

A Regular Meeting of the Durham County Board of Health, was held June 9, 2016 with the following members present:

James Miller, DVM; Vincent Allison; DDS; Teme Levbarg, PhD, MSW; F. Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; Dale Stewart, OD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Spencer "Spence" Curtis, MPA, BS; and Arthur Ferguson, BS.

Excused Absence: Rosemary Jackson, MD, MPH, CCHP; and Commissioner Brenda Howerton.

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Mel Downey-Piper, Eric Nickens, Michele Easterling, Will Sutton, Jenny Mauch, Citricia Key and Cheryl Scott.

**CALL TO ORDER:** Chairman Jim Miller called the meeting to order at 5:05pm with a quorum present.

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

Ms. Harris requested the following additions:

- Jail Health Accreditation Findings as old business
- Ad-Hoc Committee Report Energy Drink as a committee report

Dr. Levbarg made a motion to accept the additions to the agenda. Mr. Curtis seconded the motion and the motion was approved unanimously.

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

Mr. Curtis made a motion to approve the minutes for May 12, 2016. Dr. Levbarg seconded the motion and the motion was unanimously approved.

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

**STAFF/PROGRAM RECOGNITIONS:**

**Denver Bailey, MPH**

Ms. Bailey began work at the health department on May 26<sup>th</sup> as the department's epidemiologist. She recently worked for the NC State Center for Health Statistics, but has also spent time working at UNC Chapel Hill within the Eshelman School of Pharmacy and the Louisiana Office of Public Health in New Orleans. Ms. Bailey attended Tulane School of Public Health.

**Olatubosun Aloba, Ph.D.,**

Dr Aloba Ph.D started her career at DCoDPH as a Nurse Practitioner in the FP clinic in June 2015. She was selected as the WH Program Manager on April 11, 2016. She is a Robert Wood Johnson Foundation Scholar and a member of Sigma Theta Tau International, the honor society of nursing.

She started her nursing career in Nigeria where she received her Nursing and Midwifery (Valedictorian) Degrees. On migrating to the US, Ola obtained her BSN and MSN as a Women's Health Nurse Practitioner from Seton Hall University, NJ in 2001. She received her Ph.D. in Nursing from Rutgers, the State University of NJ in January, 2016.

**Helen McKay Wright, RN, MSN**

Ms. Wright was the supervisor for Care Coordination for Children, a program that serves children from birth to age five who have various needs and concerns. She was promoted to the Communicable Disease

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Program Manager (TB Clinic, Immunization/Refugee Health Clinic, and Adult Health/STD/HIV Clinic) on May 23rd. She has worked at the department for more than 26 years functioning in a variety of roles, including supervisory positions.

Ms. Wright obtained a BSN from North Carolina Central University in 1978 and a MSN from University of Phoenix in 2013.

**Molly Leatherland, WHNP**

Molly Leatherland, BCCCP Coordinator, was invited to join the NC BCCCP Medical Advisory Committee. This group is composed of clinical experts who review the guidelines and provide consultation on special cases that fall outside of the BCCCP protocols. Members of the committee recommend topics for professional development within BCCCP. The committee meets annually. Molly attended the first meeting on May 6, 2016.

Additionally, Ms. Leatherland was invited by her former professor, Dr. Seonae Yeo, to give a lecture on sexually transmitted diseases (STDs) to the second year Doctorate of Nursing Practice (DNP) students at UNC at Chapel Hill. Molly presented the 2 hour lecture on April 5, 2016.

The Board congratulated and applauded the staff members on their accomplishments.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) UPDATE**  
*(Activity 2.3)*

Dr. Sena provided the Board with an overview of DCoDPH PrEP program and discuss perceived barriers, potential solutions to improve PrEP services and lessons learned to date regarding year one of the program.

- PrEP involves the use of anti-HIV medication that keeps at-risk HIV negative people from becoming infected.
- DCoDPH initiated a PrEP referral program along with other local healthcare providers in May 2015. Since then, 94 clients have been referred for PrEP, of which 44% are uninsured and would need help with the drug assistance program.
- Challenges to PrEP implementation in Durham County continue to include limited STD clinic resources, lack of internal providers to prescribe PrEP, co-pay for uninsured patients referred to prescribing providers, and lack of patient navigation services funding.

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

**QUESTIONS/COMMENTS:**

**Dr. Allison:** What's the efficacy of PrEP?

**Dr. Sena:** It's 90% effective. Even if you don't take the pill 5 days a week, it's still about 85% effective. There is wiggle room. A person has to be really committed to taking it in his/her high risk situation.

**Dr. Allison:** Is there any concern that the at-risk population will actually think that taking PrEP they have the magic bullet and then therefore increase their at-risk behavior?

**Dr. Sena:** That has been the concern from the very beginning but it's really hard to see that from the academic side. A lot of people are trying to figure out if that's the case. Clearly part of this message is that we try to motivate people not just to take a pill but also continue practicing safe sex.

**Mr. Dedrick:** You mentioned the co-pay at Lincoln. Do you know what the co-pay is?

**Dr. Sena:** Gayle do you know?

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**Ms. Harris:** Twenty dollars (\$20.00) is the minimum co-pay for self-pay patients. If patients don't have the money, they will not be turned away but they need to demonstrate willingness to pay through an active payment plan.

• **FY 16-17 RECOMMENDED BUDGET (Activity 39.3)**

Mr. Sutton presented the County Manager's FY 2017 Recommended Budget to the Board. The County Manager presented the recommended budget to the Board of County Commissioners on May 23, 2016.

**Major points for Public Health Budget:**

- Public Health Education Specialist – Funded
- Durham Diabetes Coalition – Funded
- School Nurses (4 positions) – Funded
- Immunization Processing Assistant Increase of .4 – Funded
- Cure Violence Initiative – Funded
- New Vehicle Request – Funded
- Pharmacist Increase – Funded
- Accountant – Not Funded
- National Accreditation Fees – Not Funded
- Poverty Reduction Initiative (grant) - Not Funded
- Phone Allowance Increases – Not Funded
- Additional Cuts to Align with FY 16 funding levels

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

**QUESTIONS/COMMENTS:**

**Chairman Miller:** I guess we were expecting some push back on the nurse positions but it seems like I expected more.

**Ms. Harris:** Forty-seven positions would have covered all of the schools and given us coverage in charter schools. I really didn't expect to get that many positions. I did have an opportunity to have a policy level discussion during their budget retreat. I told them about Wake County's approach of adding several nurses every year until there is at least a nurse in every school while Mecklenburg County added all of the nurses at once. We also are able to fill a position that should have been removed from the position roster several years ago when state funds were withdrawn.

**Dr. Allison:** How many do you have now?

**Ms. Harris:** Thirteen.

**Dr. Allison:** So that will be eighteen?

**Ms. Harris:** Yes, it's a start.

**Chairman Miller:** So we can always look at Mecklenburg County that funded all the positions at one time and see how that went.

**Ms. Harris:** One of the school nurses shared an article in which the Pediatric Society stated because students are coming to school with really complex health issues, schools really need even more nursing staff. The budget will be adopted on June 27<sup>th</sup>. There are so many unmet needs in the community and things are exploding in terms of residential spaces and the amenities that come with that growth.

**Chairman Miller:** The school nurses....the area they live in...the amount of healthcare that's available I would think that Durham County would have a higher number of children in school just cause parents are going to move here for better healthcare.

**Ms. Harris:** Durham Public Schools enrollment is actually projected to decrease in the coming year by more than four hundred students. The charter schools' enrollment is expected to increase. Most of the county funding that is based on enrollment will be passed through Durham Public Schools to charter schools.

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

The Durham County Board of Health received a copy of the vacancy report for May 2016 prior to the meeting. There were 18 vacant positions. There were no questions from the Board.

*(A copy of the Vacancy report is attached to the minutes.)*

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

The Durham County Board of Health received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of May 2016 prior to the meeting. There were no questions from the Board.

