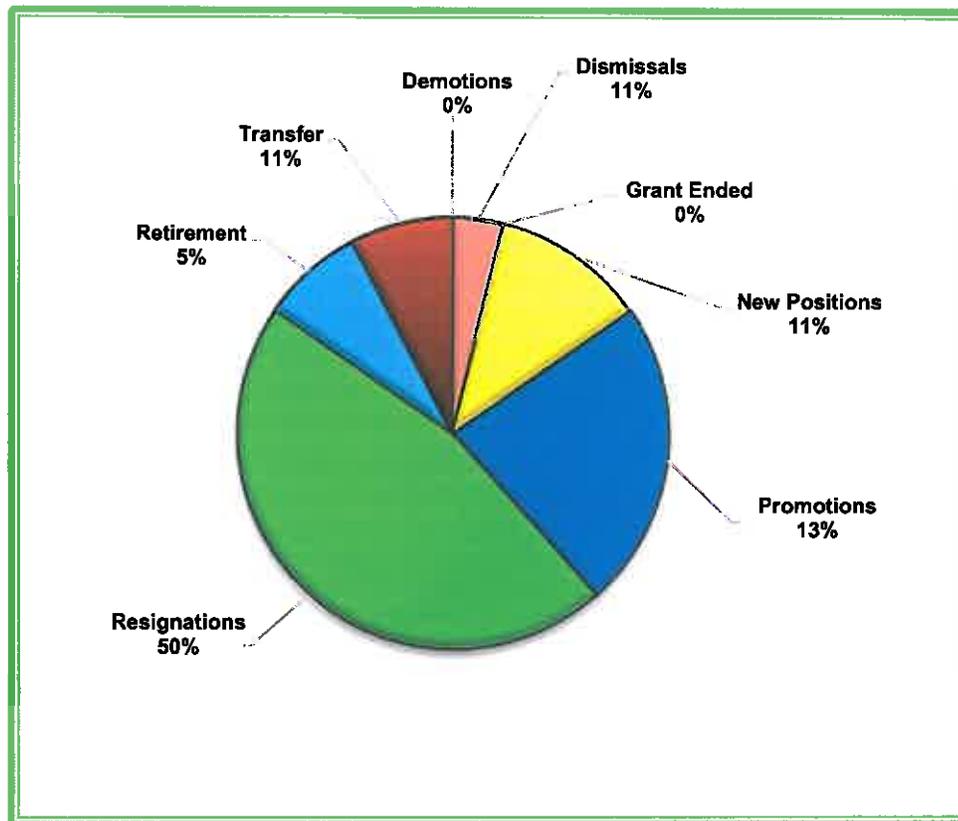
Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15, 6/22, 7/10	8/29/14, 9/5/14, 4/17, 7/24/15		VACANT
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/6	8/1/14, 12/19, 1/30, 4/25, 5/30		VACANT
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30/15	1/30/15, 2/6/15, 5/15/15	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15	3/27/15		VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31		VACANT
40004426	PH Educator	3/2/15	3/16/15	3/27/15	7/6/15	
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15	8/3/15	VACANT
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	
40001139	Sr PH Nurse	4/24/15	6/29/15	7/17/2015, 7/31		VACANT
40008575	Nutrition Specialist	5/1/15	6/1/15	6/12/15, 6/26		VACANT
40000989	Office Assistant	5/6/15	5/11/15	5/15/15		VACANT
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	
40001013	Sr Medical Lab Assist	5/18/15	6/1/2015, 7/15	6/12/2015, 7/31		VACANT
40001010	Processing Unit Supv	5/22/15				VACANT
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15		VACANT
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15		VACANT
40003879	PH Nurse Spec	7/24/15				VACANT

*New Position

Total # of vacancies as of July 31, 2015 = 13

PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 6/30/2015

<u>Vacancy Reasons</u>	<u>FY 13/14 *</u>	<u>FY 14/15**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	0	4	4	11%
Grant Ended	0	0	0	0%
New Positions	0	4	4	11%
Promotions	0	5	5	13%
Resignations	0	19	19	50%
Retirement	0	2	2	5%
Transfer	0	4	4	11%
	0	38	38	100%



*All positions have been filled from FY 13/14

**FY 14/15 vacancies are cumulative

1 position(s) became vacant in June FY 14/15

20 positions were vacant out of 200 employees for the month of June 30, 2015

VACANT POSITIONS in FY 2014/2015

Month Ending: June 30, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14	1/5/15	VACANT (2x in FY)
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15	8/29/14, 9/5/14, 4/17/15		VACANT
40008250	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40008251	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40007577	Clinical Social Wrk	8/4/14	8/7/14, 12/22/14	11/14/14, 1/2/15	4/27/15	
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/	8/1/14, 12/19, 1/30, 4/25, 5/30		VACANT
40007576	Comm Hlth Assist	8/13/14	8/29/14, 11/17/14	12/5/14		VACANT
40001099	Social Worker II	8/15/14	9/1/14	9/28/14	3/2/15	
40001140	Sr PH Nurse	8/15/14	8/25/14	9/28/14	12/8/14	
40005364	Nutrition Specialist	8/15/14	9/8/14, 10/12	9/26/14, 10/31	11/24/14	
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40007828	Info & Comm Spec	8/22/14	9/22/14, 10/27	11/28/14	3/2/15	
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31	3/30/15	
40007403	Sr PH Educator	9/2/14	8/25/14 internal	9/5/14	10/13/14	
40001013	Med Lab Assistant	9/11/14	9/22/14, 10/14/14	10/10/14, 10/31/14	1/5/15	VACANT (2x in FY)
40007476	Clinical Social Wrk	10/10/14	10/13/14	11/14/14		VACANT
40007076	Info & Comm Spec	10/12/14	10/27/14	11/28/14		VACANT
40007477	Nutrition Specialist	11/4/14				VACANT
40005369	Nutrition Specialist	11/6/14	12/15/14	1/9/15	4/13/15	
40005376	Nutritionist	11/23/14	12/15/14	1/30/15	3/16/15	
40007961	Assist Health Director	12/31/14	8/4/14	9/5/14	12/15/14	
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30/15	1/30/15, 2/6/15, 5/15/15		VACANT
40006525	PH Epidemiologist	2/16/15	3/16/15	3/27/15		VACANT-reclass 2/16/15
40007626	Sr PH Nurse	2/18/15				VACANT
40001097	Social Worker II	2/27/15	3/9/15	3/13/15	5/26/15	
40004426	PH Educator	3/2/15	3/16/15	3/27/15	7/6/15	VACANT
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15		VACANT
40001035	Sr PH Nurse	3/27/15			5/11/15	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	VACANT
40001139(2)	Sr PH Nurse	4/24/15				
40008575	Nutrition Specialist	5/1/15	6/1/15	6/12/15, 6/26		VACANT
40000989	Office Assistant	5/6/15	5/11/15	5/15/15		VACANT
40001048	PH Nurse	5/8/15	3/9/15	3/27/15	6/22/15	
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	VACANT
40001013(2)	Sr Medical Lab Assist	5/18/15	6/1/15	6/12/15		
40001010	Processing Unit Supv	5/22/15				VACANT
40001960	Physician Extender	5/29/15	4/20/15	5/15/15	6/22/15	
40007501	PH Nurse Spec	6/24/15	6/22/15	7/1/15		VACANT

