

A Regular Meeting of the Durham County Board of Health, held September 10, 2015 with the following members present:

James Miller, DVM; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison; DDS; Arthur Ferguson, BS; Teme Levbarg, PhD, MSW and Rosemary Jackson, MD, MPH, CCHP; Heidi Carter, MSPH

Excused Absence: Commissioner Brenda Howerton; Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; and Dale Stewart, OD.

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Mel Downey-Piper, Attorney Bryan Wardell, and Dr. Miriam McIntosh,

**CALL TO ORDER:** Chairman Jim Miller called the meeting to order at 5:11pm with a quorum present.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:**

Ms. Harris requested to add the following item:

- Discussion--Public Health Involvement in Homicide Prevention in the Community.

Dr. Fuchs made a motion to accept the addition to the agenda. Dr. Jackson seconded the motion and the motion was approved unanimously.

**REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:**

Dr. Fuchs made a motion to approve the minutes for August 13, 2015. Dr. Allison seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:** There was no staff/program recognition.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **NC SCHOOL AGED IMMUNIZATION REQUIREMENTS**  
*(Activity 9.1)*

Ms. Cheryl Scott provided an overview of the NC Immunization requirements for school-aged children and DCoDPH role in the process.

NC law mandates that all children receive required, age appropriate vaccines. Immunization requirements for kindergarten and 7<sup>th</sup> grade students changed effective July 1, 2015. Durham County Department of Public Health and Durham Public Schools collaborate to provide NC immunization requirements to Durham Public Schools students, staff and to the public at large.

**Presentation Objectives:**

- To provide an overview of NC immunization requirements
- To discuss the changes to NC immunization requirements
- To discuss collaborative efforts between Durham Public Schools and DCoDPH to inform students and families of NC immunization requirements

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

**Questions/Comments:**

**Dr. Allison:** The students in year-round schools that were not in compliance... do you follow-up and find out if the students are compliant now and back in school?

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**Ms. Scott:** Yes, we do follow-up. As I recall there were 4 students that are not complaint at Rogers- Herr. I can find out if they are back in school.

**Dr. Allison:** What's the protocol for the health department to follow-up or is that the principal's responsibility?

**Ms. Scott:** The principal needs to follow-up on it. However, we work in conjunction with the principals by continuing to check immunization status in NC Immunization Registry (NCIR). If the students do not bring in the documentation or they're delayed in bringing it in, we try to help them find the resources in the community to get the vaccinations up to date.

**Dr. Allison:** What's the time table for you to follow-up...one week, two weeks, three weeks, or four weeks? I guess my question is, how quickly do you follow-up and get the kids back in school?

**Ms. Scott:** I can't speak to what the principals do. We continue to check immunization status of the non-compliant students weekly in NCIR.

**Mr. Ferguson:** Whose responsibility is it?

**Ms. Scott:** It's the principals' responsibility.

**Dr. Levbarg:** Are the vaccines supplied by the state?

**Ms. Scott:** The vaccine we use in our school site clinics come from the state through a program called the "Vaccines for Children." With these vaccines, we can only vaccinate children that are covered by Medicaid, uninsured, American Indian or Alaskan Native. We're going to have a large clinic here on September 21 in conference room A from 1pm-6pm. The clinic will involve all school nurse staff. We are preparing to administer 200 vaccines. We set this up using the Incident Command System (ICS). We will have staff stationed at strategic locations near the front door. Since we are using state-supplied vaccine we're going to have a person to ask about insurance status front. We don't want people who have insurance to have to wait in line because they will be ineligible for the vaccine being administered that day. We will provide students/families with updated immunization cards as proof of vaccination for the schools.

**Dr. Levbarg:** So basically there is no opting out...you have to have these vaccinations?

**Ms. Scott:** There are a couple of exceptions. There is a medical exemption that the physician has to complete and send to the state and there's a religious exemption. The parent has to write a statement with the name of the child and what the religious exemption is. The statement doesn't have to be notarized, nor prepared by an attorney, nor does a physician have to review it. The parent can write the statement and turn it in to the state. The state doesn't recognize personal beliefs and the child will be considered delinquent.

**Dr. Fuchs:** Do you know what percentage of students claim a religious exemption?

**Ms. Scott:** I don't know that but I can try to find out.

**Dr. Allison:** How detailed does the religious statement have to be? Do they have to site any type of doctrine?

**Ms. Scott:** They don't have to site any type of doctrine.

**Dr. Miller:** Do we have an answer to the percentage of students that claim a religious exemption?

**Ms. Harris:** We can find out based upon our school system data.

**Ms. Scott:** I can try to find out because they don't turn in those exemptions to us, they turn them into the school system.

**Mr. Ferguson:** So if they are home schooled and they decide to come into the public school system, who's responsible for making sure that they're up to date with vaccinations?

**Ms. Scott:** The parent and the principal are responsible. The principal is responsible for making sure they have those vaccinations in place before they are accepted in the school. They do have 30 days after the first day of attendance but after that 30<sup>th</sup> day if they don't produce either a medical or religious exemption per the law they aren't supposed to be accepted back in the school.

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- **SCHOOL NURSE SERVICES COSTS BENEFITS STUDIES (Activity 9.1)**

At the last Board of Health Meeting, Dr. Allison requested a literature review to show that money is actually saved by having school nurses in every school. Ms. Cheryl Scott provided the board with the findings from the literature review.

**Presentation Objectives:**

- To discuss the vital role of school nurses in Durham Public Schools
- To discuss the literature review of cost-benefits studies of school nursing services

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

**Questions/Comments:**

**Dr. Levbarg:** To clarify the nurses who are in the Milwaukee study, were they at the school every day?

**Ms. Scott:** Yes, they were full-time nurses every day, all day.

**Ms. Harris:** We will incorporate the study information into the presentation that you saw last year (including the school nurse video) and present it to the commissioners.

- **2015 FISCAL YEAR FINANCIAL OVERVIEW (Activity 39.2)**

Mr. Will Sutton provided the Board with an overview of 2015 Fiscal Year Financials that covered where Public Health started and ended with its FY15 budget compared to FY14:

**I. FY 2015 Approved Budget**

Total FY15 Approved Budget was \$21,841,914

The FY15 County Funded portion was 72% at \$15,719,673

In FY14 County Funded portion was also 72% at \$15,023,563

**II. Expenditures and Revenues – FY 15 End Result – Includes Medicaid Cost Settlement**

These slides were based on the Current Budget as opposed to the Approved July 1 Budget

Current Expenditure budget was \$23,881,801 and the actual Expenditure total was \$20,440,181 which is an 86% usage overall. Dental budget includes \$475K for new Tooth-Ferry.

Current Revenue budget was \$7,674,444 and the actual Revenue Collected was \$7,659,626 which is a 100% (99.8 rounded) collection overall. Jail includes unused contingency from Jail contract

Trends that existed throughout the year in cost centers were the same at year end.

**III. Three Year Comparison – Excludes Medicaid Cost Settlement**

Three year comparison slide shows FY 13, FY 14 and FY 15 side by side for Expenditures and Revenues

FY 13, FY 14 and FY 15 expenditure usage was 85%, 87% and 86% respectively

FY 13 and FY 14 revenue collection were both at 82% and FY 15 was 89%

**IV. Three Year Revenue Type Comparison**

Chart gives a breakdown of Grants, Medicaid, Fees for Services and Other revenues for the past years FY 13, 14 & 15

In part of FY 13, Medicaid revenue from CC4C/OBCM was posted into Grants as we were instructed to classify them at the time.

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Grants FY14 \$3.2M and FY15 \$3.6M  
Medicaid FY14 \$1,700,031 and FY15 \$2,144,362

**V. Conclusion/Comments**

Budget planning/monitoring

Billing Improvements/Internal training

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

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

The Durham County Board of Health received a copy of the August 2015 vacancy report which included a cumulative total of 12 positions vacant. *(A copy of August 2015 vacancy reports are attached to the minutes.)*

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for August 2015 prior to the meeting. There were no questions from the Board.

*(A copy of August 2015 NOV report is attached to the minutes.)*

• **HEALTH DIRECTOR'S REPORT**

**Division / Program: Community Health Division/Communicable Disease Program**

**(Accreditation Benchmark 7 - The local health department shall maintain and implement epidemiological case investigation protocols providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.)**

**Program description**

- During a 2-3 week period in July, 2015, eighteen people in Durham, Orange, Lee, and Wake counties became very ill due to what was believed to be adulterated heroin. The cases were similar in presentation to a mini-epidemic of clenbuterol-containing heroin which struck North Carolina in 2005. (Adulteration is usually suspected when drug users experience symptoms that are not typical for the drug.)
- Heroin users experiencing atypical symptoms such as rapid onset of heart palpitations, dizziness, anxiety, vomiting, fainting, hypotension, shock, and sever muscle cramping presented to area emergency rooms
- Initial notification of the cluster of events came from the Carolinas Poison Center

**Statement of goals**

- To assist the NC Division of Public Health in investigating cases of illness in Durham County that were potentially related to use of heroin mixed with clenbuterol
- To work with state and local authorities to notify area health care providers of the situation, to provide guidance to clinicians, and to protect the health of those at risk in the community

**Issues**

• **Opportunities**

- Investigated 15 reported cases of illness in Durham County that were potentially related to use of heroin mixed with clenbuterol
- Ensured a health alert, along with clinical guidance, was provided to local health care providers, emergency rooms and urgent care centers via Blastfax

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- **Challenges**

- Obtaining accurate information regarding onset of illness and symptoms from users/patients who presented for medical care
- Stressing to local healthcare providers and facilities the importance of obtaining specimens in order to confirm the suspected cause of illness. (A large number of the users/patients left AMA from local emergency rooms).

**Implication(s)**

- **Outcomes**

- Three of the total cases reported in all counties (18) had laboratory confirmation of clenbuterol.
- Word quickly spread among heroin users of the adulteration (according to users/patients who were interviewed during the investigation), and the cases presenting to local emergency rooms decreased

- **Service delivery**

- DCoDPH Medical Director was directly involved in the investigation and in contact with NC Division of Public Health and Carolinas Poison Control Center. She developed a case definition that was used to identify potential cases; she was involved in crafting a press release for providers and others; and she served as a resource for surrounding counties and local health departments that had similar cases.
- DCoDPH Communicable Disease (CD) RN conducted case reviews and phone interviews (when possible) to assist the informal investigation conducted by the NC Division of Public Health

- **Staffing**

- The lead CD nurse assisted in the investigation under the direction of the DCoDPH Medical Director

**Next Steps / Mitigation Strategies**

- DCoDPH has received no additional reports of reactions to adulterated heroin at this time

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**Division / Program: Community Health Division/Parenting Program-Triple P**

**(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**

- Durham County Triple P offers a variety of trainings to ensure ranges of intensities are offered to accommodate all parents' needs. The different delivery types (one-on-one, seminars, groups and online) support individual preferences in the parent community and practitioner base.
- Durham County Triple P continues to train a range of practitioners. These practitioners include family workers, social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy.

**Statement of goals**

- To provide an awareness and understanding of the clinical and practical benefits of the Triple P Parenting Program.
- To promote education and resources for the development of age and/or developmentally appropriate parenting skills.

**Issues**

• **Opportunities**

- To demonstrate Durham County Department of Public Health's commitment to making meaningful changes in family resilience, family functioning and emotional and behavioral outcomes for children throughout the Durham community by providing venues for practitioners with a variety of professional backgrounds to become certified and implement this evidence based, population-based approach to parenting to the community.

• **Challenges**

- Destigmatizing requests from parents for assistance is one challenge faced by Triple P. The Triple P Coordinator for Durham County is developing and implementing the Stay Positive media campaign utilizing materials to raise awareness of parenting issues, including seeking assistance when needed. Banners, public/private agency presentations, participation in community wide events that focus on children, parent tip papers, Facebook, Twitter and a public health Triple P website are strategies to promote this media campaign.

**Implication(s)**

• **Outcomes**

- Twenty (20) providers attended a Level 2 Brief Primary Care Training on August 11- 12, 2015. Level 2-Brief Primary Care consists of strategies that may be implemented by parents/guardians to address a specific behavior.
- The Durham County Triple P Coordinator is currently trained and/or accredited by Triple P International to provide the following levels of services to families:
  - Level 3 Primary Care Level 4 Standard Care
  - Level 2 Selected Seminars
  - Level 3 Discussion Groups
  - Level 5 Enhanced Care
- Throughout August 2015, the Durham County Triple P Coordinator, with the assistance of a contract administrative assistant, provided the following Triple P outreach activities to 835 individuals and families:
  - National Night Out at Masonic Lodge #58 in Durham (presentation)
  - Head Start Health Fair Registration Day (small group presentations)
  - Museum of Life and Science for Kindergarten Readiness Event (information table)
  - PAC-1 Community Meeting at Holton Resource Center (presentation)
  - Weaver street Health Fair Event (information table)
  - Durham Rescue Mission for Back to School Community Event (information table)
  - Salvation Army Boys and Girls Club for Back to School Community Event (information table)

• **Service delivery**

- Durham County's Triple P Coordinator will work closely with Durham County Public Health's Information and Communications Manager to implement the Triple P Stay Positive Media campaign.

• **Staffing**

- Durham County's Triple P Coordinator
- Triple P Administrative Assistant

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**Next Steps / Mitigation Strategies**

- Parent tip papers and Facebook are strategies currently being used to promote this media campaign.

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**Division / Program: Nutrition and Administration/Courageous Conversations staff training**

**(Accreditation Activity 26.3: The local health department shall assure that agency staff receives training in cultural sensitivity and competency.)**

**Program description**

- The Deputy Public Health Director led DCoDPH's first "courageous conversations" staff training around racial and ethnic inequities within systems with the Nutrition Division on August 13, 2015.

**Statement of goals**

- To raise awareness of the role systems play as it relates to health disparities.
- To use this awareness as a catalyst to provide better customer service and programs that better reach our customers' needs.

**Issues**

- **Opportunities**
  - The Deputy Public Health Director's experience in leading similar trainings/conversations in Texas and North Carolina is a huge asset to DCoDPH.
  - Participation in other learning opportunities in the Triangle that go deeper into this conversation.
  - The American Public Health Association has identified the consequences of racial and ethnic inequities as a public health threat and has organized a series of webinars on the topic.
- **Challenges**
  - Talking about the presence and effects of structural and systemic racism is truly a courageous conversation; all people living in our society have their own personal histories and addressing health inequities require working together to raise awareness and continue movement toward health equity for all.

**Implication(s)**

- **Outcomes**
  - Fifteen Nutrition Division staff members attended the training.
  - Since the conversation, Nutrition staff have talked amongst themselves about next steps, how the impact of multiple systems on the lives of the people we serve impacts their work and how to become more sensitive to our own unconscious biases.
  - Staff have requested additional training and are sharing computer links, webinar trainings, editorials, and other information related to health equity issues.
- **Staffing**
  - The Deputy Health Director, a Health Educator and Nutrition Program Manager are organizing the conversations.

**Next Steps / Mitigation Strategies**

- Organize courageous conversations with all DCoDPH divisions.
- Organize the conversations with interested partner agencies. The Partnership for a Healthy Durham's Obesity and Chronic Illness Subcommittee has already requested a presentation.

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- Encourage employees to participate in additional learning opportunities.