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

### **Health Director's Report**

**Division / Program: Durham Diabetes Coalition/Community Health Workers/ Virtual Presentation to Morehouse School of Medicine (Accreditation Activity 10.4 - The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.)**

#### **Program description**

- Two Durham Diabetes Coalition (DDC) Community Health Workers presented a session on the role of the Community Health Worker at one of the Diabetes Health Equity Learning Collaborative Virtual Sessions conducted by Morehouse School of Medicine.

#### **Statement of goals**

- To increase the use of the community health worker (CHW) position in clinical and community interventions.
- To share experiences from Durham County at local, state and national events.

#### **Issues**

- **Opportunities**
  - There is increasing evidence of the effectiveness of the role of the CHW position in community and clinical care interventions.
  - The DDC project at the DCoDPH has two CHW positions and have been able to demonstrate the value and effectiveness of this type of position's role in clinical care and community interventions. Because of this experience, DDC CHW staff were asked to speak at this learning collaborative about diabetes care.
  - The learning collaborative sessions by Morehouse School of Medicine are based on the Institute for Healthcare Improvement Breakthrough Series. The sessions are teaching clinic community partnership teams how to work together to provide collaborative care for minority patients that extends into their community.
- **Challenges**
  - Minimal challenges in making sure the presentation was technologically compatible for delivery with the virtual software Morehouse was using.

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

- **Outcomes**
  - Presented the virtual session on May 10, 2016 to 30 participants.

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- The session include the following:
  - The role of the CHW;
  - Design of the DDC CHW program (seen phone or in person, how often, how many patients, any meetings or outreach through community partners i.e., recruiting at churches or schools, meet with any patients at work instead of home, training or info sessions in the community);
  - Job tasks (e.g., patient navigators, peer support, case management);
  - Volunteer or paid? Salary range and qualifications;
  - Care team and meetings (who attends, how often, how do you get referrals, how do you report information, access to EHR);
  - What is *essential* to being an *effective CHW* or having *effective CHW program*? How do they get started?
  - What successes have been seen - how many patients, how much contact, hemoglobin A1C improvements, decrease amputations, decrease hospitalizations.
- **Service delivery**
  - DDC CHWs developed the presentation content. DCoDPH Information and Communication Specialist assisted in the presentation slide development and preparation for the session.
  - Session was conducted for participants of the learning collaborative and included representation from several different states.
- **Staffing**
  - Presentation developed and presented by L'Tanya Gilchrist and Edith Slack, Durham Diabetes Coalition Community Health Workers.
- **Revenue**
  - No revenue was generated from this presentation.

**Next Steps / Mitigation Strategies**

- Continue participation in local and state-wide efforts that demonstrate the impact and effectiveness of the Community Health Worker position in community and public health patient care settings including:
  - Mayor's Poverty Reduction Task Force.
  - Local CHW credentialing process.
  - North Carolina DHHS work towards CHW training, credentialing and reimbursement for the CHW services.

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

**Program description**

- The Durham County Department of Public Health's (DCoDPH) Diabetes Self-Management Education (DSME) program underwent an annual monitoring site visit and audit by the North Carolina Division of Public Health (NC DPH) on April 29, 2016.

**Statement of goals**

- To maintain compliance with program standards to allow for continued operation of services and maintenance of American Diabetes Association (ADA) recognized program status.
- To obtain deficiency free site visit report.

**Issues**

- **Opportunities**
  - Recognized ADA DSME programs that follow national standards of care guidelines are able to bill for DSME services.
- **Challenges**
  - Assessment and approval of the DSME program by the NC DPH is necessary for the DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

**Implications**

- **Outcomes**
  - DCoDPH's DSME program received a deficiency free monitoring report.
- **Service delivery**
  - The DSME program encompasses an hour-long initial assessment of each participant and nine hours of group or individual instruction.
- **Staffing**
  - Fifty percent of a Registered Dietitian's position is committed to management of the DSME program.
- **Revenue**
  - DSME is a billable service. DCoDPH is a provider for BCBS, Medicaid, and Medicare. Participants not covered by a third party payer 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.

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**Division / Program: Nutrition Division/DINE/EcoBlitz at the DPS Hub Farm**

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

**Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- The Durham Public Schools (DPS) Hub Farm is a 30-acre farm, woodland and aquatic habitat where students, teachers and the community engage in experiential learning about agriculture, food systems and natural science.
- DPS planned an "EcoBlitz" to immerse their 5<sup>th</sup> graders in hands-on experiences aligning with the 5<sup>th</sup> grade science ecology curriculum.
- DINE collaborated with DPS and the Hub Farm to provide sessions on food webs and human nutrition during three of these EcoBlitz events.

**Statement of goals**

- To increase the nutrition knowledge of elementary school students in Durham.

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- To raise students' awareness of food systems, and how our decisions and actions impact those systems.
- To contribute to hands-on learning that integrates nutrition and health information into other school subjects.

**Issues**

- **Opportunities**
  - EcoBlitz provided an opportunity to interact with students who do not currently receive nutrition education from the DINE program. The students who participated in these sessions were from schools that qualify for DINE programming, but are either currently not served or do not have nutrition education in 5<sup>th</sup> grade.
  - The format of the EcoBlitz program provided an opportunity for collaboration with other DPS staff and allowed for the integration of nutrition concepts into other areas of study.
- **Challenges**
  - Since the sessions were held outdoors at the Hub Farm, weather was a challenge. Two of the five EcoBlitz events that DINE had planned to participate in were cancelled due to rain.
  - The EcoBlitz was planned as primarily an ecology-focused learning experience, so DINE staff had to collaboratively develop a lesson plan that incorporated nutrition messages to better align with program goals.

**Implication(s)**

- **Outcomes**
  - During May 2016, DINE participated in three days of the DPS EcoBlitz at the Hub Farm.
  - A lesson on nutrition and food webs was taught with 18 groups of 5<sup>th</sup> graders from three elementary schools: Glenn, Hillandale, and Spring Valley.
  - DINE reached 249 unduplicated students in these sessions.
- **Service delivery**
  - Each session included a discussion of energy, food webs, MyPlate, and the importance of each of the food groups.
- **Staffing**
  - Education was provided by four DINE nutritionists each day, in collaboration with Hub Farm staff, DPS staff, and volunteers.
- **Revenue**
  - No revenue is generated through this educational outreach.

**Next Steps / Mitigation Strategies**

- The DINE program will continue collaborations with the Hub Farm and DPS to deliver nutrition programming and promote healthy eating for students and families in Durham. Additionally, DINE will continue to seek opportunities for integration of nutrition into other school subjects.

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**Division / Program: Nutrition Division/DINE/Junior Iron Chef at Neal Citizen Schools**

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

**Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE's Junior Iron Chef Durham partnered with Citizen Schools to offer a nutrition and culinary education course during their after-school apprenticeship program at Neal Middle School.
- Nine weekly classes consisted of nutrition education and interactive cooking lessons performed by nutritionists. During each session, students competed in a healthy recipe cook-off between the two cooking groups. The program culminated with a final family night where students cooked a meal and presented their dishes to their families.

**Statement of goals**

- Provide the DINE nutrition and culinary training program, Junior Iron Chef Durham to adolescent students in selected middle schools after-school/summer programs.
- Aim to increase the health and nutrition knowledge of participants, while also increasing their culinary skills and self-efficacy to prepare healthy meals at home or to make healthy food choices when eating outside of the home

**Issues**

- **Opportunities**
  - Students learned about the importance of eating a balanced diet for optimal health and to prevent obesity. They also were taught basic healthy cooking techniques and had the opportunity to practice the skills they learned.
  - Students were able to work with peers to learn the fundamental skills of cooking including reading recipes, measuring ingredients, basic knife work, and cooking techniques while also practicing teamwork skills.
  - Students were enrolled in the apprenticeship for the entire semester, allowing nutrition and cooking skills to build each week.
- **Challenges**
  - The adolescent nutritionist who began teaching this series resigned from the health department mid-way through the program. A recently-hired elementary school nutritionist took over the teaching so no classes were missed. The school staff and volunteer remained the same, easing the transition.