*New Position

Total # of vacancies as of June 30, 2015 = 20

Positions highlighted in yellow will be eliminated effective 7/1/15

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
July 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office.	Mobile home has no wastewater system
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	Y	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process.	4/20/2015- Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed. 5/20/15 - 10 day demand letter issued by County Attorney's Office.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014	Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office.
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	N		Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available.	2/25/2015-Property has been sold and acquired by a real estate company. Agent has stated they will pursue connection to municipal sewer. 6/2/2015 - Sewer installation is in progress, owner is consulting with Building inspections for guidance on septic tank abandonment procedures. House remains unoccupied. 7/31/2015 - House is now connected to sewer, awaiting response from City/County Building Inspections regarding septic tank abandonments.
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected	4/20/2015 - House is unoccupied
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe.	3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources.
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2015	N	N		Collapsed septic tank. Revised NOV 1/28/2015. House is unoccupied, existing system is non-repairable, owner referred to NC Div. of Water Resources for an NPDES permit.	
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	N		Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sand filter on property. Unoccupied house. Owner referred to NC Div of Water Resources for NPDES permit.	4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	N		Surfacing effluent	

3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	N		Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978.	
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	N		Surfacing effluent	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	N		Surfacing effluent, non-repairable lot. Owner directed to NC DWR.	5/7/2015 - Owner contacted EH and stated the house would be vacated on May 30th.
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	N		Surfacing effluent	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	N		Effluent is discharging to the ground surface, sewage is backing up into the basement, septic tank has tree root intrusion. Non-repairable lot. Owners have applied to NC DWR for a discharge system permit.	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	N		Septic tank lid has collapsed. 5/19/2015 - Repair permit issued.	
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	N	N		Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system.	
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	N		Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned.	5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office. 7/14/2015 - EH contacted owner via telephone. Owner stated the original concrete lid for the tank is on the property and that he would reinstall it. EH staff will verify via site visit.
6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	N		Existing system crosses property line and is discharging effluent to the ground surface.	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued.
6/25/2015	5114 Leesville Rd	Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	7/25/2015	N	N		Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV.	
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N	N		Effluent pump is malfunctioning and needs to be replaced.	7/30/2015 - Electrical panel was repaired and pump is now functional. Upon pressurization, staff discovered the supply line union leaks effluent and is in need of replacement. EH notified the septic contractor of the issue.
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N	N		System was partially destroyed by driveway construction. Repair permit for septic system issued same day as NOV.	
7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N	N		House is unoccupied. Existing tank has collapsed, NCOWCICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuitable for repair. Owners referred to NCDWR.	
7/22/2015	6448 Guess Rd	Surfacing effluent	8/22/2015	N	N		Pressure manifold is damaged.	

ENVIRONMENTAL HEALTH

Compliant NOV's

July 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	Y	7/22/2015	Repair permit issued 1/13/15, no contact from owner since **7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**
5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N	N/A	System not under DCoDPH Jurisdiction	Anonymous complaint received by EH regarding septic system failure at this address. System failure verified during site visit. **7/14/2015 - Staff discovered the system is a discharging sandfilter under NCDENR jurisdiction. NC Division of Water Resources was notified by letter.**
5/19/2015	5111 Tallwood	Surfacing effluent	6/19/2015	N	Y	6/28/2015	Average daily wastewater flow is near the maximum design flow. Recommended installation of low flow fixtures, water conservation measures, and a site visit has been arranged with a certified septic installer to evaluate effluent distribution within the drainfield. **Low flow fixtures installed and reduced water use has abated the drainfield failure.**
4/29/2015	1324 Pennock	Surfacing effluent	5/29/2015	Y	Y	6/15/2015	Lift station to municipal sewer is not functioning. **Pump repaired** 5/21/2015 - Lift station continues to discharge sewage. 6/4/2015 - Forwarded to County Attorney's office. 6/9/2015- 10-day demand letter issued by County Attorney's Office.

12/18/2014	2109 Winkler Rd	Unpermitted expansion of bedrooms in house, building addition over septic tanks	1/18/2015	N	Y	6/9/2015	Building foundation is partially on septic tank, at some point a bedroom was added to the house; system is currently for 2 br. SFD. Expansion permit has been issued for 3br Controlled Demonstration Low Profile system. **6/8/2015 - Repair system installed**	3/31/2015 - House remains unoccupied. 5/20/2015 - Existing septic tank under building addition was abandoned and inspected. Construction Authorization has been issued for the repair system.
4/23/2015	3 Trappers Ct	Building setbacks	5/23/2015	N	Y	5/28/2015	Septic tank lies under gazebo, wash line box is under deck footing, wash line and portion of drainfield lie under garage. 4/30/15 Owner notified EH Division that she is proceeding with connection to sewer. 5/7/2015 Tap fee has been paid and a contractor has been hired by the owner to install sewer connection. **5/28/2015 - Connected to municipal sewer. Septic tank and washer line were properly abandoned and inspected by EH.**	
3/2/2015	501 Goodwin	System is under garage	4/3/2015	N	Y	5/28/2015	3/26/15 - Repair permit issued. **5/28/2015 - Repair system installed**	
3/18/2015	12804 Summerwind	Surfacing effluent	4/20/2015	N	Y	5/21/2015	Surfacing effluent, needs repair **Failure abated after water use was reduced.**	
12/23/2014	402 Mare	Effluent discharging to ground surface	1/23/2015	N	Y	5/13/2015	Failing at the first dam. **Drainfield Repaired 5/13/2015**	
4/16/2015	1015 Junction	Surfacing effluent	5/18/2015	N	Y	5/7/2015	Backing up and surfacing over tank, also there is a wash line piped to the street. **New septic tank installed and straight pipe removed.**	