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**Division / Program: Nutrition Division/Clinical Nutrition Services/Diabetes Self-Management Education Program (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)**

**Program description:**

- The DCoDPH Diabetes Self-Management Education (DSME) program was awarded continued recognition from the American Diabetes Association.

**Statement of goals:**

- Maintain compliance with program standards to allow for continued operation of services and maintenance of American Diabetes Association (ADA) recognized program status.
- Assure high-quality education for patient self-care.

**Issues:**

- **Opportunities**
  - The ADA recognition process provides a national standard to measure the quality of diabetes education services and helps consumers to identify highly regarded programs. Recognized ADA DSME programs that follow national standards of care are able to bill for DSME services.
- **Challenges**
  - Assessment and approval of procedures, client medical records management, and program delivery are necessary for DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

**Implications:**

- **Outcomes**
  - DCoDPH's DSME program is governed by the North Carolina Diabetes Education Recognition Program (NC DERP) through the NC Division of Public Health, Chronic Disease and Injury Section. By maintaining the standards set by ADA, NC DERP was awarded continued recognition for its DSME programs for a four year period, 2015-2019. NC DERP and DCoDPH's DSME program were originally recognized in September 2009.
- **Service delivery**
  - The DSME program encompasses an initial individual assessment of each participant and nine hours of group or individual instruction. The participant in an ADA recognized program is taught self-care skills that promote better management of his or her diabetes treatment regimen. All approved education programs cover activity; medications monitoring; meal planning; and preventing, detecting and treating complications.
- **Staffing**
  - Fifty percent of a Registered Dietitian's position is committed to management and implementation of the DSME program.
- **Revenue**
  - DSME is a billable service. DCoDPH is a provider for BCBS, Medicaid, and Medicare Part B. Participants not covered under either plan are billed using a sliding scale fee. Each participant in the program serves as a potential source for increased revenue.

**Next Steps/Mitigation Strategies:**

- As a program approved through the American Diabetes Association and the NC DPH, DCoDPH's Diabetes Self-Management Education program will continue to provide quality diabetes self-management education to residents of Durham County.
- Collaborative efforts with community health care partners and marketing of the program will continue to ensure optimal use of this resource.

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**Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham**

**(Accreditation Activity 10.2 - The local health department shall carry, develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)**

**Program description**

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- 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).
- During June and July, DINE nutritionists provided nutrition and cooking lessons to students in the Mt. Vernon Summer Academic Enrichment Camp. Because most of the campers were consistent from week to week, DINE nutritionists were able to offer a nutrition curriculum building on previous weeks' lessons. Campers worked together to prepare and taste five healthy recipes: (1) black bean and mango salsa (2) zucchini carrot muffins (3) yogurt parfaits with homemade granola (3) zucchini sushi (5) banana ice cream.

**Statement of goals**

- To increase the nutrition knowledge of campers and their families.
- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy.
- Long term: to reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families.

**Issues**

- **Opportunities**
  - Partnering with Mount Vernon Summer Camp offers the opportunity to provide nutrition education to students when school is not in session.
  - Working in a summer camp like Mount Vernon provides the DINE program a chance to test potential new lessons and see how they are understood and received.
  - Having an ongoing series of nutrition lessons allows DINE nutritionists to reinforce previously taught nutrition and cooking concepts and to build on earlier concepts.
  - 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**
  - Providing appropriate and accessible nutrition education to a wide ranges of ages (kindergarten through eighth grade) at

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once is more challenging than working with a single grade level.

- Having adequate DINE staffing to work with each cooking group can be a challenge because of the labor-intensive nature of cooking classes.

**Implication(s)**

- **Outcomes**
  - From June 17<sup>th</sup> to July 29<sup>th</sup>, DINE provided a total of five nutrition and cooking lessons to a group of 28 campers, grades kindergarten through eighth grade.
  - The majority of students gave “thumbs up!” to each of the recipes, and each student took home a copy of the recipe to prepare with their families
  - DINE staff also attended a closing ceremony on August 6<sup>th</sup> and received a certificate of appreciation.
- **Service delivery**
  - Each session began with a nutrition lesson, followed by a hands-on cooking experience and then taste test.
  - Nutrition topics included The Five Senses, Food Groups, Healthy Breakfasts, Healthy Snacks, and Energy Balance.
  - DINE nutritionists also discussed and demonstrated safe cooking techniques.
  - Students received educational incentives including a DINE t-shirt and pencils with healthy food logos.
- **Staffing**
  - The nutrition and cooking programs were staffed by DINE nutritionists. Support was provided by Nutrition Division dietetic interns.
  - Mount Vernon Summer Camp staff provided support.
- **Revenue**
  - No revenue is generated through this educational outreach.

**Next Steps / Mitigation Strategies**

- DINE nutritionists plan to collaborate with Mount Vernon Summer Academic Enrichment Camp again in the future to provide more nutrition and cooking education to students during the summer.

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**Division / Program: Nutrition/ Health Promotion/ DINE in Childcare/ EDCI Collaborative Event**

**(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**

- On August 14, 2015, DCoDPH’s Nutrition Division provided education to families in the East Durham Children’s Initiative Zone (EDCI) during the EDCI End of Summer Lunch Party. This activity introduced the Durham County DINE in Childcare nutrition specialist, a newly created, grant-funded position, to the EDCI community.

**Statement of goals**

- To facilitate lasting improvements to the nutrition and physical activity environments of childcare programs and the EDCI community.
- To improve dietary and physical activity habits of young children and their families.

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**Issues**

- **Opportunities**
  - Collaboration between the Nutrition Division and EDCI promotes the goals of both agencies. The EDCI Summer Lunch program served more than 2,500 hot, healthy meals to children and families living in the EDCI Zone this summer. During this time DCoDPH nutritionists were able to facilitate nutrition classes on various topics.
- **Challenges**
  - An interpreter was not available for this event. Spanish materials were available.

**Implication(s)**

- **Outcomes**
  - Over 275 East Durham residents attended this event; the DCoDPH nutritionist provided over 150 of these residents with nutrition information.
  - During this event, a table was set up to share nutrition information about eating fruits and vegetables and how they can incorporate healthy snacking in their diets. Handouts and fresh fruit was passed out to the families.
- **Staffing**
  - DCoDPH's Childcare Nutritionist staffed the event.

**Next Steps / Mitigation Strategies**

- DCoDPH's Nutritionists will continue to collaborate with community agencies and childcare centers serving children in Durham. Healthy weight and growth are a focus for education and medical nutrition therapy to reduce health, developmental, and emotional/social risks associated with under nutrition and overweight and obesity.  
The collaboration with the DINE in Childcare nutritionist and EDCI opened the door for future work together.

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**Division / Program: Dental Division: Head Start Health Fair and Registration Day**

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

**Program description**

- On August 7<sup>th</sup>, the Department's Dental Division partnered with Durham Head Start to host its second annual Head Start Health Fair and Registration Day.

**Statement of goals**

- To provide a "one-stop location" to conduct health screenings, as well as academic and fine motor skills assessments for children, ages three and four.
- To provide education on additional services offered through the Health Department, such as Nutrition Education, Health Education, Emergency Preparedness and Triple P (Positive Parenting Program).
- To provide eligible families the opportunity to schedule continued health services, such as making future appointments for dental treatment.

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**Issues**

- **Opportunities**
  - Children were able to have assessments and screenings completed prior to the timeframe mandated by the state (by 30 days after the first day of school).
  - Children were assessed and screened prior to the start of school – eliminating disruption to the instructional school day.
  - Parents were able to meet Head Start staff prior to the start of school.
  - Head Start and Public Health staff were able to collaborate in an effort to assist families. The County’s General Services Department was also instrumental in readying the conference rooms and common space for the event.
  - Screening times decreased from 2 hours the previous year to 45 minutes this year with the new more structured schedule.
- **Challenges**
  - More interpreters were needed.

**Implication(s)**

- **Outcomes**
  - Departmental and Head Start staff worked expeditiously to move children through screenings and assessments.
  - The Public Health Department and Durham Head Start enhanced its partnership and provided a model for other communities in the state – and country. (Mercer County Head Start in Ohio has reached out for information on the partnership.)
- **Service delivery**
  - The event was held from 9 a.m. – 6 p.m., and provided the following:
    - 161 Head Start children attended;
    - 117 parents attended presentations (109 parents attended 3-5 presentations);
    - 71 volunteers and staff members participated.
- **Staffing**
  - 21 Public Health staff members participated in the event, including team members who conducted dental screenings, lead testing, and immunizations review. There were information areas highlighting nutrition, Triple P, WIC, family planning, and environmental health.

**Next Steps / Mitigation Strategies**

- The collaborative planning committee (including members of the Department and Durham Head Start) is in the process of meeting to review surveys and to begin planning for the 2016 event.

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**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

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- 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 August, three (3) general public health media releases were disseminated. Staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 32 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 teens and sleep, awareness on illegal food vendors, the release of Robert Wood Johnson Foundation life expectancy maps for Durham County and the Triangle, a rabies alert for Duke Gardens, a new anti-smoking campaign to be featured on BuzzRides, mobile markets accepting Double Bucks, new immunization requirements, school-based clinics (CHAPP program), 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)**
  - The Communications/PR Manager lead the Joint Information Center (JIC) planning meetings on August 31, in preparation for the department's SNS Exercise scheduled for October 2015. The purpose of this meeting focused on assessing communications needs and known deficiencies, in order to address them for the exercise. 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.

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**Division / Program: Health Education/Durham Diabetes Coalition**  
**(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 continuation of the previous *What's the 411* series, The Durham Diabetes Coalition held a third diabetes workshop entitled, *What's the 411: Diabetes and Kidney Health* to address key topics concerning kidney health. Dr. David Ortiz-Melo, Duke Nephrology participated as the guest speaker.

**Statement of goals**

- To raise awareness about the importance of diabetes and kidney health across Durham, NC
- To increase awareness of functionality of kidneys, prevention of kidney failure, and the relationship between diabetes and kidney disease
- To build rapport between the clinical providers and community residents

**Issues**

- **Opportunities**
  - Community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment
  - UNC-TV increased exposure for the Durham County Department of Public Health
  - Local physician, Dr. Elaine Hart-Brothers, supported the event which enhanced the information shared
  - Previous participants from *What's the 411: Diabetes and Kidney Health* returned to attend this workshop
  - New local organization and institutions were represented and may allow for more exposure of future events i.e., Duke Well, Duke Institute for Health Innovations; Community Health Coalition
  - Fellow staff were able to advertise upcoming events and register participants
  - Vendor participation allowed for community resources to be shared to participants
  - Incentives i.e., free foot mirrors, pill boxes, diabetic lotion and lunch allowed for increased registration and support for diabetic kidney health needs
- **Challenges**
  - Manual organization of registrations made it difficult to keep records updated and accurate
  - The speaker requested coffee prior to speaking
  - Participants appeared tired from sitting for a long period of time

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**Implication(s) n=102**

- **Outcomes**
  - Total one-hundred and fifteen (115) participants registered, one-hundred and two (102) registrants attended
  - 88.2% strongly agreed the presenter was knowledgeable; 10.5% agreed; 1.3% strongly disagreed
  - 87% strongly agreed the format of the presentation was good; 10.4% agreed; 1.3% no opinion; 1.3% strongly disagreed
  - 88.2% strongly felt there was enough time for questions; 9.2% agreed, 1.1% neutral and 6.8% disagreed
  - 77.6% strongly agreed that they learned things that they did not know about kidney health; 18.4% agreed; 1.1% strongly disagreed; 2.6% neutral and 1.32% strongly disagreed
  - Ninety-two (92) DDC gift bags were given to the participants which contained diabetic lotion, a foot mirror, pillboxes and kidney health brochures.
  - One-hundred and two (102) boxed lunches were distributed
- **Service delivery**
  - DDC utilized social media (Facebook and Twitter) and its website to promote and provide type 2 diabetes information and update the community on coalition activities.
  - A press release and media advisory was sent out informing the public about the upcoming events
  - Flyers were distributed to local partners during various community meetings and events
  - The workshop was held in conference rooms B and C in the Health and Human Services Building, which allowed for more space for participants, a lesson learned from the previous *What's the 411* workshops.
- **Staffing**
  - 1 DDC Health Education Specialist planned, recruited and organized the event. Fellow DDC Health Education Specialists, Health Promotion and Wellness team, interns and volunteers helped with the implementation of the event.
- **Other**
  - Boxed lunches were provided by Duke Translational Medicine Institute

**Next Steps / Mitigation Strategies**

- Host another workshop entitled, *What's the 411: Diabetes and Heart Health* on the tentative date of Thursday, November 12, 2015
- Continue to personally recruit participants in DDC target neighborhoods
- Have flyers mailed earlier to DDC patients to allow for opportunity to register
- Grant registration priority to the waiting list of attendees from last workshop
- Continue to diversify our guest speakers to reach various minority groups i.e., adding an additional speaker
- Future workshop topics will be chosen based on evaluation results shared by participants i.e., heart health and eye health
- Provide coffee for future speakers
- Incorporate a break in the itinerary to accommodate participants

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**Division / Program: Health Education/Durham Touchpoints Collaborative Initiate**

**(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 Touchpoints models trains providers from across disciplines (e.g. pediatrics, home visiting, early education) to anticipate these critical points and support parents as they negotiate challenges associated with their child's development.
- An evidence-based theory of child development based on the work of Dr. T. Berry Brazelton, "Touchpoints are periods, during the first years of life during which children's spurts in development result in disruptions in the family system."
- A practical method of strengthening parent-child relationships that helps parents understand the disorganization and regressions that may accompany their children's developmental spurts and what they can do to ease the stress.
- A common language of child behavior that enables families and providers to work together as professionals to collaborate across silos.

**Statement of goals**

- To strengthen parent –child relationship during regression years.
- To support relationships (parent-child, parent-provider, provider-child)
- To normalize parent's perception of their child's behavior
- To establish a new way to understand child development through the process of development
- To create a common language that will ensure Durham providers are effectively connecting with parents during critical developmental regression periods.

**Issues**

- **Opportunities**
  - The Durham's Touchpoints Collaborative (DTC), over a two-year period (May 2013 – June 2015), has trained a total of 95 providers representing 16 different organizations/agencies.
  - DTC consists of providers from the following organizations.  
Agencies:  
Childcare Care Services Association (CCSA), Durham County departments of Public Health, Library and Social Services, Durham Early Head Start, Durham Public Schools, East Durham Children's Initiative, El Futuro, Healthy Families Durham, Welcome Baby, Genesis Home, El Centro Hispano, Durham Partnership for Children, Duke Children's Primary Care, Durham Head Start, Village of Wisdom.

**Implications**

- **Outcomes**
  - To date, a total of 95 providers representing 16 different organizations/agencies have been trained in Touchpoints.

**Challenges**

- Keeping in contact with providers and organizations
- Keeping the trainers engaged

**Service delivery**

- Open relationships with identified agencies have been source of recruitment for potential selected providers.

**Next Steps/Mitigation Strategies**

- The DTC received funding from Oak Foundation for the development of the new Early Childhood Training Institute, in which Touchpoints is the hub.
- More details will be provided in upcoming Touchpoints Training Team meetings.

**OLD BUSINESS:**

- **FOLLOW-UP PRESENTATION TO BOCC-AMENDED BOH RULE—REGULATION OF SMOKING IN PRESCRIBED PUBLIC AREAS (Activity 34.5)**

Ms. Harris stated that she and Attorney Wardell were present at the BOCC meeting on September 8, 2015. Bryan can tell you how we ended.