**Implication(s)**

- **Outcomes**
  - Nine nutrition and culinary classes were provided to the after-school Citizen Schools apprenticeship at Neal Middle School from January – May 2016.
  - Each class had between 12-14 students.
  - On surveys, several parents reported that their children's knowledge of nutrition and cooking had improved.
  - Students self-reported increased knowledge of nutrition and cooking. Several reported that they had cooked healthy recipes at home for their families after learning them in Junior Iron Chef Durham.
- **Service delivery**
  - Each 75 minute session included a nutrition lesson, interactive culinary lesson, healthy recipe cook-offs and taste tests.
- **Staffing**
  - One DINE nutritionist taught with the assistance of one Citizen School volunteer, one Neal Middle School teacher and one teacher's assistant.

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

**Next Steps / Mitigation Strategies**

- DINE Junior Iron Chef Durham will work with Citizen Schools again in the fall semester to carry out the apprenticeship program. DINE received positive feedback from Citizen Schools and Neal Middle School.

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**Division / Program: Community Health/School Health/Healthy Futures-Durham Schools**

**(Accreditation Activity 22.1 (When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.)**

**Program description**

- On April 27, 2016, the Healthy Futures-Durham Schools, Child Health Assessment and Prevention Program (Healthy Futures) was officially introduced to the public.
- This innovative initiative is the result of the collaboration between Durham County Department of Public Health, the Duke Division of Community Health and Durham Public Schools.
- This the first well child program of its kind in North Carolina.

**Statement of goals**

- To detect physical and/or mental problems utilizing the Bright Futures, well-child comprehensive assessment.
- To provide preventive health care services that include, dental fluoride treatments, vision and hearing, developmental, lead and hemoglobin screenings. Anticipatory guidance and age appropriate immunizations are also included in the assessment.
- To provide medical home provider with documented clinical updates.
- To refer for services that address and/or treat, identified problems or concerns after consultation with the physician advisor.

**Issues**

- **Opportunities**
  - An additional point of health care access to attain and maintain the optimal health status of students in order to maximize the benefit from their educational experience.
  - Early identification and referral for health conditions (chronic and acute).
  - Medical home referrals for families without a primary health care provider.
  - Promotion and development of positive health practices and attitudes among students and families to promote lifelong wellness.
  - Potential for decreased Medicaid costs.
- **Challenges**
  - The Healthy Futures Marketing Team continues to plan presentations and participate in community events to increase awareness of the need for well-child assessments, and to increase the number of appointments for services.

**Implication(s)**

- **Outcomes**
  - Students and siblings from age birth to eighteen (18) will have access to additional well-child health care services in the community.
  - Physical and/or developmental delays that are noted during the assessments provide opportunities for treatment prior to acute/chronic exacerbation of symptoms.
- **Service delivery**
  - Three (3) Registered Nurses received specialized training and are credentialed as Child Health Enhanced Role Registered Nurses to provide comprehensive well child assessments on site in five (5) elementary schools.
  - Three (3) Administrative Support Staff make appointments and document demographic information.
  - One (1) Clinical Physician Advisor provides medical consultations.
- **Staffing**
  - Three (3) Child Health Enhanced Role Registered Nurses
  - Three (3) Administrative Support Staff
  - One (1) Clinical Physician Advisor

**Next Steps / Mitigation Strategies**

- Increase awareness of Healthy Futures with corresponding increases in the number of children receiving well child care, developmental screenings and immunizations at the program sites.
- Increase collaborations with divisions within the Durham County Health Department and within the community to address child health issues in the Healthy Futures program sites.

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**Division/Program: Dental Division: Adding Silver Diamine Fluoride to Clinic Service Options**

**(Accreditation Activity 28 – The local health department shall use research to develop and evaluate public health programs.)**

**Program description**

- The Dental Division has introduced Silver Diamine Fluoride into its array of treatment options. Silver Diamine Fluoride (SDF) is a clinically applied treatment that controls active dental caries and aids in preventing further progression of the disease. The Division worked with faculty at the UNC School of Pediatric Dentistry, experienced in clinical application of SDF, to help develop practice guidelines.

**Statement of goals**

- To offer non-surgical option to manage caries in primary and permanent teeth.
- To provide non-invasive treatment to control infection in a specific location.

**Issues**

- **Opportunities**
  - To arrest carries in primary teeth of preschool children.
  - To offer an alternative for parents that do not want their children subjected to sedation or general anesthesia in order to have restorative dentistry completed.
  - To provide parents with affordable treatment option (product only commercially available in the US since March, 2015)

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- The use of SDF “buys time”, arresting caries and infection, while the patient (child or adult) considers future treatment options.
- **Challenges**
  - Case selection is critical. The application of SDF is a “control approach”, and not for treating teeth in eminent danger of pulpitis (inflammation of pulp tissue).
  - Educating parent(s)/patient to the benefits and side effects of SDF is important, and may take additional time. It is imperative that they understand the area where SDF is applied will stain.

**Implication(s)**

- **Outcomes**
  - The first application of SDF was provided to three-year old patient in the clinic on 5/20/16 by Dr. Timothy Wright (UNC), one of the leading researchers on silver diamine fluoride.
  - Staff members present gathered to watch procedure completed, and also received training on SDF, its application, benefits, etc.
- **Service delivery**
  - The service has been offered within the clinic to date. In order to offer this treatment on the Tooth Ferry, parents will need to be provided the additional consent form and have conversation with dental team (especially to confirm the side effects; i.e. staining).
- **Staffing**
  - Providers and residents (not students) will work with dental assistants when applying SDF. The solution stains everything it comes in contact with in the operatory, clothing, countertops, etc., so care must be used when handling the product.
- **Revenue**
  - There is currently no ADA code for application of SDF, though the process has started. In the interim, providers are Topical Fluoride code as suggested by the State. The reimbursement would be \$31; \$25 for self-pay patients.

**Next Steps / Mitigation Strategies**

- The clinic will utilize SDF as a treatment option for applicable patients.

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**Division / Program: Administration / Communications and Public Relations**

**(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, and Resources)**

**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**
  - As of May 25, one (1) general public health media release/advisory was disseminated for the month of May. Communications staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 22 media pieces featuring or mentioning the Department aired (television and/or radio), were printed in the news, or were posted to the web by local media during the month.  
Topics and issues covered include:
    - ❖ Department senior leadership speaking before the Durham Crime Cabinet;
    - ❖ Well-child sites opening a five Durham County elementary schools;
    - ❖ A follow-up opinion column on the Durham County Jail's medical provider and the recently closed RFP;
    - ❖ May's *My Carolina Talk* segment, focusing on mosquito prevention strategies around the home; and
    - ❖ Weekly restaurant inspection scores.
  - The Communications Team also released the May edition of the Community Connections, the Department's external newsletter.

**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: Administration / Information Technology**

**Accreditation Activities 24.3-** The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation; and

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30.4-The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act (HIPAA).

**Program description**

- DCoDPH uses information technology to: decrease the time it takes to design, deliver, and market the benefits and services it offers; and increase access to information, document care, bill for services delivered, and integrate value-added functions. Electronic Medical Record (EMR) is for quality improvement to increase HIPAA compliance, provide quality services to clients, and increase revenue by the adoption of meaningful use programs.

**Statement of goals**

- To increase the overall quality of customer service to both internal and external customers and increase knowledge among staff with the Durham County Department of Public Health.
- To employ expanded use of modern technologies
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization

**Issues**

**Opportunities**

- Public Health was able to collaborate with other Durham County HIPAA covered entities (e.g., Criminal Justice Resource Center, Department of Social Services, EMS, and Information Services and Technology).

**Challenges**

- N/A

**Implication(s)**

- **Outcomes**
  - The Risk Assessment was conducted on Public Health, IS&T, CJRC, EMS, and overlapping departments in the county to include General Services, Risk Management, and Human Resources.
  - The vendor shared preliminary results of the HIPAA Risk Assessment during an onsite visit.
  - The Risk Assessment meets the federal and state requirements for Meaningful use and HIPAA compliance.

**Next Steps / Mitigation Strategies**

- Continue to work with the providers to meet the measures utilizing the EMR system for Meaningful Use
- Work with HIPAA Charter Committee to address the findings provided from the HIPAA Risk Assessment Final Report.