4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	Y	5/1/2015	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. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV forwarded to County Attorney's office 8/14/2014. **5/1/2015 - Mobile home disconnected from barn/office system.**	
3/24/2015	3207 Gibson	Effluent Backing Up	4/23/2015	N	Y	4/30/2015	Sewage backup. **Repaired 4/30/2015**	
1/23/2015	3610 Bivins Rd	System crosses property lines, surfacing effluent	2/23/2015	N	Y	4/27/2015	LPP has had caps removed and is surfacing effluent at caps, system crosses onto 3602 Bivins Rd. 3/11/15 - Repair permit issued. **System replaced 4/27/2015**	
1/27/2015	6021 Burgundy	Break in the supply line	2/27/2015	N	Y	4/27/2015	There is a break in the supply line. 4/27/15 Met with home owner septic contractor, probed out supply line, issue is unrelated. **Confirmed no break in supply line.**	
4/16/2015	9919 Wilkins	Surfacing effluent	5/18/2015	N	Y	4/27/2015	Surfacing effluent **Confirmed that issue was due to drainage and surface water, not sewage. 4/27/2015**	
12/12/2014	1313 Olive Branch	Surfacing effluent, system crosses property lines	1/12/2015	N	Y	4/21/2015	System is surfacing effluent, drainfield totally saturated. Also crosses property lines; repair permit issued and easement recorded, have had preconstruction. **Repair system installed**	
3/12/2015	3511 Duke Homestead	Surfacing effluent	4/13/2015	Y	Y	4/20/2015	4/20/2015 - Connected to sewer 5/29/2015 - Septic tank properly abandoned and inspected by EH.	
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y	4/20/2015	Sewage discharging due to nonoperational lift pump. House is connected to municipal sewer but is outside the City limits. Forwarded to County Attorney's office 10/20/2014. 10 day demand letter mailed to owner by County Attorney's office 10/30/2014. **Verified pump is functional 4/20/2015**	10 warning was issued. 2/29/15 - Tenant acquired new pump but has not yet installed.

3/25/2015	13110 Meadowridge	Pump is not working	4/23/2015	N	Y	4/9/2015	Sewage backup. **Pump repaired**
2/2/2015	108 Thorngate	Sewer disconnection	3/2/2015	N	Y	4/1/2015	Sewer disconnected **City of Durham verified reconnection 4/1/2015**
1/22/2015	4201 Redwood Rd	Non-permitted system installed	2/22/2015	N	Y	3/30/2015	Application has been made for permanent pump and haul. Permit issued 2/2/15 **PUMP & HAUL Operation Permit Issued 3/30/2015**
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	Y	3/30/2015	No subsurface wastewater system operator. **Owner has hired a certified operator**
2/10/2015	5517 Inverness	Effluent is surfacing over lpp	3/10/2015	N	Y	3/23/2015	Surfacing effluent, **Repaired 3/23/2015**
2/10/2015	5438 Reese Rd	Effluent ponding over line 1 and clean out	3/10/2015	N	Y	3/10/2015	Surfacing effluent, **Repaired 3/10/2015**
2/10/2015	115 Belk	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**
2/10/2015	2602 Sherbrooke	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	Y	3/1/2015	No Subsurface Operator. NOV forwarded to County Attorney's office 8/14/2014. **Owner has hired a certified operator**
12/23/2014	1013 Variform	Effluent discharging to ground surface	1/23/2014	N	Y	3/1/2015	Failing LPP, Homeowner has contracted with McFarland as ORC. Will attempt change flow in order to eliminate failure. 1/28/2015 **System is under active management by a certified operator**
1/27/2015	6206 Russell Rd	System crosses property lines, failing, not permitted, excavated original permitted system	2/27/2015	N	Y	2/16/2015	Application has been made for repair; repair permit issued 1/29/15 ** REPAIR INSTALLED 2/16/2015**
1/27/2015	6625 Russell Rd	Pump is not working	2/27/2015	N	Y	2/8/2015	Pump is not working, effluent is backing up and surfacing around the tank. ** MALFUNCTIONING CONTROL FLOAT REPLACED**

12/23/2015	18 Thistle Trace	Effluent backing up	1/23/2015	N	Y	1/28/2015	Control panel does not work. **REPAIRED**	
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	Y	1/2/2015	Failing septic system. Non-repairable. Owner is attempting to gain access to municipal sewer line. City Council approved sewer connection on October 6 2014. Property owners are working with the City to facilitate the connection. **Connected to municipal sewer 1/2/15**	
3/26/2015	4609 Redwood	Building setbacks	4/26/2015	N	N		Septic tank lies under poured footing for house addition, as well as post for porch stairs, and violates setbacks to screened in porch footprint. ** 4/1/2015 Revisit by OSWP Supervisor, house footing is not on top of septic tank. None of the screen porch pillars are on septic tank. House addition approved by City/County Building Inspections department without EH approval. Owners notified of septic setback encroachment per guidance from NC DHHS Regional Specialist.**	Repair permit issued 3/26/15

**Health Director's Report
June Activities
August 13, 2015**

Staff Recognitions

Jennifer Mauch, RN, Public Health Nurse Supervisor, School Health Elementary/Child Health Assessment and Prevention Program (CHAPP), Community Health Division

Jennifer (Jenny) Mauch, RN, Public Health Nurse Supervisor is a recipient of the 2014-2015 Marilyn H. Asay Scholarship for School Nurse Leadership Award. This award was established by the School Nurse Association of North Carolina (SNANC) in honor of Marilyn Asay, who was the NC State School Nurse Consultant from 1987 until May, 2005. This scholarship award was in the amount of \$1500.00. SNANC offers scholarships to school nurses committed to a career in school health and who are enrolled in programs to further their education and enhance their clinical practices and leadership skills. Jenny is enrolled in American Sentinel University with a target completion date of November 2015.

Congratulations to Jenny! We are proud of her motivation and desire to continue her education and to excel in public health services!

Heidi Schoeppner, MS, RD, LDN obtained the Certified Diabetes Educator (CDE) credential on June 17, 2015. Heidi is the Nutrition Specialist for the Durham Diabetes Coalition. The CDE credential denotes the highest level of expertise in the field of diabetes education. Attainment of the credential is governed by the National Certification Board for Diabetes Educators and requires successful completion of a national CDE exam. Eligibility to sit for the exam includes completion of specific, required continuing education credits on diabetes care, completion and documentation of 1000 hours of practice experience in diabetes education, and a course of study preparation for the exam. Congratulations to Heidi!

Division / Program: Community Health Division / Communicable Disease Surveillance (Accreditation Activity 10.4- Promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations. Accreditation Activity 17.3- Monitor compliance with communicable disease control laws and rules.)

Program description

- In October 2014, the Centers for Disease Control and Prevention (CDC) implemented active monitoring of all travelers arriving in the United States from West African countries affected by Ebola, which at the time were Sierra Leone, Liberia, and Guinea.
- On June 15, 2015, Liberia was removed from the list of countries designated by CDC as posing a risk of Ebola exposure. No new Ebola cases have been identified in Liberia since March 20, 2015. Two incubation periods is the timeframe normally used to characterize the end of an outbreak; Liberia reached that milestone on May 9, 2015.
- The DCoDPH Communicable Disease (CD) nursing staff continue to actively monitor all travelers arriving in Durham County from Sierra Leone and Guinea throughout the

incubation period (usually 21 days), in accordance with guidance from the CDC and in consultation with NC Division of Public Health, Communicable Disease Branch.