Attorney Wardell stated that basically everything went fine. The BOCC agreed to post the amended rule tentatively for the next regular meeting. Attorney Wardell stated that essentially they are going to approve the rule/ordinance which is required by the state and that an effective date needs to be added into the rule. Attorney Wardell stated that Ms. Harris wanted to discuss it with the Board because new signs are required that include e-cigarettes, additional education and PR. Attorney Wardell stated that we probably need to figure out how much of a lead time we need to have an adhesive effective date.

**Questions/Comments:**

**Dr. Allison:** How do you enforce the smoking rule now? Is security allowed to speak to folk about smoking in front of the building?

**Ms. Harris:** We the county just signed a new agreement with a different security firm, Old Dominion (ODS) that began July 1, 2015 and part of their post orders is to enforce our smoking rule. We do need to go back and speak with the Police Chief and resend a letter to the City to address non-compliance with the rule. The other thing is we have a team of graduate students from UNC School of Public Health Capstone project that will look at the smoking rule for over a period of a year and figure out what people know, what we need to do to make it easily enforced, educate folks...a number of things so I would like to get them on the agenda at some point before they get too far down so they can tell you what they are doing and you can ask for any additional work that you may like to see included in the project.

Dr. Fuchs made a motion to implement the amended Smoking Rule effective January 1, 2016 and to enforce the amended Smoking Rule effective July 1, 2016.

- **SURVEY RESULTS-BOH COMMITTEE STRUCTURE (Activity 34.1)**

During an earlier meeting, the Board asked the director to survey other health directors about the committee structure used by their boards of health. Ms. Gayle Harris provided the board with responses from other NC local public health departments. The question was posed through listserv of the NC Association of Local Public Health Directors. Only four (4) departments responded. (See the table below)

<b>Health Department</b>	<b>BOH Committees</b>	<b>Comments</b>
<b>Chatham</b>	Budget, Evaluation, Clinical Services, Animal Services, and Environmental Health	
<b>Davidson</b>	Budget/Finance, Bylaws, Evaluation, Environmental Health, and General Services	Bylaws and General Services rarely meet

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<b>Orange</b>	Access to Care, Mental Health, and Obesity (aligned with Orange County Board of Health Strategic Plan 2014-2016)	Committees meet 2-3 times per year
<b>Person</b>	In 2005, Board formed an Environmental Health Subcommittee and a Personal Health & Home Health and Hospice Subcommittees.	The full Board would meet every other month, and the subcommittees would meet the other months. The committee membership stayed the same for about 2 years, and then they switched to the other committee. Since the BOH members don't often change, the BOH then decided in 2009 or 2010 after the members had their rotations, to leave the option in their Operating Procedures, but not to continue to utilize the committees at that time.

Ms. Harris circulated copies of the Orange County Board of Health Strategic Plan referenced above to show the Board the work plan of the committees.

The Board decided by consensus to continue to operate with the current committee structure and to appoint Ad-Hoc committees as needed.

**NEW BUSINESS:**

- **APPOINTMENT OF A PROVIDER TO COMMUNITY CHILD PREVENTION TEAM/CHILD FATALITY PREVENTION PROGRAM (CCPT/CFPT) (Activity 34.1)**

Michael Becketts, DSS Director and Gayle Harris, Public Health Director are working with state coordinators to restructure CCPT/CFPT in Durham County. Local Teams composition as detailed in NCGS 7B-1406(b)(10) states there shall be “a local health care provider, appointed by the local board of health.” Mr. Becketts and Ms. Harris requested that:

1. The board review the resume of Beth Herold, DNP a current team member and appoint her for an additional 2-year term. (*Resume was distributed and collected during the meeting*)
2. The board develop a process for soliciting applications for health care provider designation as the position becomes vacant in the future.

**Summary Information:**

**“§ 7B-1400. Declaration of public policy.**

The General Assembly finds that it is the public policy of this State to prevent the abuse, neglect, and death of juveniles. The General Assembly further finds that the prevention of the abuse, neglect, and death of juveniles is a community responsibility; that professionals from disparate disciplines have responsibilities for children or juveniles and have expertise that can promote their safety and well-being; and that multidisciplinary reviews of the abuse, neglect, and death of juveniles can lead to a greater understanding of the causes and

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methods of preventing these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish a statewide multidisciplinary, multiagency child fatality prevention system consisting of the State Team established in G.S. 7B-1404 and the Local Teams established in G.S. 7B-1406. The purpose of the system is to assess the records of selected cases in which children are being served by child protective services and the records of all deaths of children in North Carolina from birth to age 18 in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death, and (iv) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998-202, s. 6.)”

Dr. Levbarg made a motion to appoint Beth Herold, DNP as the health provider to the Durham County Community Child Protection Team (CCPT)/Community Child Fatality Prevention Team (CFPT), and have staff draft a process for soliciting applications for health care provider designation when the position becomes vacant in the future and bring it back to the Board for consideration. Mr. Ferguson seconded the motion and the motion was unanimously approved.

Ms. Harris will draft a letter for Chairman Miller to sign stating that Beth Herold, DNP has been appointed to the Durham County Community Child Protection Team (CCPT)/Community Child Fatality Prevention Team (CFPT).

- **CREDENTIALING BOARD FOR CERTIFIED COUNTY HEALTH WORKERS (*Requested from Health Task Force of Mayor's Poverty Reduction Initiative*) (Activity 41.2 & 41.3)**

**Ms. Harris:** Several months ago, staff members from the City of Durham's Neighborhood Improvement Services presented summary information about the survey results obtained from residents of two of the three block groups in Census Tract 10.01. The greatest health-related need identified was the desire to identify and access health-related resources. To that end, the Health Task Force has proposed hiring and training community members who live within the block groups to become community health workers. Community health workers are employed by agencies and organizations throughout the Durham Community including within DCoDPH. However, there isn't an established standard curriculum that is used to train them.

Members of the Health Task Force have identified a curriculum developed by Tulane University and met with staff at Durham Technical Community College who are very interested in developing and implementing a community health worker curriculum. The Task Force is requesting that the BOH consider establishing a Credentialing Board so that once an individual completes the curriculum, he/she could apply for certification.

Attorney Wardell was consulted prior to bringing this request to the Board regarding legal issues related to the Board's role. His written response was "I do not see any legal impediment to implementing a credentialing program, it is just a matter of what form it should take and who is responsible for monitoring it."

*(The following documents from the Health Task Force are attached to the minutes)*

1. Community Health Worker Job Description
2. Community Health Worker Credentialing Presentation to Board of Health
3. American Public Health Association: Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing

4. Competencies and Curriculum Document

**Questions/Comments:**

**Dr. Levbarg:** It seems to me that taking this step as the Durham County Department of Health really would be such a leadership step.

**Dr. Fuchs:** I would say so. Within health care organizations, staff are frequently trying to bridge care in the community – trying to determine how to make sure that people get what they need. So for me, this is a perfect approach. I was in a conversation the other day about how community health workers can be trained and what are the options. If there is an option for Durham Tech to be involved and the Board decides to take this on preferably across the community health system and potentially the state, I really think that would be good. I would volunteer to help in whatever way I can.

**Attorney Wardell:** So there was this discussion about if you had a formal curriculum requirement would it take away from the intent of this special position. Because what makes it a special position is you have this person in the community that is in touch with the community but may not have some of the particular credentials that we might think they should have but they are effective. So that's for discussion.

**Dr. Levbarg:** For me that is not a legal argument. There have been other positions like this. Training shored up the things they were able to do.

**Attorney Wardell:** It's a thought. It's kind of like if it's not really broken and it's working.....

**Ms. Harris:** It's not really working. It's piecemeal right now. There isn't a standard curriculum for community health workers in North Carolina and credentialing has been a part of many of the programs implemented nationally. Credentialing elevates the importance of the work. If the state should decide to appoint a credentialing body, we would work with that group instead.

**Dr. Levbarg:** Being certain that you get a trusted person from the community is important.

**Ms. Harris:** That is what the professor from Tulane said. Even though they developed the curriculum, they felt that the most critical piece for success is that the person selected for the work be a trusted member of the community.

**Dr. Levbarg:** You may want to identify the person from the community then train that person.

**Ms. Harris:** Once we identify the funding that's the model that we will implement so that we have someone on the ground quickly. The other Task Forces have even started to figure out how they can use the community health worker to meeting some of their needs. We have two plans: 1) hire the workers then provide the training and 2) offer training to other individuals within the community so that they could be hired by the department or other community entities.

**Attorney Wardell:** Isn't there a line item for this in the Manager's budget?

**Ms. Harris:** We haven't explored that option but we will check into it. Task Force members have contacted at least three foundations, Z. Smith Reynolds, A. J. Fletcher and Golden Leaf.

**Dr. Levbarg:** What do you need from the Board tonight?

**Ms. Harris:** What are you comfortable doing tonight?

By consensus, the Board supported the idea and asked Ms. Harris to have the Task Force move ahead with developing a credentialing process. Ms. Harris will work with the Task Force to develop timelines, etc. for the Credentialing Board and will report back to the Board of Health as progress is made.

• **DISCUSSION: PUBLIC HEALTH INVOLVEMENT IN HOMICIDE PREVENTION**

**Ms. Harris:** This item was added to the agenda because gun violence has been in the Durham news almost daily. There have been 20 homicides in Durham County since January. I heard an evening news reporter say that the Chief of Police is planning to visit Kansas City later in the year to learn more about some prevention strategies to reduce gun violence. In July, I attended the 2015 annual conference of National Association of County and City Health Officials. There I attended a presentation by the Kansas City Health Department titled “Approaching Violence as a Communicable Disease: Why the New Paradigm is Working.” The Kansas City program, “Aim4Peace” has reduced gun violence by 40%. The department replicated the “Cure Violence” program (formerly Chicago CeaseFire) program (using Public Health interrupters) developed in Chicago. The program is listed as an evidence-based model for reducing violence in the community and has been adopted in many states and internationally. This program is also referenced as a model program in the list of gun violence reduction strategies in the Department of Justice Office of Justice Programs Diagnostic Center’s Report (Diagnostic Analysis for the City of Durham: Opportunities for Evidence-Based Technical Assistance – April 2015) presented to the Durham City Council. ([U.S. Justice Department Programs Diagnostics Center Diagnostic Analysis for the City of Durham \(PDF\) \(6 MB\)](http://www.durhamnc.gov/documentcenter/view/934))  
[durhamnc.gov/documentcenter/view/934](http://www.durhamnc.gov/documentcenter/view/934)

Ms. Harris requested board support to continue to explore the program and to look at collaborative opportunities to implement the program in Durham even though this was not previously identified as a priority in the approved community health improvement plan. Implementing this program would require additional resources and working in alignment with other partners.

**Questions/Comments:**

**Dr. Allison:** I have seen a documentary of this program. I would like for that to be available for us to watch.

**Ms. Harris:** We can get that for you.

**Dr. Allison:** The recent death of the 21 year old on Angier Avenue appeared to be suicide by cop as did another incident by “The Bull” a few years ago. I was wondering if there is crisis response training for law enforcement officers.

**Ms. Harris:** Yes, Crisis Intervention Training (40 hours) is provided for law enforcement officers throughout the community. Additionally, Durham County has 5 staff members that are certified trainers of Mental Health First Aid that teaches people to recognize signs and symptoms of major mental illnesses as oppose to other issues. Dr. Jim Harris from our staff is one of the trainers.

• **AGENDA ITEMS OCTOBER 2015 MEETING**

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

- UNC Capstone Student Presentation – Board of Health Smoking Rule
- PReP Update
- Naloxone Update
- Summary Data-Baseline Staff Survey Ref. Bullying

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

**Ms. Carter:** The Durham County Board of Education approved a change in bell schedules for SY17. High schools will start at 9:00, middle schools at 7:30 and elementary schools between 7:45 & 9:15 based on bus schedules. Thank you, Board of Health, for the discussions regarding the significance of later bell schedules for adolescents.

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**Ms. Harris:** This department will continue to educate the public about the science behind the decision. Eric Ireland, deputy health director, discussed the topic on *My Carolina Today* television show in August. We are also developing infographics related to the topic. These posters will be delivered to schools and displayed in other community venues.

Dr. Jackson made a motion to adjourn the regular meeting at 7:23pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.



James Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director



# SCHOOL-AGED STUDENTS IMMUNIZATIONS

NC Vaccination Requirements

September 10, 2015 / Cheryl Scott, RN, MN/MPH

## Objectives

**School-Aged Students Immunizations**  
**NC Vaccination Requirements**

- I. Overview
- II. Kindergarten
- III. 7<sup>th</sup> Grade
- IV. Collaboration
- V. Summary
- VI. Questions



# NC Immunization Requirements

NC General Statute 130A-158. Immunizations required

**School principals are responsible for enforcing state immunization laws for school entry**

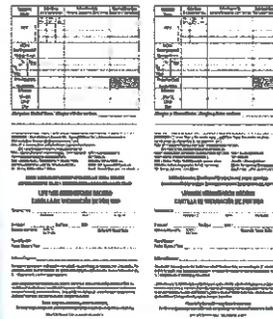
- 30 calendar days from the first day of attendance to present the required up-to-date immunization record
- Immunizations not up to date? The required immunizations must be obtained within the same 30 day period



# NC Immunization Requirements

## Vaccination Records

- Checked on enrollment in a child care facility or public, private or religious school



# NC Immunization Requirements

All age appropriate vaccines are required by the end of calendar day 30 to attend school.

*If proof of vaccination is not provided as mandated, NC law requires suspension from school until proof of immunization is provided, or it is shown that the child has begun the immunization process.*



# NC Immunization Requirements

## Kindergarten Vaccine Requirements

Vaccine	Number Doses Required Before School Entry*
<a href="#">Diphtheria, tetanus and pertussis</a>	5 doses
<a href="#">Polio</a>	4 doses
<a href="#">Measles</a>	2 doses
<a href="#">Mumps</a>	2 doses
<a href="#">Rubella</a>	1 dose
<a href="#">Haemophilus Influenzae type B (Hib)</a>	4 doses
<a href="#">Hepatitis B (Hep B)</a>	3 doses
<a href="#">Varicella (chickenpox)</a>	2 doses



# NC Immunization Requirements

## Kindergarten Vaccine Requirements

### Changes to previous vaccine requirements include:

- **Polio vaccine** – For the first time, the booster (4th) dose is required on or after the 4th birthday and before entering school.
- **Varicella vaccine** – 2 doses administered at least 28 days apart
  - One dose is required on or after 12 months of age and before 19 months.
  - **A second dose is required before entering school for the first time.**



# NC Immunization Requirements

## 7<sup>th</sup> Grade Vaccine Requirements

Vaccine	Number Doses Required Before School Entry*
<a href="#">Diphtheria, tetanus and pertussis</a>	5 doses
<a href="#">Polio</a>	4 doses
<a href="#">Measles</a>	2 doses
<a href="#">Mumps</a>	2 doses
<a href="#">Rubella</a>	1 dose
<a href="#">Haemophilus influenzae type B (Hib)</a>	4 doses
<a href="#">Hepatitis B (Hep B)</a>	3 doses
<a href="#">Varicella (chickenpox)</a>	2 doses
<a href="#">Tetanus/diphtheria/pertussis</a>	1 dose
<a href="#">Meningococcal conjugate</a>	1 dose



# NC Immunization Requirements

## 7<sup>th</sup> Grade Vaccine Requirements



### ***New Vaccine requirements include:***

- **Meningococcal conjugate vaccine (MCV) – 2 doses**
  - One dose for individuals is required entering the 7th grade or by 12 years of age whichever comes first.
  - Booster dose for individuals is required entering the 12th grade or 17 years of age beginning August 1, 2020.
  - If the first dose is administered on or after the 16th birthday the booster dose is not required.