**COMMITTEE REPORTS:**

- **AD HOC SUBCOMMITTEES--ENERGY DRINKS (Activity 40.2)**

Mr. Dedrick reported that the subcommittee met on Wednesday, June 8, 2016 at 6:00pm to discuss the energy drink topic. The committee was provided electronic access to articles related to energy drinks and their impact on adolescent health. Dr. Levbarg read additional articles related to unsuccessful efforts of local entities to enact rules/ordinances to restrict adolescent access to energy drinks. Ms. Harris provide another article titled, "Legitimacy of concerns about caffeine and energy drink consumption" (2014).

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Since the FDA has not addressed this issue, the group discussed the need to:

1. Document the prevalence of caffeine toxicity and related side effects of energy drinks in Durham County by contact NC Poison Control and accessing NC DETECT;
2. Determine current levels of access on school grounds and public parks/trails
3. Contact the School of Health Advisory Council (SHAC) and school nurses to discuss issues related to energy drinks;
4. Promote educational campaigns regarding the effects of energy drinks using Kenny Browning, former Northern High School and UNC football coach;
5. Sponsor cohort of students that can speak with other students regarding effects of energy drinks;
6. Consider using advertisement to educate medical providers, students and other community members;
7. Reach out to Wanda Boone to discover specific energy drink outreach activities conducted by Durham TRY.

**OLD BUSINESS:**

• **PUBLIC HEALTH AND VIOLENCE PREVENTION ACTIVITIES (*Activity 14.1*)**

Ms. Downey-Piper provided the Board with an update on the department's continued activities to work with the community to implement a public health model to address violence (shootings and homicides) in Durham.

***(Manager's Message on Cure Violence: Budget Presentation/May 23, 2016)***

Since September, with approval from the Board of Health, the Department of Public Health worked with Cooperative Extension's Project BUILD to garner key stakeholder support for implementing this program. In March Durham received designation from the national Cure Violence office to be designated as an official Cure Violence site. **Investments will be made in the Cure Violence program, including a Program Coordinator, two Violence Interrupters, two Violence Workers and funds to collaborate with agency service providers (\$434,537):**

**Goal 2: Health and Well-being for All**

- Public Health, Cure Violence Program –5 FTEs
- Funding for partner organizations delivering services for Cure Violence and recommended funding for Project Build.
- Cooperative Extension Services Project Build Support –2 FTEs

The City Manager is committed to resource alignments that change the trajectory of recent violence trends within the community. To that end, we are changing our approach with how we align resources to support Project Build. Beginning FY 2016-17, Project Build efforts funded in the city will be transferred to Durham County Government. Durham City will maintain its fiscal commitment to the program. Yet this approach will leverage overall outcomes for Project Build and Cure Violence initiatives.”

Cure Violence outreach activities included:

1. May 20<sup>th</sup>, meeting with Meredythe Holmes and Heather Chauneay to discuss partnering with FHI 360 and Made in Durham. We also discussed the RWJ Grant proposal to look at the Roads Project in East Africa as a model for community engagement around violence.
2. May 20<sup>th</sup>, Cure Violence Presentation to the Public Safety Committee chaired by Commissioner Reckhow

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3. May 23<sup>rd</sup>, Cure Violence meeting with Michelle Young (Project Build) and Mel Downey-Piper.
4. June 3<sup>rd</sup>, meeting with Delphine Sellars, director of Cooperative Extension on Cure Violence
5. June 6<sup>th</sup>, Cure Violence conference call with Lori Toscano (National Cure Violence Office), Pre Assessment Site visit.

• **UPDATE: 340B COMPLIANCE PRICING ISSUE**

Ms. Harris stated that during either the the fall of 2014, the Board was apprised of the discrepancies in the pricing for the medications for the Detention Facility. Melissa Martin, director of Allied Health Services provided an update on how the compliance issue is being addressed.

**Ms. Martin:** Since the May 12th Board of Health meeting:

- Eighty-seven (87) manufacturers were contacted individually either via email, fax, or mailed letter.
- Potential repayment to manufactures range from <\$1-\$76,000 based on purchases between 8/22/13 - 12/9/2014. Total potential repayment is estimated at \$425,000. With 30 of these repayments estimated at less than \$100.
- Manufacturer responses:
  - 18 responses received
  - 17 spreadsheets of individual sales data for evaluation have been emailed
  - 5 settlement negotiations:
    - Baxter \$136.13 (\$128.74)\*
    - GSK \$9,296.84 (\$8,535.23)\*
    - Eli Lilly \$6,354.34 (\$7,015.47)\*
    - Novartis Consumer Health \$0.00 (\$0.00)\*
    - X-Gen \$0.00 (\$41.88)\*
- *\* DCoDPH estimates*
- The total number of manufacturers to contact continues to change, as it is discovered that companies have changed management or the manufacturing of a particular medication has been sold off (e.g. Novartis Consumer Health and Novartis Pharmaceutical).

Mr. Sutton provided the Board with information on the repayment process. Ms. Sutton stated that any repayments for this year will be paid out of FY 16 budget.

**FY 17 Repayment Proposal:**

- Funding source - Medicaid Cost Settlement revenue received in FY17 above amount budgeted.
- Manufacturers set up as vendors in SAP via Purchasing Division
- Payment requests to will be sent to Finance accompanied by an official letter per vendor with all documentation attached.

Ms. Harris asked that Ms. Martin provide an update to the Board as the repayment process develops.

• **JAIL HEALTH ACCREDITATION FINDINGS (Activity?)**

Ms. Harris shared the summary findings from the Onsite National Commission on Correctional Health Care Accreditation Visit with the Board as discussed in a previous meeting:

The National Commission on Correctional Health Care (NCCHC) Accreditation conducted an independent review on December 10-11, 2015, and reported the following:

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“There are 40 essential standards: 38 are applicable to this facility and 34 (89%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Findings include:

Essential Standards Not in Compliance

J-C-03 Professional Development  
J-E-06 Oral Care  
J-E-12 Continuity and Coordination of Care during Incarceration  
J-G-01 Chronic Disease Services

Essential Standards Not Applicable

J-E-03 Transfer Screening  
J-G-03 Infirmity Care”

“There are 27 important standards: 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Findings include:

Important Standards Not in Compliance

None

Important Standards Not Applicable

J-C-08 Health Care Liaison

Decision: On January 16, 2016 NCCHC’s Accreditation Committee awarded the facility Continuing Accreditation with Verification (CAV), *contingent* upon receiving requested compliance verification by May 16, 2016.”

Corrective action required:

“J-C-03 Professional Development – All but four health staff are current in cardiopulmonary resuscitation (CPR)...Acceptable documentation includes verification that the director of mental health, and the three full-time mental health clinicians are current in CPR.”

“J-E-06 Oral Care –could not verify that the dentist had trained the health staff to conduct the intake screening and initiate the oral screening, including as a part of the initial health assessment... Verification that all qualified health care professionals providing oral screening have been appropriately trained is required.”

“J-E-12 Continuity and Coordination of Care during Incarceration – health record review indicated that providers do not consistently review diagnostic tests with the patient in a timely manner. Patients are not consistently seen by a qualified health care professional upon their return from a hospitalization, urgent care, or emergency department visit to ensure proper implementation of the discharge orders and to arrange for appropriate follow up care. In addition, the clinician does not review and act upon the recommendations of specialty consultations in a timely manner... Acceptable documentation includes a plan by the RHA on how all aspects of this standard will be corrected. The plan should include necessary policy and procedure changes as well as evidence of training for appropriate staff. In addition a CQI process study that evaluates the continuity and coordination of care following the implementation of the corrective action plan.”

“J-G-01 Chronic Disease Services – the treatment plans do not routinely include the appropriate elements, including frequency of follow up, monitoring condition and status and taking action as indicated and clinical justification of deviation from the protocols. Providers do not consistently follow chronic disease protocols. Hypertensive patients and diabetic patients are often not referred for fundi testing. Diabetic patients are not referred for foot examinations and hemoglobin blood tests are often not ordered by providers. Providers give little or no instructions to the patient regarding diet, exercise, adaptation to the correctional environment and medication...Documentation in the medical record should confirm that clinicians are following chronic disease protocols by determining the frequency of follow-up for medical evaluation based on disease control; monitoring the patient’s condition and taking appropriate action to improve patient outcome; indicating the type and frequency of diagnostic testing and therapeutic regimens; instructing the patient on diet, exercise, adaptation to the correctional environment, and medication; and clinically justifying any deviation from the protocol...acceptable documentation of compliance: results of a CQI process study that assesses clinicians’ compliance in following chronic disease protocols.”

