A Regular Meeting of the Durham County Board of Health was held October 13, 2016 with the following members present:

James Miller, DVM; F. Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; Spencer "Spence" Curtis, MPA, BS; Arthur Ferguson, BS; Rosemary Jackson, MD, MPH, CCHP; Commissioner Brenda Howerton and Teme Levbarg, PhD, MSW

Excused Absence: Vincent Allison; DDS; Dale Stewart, OD; and Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, James Harris, PhD; Chris Salter, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Michele Easterling, Juma Mussa, Helen Wright, Cathi Hines and Natalie Rich

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:06pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: No adjustments were made to the agenda.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:
Commissioner Howerton made a motion to approve the minutes for September 8, 2016. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: Proposed Board of Health Rule: Post Exposure Management of Dogs and Cats.

According to state requirements, a public comments notice was advertised in The Herald-Sun on September 21 and 29, 2016 and Michael Page, Chair of the Board of County Commissioners (BOCC) read the notice as part of the announcements made during two of the BOCC regular sessions. There were no public comments.

STAFF/PROGRAM RECOGNITION
During 2016 fall educational conference of the NC Public Health Association (NCPHA), Dr. Teme Levbarg was recognized by the Social Work Section for her professional accomplishments. Since she was not present to receive the award, DCoDPH was asked to present Dr. Levbarg with the plaque from the Social Work section of NCPHA. Ms. Harris presented the plaque to Dr. Levbarg. She also acknowledge the many workforce development programs that Dr. Levbarg brought to the department during the tenure of Dr. John Fletcher.

The Board applauded Dr. Levbarg for the recognition from the Social Work Section of NCPHA.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **FY17 FINANCIAL REPORT-1ST QUARTER** ***(Activity 39.2)***

In the absence of Mr. Sutton, Ms. Harris provided the Board with an overview of the 1st quarter (July-Sept 2016) expenditures and revenues for Public Health.

Key Points in the Expenditures/Revenues:

- Medicaid Cost Settlement
- Tooth-Ferry
- Project Build
- 340 B Reimbursements

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

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

The Board received a copy of the vacancy report for October 2016 prior to the meeting.
(**A *copy of the October 2016 Vacancy report is attached to the minutes.***)

QUESTIONS/COMMENTS:
Dr. Levbarg: I did have a question about one of the positions…Communications PR Relations Manager. Is that position being actively recruited right now?
Ms. Harris: Yes. That was the position held by Eric Nickens who resigned.
Dr. Levbarg: Thank you.

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of August 2016 prior to the meeting. There were no questions from the Board.
(A ***copy of the October 2016 NOV report is attached to the minutes.***)

Health Director's Report

Division / Program: Nutrition Division / DINE for LIFE/Housing Resource Fair
(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

- The Mayor's 10.01 Transformation in 10 initiative (formerly Mayor's Poverty Reduction Initiative) is focused on reducing poverty and improving the quality of life for residents in Census Tract 10.01 in the areas of jobs, health, finance, education, public safety and housing. The Housing Task Force organized a housing resource fair on September 17, 2016 at Holton Community Resource Center based on feedback from a community survey. A DCoDPH nutritionist was a member of the resource fair's planning committee and organized the health component of the fair.

Statement of goals

- Provide information from housing organizations about different resources regarding homeownership (financial counseling, mortgages, affordable home buying, etc.).
- The nutrition and physical activity component of the fair had the following goals:
  - Increase the nutrition knowledge of Durham County residents by providing nutrition and physical activity information.
  - Encourage simple behavior changes with healthier food selection, cooking, eating habits, and physical activity.
  - Encourage potential and existing homeowners to grow a garden in their yard as a way to increase access to and consumption of fruits and vegetables.

Issues

- **Opportunities**
  - Collaboration between the Nutrition Division, City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders, and

community members promoted the goals of all agencies and builds relationships for future partnerships and projects.
    - The partnership with the Housing Resource Planning Committee allowed DINE nutritionists the opportunity to expand their reach to SNAP participants with health information.
- **Challenges**
    - There was no budget allocated for the event. However, the committee organized a successful, well attended housing and resource fair by collaborating and levying available resources of the different organizations involved.
- **Outcomes**
    - The fair was very well attended by community members. The Mayor and Commissioner Jacobs also attended the event. Nutritionist provided information to 51 participants about MyPlate and portion sizes. Participants tasted and seemed to enjoy a Kale Salad and received the recipe. Participants were very engaged and asked great questions.