Statement of goals

- To actively monitor travelers who arrive in Durham County from designated West African countries, for signs and symptoms that may indicate Ebola infection in order to activate response protocols as indicated.

Issues

- **Opportunities**
 - Provide direct contact and active daily monitoring (within 24 hours or less of notification by the state)) for every traveler arriving in Durham County from West African countries affected by Ebola
 - Interact directly with travelers from another country/culture
 - Participate with public health professionals in other jurisdictions to ensure seamless monitoring of all affected travelers
- **Challenges**
 - Identifying enough nursing staff to provide daily traveler monitoring, in addition to all their usual duties and responsibilities within the health department
 - Communicating and coordinating appropriate response plans with all local partners

Implication(s)

- **Outcomes**
 - To date, active monitoring has been provided to 54 travelers by specially trained DCoDPH communicable disease nurses
 - Seven travelers from other jurisdictions have also been monitored by DCoDPH nurses while visiting in Durham County.
- **Service delivery. The designated DCoDPH Communicable Disease nurses:**
 - Receive advance notice from state public health of all travelers who will be arriving in Durham County from affected West African countries, which now include Sierra Leone and Guinea
 - Contact each newly arrived traveler by phone to conduct a risk assessment and confirm contact information.
 - Conduct a face to face visit with each traveler to explain the monitoring program, issue control measures, and provide a monitoring log with instructions for use.
NOTE: Because monitoring has been in place for 8 months, the CD nurses are seeing “repeat travelers”, that is, travelers who have been monitored previously. These travelers are contacted by an assigned CD nurse, and monitored daily for 21 days, but do not require a face to face visit with the nurse. The monitoring regimen is well known to these “repeat travelers”.
 - Monitor each traveler on a daily basis daily for a designated time period (determined by date of last exposure)
 - Continue monitoring of travelers who travel outside of Durham County on an overnight basis for any length of time

- Coordinate immediate medical evaluation for any traveler who might develop fever and /or symptoms suggestive of Ebola
- **Staffing**
 - Four DCoDPH Communicable Disease nurses have been specially trained to provide active monitoring; one has been designated the “lead” and maintains tracking spreadsheets and coordinates the nurse assignments
- **Other**
 - Travel costs are incurred for face-to-face visits with each traveler
 - Overtime costs and/or comp time are incurred for nurses who are required to conduct active monitoring of travelers on weekends and holidays.
 - PPE and other equipment (i.e.: thermometers) has been purchased and provided to each nurse who conducts traveler monitoring

Next Steps / Mitigation Strategies

- Continue regular communication and collaboration with state public health to ensure active monitoring is provided to all travelers arriving in Durham County in accordance with state and federal guidelines

Division / Program: Nutrition Division / DINE for LIFE/Partnering with Catholic Charities

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- “Catholic Charities provides direct services to individuals and families, and advocates and collaborates with a range of community partners to ensure vulnerable and isolated families in our communities are cared for, fed, clothed, have adequate shelter and safe harbor, and have hope”- taken from www.catholiccharitiesraleigh.org
- DINE nutritionists partnered with Catholic Charities to bring a series of four nutrition education and taste test programs to food pantry recipients in May and June 2015.

Statement of goals

- Increase the nutrition knowledge of Catholic Charities food pantry recipients by providing nutrition and health information, budgeting techniques, and recipes.
- Encourage simple behavior changes towards healthier food selection, cooking, and eating habits.

Issues

- **Opportunities**
 - The partnership with Catholic Charities allows DINE nutritionists the opportunity to expand their reach to SNAP participants.

- Catholic Charities provides incentives for the class participants to attend the nutrition programs.
- **Challenges**
 - Some participants arrive late and leave early due to transportation needs.
 - Number of participants is low, possibly because this is a new partnership. There is a need to find ways to raise participation.

Implication(s)

- **Outcomes**
 - The first class covered MyPlate and was held on May 13 for 10 participants.
 - Taste test: Pasta and Bean Salad
 - Educational Reinforcement: Reusable grocery bag
 - Handout: “One Great Plate”
 - The second class, Healthy Snacks, was on May 20 for seven participants.
 - Taste test: Superhero Smoothies
 - Educational reinforcements: Cooking spatulas and Chop Chop magazines
 - The third class, ReThink Your Drink, on May 27, 2015, had five participants.
 - Taste test: Water with lime/lemon/orange slices
 - Educational reinforcements: water bottles
 - Handouts: ReThink Your Drink and Make Better Beverage Choices
 - The fourth class, Healthy Eating on a Budget, was held on June 3 for seven participants.
 - Taste test: Trail Mix
 - Educational reinforcements: Measuring cups
 - Handouts: Eating Better on a Budget- 10 tips and Eating Right When Money is Tight.
- **Service delivery**
 - Each nutrition program covered topics relevant to the adult SNAP eligible participant.
 - Taste tests included talking points about the nutritional benefits of the ingredients, ways to tailor the recipe to the participant’s liking, and budgeting tips.
 - Each participant received an incentive related to the nutrition topic presented.
- **Staffing**
 - The nutrition programs were staffed by a DINE Community Nutritionist.

Next Steps / Mitigation Strategies

- DINE staff will continue to partner with Catholic Charities through ongoing classes to provide nutrition education to the food pantry recipients.

Division / Program: Community Health Division/School Health Program

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common, costly, and preventable of all health problems. Half of all American adults have at least one chronic condition, and almost one in three have multiple chronic conditions (cdc.gov).
- School Health staff collaborated with Public Health Education and Public Health Nutritionist staff to provide a six (6) week series of educational sessions related to prevention and management of preventable chronic diseases for staff at Lakewood Elementary School.

Statement of goals

- To define preventable chronic diseases,
- To identify the most common preventable chronic diseases, and
- To discuss prevention measures and interventions.

Issues

- **Opportunities**
 - To promote and develop positive health practices and attitudes among Durham Public Schools staff to promote lifelong wellness.
 - To maintain close collaborations with Durham Public Schools.
- **Challenges**
 - Staff management of time to allow attendance prior to school start time,

Implication(s)

- **Outcomes**
 - Participants learned that chronic diseases such as heart disease, cancer and diabetes are major causes of death and disability in North Carolina.
 - Participants learned how individual behaviors, i.e., physical inactivity, unhealthy eating and smoking affect the treatment and/or progression of chronic diseases.
 - Pre and posttests revealed a 100% increase in knowledge gained from the sessions.