Medical staff submitted documentation as requested prior to the May 16, 2016 deadline. A representative for NCCHC acknowledged receipt of the information and indicated that a response will be sent within two months.

Ms. Harris stated that she saw the documentation. The CQI process has been started. Having read only access to Duke MedLink will also provide staff with ready access to info regarding care that the inmates receive offsite.

**NEW BUSINESS:**

- **AGENDA ITEMS AUGUST 2016 MEETING**
  - Naloxone Update
  - Police Chief Davis (if she is available)
  - Budget Update
  
- **UPDATE: RABIES CASE**

Dr. Levbarg requested a rabies update after seeing the report of a fox testing positive for rabies in Durham County.

**Ms. Wood:** There were several calls over the Memorial Day weekend (May 27<sup>th</sup>-May 30<sup>th</sup>) regarding possible rabies exposures. The first report came on Wednesday May 25<sup>th</sup> when Animal Control (AC) contacted me, the on-call health department staff person, regarding a dead raccoon. A gentleman called AC to report a dead raccoon. When AC arrived at the scene, the gentleman had moved the raccoon without wearing any gloves. Since we can’t determine how long rabies virus might live in saliva from an animal, the raccoon was sent to the state lab for testing for rabies and the gentleman was required to start post-exposure prophylaxis (PEP) until the testing was completed.

The second report came on Saturday May 28<sup>th</sup>. I received a message from the Communicable Disease Supervisor that a family (mom and kids) had been exposed to a bat in their home during the night. The dad came home in the morning from a business trip and went into the bedroom where

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mom and the kids were sleeping and saw a bat flying in the bedroom. The bat was captured by AC. The family members denies any visible signs of being bitten. After conferring with the State Epidemiologist on-call, it was decided to send the bat for rabies testing before having the family start PEP. The bat tested negative for rabies.

The third report came on Sunday May 29, 2016. I received a call regarding a fox which had bitten 3 people and one dog. The fox was in a neighborhood and bit an air condition repairman. After biting the repairman, the fox went further down the street and bit a dog; the dog's owner saw the fox in a tussle with the dog and went outside to get the dog from the fox. She rescued the dog and brought him inside. Thinking the fox might be thirsty, she took some water outside for the fox to drink. The fox did not drink the water, but jumped on her chest and bit her. Her husband saw the fox biting her and intervened and was also bitten by the fox. The owners eventually trapped the fox in a crate and contacted AC.

The three individuals who were bitten by the fox were sent to the emergency room to be evaluated and received their first dose of rabies PEP. The head of the fox was sent to the state lab of public health for rabies testing. The dog was seen by his veterinarian. Since the dog was current on his rabies vaccine, he received a booster. The fox tested positive for rabies and the three individuals had to complete the series of rabies PEP local urgent care clinics.

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

Ms. Harris reminded the Board of the 2016 NALBOH conference. The next Board meeting will be held on August 4<sup>th</sup>.

Mr. Dedrick made a motion to adjourn the regular meeting at 6:39pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.

  
James Miller, DVM-Chairman

  
Gayle B. Harris, MPH, Public Health Director



**HIV PrEP Program at the  
Durham County Department of Public Health**

**June 9, 2016**

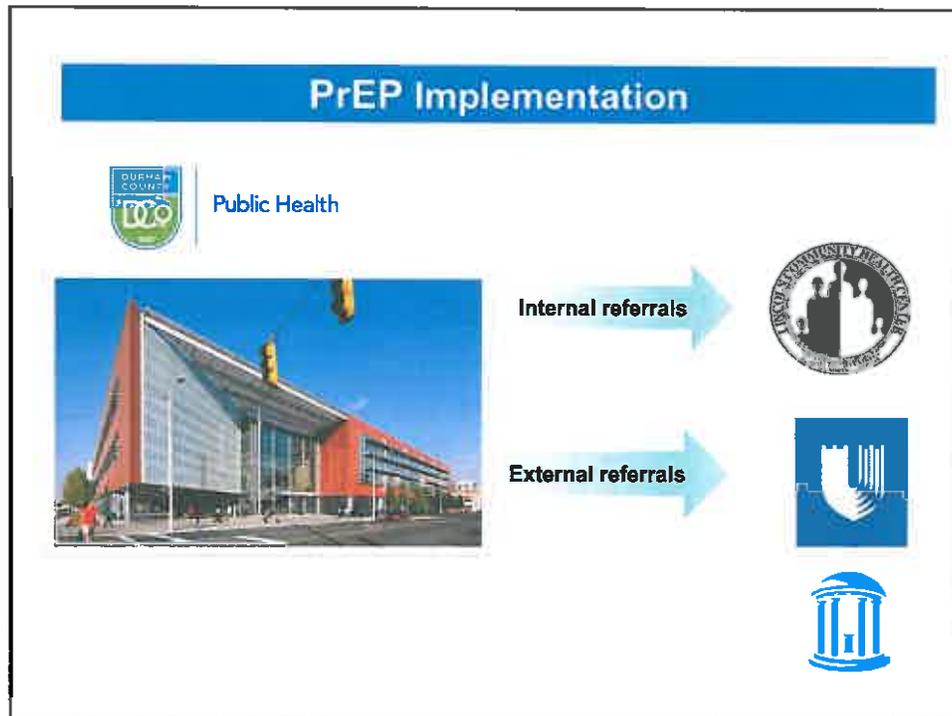
Arlene C. Sena, MD, MPH  
Medical and Laboratory Director  
Durham County Department of Public Health  
Associate Professor, UNC Infectious Diseases



## HIV pre-exposure prophylaxis (PrEP)

- Use of antiretroviral medications **before** an exposure, to reduce the risk of becoming infected.
- **Tenofovir** (Truvada) one pill once a day
- Few drug-drug interactions
- Safe and well tolerated
- **FDA approved in 2012**





## Priority Groups for HIV PrEP

- Men who have sex with men (MSM) who engage in unprotected anal intercourse
- Persons who are in a sexual relationship with a partner known to have HIV infection
- Male-to-female and female-to-male transgender individuals who engage in high risk sexual behaviors
- Individuals who trade sex for money, drugs, and/or housing
- Injection drug users who share injection equipment

## Clinic Procedures

### ➤ Initial Visit

Routine STI testing, including oral and rectal gonorrhea/  
chlamydia testing via nucleic acid amplification tests

HIV testing

Hepatitis B and C testing

### ➤ Follow-up Visits

HIV and STI testing every 3 months

## Clinic Counselor

- Provides PrEP information, risk-reduction counseling and condoms
- Verifies client risk factors, eligibility and interest in PrEP
- If uninsured, provides Gilead PrEP application
- Obtains client signature on the DCoDPH Release of Information form
- Completes HIV PrEP referral form based on client preference for healthcare provider and insurance status, and faxes form to provider
- Instructs client to make an appointment with the PrEP provider within the next two weeks

## PrEP Referrals



**94** referred since May 11, 2015

- 26%** Partners to HIV+
- 44%** Uninsured

**51 (54%)** have made appointments with Lincoln Community Health Center, Duke or UNC

## Perceived Barriers



<b>Community</b>	<ul style="list-style-type: none"><li>• Lack of patient navigation services</li><li>• Services for uninsured</li></ul>
<b>Organization</b>	<ul style="list-style-type: none"><li>• No external funding for expansion</li><li>• Lack of internal providers to prescribe PrEP</li></ul>
<b>Individual</b>	<ul style="list-style-type: none"><li>• Co-pay costs for visits</li><li>• Motivation</li><li>• Stigma</li></ul>

## Potential Solutions to Barriers

### Community

- Increase number of persons on ACA or Medicaid
- Collaborate with local academic centers or CBOs on grants/initiatives on PrEP