- **Staffing**
    - DINE in Childcare Nutritionist participated in planning and executing the event. Other partners included City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders and community members.

Next Steps / Mitigation Strategies

- DCoDPH's Nutritionists will continue to collaborate with community agencies and childcare centers serving children in Durham County.

Division / Program: Fresh Fruit and Vegetable Program Collaboration and Kick-off 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

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE school team has partnered with Durham Public Schools School Nutrition Services department (SNS), to provide educational and promotional support for the USDA Fresh Fruit and Vegetable Program (FFVP). FFVP provides funding for tastings of fresh produce to high-need elementary schools around the country. Fourteen DPS schools currently participate in this program by distributing fruit and vegetable tastings three times per week in the classroom.
- DINE collaborated with SNS for their FFVP annual kick-off event on September 12th. The FFVP was promoted in all fourteen participating schools and special event activities occurred in five focus schools.

Statement of goals

- To provide support to SNS for the existing FFVP by promoting the program in the schools.
- To provide supplemental education for students about the fresh fruits and vegetables they are receiving through the FFVP.

- To provide teachers and schools with resources and ideas to incorporate the FFVP as a part of their instructional curriculum.

Issues

- **Opportunities**
  - The DINE school team's existing curriculum and educational resources align with the mission of the USDA FFVP to "improve children's overall diet and create healthier eating habits to impact their present and future health" (from the USDA FFVP fact sheet).
  - The exposure to produce through the FFVP allows for additional educational opportunities to reinforce the USDA MyPlate messaging about the important role of fruits and vegetables in a healthy diet.
  - SNS operates the FFVP in 14 elementary schools, all of which are eligible for DINE programing. DINE currently offers programming in 13 of these schools. These existing relationships allow for DINE nutritionists to reach school staff to distribute resources and promote the FFVP.
  - This program allows for further collaboration between DINE and SNS in an effort to improve the school food environment and provide education for students to make healthier food choices at school and at home.
- **Challenges**
  - Some schools did not have extra time to allow DINE nutritionists to promote the FFVP to their staff at faculty meetings at the beginning of the school year.
  - Some schools do not wish to incorporate additional FFVP activities into their established schedule and curriculum.

Implication(s)

- **Outcomes**
  - The FFVP kick-off took place in all 14 participating schools with special events in five focus schools – Merrick Moore, W.G. Pearson, Glenn, Eno Valley and Bethesda.
- **Service delivery**
  - DINE provided written fruit and vegetable morning announcements for all five focus schools
  - SNS facilitated visits from fruit and vegetable "characters" to the schools. The characters were SNS staff who wore costumes provided by the North Carolina Department of Agriculture.
  - DINE nutritionists spoke in faculty meetings when allowed by school principals.
  - DINE nutritionists offered email or paper copies of an informational letter with FFVP activity resources to all 14 participating schools.
- **Staffing**
  - DINE nutritionists worked in their assigned schools with the school administration and faculty.
  - A DINE nutritionist worked with SNS central staff to plan the event.
- **Revenue**
  - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- DINE will continue to collaborate with SNS on the FFVP, specifically to promote the program within schools and to strengthen its educational component.
- DINE has agreed to create a FFVP "toolkit" to provide DPS teachers with information, resources and ideas to easily incorporate FFVP into their curriculum.

- DINE will stay in regular communication with SNS to assist and provide support for future FFVP events.

Division / Program: Nutrition Division / Clinical Nutrition Team/Presentation to City of Durham staff
(Activity 21.2: The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- In late August 2016, a registered dietitian (RD) from the DCoDPH Nutrition Clinic participated in the annual staff training event for City of Durham street maintenance workers.
- A presentation titled: "Healthy Eating on the Go" was offered, information on individual and group nutrition services at DCoDPH was provided, and a question and answer session with city employees was conducted.

Statement of goals

- To collaborate with the city of Durham in service provision to employees as well as the general public.
- To provide evidence based nutrition recommendations as part of staff development activities.

Issues

- **Opportunities**
  - Participants learned of nutrition recommendations to improve or maintain a healthful diet decreasing likelihood of developing chronic diseases such as diabetes and heart disease.
  - The dietitian provided marketing materials regarding nutrition services offered by the Nutrition Division to attendees.
- **Challenges**
  - To avoid mid-day heat, hours of work for city street maintenance employees begins at 6:00am. Staff training began at 6:30am requiring an earlier than usual start to the work day for the dietitian.