Service delivery

- Public Health School Nurse, Health Educator, and Nutritionist collaborated to provide 6 weekly educational sessions on the prevention and management of preventable chronic diseases.

Next Steps / Mitigation Strategies

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

Division / Program: Dental Division / Tooth Ferry Mobile Unit

(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- The Tooth Ferry is a mobile treatment dental van that has been in operation since 2001. Through an MOU with Durham Public Schools, and provides oral health services at DPS and various summer programs during the year. Due to its deteriorating condition, funds have been appropriated in the FY' 2016 budget to replace the current unit.

Statement of goals

- The Tooth Ferry reaches 8,000+ youth a year in Durham County, providing screenings and oral health services aboard the Tooth Ferry.

Issues

- **Opportunities**
 - The van offers families the convenience of having their child treated in the school setting, without their needing to take time off from work and/or find transportation.
 - The Dental team can begin treatment of the student on the Tooth Ferry and refer them to the Division's clinic to complete treatment.
- **Challenges**
 - This past year the Tooth Ferry has not been able to visit many schools due to requiring numerous repairs.
 - The Division will be required to put together specs for a potential new vehicle before a Request for Bids can be issued. Furthermore, the lead time to build a new unit (once a contract is secured) is 270 days.

Implication(s)

- **Outcomes**
 - The team has begun visiting mobile units, including the North Carolina Baptist Men's medical and dental units.
 - Information on like-units has been obtained from LifeLine Mobile (Columbus, OH), and Mathews Specialty Vehicles (Greensboro, NC).
 - The Division has also met, and continues to meet with EMS staff for assistance in development of spec sheets.
- **Service delivery**
 - The current Tooth Ferry continues to undergo repairs (as needed) as the vehicle may need to be used another year.
- **Staffing**
 - Dr. McIntosh provides all dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van. While the vehicle is being repaired, the team is working in the clinic.

Next Steps / Mitigation Strategies

The Division has begun exploring grants opportunities to assist with the purchase and customization of a new unit.

Division / Program: Administration / Communications and Public Relations

Program description

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

Statement of goals

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

Issues

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

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - As of June 29, one general public health media release was disseminated. Staff also responded to five (5) direct (unsolicited) inquiries from reporters. A total of 27 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including this month's *My Carolina Today* segment on overdose prevention, heatwave safety tips, new shot requirements taking effect in July⁽¹⁾, school-based clinics (CHAPP program), the launch of Blue Cross and Blue Shield of North Carolina's "Walk [Your City]" signage program in Durham, and restaurant inspection scores.

(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: Health Education / National HIV Testing Day

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

Program description

- The fight against HIV/AIDS begins with HIV testing. In observance of National HIV Testing Day, Health Education's ITTS team (Paul Weaver and Dennis Hamlet) and Lincoln Community Health Center's EI Clinic partnered with NC Central University's Student Health Center, CAARE Inc., El Centro Hispano, and the Alliance of AIDS Services Carolina to host a large Durham community event for National HIV Testing Day at the Lincoln Community Health Center, Friday, June 26, 2015 from 10 am to 4 pm. The theme for National HIV Testing Day this year is "Take the Test. Take Control."

Statement of goals

- To encourage people to learn their HIV status.
- To address and reduce the stigma of HIV/AIDS and testing.
- To promote routine HIV testing.
- To improve access to quick HIV testing.
- To improve education about HIV/AIDS.
- To remind people that HIV/AIDS is an ever present problem that affects everyone.

Issues

- **Opportunities**
 - Collaborate with agencies within the Durham community (Alliance of AIDS Services-Carolina, El Centro Hispano, NC Central University's Student Health Center, CAARE Inc., Triangle Empowerment Center, and community volunteers) along with Lincoln Community Health Center.
- **Challenges**
 - Due to the location of Conference Room A, B, and C in Lincoln Community Center, we didn't have many "walk by" clients who initially did not know about the event as they walked into Lincoln Community Health Center. Lincoln Community Health Center had their slowest day of the week on this day so there weren't as many people to recruit as in previous years in their waiting lobbies.

Implication(s)

- **Outcomes**
 - Free screenings (HIV, Syphilis, Gonorrhea, and Chlamydia) and condoms were provided along with community information and resources.
 - One hundred and eight (108) participants received a HIV and Syphilis screening at Lincoln Community Health Center.
 - Eighty six (86) participants received a Gonorrhea and Chlamydia screening.
- **Service delivery**
 - The Partnership for a Healthy Durham website, The KISS Facebook page, personal Facebook , Twitter, and Instagram pages from partners, organizational e-mail blasts for agencies within the HIV/STI Committee, flyers in barber/beauty shops and stores along Fayetteville St., Martin Luther King Jr. Blvd., Alston Ave, University Dr. and all Durham Housing Authority sites to promote and provide event information.
- **Staffing**
 - The ITTS team formed a National HIV Testing Day committee, made up of representatives of the partnering agencies that met eight consecutive Fridays leading up to National HIV Testing Day, which ultimately led the event planning and staffed the event held at Lincoln Community Health Center.

Next Steps / Mitigation Strategies

- Start planning for 2016 National HIV Testing Day event early in the year.
- Bring National HIV Testing Day back to a specific community in Durham opposed to a Health Center.
- Become more creative in our approach to host a National HIV Testing Day event that greatly peaks the interest of those in the Durham community.

Division / Program: Health Education

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- In observance of the ASK (Asking Saves Kids) Campaign in June, the Gun Safety Team held various events during the month of June to promote safe storage of firearms and distribute gunlocks. The purpose is to talk to parents about gun safety, specifically as to where they are stored and to make sure that even in storage the gun is secured with a lock. ASK Day is the first day of summer; with children home for the summer it is critical to lock up firearms and make sure homes where your children play are safe. Gun Safety Team members set up in various medical centers in Durham as well as the Human Services Building to extend the message of gun safety to parents as they come in for services. Team Members were featured on In Touch with Durham County Government show which aired in June.

Statement of goals

- To raise awareness regarding the importance of keeping firearms locked and stored properly.
- To promote the importance of asking the parents where your children visit and play, about firearms and make sure they are stored safely.
- To increase awareness that by law, guns must be locked up and stored in a safe place where children live.
- To continue public awareness events that inform adults that children getting to guns and harming themselves or someone else is preventable.
- To provide free gunlocks to adults who own firearms and do not have a gunlock.