# NC Immunization Requirements

## 7<sup>th</sup> Grade Vaccine Requirements

### ***Changes to previous vaccine requirements include:***

- **Tetanus, diphtheria, and pertussis (whooping cough) – Tdap**
  - A booster dose of Tdap is required for individuals who have not previously received Tdap and who are entering 7th grade or by 12 years of age, whichever comes first.



# NC Immunization Requirements

***Spreading the Word, Supporting Immunization Compliance***

- *DPS Liaison/Principals*
- *Printed materials*
- *DPS Website*
- *Kindergarten Registration Events*



# NC Immunization Requirements

***Spreading the Word, Supporting Immunization Compliance***

*Spring Tdap/Menactra information sessions*

*School Open Houses*



*Community Events*



*Media Releases*



# NC Immunization Requirements

***Spreading the Word, Supporting Immunization Compliance***

***7<sup>th</sup> Grade Vaccination Clinics***  
***School sites***  
***Public Health***



# NC Immunization Requirements

***Spreading the Word, Supporting Immunization Compliance***

***Television appearances***

***My Carolina Today***

***ABC11 News***

***Kindergarten***

***7<sup>th</sup> Grade***

***TWC News in Depth***



<http://www.twcnews.com/nc/triangle-sandhills/in-depth-interview/2015/06/23/in-depth-school-vaccinations-.html>



# NC Immunization Requirements

**Spreading the Word, Supporting Immunization Compliance**

**Well Child Check-Ups!**  
**Child Health Assessment and Prevention Program**



- Immunizations (shots)
- Kindergarten Physicals for school
- Health Check-Ups for newborns up to age 18
- Vision, Hearing and Developmental Screenings
- Dental Fluoride Treatment
- Lead Levels and Lead Testing
- Referrals and Resources

For more information, please contact your local health department or visit us online at [www.dhhs.gov](http://www.dhhs.gov)

**For more information, call us at:**  
 1-800-368-5878  
 or visit [www.dhhs.gov](http://www.dhhs.gov)

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# NC Immunization Requirements

## Summary

**School-Aged Immunization Requirements  
Kindergarten & 7<sup>th</sup> Grade Changes/Additions  
Collaborations**



# NC Immunization Requirements

Questions?





# **SCHOOL NURSE SERVICES COSTS-BENEFITS STUDIES**

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## **Literature Review**

September 10, 2015 / Cheryl Scott, RN, MN/MPH

# **Objectives**

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## **Literature Review**

### **Return on Investment for School Health Nursing**

- I. **Vital Role of School Nurses in Durham Public Schools**
- II. **Cost-Benefit Studies of School Nursing Services**
- III. **Summary**
- IV. **Questions**



# Vital Role of School Nurses

- Attendance
- Academics
- Time
- Staff Wellness
- Accountability



# School Nurse Staffing Recommendations



**Recommendation**  
**Nurse: Student ratio of 1:750**



## Cost-Benefit Studies of School Nursing Services

### Evidence-Based Research on the Value of School Nurses in an Urban School System

#### **Importance**

- Increasing acuity of student health problems.
- Increasing rates of poverty among urban families.
- Widening ethnic/racial health disparities in child and adolescent health indicators.

Source: *Journal of School Health*, February 2011.  
Baisch, M.J., Lundeen, S.P. & Murphy, M.K.



**MILWAUKEE  
PUBLIC SCHOOLS**

## Cost-Benefit Studies of School Nursing Services

#### **Objective**

- To evaluate the impact of school nurses on promoting a healthy school environment and healthy resilient learners.

#### **Design, Setting and Participants**

- Mixed methods (Cross sectional design; Quasi-experimental design)
- MPS Schools
- School Nurses
- School Staff



**MILWAUKEE  
PUBLIC SCHOOLS**

## Cost-Benefit Studies of School Nursing Services

### Interventions

- Placed an additional RNs in 27 schools
- Ratio Goal of 1:750
- Surveys
  - School staff satisfaction with school nurse
  - Perceptions of efficient management of health concerns
- Data from Electronic School Records



**MILWAUKEE  
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## Cost-Benefit Studies of School Nursing Services

### Milwaukee Public Schools SY 2006-2007

Average Time /Employee Spent Daily on Health Issues by Milwaukee Public School Staff

	Before Hire SN	After Hire SN	Time Returned to School Staff for
Education			
Principals	67	11	56
Teachers	26	6	20
Clerical	63	17	46

Babch, M.J., et al. 2008. Title I Funded Nursing Services 2006-2008 Program Evaluation. Report to the Milwaukee Public Schools by the University of Wisconsin-Milwaukee College of Nursing, Institute for Urban Health Partnerships.



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PUBLIC SCHOOLS**

## Cost-Benefit Studies of School Nursing Services

### **Results**

- Immunization compliance rates improved
- Increased identification of chronic and life threatening conditions
- Educational time restored to teachers
- Cost analysis:

Thirteen (13) hours/day school staff spent on student health concerns.  
Annual estimated cost of \$133,174.89 in salary/fringe benefits,  
Almost 2X cost of hiring an MPS school nurse.



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## Cost-Benefit Studies of School Nursing Services

### **Evidence-Based Research on the Value of School Nurses in an Urban School System**

#### **Conclusions and Relevance**

- School Nurses, when in the school everyday, improve health educational outcomes.
- More quality evaluation data is needed to justify hiring and retaining school nurses to support improved school environments.



**MILWAUKEE  
PUBLIC SCHOOLS**

## Cost-Benefit Studies of School Nursing Services

### Cost-Benefit Study of School Nursing Services

#### **Importance**

- Several US school districts have cut on-site delivery of health services by reducing or eliminating qualified school nurses.
- Providing cost benefit information will help policy makers and decision makers better understand the value of school nursing services.



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Weng, L.Y., Verver-Stolley, M., Capinski, M.A., Dzalek, M., Margheri, E., & Shertz, A. (2014). Cost-benefit study of school nursing services. *Journal of the American Medical Association (JAMA) Pediatrics*, 168 (7), 642-648. doi:10.1001/jamapediatrics.2013.5441

## Cost-Benefit Studies of School Nursing Services

#### **Objective**

- To conduct a case study of the Massachusetts Essential Health Services (ESHS) program to demonstrate the cost- benefit of school health services delivered by full time registered nurses.

#### **Design, Setting and Participants**

- Standard cost-benefit analysis methods
- ESHS costs and benefits vs. setting with no school nursing services
- ESHS program report data; other published studies
- 477,163 students/933 MA ESHS schools/78 school districts/2009-2010 SY



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## Cost-Benefit Studies of School Nursing Services

- **Design, Setting and Participants**

The "no school nursing scenario is **hypothetical** and is based on:

- Projected medical procedure costs
- Teachers' productivity loss (addressing student health issues)
- Parents' productivity loss (early dismissals)
- Medication Administration by school staff



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## Cost-Benefit Studies of School Nursing Services

### **Interventions**

School Health services provided by full time registered nurses

- 1,157 FTE RNs/933 schools
- 4,946,757 student health encounters
- 99,903 school staff health encounters
- 1,016,140 medical procedures
- 1,191,060 medication doses
- 6.2% early dismissals

September 1, 2009-June 30, 2010



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## Cost-Benefit Studies of School Nursing Services

**Table 1. Medical Procedure Costs if Performed by Physicians or Nurses in a Medical Setting**

Procedure	CPT or HCPC Code	No. of Procedures Performed Monthly		Medicaid Fee or Midpoint of Fee Range <sup>a</sup>	Non-Medicaid Fee or Midpoint of Fee Range <sup>b</sup>	Weighted Mean of Medicaid and Non-Medicaid	Annual Procedure Costs	
		Students	Staff				Students	Staff
Administer immunizations	90471	5141	1288	16.52	29.50	24.84	1 277 064	379 960
Auscultate lungs <sup>c</sup>	T1002/S9123	14 216	261	9.09	15.85	13.42	1 908 240	41 369
Blood glucose testing	82962	31 013	81	2.86	20.00	13.88	4 305 820	16 200
Blood pressure monitoring	99211	2805	1735	10.05	49.50	35.34	991 223	858 825
Carbohydrate/Insulin calculation <sup>d</sup>	T1002/S9123	11 655	4	9.09	15.85	13.42	1 564 472	634
Catheter care <sup>e</sup>	T1002/S9123	2307	3	9.09	15.85	13.42	309 873	475
Central line care <sup>e</sup>	T1002/S9123	89	1	9.09	15.85	13.42	11 947	159
Check ketones	81000	1408	2	4.01	24.00	16.83	236 901	480
Device adjustment	99002	1571	9	0.00	39.00	25.00	392 734	3510
Insulin pump care <sup>e</sup>	T1002/S9123	11 047	185	9.09	15.85	13.42	1 482 859	29 323
IV infusion care <sup>e</sup>	T1002/S9123	4474	3	9.09	15.85	13.42	600 553	476
Nebulizer treatment	94640	35	3	11.78	60.00	42.69	14 941	1800
Ostomy care	43760	1079	6	164.54	369.50	295.92	3 192 957	22 170
Oxygen administration <sup>f</sup>	T1002/S9123	408	2	9.09	15.85	13.42	54 767	317
Oxygen saturation check	94760	190	3	1.94	40.00	26.34	50 039	1200
Peak flow monitoring <sup>g</sup>	T1002/S9123	3993	100	9.09	15.85	13.42	535 988	15 850
Physical therapy	97110	1279	26	11.82	57.50	41.10	525 671	14 950
Suctioning <sup>h</sup>	T1002/S9123	786	5	9.09	15.85	13.42	105 506	793
Tracheostomy care <sup>e</sup>	T1002/S9123	182	0	9.09	15.85	13.42	24 430	0
Tube care or use <sup>e</sup>	T1002/S9123	88	1	9.09	15.85	13.42	11 812	159
Weight measurement <sup>i</sup>	T1002/S9123	3484	1	9.09	15.85	13.42	467 664	159
Wound care	97597	458	187	33.62	104.00	78.73	360 605	194 480

Abbreviations: CPT, Current Procedural Terminology; HCPC, Healthcare Common Procedure Coding; IV, Intravenous.  
<sup>a</sup> Data were from the Massachusetts Medicaid Fee Schedule.

<sup>b</sup> Data were from Physicians' Fee and Coding Guide 2009 and the HCPC system.

<sup>c</sup> Procedures are not directly transferable to CPT codes or fees; unavailable; costs are based on registered nurse services up to 15 minutes.

## Cost-Benefit Studies of School Nursing Services

**Table 2. Parameters Used in Estimating Costs of School Nursing Services and Costs of Lost Productivities<sup>a</sup>**

Parameter	Value	Source
No. of districts	78	ESHS report, 2009-2010
No. of schools	933	ESHS report, 2009-2010
No. of students	477 163	ESHS report, 2009-2010
No. of nurses	1157	ESHS report, 2009-2010
No. of teachers	34 283	2009-2010 Massachusetts Teacher Salaries Report
Teacher, \$		
Annual salary	70 196	2009-2010 Massachusetts Teacher Salaries Report
Salary and fringe benefits	91 255	Authors' calculation
Hourly salary and fringe benefits	63	Authors' calculation
Nurse, \$		
Annual salary	53 438	ESHS nurse director survey
Salary and fringe benefits	69 469	Authors' calculation
Value, \$		
A day lost per parent	145	Bureau of Labor Statistics <sup>19</sup>
An hour lost per parent	18	Authors' calculation
No. of hours missed per dismissal (range)	3 (2-4)	Authors' assumption
No. of student encounters due to illness or injury when a nurse is present, %	4 289 589	ESHS report, 2009-2010
Students dismissed from school due to illness or injury when a nurse is not present (range), %	6.2	ESHS report, 2009-2010
Students dismissed from school due to illness or injury when a nurse is not present (range), %	14.8 (11.0-18.6)	Assumption (midpoint between 11.0% of non-ESHS schools and 18.6% of published studies)
Parents' time spent on traveling and administering medications at school (range), min	30.0 (15.0-60.0)	Authors' assumption
Teachers' time spent per day on dealing with illness or injury when a nurse is present, min	6.2	Balsch et al <sup>18</sup>
Teachers' time spent per day on dealing with illness or injury when a nurse is not present, min	26.2	Balsch et al <sup>18</sup>
Time saved per teacher per day (range), min	20.0 (0.0-40.0)	Balsch et al <sup>18</sup> and author assumption
No. of medication doses administered	1 191 060	ESHS report, 2009-2010
Medication doses that would have been administered by parents at school if nurse was not present (range), %	0.74 (0.60-1.00)	Authors' assumption based on ESHS report, 2009-2010
Medical equipment and supply costs per student, \$	4.53	ESHS nurse director survey

Abbreviations: ESHS, Essential School Health Services.

<sup>a</sup> Values are presented as means unless otherwise indicated.

## Cost-Benefit Studies of School Nursing Services

**Table 3. Base-Case Analysis Results<sup>a</sup>**

Characteristic	Nurse		Difference
	With	Without	
<b>School nursing services costs, \$</b>			
School nurse salary and fringe benefits	76 902 415	0	76 902 415
Medical equipment and supply costs	2 145 293	0	2 145 293
<b>Parents' productivity loss costs, \$</b>			
Due to early dismissals	14 437 432	34 520 467	20 083 035
Due to giving medications at school	0	8 030 722	8 030 722
<b>Teachers' productivity loss costs due to dealing with students' illness or injury, \$</b>			
Procedure costs if performed by physicians and nurses in a medical setting, \$	40 319 125	169 417 864	129 098 738
0	0	20 009 129	20 009 129
<b>Total costs of school health services, \$</b>			<b>79 047 709</b>
<b>Total benefits, \$</b>			<b>177 221 624</b>
<b>Net benefits, \$</b>			<b>98 173 915</b>
<b>Benefit-cost ratio</b>			<b>2.24</b>

<sup>a</sup> All costs were estimated in 2009 US dollars. The difference between the sum of the first two sets of numbers in the last column and the total cost is due to rounding.

## Cost-Benefit Studies of School Nursing Services

**Table 4. Multivariate Sensitivity Analysis Results<sup>a</sup>**

Costs and Benefits	Results of 95% of Simulation Trials
<b>School nursing services costs, \$</b>	
School nurse salary and fringe benefits	76 902 415
Medical equipment and supply costs	2 145 293
<b>Reduced parents' productivity loss, \$</b>	
Due to reduced early dismissals	12 081 820 to 29 647 080
Due to reduced medication administration by parents at school	5 190 689 to 15 984 340
<b>Reduced teachers' productivity loss in addressing student health issues, \$</b>	
Savings in medical procedure costs, \$	6 438 192 to 251 742 200
19 068 550 to 20 945 790	
<b>Total costs of school health services, \$</b>	<b>79 047 709</b>
<b>Total benefits, \$</b>	<b>56 269 360 to 302 059 400</b>
<b>Net benefits, \$</b>	<b>22 778 350 to 223 011 700</b>
<b>Benefit-cost ratio</b>	<b>0.7 to 3.8</b>

<sup>a</sup> The difference between the sum of the first two sets of numbers in the last column and the total cost is due to rounding.