Implications

- **Outcomes**
  - Approximately 100 City of Durham street maintenance staff attended the training.
- **Service delivery**
  - The presentation was offered at the City of Durham Public Works Facility on Martin Luther King Boulevard.
- **Staffing**
  - The presentation was offered by a Registered Dietitian of the Nutrition Division.

Next Steps / Mitigation Strategies

- Future opportunities for collaboration between the city of Durham Health Strategies programming and DCoDPH will be encouraged.

Division / Program: Nutrition Division/Clinical Nutrition Services/Nutrition Education for Durham Public Schools (DPS) Personnel
(Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)

Program description:

- DPS is mandated by federal law to provide diabetes education to school personnel that serve as Diabetes Care Managers (DCMs).
- A school nurse employed by the DCoDPH provides a yearly training to DCMs from each school.
- The DCoDPH Clinical Nutrition team provides nutrition education to school personnel.

Statement of goals:

- To provide the nutrition education component of the mandatory diabetes training.

Issues:

- **Opportunities**
  - Optimal blood sugar control in children living with diabetes decreases the risks of acute and long term complications. Blood sugar levels during the school day impact overall diabetes control.
- **Challenges**
  - School personnel on a diabetes management team need a general understanding of how foods impact blood sugar levels and how the amount of carbohydrate eaten at a meal or snack relates to the student's medication needs and risk of acute adverse effects on blood sugar control.

Implications:

- **Outcomes**
  - School personnel are able to assess food's impact on blood sugar control and risk of hyper- or hypoglycemia.
- **Service delivery**
  - A Registered Dietitian/Certified Diabetes Educator (RD/CDE) provided training to over 80 school personnel.

Next Steps/Mitigation Strategies:

- Staff will continue to provide nutrition education to DPS school personnel on an annual basis to contribute to the safety and well-being of children living with diabetes while at school and while participating in school related activities.

Division / Program: Community Health Division/Communicable Disease Program
(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to access care.)

Program description

- On September 20–23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented data from the HCV (Hepatitis C Virus) Health Department initiative at a national sexually transmitted disease conference. This initiative was a targeted HCV screening program in DCoDPH's STD (Sexually Transmitted Disease) Clinic.

Statement of goals

- To identify the prevalence of HCV infection.
- To disseminate lessons on the efficacy of implementing HCV screening and linkage to care in a county public health department STD clinic.
- To assess provider perspectives regarding impact on services.

Issues

- **Opportunities**
  - To begin screening in December, 2012 for HCV.
  - To screen a target population based on the following risk factors: birth year, injection drug use (IDU), incarceration, sexual history, history of incarceration, medical history, and HIV status.
  - To increase the number of Durham County residents with chronic HCV infection who are aware of their HCV status.
  - To provide education, immunization and linkage to HCV care for individuals tested through the DCoDPH screening program.

Challenges

- Added time to the clinic visit by integrating HCV messages in the clinic.
- The additional time for the clinic visit impacted the clinic flow.

Implication(s)

- **Service delivery**
  - Over a 28 month period, 733 patients underwent targeted screening.
- **Outcomes**
  - The program identified a significant portion of chronically infected HCV patients (11% of those tested.)
  - Fifty-one (63%) of the 81 individuals identified with chronic HCV infection were linked to a first medical appointment.
  - Clinic staff surveyed strongly agreed that HCV screening should be offered in the DCoDPH STD clinic.

Staffing

The staff involved were the STD/HIV clinic staff and counselors, the Health Education staff, the Hepatitis C Program Coordinator, the Care Bridge Counselor, the laboratory staff, and Duke and UNC Infectious Disease physicians.

Next Steps / Mitigation Strategies

- In December, 2015, new HCV screening and linkage to care efforts were initiated as part of the UNC FOCUS partnership. These activities are an extension of the previous DCoDPH HCV screening program.
- DCoDPH continues to serve as a model for HCV screening and linkage to care in the public health department setting.

Division / Program: Community Health Division/Communicable Disease Program

(Accreditation Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.)

Program description

- On September 20-23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented on the HIV Pre-Exposure Prophylaxis (PrEP) Health Department pilot program at the national 2016 Sexually Transmitted Disease Prevention conference in Atlanta, Georgia. The focus of the pilot program was to develop an internal and external referral process for PrEP to patients who have the highest risk for HIV infection (primarily designed for patients who report as men who have sex with men (MSM) and patients with HIV positive partners).