Issues

- **Opportunities**
 - The Gun Safety Team is coordinated by Public Health Educator and includes a broad group of partners and stakeholders such as gun owners, community organizations, law enforcement, medical professionals, and religious organizations.
 - Participation in events anywhere in Durham County upon invitation such as health fairs, worksites, and health clinics, schools, and faith communities. Exhibits are set up to educate communities about gun safety and distribute free gunlocks.
 - Disseminate gun safety educational supplies to medical clinics and distribute gunlocks when needed.
- **Challenges**
 - Many individuals who own firearms are convinced that all they have to do is hide their firearms from their children.
 - Convincing individuals who don't own a gun that gun safety is still important because they need to make sure where their children play is safe from firearms.
 - Some event planners do not want to broach the subject of guns and gun safety as part of their event.
 - The message is about gun safety, not gun control and the Team clarifies this message for the public.

Implication(s)

- **Outcomes**
 - A total of 136 parents were educated on gun safety and 35 gunlocks distributed through 3 separate events.
 - The Gun Safety Team was invited to Youth Explosion event for teens as a result of ASK Campaign
 - Joanie Ross appeared on "In Touch with Durham County Government" TV show which provided daily outreach to the community.
- **Service delivery**
 - The ASK Campaign was held in medical clinics and we were able to speak with parents one on one through these venues.
- **Staffing**
 - Gun Safety Public Health Educator, Family Nurse Practitioner, Duke Trauma Health Educator and community member served these events.

Next Steps / Mitigation Strategies

- The Gun Safety Team will continue throughout the year to educate citizens of Durham County about gun safety and distribute gunlocks.

**Health Director's Report
July Activities
August 13, 2015**

**Division / Program: Nutrition/DINE for Life/Junior Iron Chef Durham
(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)**

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE's Junior Iron Chef Durham (JICD) partnered with Durham Public Schools to provide four math based culinary classes to 53 rising sixth graders in the *DPS Stepping Up Summer Program- Transitioning from Fifth to Sixth*.

Statement of goals

- To teach students basic nutrition, essential culinary techniques, and important culinary math concepts in an effort to empower students to take ownership of their education and health at home and at school.
- The goal of JICD is to provide nutrition and culinary training in selected middle, high schools, and afterschool programs.

Issues

- **Opportunities**
 - Students could learn and ask questions about food, nutrition, and healthy lifestyles.
 - Students were able to work with peers to learn the basic skills of cooking including reading recipes, measuring ingredients, converting measurements, basic knife work, and cooking techniques. Using applied math in cooking increases students' interest in math and their understanding of its relevance in their lives.
 - This was a new collaboration and was initiated by DPS. It marked another avenue for DINE-DPS collaboration and strengthened the bond between the DINE program and DPS.
- **Challenges**
 - Attendance (12-14 per class) was limited by number of participants in the summer program, limiting DINE's reach.
 - The structure of the summer program allowed for only one topic per week, limiting the opportunity for repeat classes on nutrition and cooking.

Implications

- **Outcomes**
 - Each of the four classes over one week consisted of an educational lesson and a guided cooking lesson performed by a DINE nutritionist. Educational session topics were MyPlate and Math in the Kitchen. Students made Fresh Vegetable Summer Rolls
 - Classes addressed increased rates of obesity among middle and high school students by:
 - improving overall knowledge about healthy lifestyles;
 - providing students with basic culinary knowledge to encourage food preparation and healthy lifestyle changes in the home and at school.
 - Classes assisted students in learning skills to use math in food preparation at home.
 - An average of 13 students attended each session.
- **Service delivery**
 - Classes took place at Shepard Middle School, 2401 Dakota St, Durham, North Carolina 27707.
- **Staffing**
 - Classes were staffed by one nutritionist.

Next Steps / Mitigation Strategies

- Continue to partner with Durham Public Schools to increase the reach of the DINE program and the Durham County Department of Public Health.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education at the HUB Farm (Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying DPS schools (those with 50% or more of their students receiving free/reduced lunch).
- Throughout June and July, students enrolled in Durham Public Schools (DPS) Summer Camps took field trips to the DPS Hub Farm to engage in experiential learning about agriculture, food systems, and natural science.
- DINE nutritionists offered cooking and nutrition lessons using Hub Farm produce. Lessons focused on fruits and vegetables. Students worked in teams to make and prepare healthy recipes: (1) veggie fritters and (2) veggie ribbon salad.

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.

- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy.
- To increase students' understanding of how food is produced, and how food can be grown locally.
- To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families.

Issues

- **Opportunities**
 - Partnering with DPS Summer Camps provides the opportunity to provide nutrition education to students when school is not in session.
 - Partnering with the Hub Farm allows DINE nutritionists to demonstrate connections between the natural world and nutrition, and to give students more experiential education.
 - DINE nutritionists are not able to provide nutrition education in all DPS schools, due to staffing limitations. Working with summer camps allows DINE to reach students who are not reached during regular school year programming.
- **Challenges**
 - Cooking classes, particularly when partnered with harvesting and other outdoor activities, are labor-intensive. Having enough DINE staff members to provide supervision and direction for these activities is an ongoing challenge.
 - The Hub Farm has no temperature controlled areas. Extremely high temperatures during the month of June 2015 led to cancellation of some of the planned trips to the Hub Farm, so DINE staff provided nutrition and cooking programming at the schools instead.

Implication(s)

- **Outcomes**
 - From June 16th to July 2nd, a total of 250 students participated in DINE cooking classes as part of their visits to the Hub Farm. DINE staff provided programming to an additional 87 students at their schools when weather forced the cancellation of the Hub Farm trip.
 - Students expressed excitement for being able to come to the farm, and enthusiasm for coming back again. Many of the students loved the recipes and said they wanted to make the recipes again at home with their families.
- **Service delivery**
 - Each session included education about the importance of eating fruits and vegetables, and the goal of having fruits and vegetables cover half of a meal plate.
 - DINE nutritionists also discussed and demonstrated safe cooking techniques.
 - After cooking, the students tasted the dish and were given a copy of the recipe to take home. DINE also provided bags with children's cooking magazines ("Chop Chop"), promotional pencils, and promotional Frisbees.
- **Staffing**
 - The nutrition and cooking programs were staffed by DINE Nutritionists. Support was provided by Nutrition Division interns and by volunteers from Duke and UNC.
 - Hub Farm staff provided staffing for the farm and nature exploration activities.

- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- Thanks to the ongoing availability of the Hub Farm as a resource to DPS schools and as a partner for programming, DINE plans to have many more nutrition and cooking events at the Hub Farm with DPS students.
 - DINE nutritionists will collaborate with their schools and teachers to arrange field trips for interested classes to the farm during the 2015-2016 school year.
 - DINE nutritionists will also collaborate with DPS summer camps and the Hub Farm in summer 2016 to bring field trips of students to the farm for nutrition education and cooking experiences.

Division / Program: Nutrition Division / Clinical Nutrition Team/Achieving Medicare Provider Status

(Accreditation Activity 21.3: The local health department shall develop and implement strategies to increase use of public health programs and services.)