# Cost-Benefit Studies of School Nursing Services

## Results Base Case Analysis Results

**Benefit cost ratio: Every \$1.00 spent saved \$2.20**

**Program costs: \$79 million      Net Benefit: \$98.2 million**

Costs averted:

Medical care	\$20.0 million
Teacher productivity loss	\$129.1 million
Parent productivity loss	\$28.1 million



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# Cost-Benefit Studies of School Nursing Services

## Cost-Benefit Study of School Nursing Services

### Conclusions and Relevance

- School Nurse Services in this Massachusetts ESHS schools' study were a cost-beneficial investment.



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## Summary

- Limitations (Studies)
- School Nurses are one of the most cost effective, unrecognized health care resources in the country.



## Questions?



## References

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**DURHAM COUNTY**  
1881

**Public Health**  
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# FY 2015 FINANCIAL OVERVIEW

DURHAM COUNTY GOVERNMENT DEPARTMENT OF PUBLIC HEALTH

## FY 15 STARTING BUDGET GENERAL FUND

- **FY 15 Approved Budget**  
**21,841,914**
- **County Funding**  
**15,719,673**
- **Other Funding**  
**6,122,241**

**FY 2015**

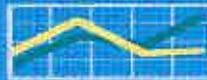
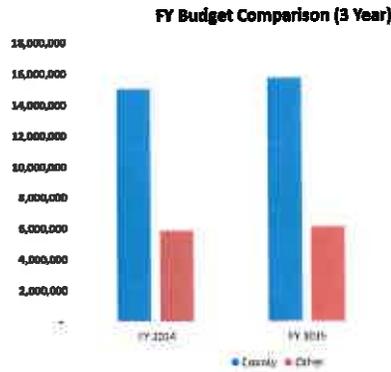
Funding Source	Amount	Percentage
County Funding	15,719,673	72%
Other Funding	6,122,241	28%



■ County ■ Other

## FY BUDGET COMPARISON GENERAL FUND

- FY 14 = **20,876,989**
- County = **15,023,563**
- Other Source = **5,853,426**
  
- FY 15 = **21,841,914**
- County = **15,719,673**
- Other Source = **6,122,241**
  
- FY 16 = **22,134,505**
- County = **16,126,822**
- Other Source = **6,007,683**



## FY 15 BUDGET VS ACTUAL EXPENDITURES

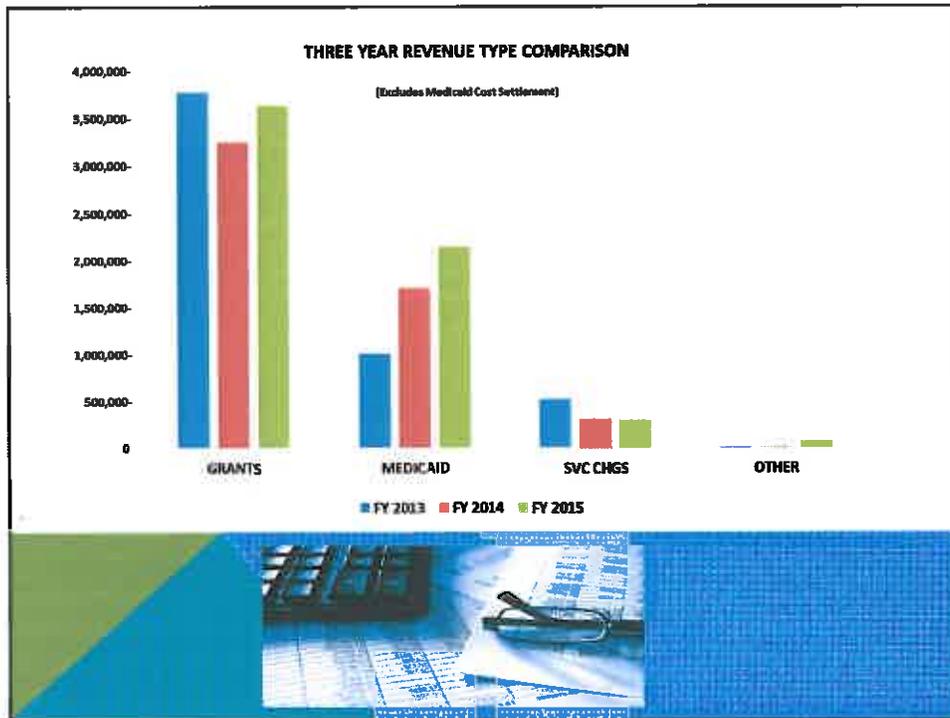
Cost Center	Description	Current Budget	Total Exp	Pct
5100621100	ADMIN	2,337,062	2,277,047	97%
5100621200	DEPARTMENTAL	1,363,633	1,202,367	88%
5100621500	NUTRITION	783,244	706,157	90%
5100621600	HEALTH EDUCATION	1,302,805	1,175,481	90%
5100621700	LABORATORY	895,072	787,438	88%
5100621800	DENTAL	1,477,960	952,002	64%
5100621900	DINE	712,804	368,076	52%
5100622100	ADULT HEALTH	710,446	693,945	98%
5100622200	IMMUNIZATION	483,934	429,553	89%
5100622300	TB SCREENING	557,062	535,132	96%
5100622400	PHARMACY	1,118,847	858,145	77%
5100622500	FAMILY PLANNING	793,850	759,004	96%
5100622600	BCCCP	29,055	7,851	26%
5100622700	AIDS CONTROL	351,653	275,022	78%
5100622900	DIABETES COAL PROJ	1,226,758	685,969	56%
5100623100	GENERAL NURSING	159,324	157,312	99%
5100623200	MATERNAL HEALTH	1,028,405	997,891	97%
5100623300	CHILD HEALTH	845,374	626,878	75%
5100623500	JAIL	3,263,044	3,111,716	94%
5100623600	SCHOOL HEALTH	1,668,604	1,368,202	87%
5100623800	DURHAM CONNECTS	306,702	250,000	82%
5100623900	BABY LOVE PROGRAM	841,335	617,601	81%
5100624100	GENERAL INSPECTIONS	1,043,982	961,661	92%
5100624200	PARENTING PROGRAMS	246,367	230,403	94%
5100624400	WATER & WASTE INSPEC	445,867	401,385	90%
5100624500	LOCAL PUBLIC HEALTH	128,012	110,541	86%
<b>TOTALS</b>		<b>23,881,801</b>	<b>20,448,184</b>	<b>86%</b>

### FY 15 BUDGET VS ACTUAL REVENUES

Cost Center	Description	Current Budget	Total Rev	Pct
5100621100	ADMIN	110,217	92,736	84%
5100621200	DEPARTMENTAL	120,499	148,352	123%
5100621500	NUTRITION	124,127	128,553	104%
5100621600	HEALTH EDUCATION	518,757	483,509	93%
5100621800	DENTAL	667,000	677,713	102%
5100621900	DINE	763,251	410,154	54%
5100622100	ADULT HEALTH	243,063	292,784	120%
5100622200	IMMUNIZATION	145,419	242,393	167%
5100622300	TB SCREENING	124,181	242,128	195%
5100622400	PHARMACY	108,145	68,627	63%
5100622500	FAMILY PLANNING	492,470	631,394	128%
5100622600	BCCCP	29,055	18,360	63%
5100622700	AIDS CONTROL	105,942	186,710	176%
5100622900	DIABETES COAL PROJ	1,339,048	1,057,230	79%
5100623200	MATERNAL HEALTH	885,198	954,868	108%
5100623300	CHILD HEALTH	696,423	717,051	103%
5100623500	JAIL	2,700	76,465	2832%
5100623600	SCHOOL HEALTH	120,203	128,019	107%
5100623800	DURHAM CONNECTS	62,522	7,390	12%
5100623900	BABY LOVE PROGRAM	507,683	576,046	113%
5100624100	GENERAL INSPECTIONS	58,439	82,887	142%
5100624200	PARENTING PROGRAMS	246,367	239,430	97%
5100624400	WATER & WASTE INSPEC	104,000	99,589	96%
5100624500	LOCAL PUBLIC HEALTH	99,735	97,238	97%
<b>TOTALS</b>		<b>7,674,444</b>	<b>7,659,626</b>	<b>100%</b>

### THREE YEAR COMPARISON (EXCLUDES MEDICAID COST SETTLEMENT)

Cost Center	Description	EXPENDITURES			REVENUES		
		FY 13 Expended	FY 14 Expended	FY 15 Expended	FY 13 Collected	FY 14 Collected	FY 15 Collected
5100621100	PUBLIC HEALTH ADMIN	98%	96%	97%	48%	79%	64%
5100621200	DEPARTMENTAL	66%	83%	86%	100%	76%	123%
5100621500	NUTRITION	91%	79%	90%	77%	50%	111%
5100621600	HEALTH EDUCATION	88%	92%	90%	96%	80%	93%
5100621700	LABORATORY	90%	89%	88%	13%	0%	-
5100621800	DENTAL	95%	92%	64%	205%	94%	94%
5100621900	DINE	-	-	52%	-	-	54%
5100622100	ADULT HEALTH	88%	83%	98%	114%	139%	112%
5100622200	IMMUNIZATION	93%	95%	89%	95%	112%	104%
5100622300	TB SCREENING	83%	101%	96%	100%	100%	115%
5100622400	PHARMACY	92%	95%	77%	112%	60%	63%
5100622500	FAMILY PLANNING	86%	80%	96%	67%	80%	79%
5100622600	BCCCP	56%	44%	26%	94%	72%	63%
5100622700	AIDS CONTROL	100%	78%	78%	100%	15%	176%
5100622900	DIABETES COAL PROJ	36%	71%	56%	42%	82%	79%
5100623100	GENERAL NURSING	100%	100%	99%	57%	100%	-
5100623200	MATERNAL HEALTH	89%	88%	97%	72%	78%	76%
5100623300	CHILD HEALTH	91%	89%	75%	113%	100%	103%
5100623500	JAIL	91%	95%	94%	68%	64%	2832%
5100623600	SCHOOL HEALTH	70%	80%	87%	84%	103%	107%
5100623800	DURHAM CONNECTS	82%	82%	82%	12%	56%	17%
5100623900	BABY LOVE PROGRAM	92%	78%	81%	103%	98%	113%
5100624100	GENERAL INSPECTIONS	93%	86%	92%	149%	152%	147%
5100624200	PARENTING PROGRAMS	100%	86%	94%	100%	81%	97%
5100624400	WATER & WASTE INSPEC	90%	80%	90%	88%	103%	94%
5100624500	LOCAL PUBLIC HEALTH	69%	98%	86%	79%	96%	97%
<b>OVERALL</b>		<b>85%</b>	<b>87%</b>	<b>86%</b>	<b>82%</b>	<b>82%</b>	<b>89%</b>



## FINAL THOUGHTS

- Budget Planning/Monitoring
- Billing Improvements
- Training

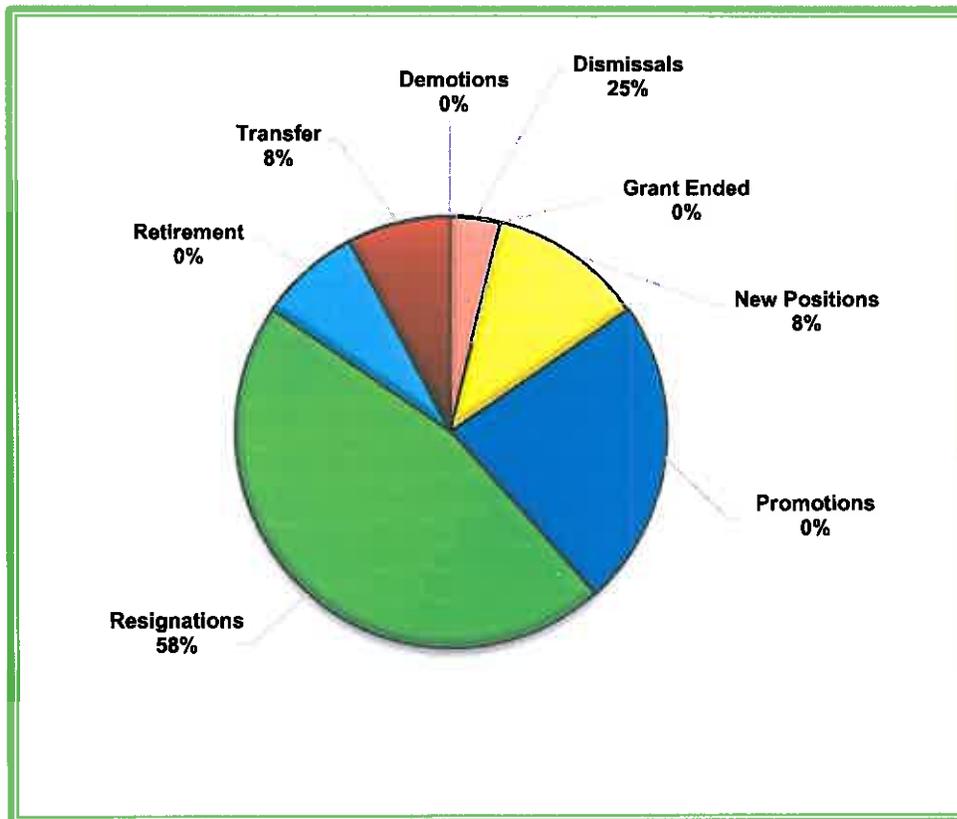
## QUESTIONS/COMMENTS



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**PUBLIC HEALTH VACANCY REPORT**  
**July 1, 2015 through June 30, 2016**  
**Month Ending 8/31/2015**

<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	2	1	3	25%
Grant Ended	0	0	0	0%
New Positions	1	0	1	8%
Promotions	0	0	0	0%
Resignations	6	1	7	58%
Retirement	0	0	0	0%
Transfer	0	1	1	8%
	<b>9</b>	<b>3</b>	<b>12</b>	<b>100%</b>



\*15 positions remain vacant from FY 14/15.

\*\*FY 15/16 vacancies are cumulative

1 position(s) became vacant in August 15/16

12 position(s) were vacant out of 204 employees for the month of August, 2015

VACANT POSITIONS in FY 2015/2016

Month Ending: August 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, 8/24	3/27/2015, 9/4/15		VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31, 8/15/15		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	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	
40001139	Sr PH Nurse	4/24/15	6/29/15	7/17/2015, 7/31, 8/15/15		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	8/17/15	
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	
40001013	Sr Medical Lab Assist	5/18/15	6/1/2015, 7/15	6/12/2015, 7/31, 8/7		VACANT
40001010	Processing Unit Supv	5/22/15				VACANT
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15		VACANT
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7		VACANT
40003879	PH Nurse Spec	7/24/15	7/20/15	7/31/15, 8/7/15		VACANT
40001011	Medical Lab Supervisor	8/12/15				VACANT
40001084	Sr PH Nurse	<b>9/4/15</b>	8/17/15	8/28/15		

\*New Position

Total # of vacancies as of August 31, 2015 = 12

**ENVIRONMENTAL HEALTH**  
Onsite Water Protection Notices of Violation  
August 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	8/20/2015 - EH staff contacted owner. Owner stated that she will proceed with hiring a septic contractor.