### Organization

- Request additional PrEP funding from county budgets
- Train STD providers on PrEP and use standing orders for follow-up visits

### Individual

- Patient navigators
- Integrate PrEP messages with other prevention messages

## PrEP Activities in NC

- NC Health Director's PrEP Survey
- UNC PrEP Education and NC ATEC Website
- Duke PrEP Clinic and DIHI Community Grant
- NCCU PrEP Ambassadors
- Triangle Empowerment PrEP "Navigation"

## Helping Consumers Learn about PrEP

<http://www.med.unc.edu/iamprepared>

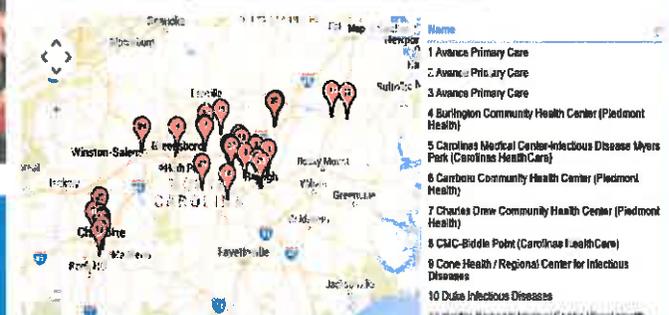
### Consumers Interested in or Currently Taking PrEP

*Pre-exposure prophylaxis (PrEP) is a new way of protecting yourself from becoming infected with HIV. We have put together these resources to help you to learn more about PrEP and to find a local provider who can prescribe PrEP and help you maintain your sexual health.*



#### Map of North Carolina PrEP Providers

View the map of North Carolina PrEP providers at [www.med.unc.edu/iamprepared](http://www.med.unc.edu/iamprepared).



## Lessons Learned

- A PrEP program can be implemented by leveraging existing local public health resources
- Engaging STD clinic staff and prescribing providers is key to developing a sustainable PrEP model
- Despite on-site services, there are still barriers to PrEP initiation (e.g. lack of insurance, visit co-pays, transportation)
- There is a care cascade for PrEP, beginning with limited awareness of persons at risk in the community to PrEP maintenance



Public Health

# FY 2017 COUNTY MANAGER RECOMMENDED BUDGET UPDATE

DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

## FY 16 APPROVED VS FY 17 REQUESTED

<ul style="list-style-type: none"> <li>▪ <b>FY 16 Approved Budget</b> 22,134,505</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>FY 17 Requested Budget</b> 26,487,897</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>20%</b> 4,353,392</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>FY 16 Personnel Budget</b> 13,968,933</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>FY 17 Requested Personnel Budget</b> 17,435,188</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>25%</b> 3,466,255</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>FY 16 Operating Budget</b> 8,165,572</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>FY 17 Requested Operating Budget</b> 9,052,709</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>11%</b> 887,137</li> </ul>



## FY 17 REQUESTED VS COUNTY MANAGER RECOMMENDED

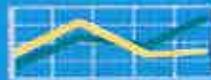
<ul style="list-style-type: none"> <li>▪ <b>FY 17 Budget Request</b> <b>26,487,897</b></li> <li>▪ <b>FY 17 Personnel Budget Request</b> <b>17,435,188</b></li> <li>▪ <b>FY 17 Operating Budget request</b> <b>9,052,709</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>FY 17 Recommended</b> <b>23,763,902</b></li> <li>▪ <b>FY 17 Recommended Personnel Budget</b> <b>14,849,643</b></li> <li>▪ <b>FY 17 Recommended Operating Budget</b> <b>8,914,259</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>(10%)</b> <b>(2,723,995)</b></li> <li>▪ <b>(15%)</b> <b>(2,585,545)</b></li> <li>▪ <b>(2%)</b> <b>(138,450)</b></li> </ul>
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## PRIORITY REQUESTS

FY Priorities	6216	6229	6211	6236	6211	6211	6212	6224	6212
	PHEd Spec Priority 1	Durham Diabetes Coalition Priority 4	Accountant Priority 5	47 Sch Nurses Priority 6	.4 Increase for processing assistant 40001031 Priority 7	Cure Violence Initiative Priority 8	New Vehicle Request Priority 9	Pharmacist .02 Increase 40007450 Priority 10	National Accreditation Priority 11
<b>Total Personnel</b>	\$59,823.00	\$ 97,788.00	\$99,093.00	\$2,700,902.00	\$ 14,899.00	\$299,337.00	\$ -	\$ 6,647.00	\$ -
<b>Total Operating</b>	\$ 500.00	\$ 36,760.00	\$ -	\$ 89,170.00	\$ -	\$261,681.00	\$24,000.00	\$ -	\$31,800.00
<b>Grand Total</b>	\$60,323.00	\$134,548.00	\$99,093.00	\$2,790,072.00	\$ 14,899.00	\$560,918.00	\$24,000.00	\$ 6,647.00	\$31,800.00

**P1 - Recurring requests up to the budgeted amount in FY 16**  
**P2 - Inflationary requests**



## PRIORITY FUNDING RECOMMENDATIONS

FY Priorities	6216	6229	6211	6236	6211	6211	6212	6224	6212
	PHEd Spec Priority 3	Durham Diabetes Coalition Priority 4	Accountant Priority 5	47 Sch Nurses Priority 6	.4 increase for processing assistant 40001031 Priority 7	Cure Violence Initiative Priority 8	New Vehicle Request Priority 9	Pharmacist .02 Increase 40007450 Priority 10	National Accreditation Priority 11
Total Personnel	\$59,823.00	\$ 97,788.00	\$61,093.00	\$2,700,902.00	\$ 14,899.00	\$299,337.00	\$ -	\$ 6,647.00	\$ -
Total Operating	\$ 600.00	\$ 36,760.00	\$ -	\$ 89,170.00	\$ -	\$261,581.00	\$24,000.00	\$ -	\$31,800.00
Grand Total	\$60,323.00	\$134,548.00	\$69,093.00	\$2,790,072.00	\$ 14,899.00	\$550,918.00	\$24,000.00	\$ 6,647.00	\$31,800.00
	Funded \$59,823	Funded 10 FTEs \$119,548	Not Funded	Funded 4 positions 3.32 FTEs \$229,626	Funded \$14,899	Funded 5 FTEs \$434,537	Funded \$24,000	Funded \$6,647	Not Funded

Poverty Reduction Initiative (grant) 62,631 - ~~Not Funded~~  
 No Pione Allowance Increases  
 Additional Cuts to Align With FY16 Funding Levels

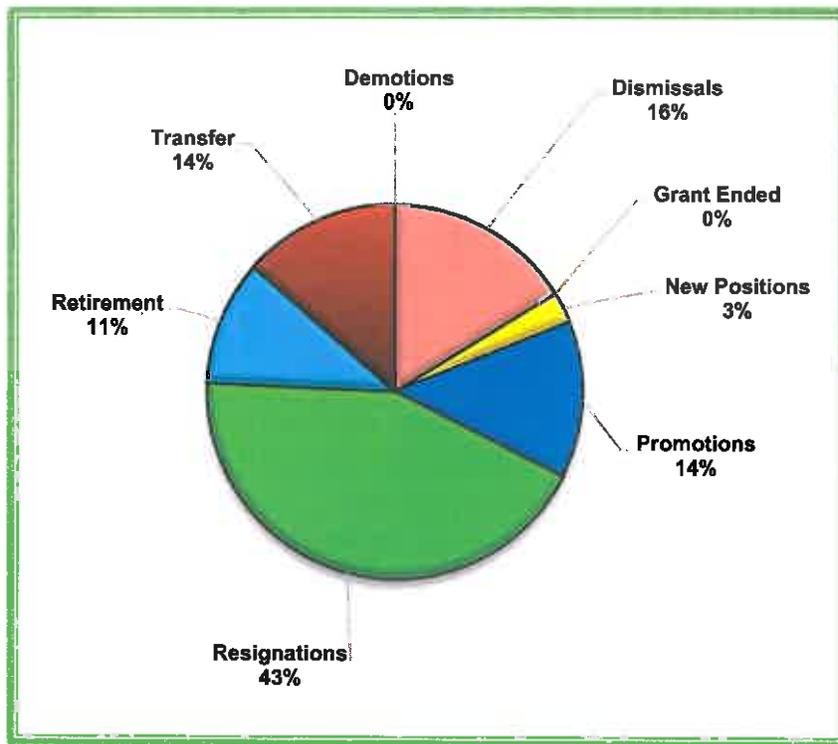
## QUESTIONS/COMMENTS



Public Health

**PUBLIC HEALTH VACANCY REPORT**  
**July 1, 2015 through June 30, 2016**  
**Month Ending 5/31/2016**

<u>Vacancy Reasons</u>	<u>FY 14/15 *</u>	<u>FY 15/16**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	0	6	6	16%
Grant Ended	0	0	0	0%
New Positions	0	1	1	3%
Promotions	0	5	5	14%
Resignations	0	16	16	43%
Retirement	0	4	4	11%
Transfer	0	5	5	14%
	<b>0</b>	<b>37</b>	<b>37</b>	<b>100%</b>



\*no positions remain vacant from FY 14/15.