Program description

- The Clinical Nutritionists of Durham County Department of Public Health (DCoDPH) have recently become enrolled providers of service for clients with Medicare Part B. DCoDPH can now receive reimbursement through Medicare Part B for nutrition services provided by the Nutrition Clinic.

Statement of goals

- Improve access to care by providing nutrition services to clients insured under Medicare Part B.
- Improve revenue from nutrition services by maximizing options of insurance coverage accepted by the Nutrition Clinic.

Issues

- **Opportunities**
 - Increased revenue is expected for DCoDPH as clients with Medicare Part B coverage are seen for Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME). The current Medicare rate of reimbursement for 1 hour of initial MNT is \$136.00/hour and \$103.04/hour for initial hour of DSME.
 - Clients covered under Medicare Part B with diagnoses eligible for nutrition services, such as diabetes, can now receive these services at DCoDPH.
- **Challenges**
 - The process to become Medicare Part B enrolled providers was tedious and time consuming due to Centers for Medicaid and Medicare Services (CMS) regulations and wait times.

Implication(s)

- **Outcomes**
 - The Clinical Nutritionists can now provide nutrition services to clients with Medicare Part B coverage and can receive reimbursement for these services.
- **Service delivery**
 - The Clinical Nutrition team maintains a clinic at DCoDPH and offers nutrition services by appointment Monday through Friday 8am to 5pm, with extended hours on Tuesdays.
- **Staffing**
 - The clinical team consists of 4.5 RD's who provide MNT and DSME.
- **Revenue**
 - MNT and DSME are billable services. DCoDPH nutritionists are providers for BCBS, Duke Select/Basis, Medicaid, and Medicare Part B. Clients not covered by third party payers are billed using a sliding scale fee.

Next Steps / Mitigation Strategies

- Use of Nutrition Clinic services by clients with Medicare Part B coverage will be tracked, as will revenues received from Medicare Part B reimbursement for these services.

Division / Program: Administration / Communications and Public Relations

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize

- Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - During the month of July, two general public health media releases were disseminated and one op-ed piece was submitted. Staff also responded to six (6) direct (unsolicited) inquiries from reporters. A total of 34 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities and issues including this month's *My Carolina Today* segment on water safety, awareness on illegal food vendors⁽¹⁾, adulterated heroin in the community⁽¹⁾, proper nutrition and hydration for athletes⁽¹⁾, new immunization requirements, school-based clinics (CHAPP program), the Durham County Jail lock back, a new walking challenge with the Orange County Health Department, a program recapping Public Health's first 100 years, and restaurant inspection scores.

(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)
 - On July 15, the Communications/PR Manager participated in a water contamination tabletop exercise with the City of Durham, Durham County, Orange County, Town of Cary, and Wake County. Several other Public Health Leadership Team and Environmental Health staff also participated. This exercise was designed to identify strengths and opportunities for improvement in the event a water contamination emergency were to occur. **(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan)**
 - The Communications/PR Manager attended the monthly planning meetings on June 22, in preparation for the department's SNS Exercise scheduled for September 2015. Communications with other county communications officials, as well as city and other agencies, will be critical in the event of an actual emergency requiring SNS resources. Therefore, it is also one of several areas within the county's SNS plan that will be evaluated during this upcoming exercise. **(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan)**

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: Dental Division /Oral Health Presentations in DPS Elementary Schools (Accreditation Activity 21.3- The local health department shall develop and implement strategies to increase use of public health programs and services.)

Program description

- The Dental Division's Public Health Hygienist makes oral health presentations to students in Durham's elementary schools throughout the year.

Statement of goals

- Presentations are designed to promote oral health instruction to elementary-aged children, and provide them with information to bring back to their families on dental care, as well as information on the service offered through the Tooth Ferry and/or Dental Clinic.

Issues

- **Opportunities**
 - The presentations serve to acquaint students with oral health instruction, including proper hygiene techniques.
 - The presentations accompany the hygienist conducting screenings at the schools, and for many of the same participants.
 - The presentations serve as an opportunity to introduce students (and their families) to dental services available through the Department of Public Health.
- **Challenges**
 - Currently one hygienist is conducting screenings, offering presentations, and working on the Tooth Ferry. Thus, the presentation schedule is limited (but could be augmented by the second hygienist, typically assigned to the clinic, being able to provide some of the school presentations).

Implication(s)

- **Outcomes**
 - Oral health presentations reached over 700 students during the past year.
- **Service delivery**
 - Presentations are being scheduled for the upcoming school year. Sessions are also arranged for additional community events (as requested).
- **Staffing**
 - Fariba Mostaghimi provides presentations.

Next Steps / Mitigation Strategies

- The Division has begun exploring ways to provide additional presentations, to reach an even greater number of underserved children and families in Durham County.
-

Division / Program: Public Health / Environmental Health/Contaminated Municipal Water Supply Table Top Exercise

(Accreditation Activities 4.2 - The local health department shall monitor exposure to environmental health risks. 5.3 – The local health department shall provide health alerts or advisories to the news media to inform the public when disease outbreaks or other potential public health threats occur. 6.3 – The local health department shall participate in regional emergency preparedness exercises and activities.)

Program description

- If the municipal water supply should ever become contaminated, the health department would be responsible for closing permitted food service establishments (and others) as well as informing the public of risks associated with consumption and use of the water. A coordinated response with community partners would be paramount.

Statement of goals:

- Identify partners and agencies that would be involved
- Educate and discuss roles, sharing of event information, uniform and timely coordination of messages, share of existing and development of new templates
- Identify who is actually impacted (might stretch beyond city/county borders)

Issues:

- **Opportunities**
 - Participating staff were able to discuss activities that would be taking place, requirements, timelines, and triggers thus creating more understanding and tolerance of partners and their roles.
 - Create a response plan, acquire message templates and modify as needed, craft messages, and regulatory action documents
- **Challenges**
 - Activation of the plans would require implementation of ICS
 - Multiple shifts may be needed resulting in the need for accommodations and provisions
 - Implementation of “just in time” training
 - Non-compliance with closures/permit suspensions might result in the need for issuance of an imminent hazard and the aid of local law enforcement

Implication(s)

- **Outcomes**
 - Problems, concerns and solutions were identified
 - Increased familiarity with agencies responsibilities, and enhanced awareness and confidence of participants
 - Satisfied training requirements
 - A permitted establishment educational effort has been implemented in hopes that operators gain increased understanding and suspension compliance is achieved without incident

- **Service delivery**
 - Staff will be more confident and capable of a rapid and effective response to a contaminated water supply incident
- **Staffing**
 - 10 DCo health department members attended the event. Other attendees included members of the City of Durham department of water management, Orange water and sewer authority, City of Roxboro water treatment, Chatham County utilities and water division, state Public Water Supply, state regional environmental health, DCo emergency management, and environmental health staff members from Orange, Wake, and Person Counties.
- **Revenue**
 - No revenues associated with this activity

Next Steps / Mitigation Strategies

- Continued training and education of operators
- Plan refining and improvement to include use of new GIS mapping tools
- Documents review

Division / Program: Health Education / Communicable Disease & Maternal and Child Health / Making Proud Choices

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

Program Description

- In an effort to assist adolescents with making healthy and responsible choices about their sexual and reproductive health, Communicable Disease & Maternal and Child Health (CD&MCH) partnered with Club Boulevard, Durham Teen Center and First United Antioch Baptist to implement *Making Proud Choices* (MPC).
- MPC is an evidenced-based curriculum that addresses the prevention of adolescent pregnancy and sexually transmitted diseases (STDs), including HIV. It acknowledges that abstinence is the best choice but emphasizes the importance of condoms, if participants choose to have sex.