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.	7/20/2015 - Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP.
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.	
7/22/2015	6448 Guess Rd	Surfacing effluent	8/22/2015	N	N		Pressure manifold is damaged.	8/19/2015 - USPS returned NOV as nondeliverable.
8/19/2015	8116 Willardville Station Rd	No Subsurface Operator	9/19/2015	N	N		EH has not received system management reports as required by rule.	
8/19/2015	6703 Isham Chambers Rd	No Subsurface Operator	9/19/2015	N	N		EH has not received system management reports as required by rule.	

**ENVIRONMENTAL HEALTH**  
 Onsite Water Protection-Compliant NOVs  
 August 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
8/20/2015	203 Epperson	No Subsurface Operator	9/20/2015	N	Y	8/26/2015	EH has not received system management reports as required by rule. <b>**8/26/2015 - Owner has contracted with a certified operator.**</b>
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	Y	8/20/2015	Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned. <b>**8/20/2015 - Septic tank lid was replaced by owner**</b>  5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office. 7/14/2015 - EH contacted owner via telephone. Owner stated the original concrete lid for the tank is on the property and that he would reinstall it. EH staff will verify via site visit.
7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N	N	8/4/2015	House is unoccupied. Existing tank has collapsed, NCOWCICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuited for repair. Owners referred to NCDWR. <b>**8/4/2015 - Septic tank has been properly abandoned and house is vacant**</b>
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 <b>**7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**</b>
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. <b>**7/14/2015 - Staff discovered the system is a discharging sandfilter under NC DENR jurisdiction. NC Division of Water Resources was notified by letter.**</b>
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N	Y	8/24/2015	Effluent pump is malfunctioning and needs to be replaced. <b>**8/24/2015- Proper pump was installed, system repairs have been completed and Leaks corrected. System is functioning properly.</b>
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N	Y	8/27/2015	System was partially destroyed by driveway construction. Repair permit for septic system issued same day as NOV. <b>**8/27/2015- System repairs have been completed and confirmed by ENV HLTH. A pump final will follow but system has been properly installed/repaired.</b>

**Health Director's Report**  
**September 10, 2015**

**Division / Program: Community Health Division/Communicable Disease Program**  
**(Accreditation Benchmark 7 - The local health department shall maintain and implement epidemiological case investigation protocols providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.)**

**Program description**

- During a 2-3 week period in July, 2015, eighteen people in Durham, Orange, Lee, and Wake counties became very ill due to what was believed to be adulterated heroin. The cases were similar in presentation to a mini-epidemic of clenbuterol-containing heroin which struck North Carolina in 2005. (Adulteration is usually suspected when drug users experience symptoms that are not typical for the drug.)
- Heroin users experiencing atypical symptoms such as rapid onset of heart palpitations, dizziness, anxiety, vomiting, fainting, hypotension, shock, and sever muscle cramping presented to area emergency rooms
- Initial notification of the cluster of events came from the Carolinas Poison Center

**Statement of goals**

- To assist the NC Division of Public Health in investigating cases of illness in Durham County that were potentially related to use of heroin mixed with clenbuterol
- To work with state and local authorities to notify area health care providers of the situation, to provide guidance to clinicians, and to protect the health of those at risk in the community

**Issues**

- **Opportunities**
  - Investigated 15 reported cases of illness in Durham County that were potentially related to use of heroin mixed with clenbuterol
  - Ensured a health alert, along with clinical guidance, was provided to local health care providers, emergency rooms and urgent care centers via Blastfax
- **Challenges**
  - Obtaining accurate information regarding onset of illness and symptoms from users/patients who presented for medical care
  - Stressing to local healthcare providers and facilities the importance of obtaining specimens in order to confirm the suspected cause of illness. (A large number of the users/patients left AMA from local emergency rooms).

**Implication(s)**

- **Outcomes**
  - Three of the total cases reported in all counties (18) had laboratory confirmation of clenbuterol

- Word quickly spread among heroin users of the adulteration (according to users/patients who were interviewed during the investigation), and the cases presenting to local emergency rooms decreased
- **Service delivery**
  - DCoDPH Medical Director was directly involved in the investigation and in contact with NC Division of Public Health and Carolinas Poison Control Center. She developed a case definition that was used to identify potential cases; she was involved in crafting a press release for providers and others; and she served as a resource for surrounding counties and local health departments that had similar cases.
  - DCoDPH Communicable Disease (CD) RN conducted case reviews and phone interviews (when possible) to assist the informal investigation conducted by the NC Division of Public Health
- **Staffing**
  - The lead CD nurse assisted in the investigation under the direction of the DCoDPH Medical Director

#### **Next Steps / Mitigation Strategies**

- DCoDPH has received no additional reports of reactions to adulterated heroin at this time

**Division / Program: Community Health Division/Parenting Program-Triple P (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**

- Durham County Triple P offers a variety of trainings to ensure ranges of intensities are offered to accommodate all parents' needs. The different delivery types (one-on-one, seminars, groups and online) support individual preferences in the parent community and practitioner base.
- Durham County Triple P continues to train a range of practitioners. These practitioners include family workers, social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy.

#### **Statement of goals**

- To provide an awareness and understanding of the clinical and practical benefits of the Triple P Parenting Program.
- To promote education and resources for the development of age and/or developmentally appropriate parenting skills.

#### **Issues**

- **Opportunities**
  - To demonstrate Durham County Department of Public Health's commitment to making meaningful changes in family resilience, family functioning and emotional and behavioral outcomes for children throughout the Durham community by

providing venues for practitioners with a variety of professional backgrounds to become certified and implement this evidence based, population-based approach to parenting to the community.

- **Challenges**

- Destigmatizing requests from parents for assistance is one challenge faced by Triple P. The Triple P Coordinator for Durham County is developing and implementing the Stay Positive media campaign utilizing materials to raise awareness of parenting issues, including seeking assistance when needed. Banners, public/private agency presentations, participation in community wide events that focus on children, parent tip papers, Facebook, Twitter and a public health Triple P website are strategies to promote this media campaign.

### **Implication(s)**

- **Outcomes**

- Twenty (20) providers attended a Level 2 Brief Primary Care Training on August 11-12, 2015. Level 2-Brief Primary Care consists of strategies that may be implemented by parents/guardians to address a specific behavior.
- The Durham County Triple P Coordinator is currently trained and/or accredited by Triple P International to provide the following levels of services to families:
  - Level 3 Primary Care Level 4 Standard Care
  - Level 2 Selected Seminars
  - Level 3 Discussion Groups
  - Level 5 Enhanced Care
- Throughout August 2015, the Durham County Triple P Coordinator, with the assistance of a contract administrative assistant, provided the following Triple P outreach activities to 835 individuals and families:
  - National Night Out at Masonic Lodge #58 in Durham (presentation)
  - Head Start Health Fair Registration Day (small group presentations)
  - Museum of Life and Science for Kindergarten Readiness Event (information table)
  - PAC-1 Community Meeting at Holton Resource Center (presentation)
  - Weaver street Health Fair Event (information table)
  - Durham Rescue Mission for Back to School Community Event (information table)
  - Salvation Army Boys and Girls Club for Back to School Community Event (information table)

- **Service delivery**

- Durham County's Triple P Coordinator will work closely with Durham County Public Health's Information and Communications Manager to implement the Triple P Stay Positive Media campaign.

- **Staffing**

- Durham County's Triple P Coordinator
- Triple P Administrative Assistant

### **Next Steps / Mitigation Strategies**

- Parent tip papers and Facebook are strategies currently being used to promote this media campaign.
- 

### **Division / Program: Nutrition and Administration/Courageous Conversations staff training**

**(Accreditation Activity 26.3: The local health department shall assure that agency staff receives training in cultural sensitivity and competency.)**

#### **Program description**

- The Deputy Public Health Director led DCoDPH's first "courageous conversations" staff training around racial and ethnic inequities within systems with the Nutrition Division on August 13, 2015.

#### **Statement of goals**

- To raise awareness of the role systems play as it relates to health disparities.
- To use this awareness as a catalyst to provide better customer service and programs that better reach our customers' needs.

#### **Issues**

- **Opportunities**
  - The Deputy Public Health Director's experience in leading similar trainings/conversations in Texas and North Carolina is a huge asset to DCoDPH.
  - Participation in other learning opportunities in the Triangle that go deeper into this conversation.
  - The American Public Health Association has identified the consequences of racial and ethnic inequities as a public health threat and has organized a series of webinars on the topic.
- **Challenges**
  - Talking about the presence and effects of structural and systemic racism is truly a courageous conversation; all people living in our society have their own personal histories and addressing health inequities require working together to raise awareness and continue movement toward health equity for all.

#### **Implication(s)**

- **Outcomes**
  - Fifteen Nutrition Division staff members attended the training.
  - Since the conversation, Nutrition staff have talked amongst themselves about next steps, how the impact of multiple systems on the lives of the people we serve impacts their work and how to become more sensitive to our own unconscious biases.
  - Staff have requested additional training and are sharing computer links, webinar trainings, editorials, and other information related to health equity issues.
- **Staffing**
  - The Deputy Health Director, a Health Educator and Nutrition Program Manager are organizing the conversations.

### **Next Steps / Mitigation Strategies**

- Organize courageous conversations with all DCoDPH divisions.
  - Organize the conversations with interested partner agencies. The Partnership for a Healthy Durham's Obesity and Chronic Illness Subcommittee has already requested a presentation.
  - Encourage employees to participate in additional learning opportunities.
- 

### **Division / Program: Nutrition Division/Clinical Nutrition Services/Diabetes Self-Management Education Program**

**(Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)**

#### **Program description:**

- The DCoDPH Diabetes Self-Management Education (DSME) program was awarded continued recognition from the American Diabetes Association.

#### **Statement of goals:**

- Maintain compliance with program standards to allow for continued operation of services and maintenance of American Diabetes Association (ADA) recognized program status.
- Assure high-quality education for patient self-care.

#### **Issues:**

- **Opportunities**
  - The ADA recognition process provides a national standard to measure the quality of diabetes education services and helps consumers to identify highly regarded programs. Recognized ADA DSME programs that follow national standards of care are able to bill for DSME services.
- **Challenges**
  - Assessment and approval of procedures, client medical records management, and program delivery are necessary for DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

#### **Implications:**

- **Outcomes**
  - DCoDPH's DSME program is governed by the North Carolina Diabetes Education Recognition Program (NC DERP) through the NC Division of Public Health, Chronic Disease and Injury Section. By maintaining the standards set by ADA, NC DERP was awarded continued recognition for its DSME programs for a four year period, 2015-2019. NC DERP and DCoDPH's DSME program were originally recognized in September 2009.
- **Service delivery**
  - The DSME program encompasses an initial individual assessment of each participant and nine hours of group or individual instruction. The participant in an ADA recognized program is taught self-care skills that promote better management of his

or her diabetes treatment regimen. All approved education programs cover activity; medications monitoring; meal planning; and preventing, detecting and treating complications.

- **Staffing**
  - Fifty percent of a Registered Dietitian's position is committed to management and implementation of the DSME program.
- **Revenue**
  - DSME is a billable service. DCoDPH is a provider for BCBS, Medicaid, and Medicare Part B. Participants not covered under either plan are billed using a sliding scale fee. Each participant in the program serves as a potential source for increased revenue.

#### **Next Steps/Mitigation Strategies:**

- As a program approved through the American Diabetes Association and the NC DPH, DCoDPH's Diabetes Self-Management Education program will continue to provide quality diabetes self-management education to residents of Durham County.
- Collaborative efforts with community health care partners and marketing of the program will continue to ensure optimal use of this resource.

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**Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham**  
**(Accreditation Activity 10.2 - The local health department shall carry, develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)**

#### **Program description**

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- 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).
- During June and July, DINE nutritionists provided nutrition and cooking lessons to students in the Mt. Vernon Summer Academic Enrichment Camp. Because most of the campers were consistent from week to week, DINE nutritionists were able to offer a nutrition curriculum building on previous weeks' lessons. Campers worked together to prepare and taste five healthy recipes: (1) black bean and mango salsa (2) zucchini carrot muffins (3) yogurt parfaits with homemade granola (3) zucchini sushi (5) banana ice cream.

#### **Statement of goals**

- To increase the nutrition knowledge of campers and their families.
- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy.
- Long term: to reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families.

## Issues

- **Opportunities**
  - Partnering with Mount Vernon Summer Camp offers the opportunity to provide nutrition education to students when school is not in session.
  - Working in a summer camp like Mount Vernon provides the DINE program a chance to test potential new lessons and see how they are understood and received.
  - Having an ongoing series of nutrition lessons allows DINE nutritionists to reinforce previously taught nutrition and cooking concepts and to build on earlier concepts.
  - 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**
  - Providing appropriate and accessible nutrition education to a wide ranges of ages (kindergarten through eighth grade) at once is more challenging than working with a single grade level.
  - Having adequate DINE staffing to work with each cooking group can be a challenge because of the labor-intensive nature of cooking classes.

## Implication(s)

- **Outcomes**
  - From June 17<sup>th</sup> to July 29<sup>th</sup>, DINE provided a total of five nutrition and cooking lessons to a group of 28 campers, ages kindergarten through eighth grade.
  - The majority of students gave “thumbs up!” to each of the recipes, and each student took home a copy of the recipe to prepare with their families
  - DINE staff also attended a closing ceremony on August 6<sup>th</sup> and received a certificate of appreciation.
- **Service delivery**
  - Each session began with a nutrition lesson, followed by a hands-on cooking experience and then taste test.
  - Nutrition topics included The Five Senses, Food Groups, Healthy Breakfasts, Healthy Snacks, and Energy Balance.
  - DINE nutritionists also discussed and demonstrated safe cooking techniques.
  - Students received educational incentives including a DINE t-shirt and pencils with healthy food logos.
- **Staffing**
  - The nutrition and cooking programs were staffed by DINE nutritionists. Support was provided by Nutrition Division dietetic interns.
  - Mount Vernon Summer Camp staff provided support.
- **Revenue**
  - No revenue is generated through this educational outreach.

## Next Steps / Mitigation Strategies

- DINE nutritionists plan to collaborate with Mount Vernon Summer Academic Enrichment Camp again in the future to provide more nutrition and cooking education to students during the summer.
-

**Division / Program: Nutrition/ Health Promotion/ DINE in Childcare/ EDCI Collaborative Event**

**(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**

- On August 14, 2015, DCoDPH's Nutrition Division provided education to families in the East Durham Children's Initiative Zone (EDCI) during the EDCI End of Summer Lunch Party. This activity introduced the Durham County DINE in Childcare nutrition specialist, a newly created, grant-funded position, to the EDCI community.

**Statement of goals**

- To facilitate lasting improvements to the nutrition and physical activity environments of childcare programs and the EDCI community.
- To improve dietary and physical activity habits of young children and their families.

**Issues**

- **Opportunities**
  - Collaboration between the Nutrition Division and EDCI promotes the goals of both agencies. The EDCI Summer Lunch program served more than 2,500 hot, healthy meals to children and families living in the EDCI Zone this summer. During this time DCoDPH nutritionists were able to facilitate nutrition classes on various topics.
- **Challenges**
  - An interpreter was not available for this event. Spanish materials were available.