\*\*FY 15/16 vacancies are cumulative

4 position(s) became vacant in May 15/16

20 position(s) were vacant out of 216 permanent positions, 212.52 FTE positions for May, 2016

total # of vacancies for May	20
total # of employees	216
% of vacancies	9%

FY 15/16 May -2016

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, 5/22, 7/10	8/29/14, 9/5/14, 4/17, 7/24/15	10/12/15	
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/6, 8/21	8/1/14, 12/19, 1/30, 4/25, 5/30, 9/18	11/9/15	
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30, 10/28	1/30/15, 2/6/15, 5/15, 11/6	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15, 8/24, 12/10/15, 2/29	3/27/15, 9/4/15, 1/30/16, 3/25	5/23/16	VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31, 8/15/15	9/28/15	
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	11/9/15	
40008575	Nutrition Specialist	5/1/15	6/1/2015, 10/5, 10/29	6/12/15, 6/26, 10/24, 12/4	3/14/16	
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	10/12/15	
40001010	IT Support Specialist	5/22/15	10/2/15	10/16/15	2/18/16	
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15	9/28/15	
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7	10/12/15	
40003879	PH Nurse Spec	7/24/15	7/20/2015, 8/28, 11/16, 12/15	7/31/15, 8/7/15, 9/18, 1/15	5/9/16	VACANT
40001011	Medical Lab Supervisor	8/12/15	8/31/2015, 12/21/15	9/11/2015, 9/25, 1/29/16	4/11/16	
40001084	Sr PH Nurse	9/4/15	8/17/15	8/28/15	11/23/15	
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15	10/12/2015, 2/29/16	10/23/2015, 11/13, 3/11	5/23/16	VACANT
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15	12/7/15	VACANT
40003400	PH Nurse Program Mgr	9/25/15	10/5/15, 12/13/15, 2/29/16	10/16/15, 12/4/15, 2/26/16, 4/11	5/23/16	
40001119	Physician Extender	10/1/15	11/2/2015, 12/13/15, 2/29	11/28/2015, 1/8/16, 1/22, 3/18		VACANT
40001153	Env Health Specialist	10/15/15	10/12/2015, 10/28	10/23/2015, 11/6	5/23/16	VACANT
40007630	Sr PH Nurse	10/30/15	11/9/2015, 12/15, 2/2, 4/5	11/27/2015, 1/8/16, 2/12, 4/27		VACANT
40001009	Medical Lab Technician	11/6/15	11/16/15	11/27/15	2/15/16	
40001140	Sr PH Nurse	11/17/15	12/15/2015, 1/29, 2/19	1/22/2016, 2/12, 2/26	6/6/16	VACANT
40001083	Sr PH Nurse	11/20/15	10/26/15	11/6/15	1/4/16	
40001052	PH Nurse Supervisor	12/4/15			1/18/16	
40001164	Env Health Specialist	12/15/15	2/15/16, 2/29	2/26/16, 3/18, 5/13/16		VACANT
40001014	Sr Medical Lab Assist	12/16/15	1/11/16	1/29/16	4/25/16	
40001165	Env Health Specialist	12/18/15				VACANT
40001156	Env Health Specialist	12/18/15	2/15/2016, 2/29	3/4/2016, 3/11	2/15/16	
40001142	PH Nurse Supervisor	12/31/15	12/15/16	1/8/2016, 2/5	3/14/16	
40001050	PH Nurse	1/15/16	2/3/16, 2/29	2/26/16, 3/11	5/23/16	VACANT
40007600	Sr PH Nurse	2/12/16	4/5/16	4/27/16		VACANT
40005365	Nutrition Specialist	2/29/16	2/29/16	3/18/16		VACANT
40001002	PH Educator	3/9/16				VACANT
40007950	PH Nurse Spec	3/11/16				VACANT
40003878	Sr PH Nurse	3/15/16	4/21/16	4/29/16, 5/13/16		VACANT
40005377	Nutritionist	3/24/16	5/4/16	5/20/16		VACANT
40001960	Physician Extender	4/8/16	4/27/16	5/20/16		VACANT
40001135	Sr PH Nurse	4/11/16	4/5/16	4/27/16		
40008251	Env Health Specialist	4/15/16				VACANT
40001089	Sr PH Nurse	4/22/16	4/21/16	5/13/16		VACANT
40001090	Sr PH Nurse Spec	4/22/16	1/11/16	1/29/16	4/25/16	
40001053	PH Nurse Program Mgr	4/29/16			4/11/16	
40008050	Nutrition Specialist	5/6/16	5/11/16	6/10/16		VACANT
40000989	Office Assistant	5/9/16				
40001107	PH Nurse Supervisor	5/20/16				
40005373	Nutritionist	5/26/16				VACANT

**ENVIRONMENTAL HEALTH**  
Onsite Water Protection Notices of Violation  
May 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CD. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	Y	N		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. 2/29/2016 - Site visit is scheduled for first week of March to verify system failure, per recommendation of County Attorney's office. 3/1/2016 - EH verified system is still failing and notified County Attorney's office.  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.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office. 2/3/2016 - Requested County Attorney's Office file for Injunctive relief. 3/22/2016 - Civil suit filed in Superior Court by County Attorney's office. 4/28/2016 - EH Spoke with owner, site visit is scheduled for 5/5/16 to determine repair options. 5/26/2016 - Property owner contacted EH to state he has hired a septic contractor to evaluate system.  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
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.  Discharging via a culvert pipe.
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.  1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.
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. 2/4/2016 - NOV reissued.
6/25/2015	5114 Leesville Rd	straight pipe from basement plumbing, and property line setback violation	7/25/2015	Y	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.  2/19/2016 - 10-day demand letter issued by County Attorney's Office.
9/28/2015	6101 Cheek Rd	No Subsurface Operator	10/28/2015	Y	N		EH has not received system management reports as required by rule.  2/19/2016 - 10-day demand letter issued by County Attorney's Office.
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	Y	N		Municipal sewer is available.  2/19/2016 - 10-day demand letter issued by County Attorney's Office.
10/28/2015	1725 Infinity Rd	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.
10/28/2015	3050 Ruth St	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.
2/16/2016	6038 Burgundy Rd	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection.  3/16/2016 - Owners have hired a certified contractor to repair system.
2/16/2016	5 Treadway Ct	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection.
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection. Owner has hired a certified contractor to repair the malfunctioning pump controls.
2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	N	N		Issue was discovered during complaint investigation of water discharging onto neighbor's driveway. Water sample was taken from ditch and tested positive for anionic surfactants. Ammonia test was inconclusive due to sample turbidity.
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	N	N		Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.
3/18/2016	7138 Windover Dr	Surfacing Effluent	9/18/2016	N	N		Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system. 180-day compliance deadline issued to address slow permit turn-around times from NC DWR.  3/28/2016 - Owner has hired a Licensed Professional Engineer to design a discharging system.