Statement of Goals

The goal of MPC is to empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and their risk for an unplanned pregnancy. Youth participating in this intervention will:

- Increase their knowledge about prevention of HIV, STDs and pregnancy.
- Believe in the value of safer sex, including abstinence.
- Develop confidence in their ability to negotiate abstinence/safer-sex practices
- Have stronger intentions to use condoms if they have sex.
- Improve their ability to use condoms correctly.
- Have a lower incidence of HIV/STD sexual risk-taking behavior.
- Take pride in choosing responsible sexual behaviors.

Issues

- **Opportunities**
 - Utilizing established, youth-serving organizations such as Club Boulevard, Durham Teen Center and First United Antioch Baptist to implement and host MPC. These sites provide a safe environment for young people to receive education on youth specific issues.
 - Peer leaders from each site have formed relationships with the youth and were able to encourage participation in MPC.
 - The program occurred after school and during the summer months, lending more time for sexual and reproductive health education.
 - MPC was free for participants and refreshments were provided at some sessions.

- **Challenges**
 - As a result of the sizes of the groups, age ranges, maturity levels, and attention spans, modules required additional time to complete, 1.5 – 2 hour sessions.
 - Each module is designed to focus on a key element or specific skill. When participants began the program in the middle of the series or skipped sessions, it delayed the entire group because significant time was spent trying to review key concepts and skill building elements from previous sessions. Although Peer Leaders were aware of the importance of youth attending at least six sessions to benefit from MPC, attendance was unstable.

Implication(s)

- **Outcomes**
 - A total of 48 youth, Club Blvd (8), Teen Center (25) and Antioch (15), were educated on prevention of HIV, STDs and pregnancy.
 - Participants completed an anonymous evaluation, asking them to share something they learned from MPC and something they liked about the program. Every participant responded “yes” for their intentions to refer MPC to a friend. Sample responses include for:
 - “Tell me something you learned”:
 - How to make safe sex choices.
 - Never be scared to ask your partner to go with you to get tested.
 - You can’t tell if people have STDs or not, so be careful all the time.
 - When I start having sex, I know, no matter what, make sure I use a condom unless my partner and I are married and have to make babies.
 - What did you like about the program?
 - It taught us how to be safe and don’t do nothing crazy.
 - Being informed about all the consequences that comes with sex.
 - The speakers, activities, and movies.
 - People came to talk with us about things we didn’t know and we learned how to respect one another.
 - Learning about different topics that I never got a chance to talk about because of my age.

- **Service delivery**
 - MPC consists of eight, one-hour modules.
 - The Public Health Educator facilitated modules, at each site, in 90-120 minutes, on the following dates:
 - Club Boulevard (May 4, 2015 – May 27, 2015)
 - Durham Teen Center (June 22, 2015 – July 15, 2015)
 - First United Antioch Baptist (June 25, 2015 – July 21, 2015)
- **Staffing**
 - One Public Health Educator was responsible for MPC, however, other CD&MCH Public Health Educators assisted on various occasions
- **Revenue**
 - Received some TANF funds to provide program supplies, refreshments and gift cards.

Next Steps / Mitigation Strategies

- CD&MCH will be facilitating an all-day sexual health workshop, *FOCUS* in November 2015. FOCUS will be held at NCCU-Miller Morgan, to reach young adults, ages 18 – 24.

Division / Program: Health Education/Durham Diabetes Coalition/Patient Appreciation Day

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- The Durham Diabetes Coalition (DDC) is a partnership between Durham County Department of Public Health (DCoDPH), Duke University Medical Center, the University of Michigan School of Natural Resources and Environment, Durham health and community organizations, faith-based groups, local government, and community members.
- The DDC held a celebration to honor and thank its patients and program participants for their ongoing attendance and commitment to self-care.

Statement of goals

- The DDC was formed to improve health outcomes and quality of life for diagnosed and undiagnosed adults living with Type 2 diabetes.
- Patient Appreciation Day was held to honor and support patients and participants of the DDC's program and their ongoing commitment to diabetes self-management.

Issues

- **Opportunities**
 - Allowed patients to receive continued support and encouragement from DDC staff.
 - Patients were able to connect with one another and provide one another with support in managing their diabetes.

- Patients were able to receive clinical care while attending the event from Duke clinical staff.
- The event allowed an opportunity for the DDC to hear how its work is affecting patients and participants and relay this information to funders.
- **Challenges**
 - Attendance was limited to patients who were able to access transportation. For those who did have transportation, convenient parking was limited and difficult for many of the older or less mobile attendees.
 - Although the refreshments provided different selections, some choices were high-fat and high-sodium, which may not be the healthiest alternatives for a DDC patient celebration.”

Implications

- **Outcomes**
 - 78 people were reached at the event.
 - Patients were recognized with certificates to celebrate and remind them of their ongoing efforts in diabetes management.
 - The event included many positive comments and testimonials from participants about how much the DDC programs and services had benefitted them. (The following are paraphrased quotes came from attendees.)
 - “My HgbA1c was 14 before DDC and now it is at 7.”
 - “I have enjoyed learning about diabetes and how to help my husband. The DDC has been very good for me.”
 - “I love everything that’s going on with the programs here at CAARE. I love the diabetes care that’s personal and helps people with all their needs.”
- **Service delivery**
 - Planning for this program was overseen by the DDC Duke project manager with DCoCPH staff participating on the day of the event to provide assistance with registration, educational sessions, and filming of the event.
 - This was a one-time event held from 2-4 pm on Wednesday, July 22 at CAARE, Inc. (214 Broadway St.).
- **Staffing**
 - Staffed collaboratively by DDC staff from DCoDPH and Duke.

Next Steps / Mitigation Strategies:

- Provide feedback to planners on the importance of having the food served at events such as this be consistent with the health messages/education that participants are receiving.