**Implication(s)**

- **Outcomes**
  - Over 275 East Durham residents attended this event; the DCoDPH nutritionist provided over 150 of these residents with nutrition information.
  - During this event, a table was set up to share nutrition information about eating fruits and vegetables and how they can incorporate healthy snacking in their diets. Handouts and fresh fruit was passed out to the families.
- **Staffing**
  - DCoDPH's Childcare Nutritionist staffed the event.

**Next Steps / Mitigation Strategies**

- DCoDPH's Nutritionists will continue to collaborate with community agencies and childcare centers serving children in Durham. Healthy weight and growth are a focus for education and medical nutrition therapy to reduce health, developmental, and emotional/social risks associated with under nutrition and overweight and obesity. The collaboration with the DINE in Childcare nutritionist and EDCI opened the door for future work together.
-

**Division / Program: Dental Division: Head Start Health Fair and Registration Day**  
**(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)**

**Program description**

- On August 7<sup>th</sup>, the Department's Dental Division partnered with Durham Head Start to host its second annual Head Start Health Fair and Registration Day.

**Statement of goals**

- To provide a "one-stop location" to conduct health screenings, as well as academic and fine motor skills assessments for children, ages three and four.
- To provide education on additional services offered through the Health Department, such as Nutrition Education, Health Education, Emergency Preparedness and Triple P (Positive Parenting Program).
- To provide eligible families the opportunity to schedule continued health services, such as making future appointments for dental treatment.

**Issues**

- **Opportunities**
  - Children were able to have assessments and screenings completed prior to the timeframe mandated by the state (by 30 days after the first day of school).
  - Children were assessed and screened prior to the start of school – eliminating disruption to the instructional school day.
  - Parents were able to meet Head Start staff prior to the start of school.
  - Head Start and Public Health staff were able to collaborate in an effort to assist families. The County's General Services Department was also instrumental in readying the conference rooms and common space for the event.
  - Screening times decreased from 2 hours the previous year to 45 minutes this year with the new more structured schedule.
- **Challenges**
  - More interpreters were needed.

**Implication(s)**

- **Outcomes**
  - Departmental and Head Start staff worked expeditiously to move children through screenings and assessments.
  - The Public Health Department and Durham Head Start enhanced its partnership and provided a model for other communities in the state – and country. (Mercer County Head Start in Ohio has reached out for information on the partnership.)
- **Service delivery**
  - The event was held from 9 a.m. – 6 p.m., and provided the following:
    - 161 Head Start children attended;
    - 117 parents attended presentations (109 parents attended 3-5 presentations);
    - 71 volunteers and staff members participated.

- **Staffing**
  - 21 Public Health staff members participated in the event, including team members who conducted dental screenings, lead testing, and immunizations review. There were information areas highlighting nutrition, Triple P, WIC, family planning, and environmental health.

#### **Next Steps / Mitigation Strategies**

- The collaborative planning committee (including members of the Department and Durham Head Start) is in the process of meeting to review surveys and to begin planning for the 2016 event.

#### **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 August, three (3) general public health media releases were disseminated. Staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 32 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 teens and sleep, awareness on illegal food vendors, the release of Robert Wood Johnson Foundation life expectancy maps for Durham County and the Triangle, a rabies alert for Duke Gardens, a new anti-smoking campaign to be featured on BuzzRides, mobile markets accepting Double Bucks, new immunization requirements, school-based clinics (CHAPP program), 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)
  - The Communications/PR Manager lead the Joint Information Center (JIC) planning meetings on August 31, in preparation for the department's SNS Exercise scheduled for October 2015. The purpose of this meeting focused on assessing communications needs and known deficiencies, in order to address them for the exercise. 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: Health Education/Durham Diabetes Coalition**

**(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 continuation of the previous *What's the 411* series, The Durham Diabetes Coalition held a third diabetes workshop entitled, *What's the 411: Diabetes and Kidney Health* to address key topics concerning kidney health. Dr. David Ortiz-Melo, Duke Nephrology participated as the guest speaker.

### Statement of goals

- To raise awareness about the importance of diabetes and kidney health across Durham, NC
- To increase awareness of functionality of kidneys, prevention of kidney failure, and the relationship between diabetes and kidney disease
- To build rapport between the clinical providers and community residents

### Issues

- **Opportunities**
  - Community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment
  - UNC-TV increased exposure for the Durham County Department of Public Health
  - Local physician, Dr. Elaine Hart-Brothers, supported the event which enhanced the information shared
  - Previous participants from *What's the 411: Diabetes and Kidney Health* returned to attend this workshop
  - New local organization and institutions were represented and may allow for more exposure of future events i.e., Duke Well, Duke Institute for Health Innovations; Community Health Coalition
  - Fellow staff were able to advertise upcoming events and register participants
  - Vendor participation allowed for community resources to be shared to participants
  - Incentives i.e., free foot mirrors, pill boxes, diabetic lotion and lunch allowed for increased registration and support for diabetic kidney health needs
- **Challenges**
  - Manual organization of registrations made it difficult to keep records updated and accurate
  - The speaker requested coffee prior to speaking
  - Participants appeared tired from sitting for a long period of time

### Implication(s) n=102

- **Outcomes**
  - Total one-hundred and fifteen (115) participants registered, one-hundred and two (102) registrants attended
  - 88.2% strongly agreed the presenter was knowledgeable; 10.5% agreed; 1.3% strongly disagreed
  - 87% strongly agreed the format of the presentation was good; 10.4% agreed; 1.3% no opinion; 1.3% strongly disagreed
  - 88.2% strongly felt there was enough time for questions; 9.2% agreed, 1.1% neutral and 6.8% disagreed
  - 77.6% strongly agreed that they learned things that they did not know about kidney health; 18.4% agreed; 1.1% strongly disagreed; 2.6% neutral and 1.32% strongly disagreed
  - Ninety-two (92) DDC gift bags were given to the participants which contained diabetic lotion, a foot mirror, pillboxes and kidney health brochures.
  - One-hundred and two (102) boxed lunches were distributed

- **Service delivery**
  - DDC utilized social media (Facebook and Twitter) and its website to promote and provide type 2 diabetes information and update the community on coalition activities.
  - A press release and media advisory was sent out informing the public about the upcoming events
  - Flyers were distributed to local partners during various community meetings and events
  - The workshop was held in conference rooms B and C in the Health and Human Services Building, which allowed for more space for participants, a lesson learned from the previous *What's the 411* workshops.
- **Staffing**
  - 1 DDC Health Education Specialist planned, recruited and organized the event. Fellow DDC Health Education Specialists, Health Promotion and Wellness team, interns and volunteers helped with the implementation of the event.
- **Other**
  - Boxed lunches were provided by Duke Translational Medicine Institute

#### **Next Steps / Mitigation Strategies**

- Host another workshop entitled, *What's the 411: Diabetes and Heart Health* on the tentative date of Thursday, November 12, 2015
- Continue to personally recruit participants in DDC target neighborhoods
- Have flyers mailed earlier to DDC patients to allow for opportunity to register
- Grant registration priority to the waiting list of attendees from last workshop
- Continue to diversify our guest speakers to reach various minority groups i.e., adding an additional speaker
- Future workshop topics will be chosen based on evaluation results shared by participants i.e., heart health and eye health
- Provide coffee for future speakers
- Incorporate a break in the itinerary to accommodate participants

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**Division / Program: Health Education/Durham Touchpoints Collaborative Initiate**  
**(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 Touchpoints models trains providers from across disciplines (e.g. pediatrics, home visiting, early education) to anticipate these critical points and support parents as they negotiate challenges associated with their child's development.
- An evidence-based theory of child development based on the work of Dr. T. Berry Brazelton, "Touchpoints are periods, during the first years of life during which children's spurts in development result in disruptions in the family system."

- A practical method of strengthening parent-child relationships that helps parents understand the disorganization and regressions that may accompany their children's developmental spurts and what they can do to ease the stress.
- A common language of child behavior that enables families and providers to work together as professionals to collaborate across silos.

### **Statement of goals**

- To strengthen parent –child relationship during regression years.
- To support relationships (parent-child, parent-provider, provider-child)
- To normalize parent's perception of their child's behavior
- To establish a new way to understand child development through the process of development
- To create a common language that will ensure Durham providers are effectively connecting with parents during critical developmental regression periods.

### **Issues**

- **Opportunities**
  - The Durham's Touchpoints Collaborative (DTC), over a two-year period (May 2013 – June 2015), has trained a total of 95 providers representing 16 different organizations/agencies.
  - DTC consists of providers from the following organizations. Agencies: Childcare Care Services Association (CCSA), Durham County departments of Public Health, Library and Social Services, Durham Early Head Start, Durham Public Schools, East Durham Children's Initiative, El Futuro, Healthy Families Durham, Welcome Baby, Genesis Home, El Centro Hispano, Durham Partnership for Children, Duke Children's Primary Care, Durham Head Start, Village of Wisdom.

### **Implications**

- **Outcomes**
  - To date, a total of 95 providers representing 16 different organizations/agencies have been trained in Touchpoints.

### **Challenges**

- Keeping in contact with providers and organizations
- Keeping the trainers engaged

### **Service delivery**

- Open relationships with identified agencies have been source of recruitment for potential selected providers.

### **Next Steps/Mitigation Strategies**

- The DTC received funding from Oak Foundation for the development of the new Early Childhood Training Institute, in which Touchpoints is the hub.
- More details will be provided in upcoming Touchpoints Training Team meetings.

## Community Health Worker Job Description

### General Job Statement:

Community Health Workers (CHWs) serve as a bridge between the individual, home, community, provider, and the health and human services system. CHWs' roles and activities are tailored to meet the unique needs of their communities, and also depend on factors such as whether they work in the health care or social services sectors. Community Health Workers primarily work in the community with specific target populations. CHWs work closely with medical providers, primary care teams, and other agencies to improve patient care and outcomes.

### Key Responsibilities:

- Create connections between communities and health care systems
- Build and maintain positive working relationships with the clients, providers, nurse case managers, agency representatives, supervisors and office staff
- Effectively work with people (staff, clients, doctors, agencies, etc.) from diverse backgrounds in reducing cultural and socioeconomic barriers between clients and institutions
- Provide culturally appropriate health education on topics related to chronic disease prevention, physical activity and nutrition
- Assist clients in accessing health related services, including but not limited to: obtaining a medical home, providing instruction on appropriate use of the medical home, overcoming barriers to obtaining needed medical care and social services
- Provide social support
- Build capacity to address health issues
- Document activities, service plans, and results in an effective manner while strictly adhering to the policies and procedures in place
- Work collaboratively and effectively within a team
- Establish positive, supportive relationships with participants and provide feedback
- Help individuals in utilizing resources, including scheduling appointments, and assisting with completion of applications for programs for which they may be eligible
- Facilitate communication and coordinate services between providers
- Continuously expand knowledge and understanding of community resources, services and programs provided; human relations and the procedures used in dealing with the public as part of a service or program; volunteer resources and the practices associated with using volunteers, operations, functions, policies and procedures associated with the department or program area, procedures and resources available to handle new, unusual or different situations
- Completion of Community Health Worker Training Program and Chronic Disease Self-Management Training within 9 months following employment
- Other duties as assigned

### Required Qualifications:

- Strong interpersonal skills
- Must reside within the local community
- Knowledge of culture and values in the local community
- Familiarity with the resources available within the community
- High School Diploma/GED preferred
- Background check

### Compensation:

\$15 per hour with benefits; grant-funded temporary position

DRAFT

Mayor's PRI health Committee

August 23, 2015

Community Health Worker Credentialing For legal Counsel and Presentation to Board of Health

**What is a Community Health Worker:** *In a 2009 APHA Policy Statement CHWs were defined as "frontline public health workers who are trusted members of the and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWS also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.*

*In 2009, the U.S. Department of Labor (DOL) recognized CHWs as a distinct occupation by creating a standard occupational classification for the field, and in 2010 DOL added CHWs its list of apprenticeable occupations. The Patient Protection and Affordable Care Act specifically list CHWs as health professionals who function as members of health care teams. Another key development for the workforce is a 2013 change of federal Medicaid rules that opened the door for potential reimbursement for preventive services offered by CHWs. This rule change may spur the hiring of new CHWs, and DOL estimates that there will be a 25% increase in demand for these workers by 2022.*

**Goal of Credentialing:** Two fundamental reasons for credentialing: First and foremost, CHWs have been a part of the public health workforce for 60 years and as such want to be recognized for their service which will increase perception of their role by the community and other care professions

Secondly, increased demand for CHW services raises the issue how to ensure that member of the workforce are adequately prepared. Governmental recognition of standards for CHW workforce has been established on a state-by-state and community basis. As of July 2014, only Texas and Ohio adopted statewide certification for CHWs, but CHW policy initiatives were under way in other state. State legislation calling for the development of state standards for CHWs has been passed in Illinois, Maryland, Massachusetts, New Mexico and Oregon.

**Creation of Credentialing Board comprised of BoH members, stakeholders and Durham CHWs:** The Board should include representation of CHWs – See APHA Policy Statement.

#### **Duties and Function of Credentialing Board**

Approve definition of a CHW

Develop and administer a program of certification

Define Skills and Core Competencies to be required, including qualifications related to a candidate's relationship to the community to be served

Set qualifying work experience standard, including “grandfathering” CHWs

Approve training programs (as well as set standards for training programs) as well as a work experience pathway (including “Letters of Recommendation”) that can exempt CHW from mandatory training.

Adopt a “certificate “examination or other means to assess CHW competency in connection with Board certification.

Set renewal period for continued Certification

Design and approve a Code of Ethics and establish and implement procedures for the investigation and resolution of complaints related to the practice of CHW; and to establish and implement disciplinary actions.

Set Fees for certification



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## Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing

Date: Nov 18 2014 | Policy Number: 201414

Key Words: Public Health Workforce, Professional Education And Training, Community Health Centers, State And Local Health Departments

### Abstract

Community health workers (CHWs) are frontline public health professionals who are known by many job titles, but they share the characteristics of being trusted and culturally responsive within the communities they serve. CHWs are included in the Patient Protection and Affordable Care Act as health professionals who serve as members of health care teams, and a recent change to Medicaid rules allows for the possibility of reimbursement for preventive services offered by CHWs. These developments may prompt further movement toward developing training and credentialing standards for the CHW workforce. Numerous stakeholders may be interested in addressing these issues, but there is significant evidence that CHWs are both capable of and best suited for leading collaborative efforts to determine their scope of practice, developing standards for training, and advocating for policies regarding credentialing. As individual states make decisions about whether and how to regulate the CHW workforce, policies are needed to support CHW leadership in determining, in collaboration with other public health colleagues, whether standards for training and credentialing are appropriate and what these standards should be.

### Relationship to Existing APHA Policy Statements

In 2009, APHA adopted Policy Statement 20091, *Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities*. The policy addressed numerous issues related to the community health worker (CHW) workforce. Importantly, the statement included a definition of CHWs developed within the APHA Community Health Workers Section, with national representation of CHWs and their advocates. The definition is as follows:

"Community Health Workers (CHWs) are frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

Policy Statement 20091 encouraged employers and academic institutions to support initial and continuing education for CHWs. However, the policy did not specifically address the issue of CHWs' participation in determining standards for CHW training and credentialing. This statement complements and supplements Policy Statement 20091 by providing recommendations regarding CHW involvement in the development and oversight of training and credentialing standards. This resolution does not replace any existing policies.