3/23/2016	2804 Darrow Rd	Raw Sewage Discharge	4/23/2016	N	N		Sewer line has been plugged by City of Durham Public Works due to delinquent utility bill. Raw sewage is being discharged from the sewer lateral. Repeat violation.	
3/31/2016	809 Lakeview Dr	Surfacing Effluent	5/2/2016	N	N		EH received a complaint of surfacing effluent. Site visit confirmed failing system. NOV directs owner to apply for repair permit.	4/7/2016 - Owner submitted an application for repair permit. House is unoccupied.
5/5/2016	5719 Claremore	Surfacing Effluent	6/5/2016	N	N		Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system or to apply for permanent pump and haul.	

**ENVIRONMENTAL HEALTH**  
Onsite Water Protection - Compliant NOVs  
FY 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
11/30/2015	6448 Guess Rd	Surfacing effluent	12/30/2015	N	Y	5/2/2016	Pressure manifold is damaged. <b>**5/2/2016 - EH site visit, repair verified**</b> Existing system has failed and a permit has been issued for a repair system.	8/19/2015 - USPS returned NOV as non-deliverable. 11/30/2015 - NOV hand delivered.
4/6/2016	1120 Clayton	Surfacing Effluent	5/6/2016	N	Y	4/28/2016	<b>**4/28/2016 Repair system Installed**</b>	
2/16/2016	6020 Burgundy Rd	Surfacing Effluent	3/17/2016	N	Y	4/7/2016	System failure discovered during mandated 5-year maintenance inspection. <b>**Malfunctioning pump was replaced.**</b>	3/15/2016 - EH received call from certified contractor stating the owners have retained their services and the work is to be scheduled.
10/22/2015	3817 Cheek Rd	Unpermitted connection to Controlled Demonstration system and graywater straight pipe	11/22/2015	Y	Y	3/30/2016	Residential care facility. Main house has a straight pipe discharging washing machine effluent to ground surface. Office building is served by a Controlled Demonstration System. This system now has a second, unpermitted inlet pipe of unknown origin plumbed into the septic tank. <b>**3/30/2016 - All required work has been completed. System is now compliant.**</b>	11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Wash line is being redirected to conventional system.
2/16/2016	111 Stockbridge Pl	Surfacing Effluent	3/17/2016	N	Y	3/16/2016	System failure discovered during mandated 5-year maintenance inspection. <b>**3/16/2016 - Root blockage removed. System now functioning as designed.**</b>	
2/16/2016	3208 Hopkins Rd	Surfacing Effluent	3/17/2016	N	Y	3/4/2016	System failure discovered during mandated 5-year maintenance inspection. <b>**3/4/2016 - Root blockage removed. System now functioning as designed.**</b>	
11/30/2015	1912 Torredge	Surfacing Effluent	12/30/2015	N	Y	3/1/2016	System is discharging to ground surface. <b>**3/1/2016 - Failing washing machine line was connected to main house plumb out into septic tank.**</b>	
1/6/2016	804 Hardscrabble Dr	Effluent backing up into septic and pump tanks.	2/6/2016	N	Y	3/1/2016	System failure discovered during mandated 5-year maintenance inspection. <b>**Malfunctioning pump was replaced.**</b>	
12/23/2015	310 N Fork Lane	Repair area destroyed by construction of pond	1/23/2016	N	Y	2/3/2016	Area reserved for repair has been destroyed by construction of a pond. An intent to revoke Improvement Permit has been issued. <b>**2/3/2016 - Revised Improvement and Operation Permits have been issued by EH.**</b>	
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	Y	2/3/2016	Surfacing effluent, non-repairable lot. Owner directed to NC DWR. <b>**EH verified that house is vacant and is currently being used as a storage building only. PVC pipe located on ground surface is a sump pump discharge for crawl space water.**</b>	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	Y	1/14/2016	Surfacing effluent <b>**EH staff verified that failure has abated, most likely due to reduced water use.**</b>	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	Y	1/13/2016	Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978. <b>**1/13/2016 - EH staff verified tank hole has been backfilled.**</b>	
11/19/2015	102 Hardscrabble Ln	No Subsurface Operator	12/19/2015	N	Y	1/13/2016	EH has not received system management reports as required by rule. <b>**Management reports received by EH**</b>	
11/25/2015	518 Pleasant	Surfacing Effluent & Unpermitted Repair Work	12/26/2015	N	Y	1/13/2016	Failing Low Pressure Pipe system has been excavated without permit. <b>**Repaired by Certified Septic Contractor.**</b>	
12/21/2015	8405 NC HWY 751	Surfacing effluent	1/21/2016	N	Y	1/7/2016	Massive drainfield failure. Municipal sewer is available on the lot. <b>**1/7/16- Drainline blockage removed by certified septic contractor.**</b>	

3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	Y	12/16/2015	Surfacing effluent <b>**12/16/2015 - NPDES System has been Installed**</b>	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit. 10/13/2015 - NCDWR has issued an Authorization to Construct for a NPDES system (NCG551667).
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	Y	12/7/2015	Sewer disconnected <b>**12/7/2015 - City of Durham Public Works confirmed house is connected to sewer.**</b>	4/20/2015 - House is unoccupied
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	Y	12/7/2015	EH has not received system management reports as required by rule. <b>**12/7/2015 - EH has received operation and maintenance reports from the Certified Operator.**</b>	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	Y	11/30/2015	Septic tank lid has collapsed. 5/19/2015 - Repair permit issued. <b>** Septic tank replaced**</b>	
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	Y	11/30/2015	Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available. <b>**11/30/2015 - Parcel is connected to municipal sewer. Building Inspections has parcel condition on permit for subsurface analysis due to tank placement.**</b>	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.
10/28/2015	8307 N Roxboro Rd	No Subsurface Operator	11/27/2015	N	Y	11/27/2015	Little River Community Complex - EH has not received system management reports as required by rule. <b>**11/30/2015 - Report has been received by Environmental Health.**</b>	
10/28/2015	9008 Quail Roost Rd	No Subsurface Operator	11/27/2015	N	Y	11/9/2015	Mangum Elementary School - EH has not received system management reports as required by rule. <b>**11/9/2015-EH has received operation and maintenance reports from the Certified Operator.**</b>	
10/28/2015	3103 Page Rd	No Subsurface Operator	11/27/2015	N	Y	10/30/2015	EH has not received system management reports as required by rule. <b>**10/30/2015 - EH has received operation and maintenance reports from the Certified Operator.**</b>	
10/28/2015	1002 Andrews Chapel	No Subsurface Operator	11/27/2015	N	Y	10/29/2015	EH has not received system management reports as required by rule. <b>**10/29/2015 - Owner notified EH that mobile home was destroyed by fire. System not in use.**</b>	
6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	Y	10/23/2015	Existing system crosses property line and is discharging effluent to the ground surface. <b>**10/23/2015-New septic system installed.**</b>	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued. House is unoccupied.
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	Y	10/22/2015	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. <b>**10/22/2015 - House is vacant and existing septic system has been properly abandoned.**</b>	4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	Y	9/29/2015	Surfacing effluent <b>**9/29/15 - Root blockage repaired in existing system**</b>	8/20/2015 - EH staff contacted owner. Owner stated that she will proceed with hiring a septic contractor. 9/10/2015 - EH staff met with septic contractor onsite. Existing system is clogged with tree roots. Owner is cooperating with EH for evaluation of parcel for repair.
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2015	N	Y	9/23/2015	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. <b>**9/23/2015 Property has changed ownership. New owner has obtained an Improvement Permit for pretreated subsurface drip Irrigation.**</b>	
8/19/2015	6703 Isham Chambers Rd	No Subsurface Operator	9/19/2015	N	Y	9/15/2015	EH has not received system management reports as required by rule. <b>**9/15/2015 - Owner has contracted with a certified operator.**</b>	
8/19/2015	8116 Willardville Station Rd	No Subsurface Operator	9/19/2015	N	Y	9/2/2015	EH has not received system management reports as required by rule. <b>**9/2/2015 - Owner has contracted with a certified operator.**</b>	
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	Y	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 Unsuitable for repair. Owners referred to NCDWR. <b>**8/4/2015 - Septic tank has been properly abandoned and house is vacant**</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>	