### Problem Statement

"Community health worker" is an umbrella term for dozens of paid and volunteer job titles that constitute a vital part of the public health workforce.[1] Some examples of commonly used job titles are community health representatives, health outreach workers, lay health workers, community health advisors, peer health educators, and promotores.[1] CHWs' defining feature is their trusted relationships with the communities they serve.[2] Their roles include, but are not limited to, health coaching, connecting underserved communities to health and human service systems, advocating for individual and community needs, providing social support, increasing the cultural competence of service delivery, service coordination,[1] and participating in research.[3]

Since the advent of CHW programs in the United States in the 1950s,[4] the field has evolved in a piecemeal fashion, with CHW initiatives waxing and waning depending on community needs and on funding streams from local, state, federal, and private sources.[5] CHWs have worked on a variety of programs in numerous settings, and they have filled a wide range of roles.[1] Nonetheless, there is evidence that the workforce is becoming more professionalized. Recent research demonstrates that activities of CHWs in the United States have become more standardized over time, and experts have argued for conceptualizing CHWs as a workforce.[6] CHWs have organized themselves into professional groups in at least 20 states and the District of Columbia.[7] In 2009, the United States Department of Labor (DOL) recognized CHWs as a distinct occupation by creating a standard occupational classification for the field,[8] and in 2010 DOL added CHWs to its list of apprenticeable occupations.[9] The Patient Protection and Affordable Care Act specifically lists CHWs as health professionals who function as members of health care teams.[10] Another key development for the workforce is a 2013 change to federal Medicaid rules that opened the door for potential reimbursement for preventive services offered by CHWs.[11] This rule change may spur the hiring of new CHWs, and DOL estimates that there will be a 25%

increase in demand for these workers by 2022.[12]

Increased demand for CHW services raises the issue of how to ensure that members of the paid workforce are adequately prepared. The Centers for Medicare and Medicaid Services and other federal agencies, along with state and local governments, academic institutions, CHWs, or other stakeholders, may seek to standardize training for CHW practices or advocate for the requirement of CHW credentialing. Such decisions require careful consideration for several reasons. For example, the CHW role requires a fundamentally different skill set than other health professions. Training for other health professions focuses primarily on development of advanced clinical skills and knowledge. Preparing CHWs, in contrast, requires first carefully selecting people with essential qualities that employers seek (e.g., community trust and shared life experiences) and then offering them training in various nonclinical skills through widely recommended popular education techniques.[13,14] In addition, CHWs work in a variety of settings. Training must be appropriate for those who function as members of health care teams as well as those who work in a myriad of other community-based settings.

Practices regarding CHW training and credentialing vary widely throughout the United States.[15] As with the licensing of clinical professions, governmental recognition of standards for the CHW workforce has been established on a state-by-state basis. In some areas, CHWs may receive informal, on-the-job training, while in other places CHW courses are offered by community colleges, area health education centers, proprietary training institutions, or community-based agencies.[15] Only a few states require CHWs to attend a state-certified training program, and CHWs receive an associated credential upon successful program completion.[16-19] As of July 2014, only Texas and Ohio had adopted statewide certification for CHWs, but CHW policy initiatives were under way in other states. State legislation calling for the development of state standards for CHWs has been passed in Illinois,[20] Maryland,[21] Massachusetts,[22] New Mexico,[23] and Oregon.[24]

The establishment of education and credentialing programs for CHWs also requires responsiveness to the circumstances of individuals who are best suited for this work. While the commonality in background between CHWs and the communities they serve is essential to their effectiveness, this also means that education and credentialing programs must avoid creating barriers to entry related to financial resources, educational attainment, language preference/proficiency, race/ethnicity, culture, or immigration status.

Therefore, it is vital that the estimated 120,000 CHWs in the United States[1] lead discussions about how and whether CHW workforce standards should be developed, as they and future CHWs will be affected by these decisions. CHWs have special insight into the training and professional development needs of the workforce. Furthermore, as the CHW field becomes increasingly recognized as a profession, self-determination of training standards is a logical next step, consistent with theory on emergence of professions[25] and current practices in other health professions.[26] Given that many stakeholders may be interested in setting CHW workforce standards, policies are necessary to ensure that CHWs lead the development of such standards when and if they are created.

#### Evidence-Based Strategies to Address the Problem

There is strong evidence that CHWs are well suited to lead conversations about workforce definitions and standards. CHWs have contributed to developing culturally appropriate training protocols at the community level.[27-33] A CHW-led national initiative funded by the US Department of Education made recommendations for establishing CHW capacity-building programs at community colleges. However, this initiative stopped short of recommending any specific curriculum, advocating instead that such issues be resolved at the state and local levels with the leadership and participation of CHWs.[34] While other occupational groups such as medical interpreters[35] and health educators[36] have chosen to create professional standards and credentialing at a national level, the breadth of CHWs' scope of practice and the many local variations in titles and job duties suggest that a state-level CHW workforce may be more appropriate.

CHWs have also organized themselves to make recommendations (and, in some cases, pass laws) regarding workforce standards in their respective states according to local needs. In New York, for example, CHWs conducted research that established a professional scope of practice and provided guidance for CHW training content and methodology.[37] Ultimately, as a result of considerations related to potential effects on the local CHW workforce, they opted not to require or offer a credential.[13,37] In Minnesota, CHWs participated in developing a CHW certificate curriculum that is offered for credit in community colleges.[38] CHWs in Massachusetts drafted a bill and were successful in advocacy efforts to pass legislation on voluntary CHW certification.[22,39] This legislation created a CHW board of certification that is required to include, among its 11 members, "no fewer than four community health workers selected from recommendations offered by the Massachusetts Association of Community Health Workers." [22] A recently enacted law in New Mexico requires that three of the nine members of the state's newly created Board of Certification of Community Health Workers be CHWs.[23] Similarly, legislation in Oregon established a commission to recommend CHW education and training requirements and mandated that at least 50% of members be traditional health workers, including CHWs.[24] In addition, CHWs in Michigan are developing an optional credentialing process.[40] as are CHWs in several other states. Texas requires CHW representation on the statewide advisory committee related to CHW training and certification.[41] CHWs in other states have recommended that CHWs participate in any board that develops policies regarding certification.[16,17,34]

It is common practice for workforce standards for a given occupation to be overseen by boards composed primarily of members of that profession. Among 60 boards of nursing in the United States, more than 90% report that at least half of their members are from the nursing profession.[42] Similarly, in more than 90% of the 70 medical boards in the United States and its territories, physicians account for more than half of the members.[43] Social workers make up the majority of the membership of the Association of Social Work Boards, which oversees upwards of 60 US and Canadian regulatory bodies for the profession.[44]

#### Opposing Arguments

Some may argue that policies regarding CHW participation in the development of workforce standards are not necessary. However, in at least one state, Ohio, CHW standards are already determined by the state board of nursing rather than CHWs themselves.[19] This situation could be replicated in other states, particularly those in which CHWs are not yet organized into professional groups. In addition, CHWs are generally members of underserved and underrepresented groups.[1] Without codification of their participation, members of this workforce could face cultural, linguistic, and other barriers that would limit their ability to participate in conversations about their own workforce standards.

In addition, CHWs' participation in workforce decisions could address some of the larger issues that have caused opposition to formalized training and credentialing. For example, some experts have noted concern that participation in required courses or credentialing could create barriers to workforce entry or cause CHWs to lose their trusted status among the communities they serve.[45] People who do not identify themselves as CHWs, even if they fill similar roles, may resist being considered part of the workforce and potentially being subject to training and credentialing requirements.[46] These challenges can be overcome if CHWs of various backgrounds participate in discussions about whether formalized training and credentialing are appropriate and for whom. When such programs are deemed to be fitting, CHW input could help develop guidelines to ensure that incumbent workers receive recognition for prior learning and practice-based experience. CHWs can also advise on training and credentialing costs, continuing education, cultural appropriateness, and linguistic accessibility among CHWs with limited English proficiency.

Finally, it is important to note that CHW leadership in addressing issues related to training and credentialing does not preclude equitable collaboration with outside entities or experts who may contribute a wealth of knowledge on relevant topics such as health service delivery models, public health competencies, training curriculum development, and public health policy. Previous collaborations among CHWs, researchers, government agencies, and other stakeholders demonstrate that such groups can create effective CHW capacity-building programs[28–33] and generate policy change regarding credentialing.[37]

#### Action Steps

Therefore, APHA:

- Encourages local and state CHW professional associations to organize CHWs in developing a consensus about the desirability of training standards and credentialing, including decisions about the most appropriate organizational location for the administration of a credentialing program, if established.
- Calls on local and state CHW professional groups to consider creating policies regarding CHW training standards and credentialing, if appropriate for local conditions, in collaboration with CHW advocates and other stakeholders.
- Urges state governments and other entities considering creating policies regarding CHW training standards and credentialing to engage in collaborative CHW-led efforts with local CHWs and/or CHW professional groups. If CHWs and other entities partner in pursuing policy development on these topics, a working group composed of at least 50% self-identified CHWs should be established.
- Encourages state governments and any other entities drafting new policies regarding CHW training standards and credentialing to include in the policies the creation of a governing board in which at least half of the members are CHWs. This board should, to the extent possible, minimize barriers to participation and ensure a representation of CHWs that is diverse in terms of language preference, disability status, volunteer versus paid status, source of training, and CHW roles.

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# Durham County CHW Core Competency and Curriculum Objectives

## 1. Role, Advocacy and Outreach

- a. Identify the components of the Community Health Worker and explain and define the Community Health Worker role.
- b. Identify an emergency and the appropriate safety response, which may include calling 9-1-1.
- c. Identify potentially dangerous situations that may arise and cause an accident, illness or injury to themselves.  
Describe measures to ensure personal safety while in the community.
- d. Identify personal time management styles and develop strategies for setting goals, prioritizing and organizing work.
- e. Identify and use outreach strategies effectively in the community.  
Distinguish outreach from formal planning and how to use it effectively in the community.
- f. Demonstrate the skills necessary to be an effective liaison between provider and client and the client and agency.  
Recognize and report discrepancies between the service provided to and the actual experiences of the client.
- g. Advocate for individuals and communities.  
Expand on the concept of liaison to consider the CHW role in the Community.

## 2. Organization and Resources: Community and Personal Strategies

- a. Identify ways to gather information about community resources
- b. Demonstrate knowledge about community resources.
- c. Navigate and continue the process of locating resources in the community and adding new information to the community map.
- d. Incorporate health determinants when applying principles of health promotion and disease prevention.
- e. Demonstrate critical thinking as a framework for solving problems and decision making.
- f. Find information on cultural beliefs
- g. Discuss ways to use information to promote health of self, families and clients
- h. Describe effective home visit strategies and understand the importance of home visits and their principles and strategies.

## 3. Legal and Ethical Responsibilities

- a. Apply agency policies.
- b. Critique scenarios of the CHW role with appropriate and inappropriate boundaries.
- c. Demonstrate an understanding of HIPAA and the importance of protecting confidentiality.
- d. Apply basic concepts of liability.
- e. Recognize the responsibility and implications of mandatory reporting.
- f. Describe how ethics influence the care of clients.

#### **4. Teaching and Capacity Building**

- a. Collect client data specific to health behaviors, safety and psychosocial issues.
- b. Conduct an effective client data collection interview.
- c. Effectively help client set SMART goals for healthy behavior change.
- d. Utilize a variety of motivational interviewing techniques with clients.
- e. Work with clients to foster healthy behavior changes.
- f. Increase the capacity of the community through health promotion activities and disease prevention.
- g. Encourage clients to identify and prioritize their personal , family and community needs
- h. Encourage clients to identify and use available resources to meet their needs and goals
- i. Provide information and support for people to advocate for themselves over time and to participate in the provision of improved services
- j. Advocate on behalf of clients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion
- k. Apply principles and skills needed for identifying community leadership
- l. Build and maintain networks, and collaborate with appropriate community partners in capacity building activities.
- m. Use a variety of strategies, such as role modeling, to support clients in meeting objectives, depending on challenges and changing conditions.

#### **5. Communication Skills and Cultural Competence**

- a. Demonstrate effective communication skills when collaborating with clients and members of the source team.
- b. Relate culture appropriate verbal and nonverbal communication when interacting with clients, their families and healthcare providers.
- c. Demonstrate active listening and interviewing skills to collect and share relevant information.
- d. Use conflict resolution strategies to deal with difficult behaviors and to realize empowerment in self and with clients.
- e. Recognize the uniqueness of and resulting implications of the community culture on the health and well-being of clients.
- f. Support clients and healthcare providers in translating culture-specific behaviors in order to promote needed services and resources. Interact with clients and healthcare providers within the cultural context of community and cross-systems (i.e. education, social services, health, transportation, etc.) approach to healthcare.
- g. Use networking skills to ensure proper engagement of services and resources for clients and their families.  
Identify the skills and strategies needed to secure services and resources in the community through networking.
- h. Demonstrate skills and abilities to work with and within diverse teams.

## **6. Coordination, Documentation and Reporting**

- a. Gather appropriate client and community information.  
Create a written record documenting events and activities in accordance with legal principles and practices.
- b. Examine the financial, health and social services information relevant to clients and client families.
- c. Demonstrate effective tracking of clients throughout the contact process.  
Develop an understanding of how to establish, maintain and terminate helping relationships.
- d. Use terminology correctly when recording in client records.

## **7. Healthy Lifestyles**

- a. Describe the elements of a healthy diet, including food groups, foods to choose more of, foods to limit, and portion control.  
Be able to read and interpret a food label.
- b. Describe the elements of weight control and weight loss as part of a healthy lifestyle.
- c. Discuss differing food cultures by exploring cultural eating habits.  
Discuss limited food access by learning practical ways to manage food costs.
- d. Describe what role exercise (physical activity) plays in a healthy lifestyle.  
Describe how much exercise is needed to gain health benefits.
- e. Describe what roles sleep plays in a healthy lifestyle.  
Describe how much sleep is needed to gain health benefits.
- f. Explain the reasons for taking medications as prescribed.  
Discuss common reasons medications are not taken as prescribed and how CHWs can help clients overcome barriers to taking medications.
- g. Discuss the client's role and responsibilities as a member of the health care team.  
Identify three main questions a client should ask their doctor.
- h. Identify the effects of tobacco, smoking, nicotine, second hand smoke and emerging products.  
Define symptoms and causes of substance use disorders.
- i. Define stress, recognize common sources of stress (stressors) and stress responses/symptoms  
Identify healthy stress management techniques and recognize how to maintain lifestyle balance.

## **8. Mental Health**

- a. Define mental health and mental illness.
- b. Identify and discuss the incidence and impact of mental illness and its cultural implications.
- c. Describe indicators of good mental health across the life cycle.
- d. Recognize causes of mental illness and its at risk stressors.
- e. Recognize the responsibility and implications of mandatory reporting.
- f. Explain the ethical and legal aspects of the CHW role in working with mentally ill clients.
- g. Demonstrate empathy for those affected by mental illness and discuss these issues with sensitivity.
- h. List local mental health resources and identify barriers to accessing care.
- i. Promote mental health in self, clients, families, and communities.