Statement of goals

- To collaborate with community partners for the purpose of referral for pre-exposure prophylaxis.
- To identify patients at high-risk for HIV infection who present to the Health Department for STD services, with particular focus on MSM patients and partners of HIV positive persons
- To refer MSM and partners of HIV positive persons for pre-exposure prophylaxis.
- To prevent transmission of HIV from an HIV positive person to his/her HIV negative partner.

Issues

- **Opportunities**
  - To develop a PrEP referral process for at risk patients.
  - To develop a PrEP Task Force consisting of state and local public health officials and key providers.
  - To identify resources and priorities for PrEP implementation in the community.
- **Challenges**
  - Patients making appointments for PrEP with a prescribing provider (53%)
  - Only (27%) of the patients referred initiated and continued PrEP and (8%) discontinued PrEP after initiation.
  - Patients reported the following barriers: stigma, motivation, and co-pay costs for visits and medication.

Implication(s)

- **Outcomes**
  - Although a PrEP program can be and was implemented in a Sexually Transmitted Disease (STD) Clinic, various barriers were found to affect the continuous treatment for those who initiated treatment.
  - Out of (92) patients referred for PrEP, (53%) of those made an appointment with a PrEP provider, while only (27%) of those initiated and continued PrEP.
  - The pilot program has increased awareness about the availability of HIV prevention through PrEP with both community members and medical providers.

- **Service delivery**
  - Patients at high risk for HIV infection were identified within the STD clinic of the Health Department and referred for counseling and PrEP referral.
  - Most patients referred for PrEP were referred to Lincoln Primary Care, a Federally Qualified Health Center (FQHC) that is located within the same facility.
  - Additional partners for PrEP referrals included Duke and UNC Infectious Disease clinics.
- **Staffing**
  - Staff involved include an RN, NPs, counselors, and Duke and UNC providers, as well as registration staff.
  - As nearly 100% of our patients referred for PrEP did not report a primary care medical provider at the time of referral, we have increased overall health outcomes by linking patients with a PrEP provider that also can manage their other preventative health needs.

Next Steps / Mitigation Strategies

- Next steps under consideration are to pilot a program for PrEP navigators (who assist patients with the process and with appointments).
- To improve collaboration with our community partners (Lincoln, Duke and UNC) in monitoring patient outcomes of following up with appointments and adhering to the PrEP regimen.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: Activity 12.2: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.)

Program description

- On September 24, 2016 Durham County Department of Public Health (DCoDPH), in collaboration with the Animal Protection Society, NC State College of Veterinary Medicine, Durham Parks and Recreation, and the Coalition to Unchain Dogs sponsored a rabies clinic. The clinic was held from 9:00 am – 3:30 pm at Holton Career and Resource Center.

Statement of goals

- To vaccinate 500 animals against rabies.
- To microchip animals for aid in identifying owners of lost animals.
- To offer name tags to animals presenting at the clinic.
- To offer veterinary examinations to animals presenting at the clinic.

Issues

- **Opportunities**
  - To increase the number of animals vaccinated against rabies in the Durham community.
- **Challenges**
  - To vaccinate as many animals as possible.
  - To vaccinate all animals that attended the clinic.
  - To microchip as many animals as possible.
  - To provide name tags to as many animals as possible.

Implication(s)

- **Outcomes**
  - Rabies shots: 328 dogs and cats
  - Name tags: 488 dogs, cats, and ferrets
  - Microchips: 357 dogs, cats, and ferrets
- **Service delivery**
  - All animals attending, received the services requested by their owners, with the exception of animals too young to be vaccinated.
  - Animals too young to be vaccinated received vouchers for free rabies shots to be used in the future.
- **Staffing**
  - Multiple staff from various areas of DCoDPH volunteered at the event along with the community partners.

Next Steps / Mitigation Strategies

- The rabies clinic will be held in 2017 with community partners and DCoDPH.

Division / Program: Dental Division / New Tooth Ferry Mobile Unit Update
(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- In June the Department had entered into a contract with LifeLine Mobile to build its new Tooth Ferry Dental Unit. During September, the company began the project.

Statement of goals

- The Tooth Ferry reaches 8,000+ youth a year in Durham County, providing screenings and oral health services at Durham Public Elementary Schools. In an effort to maintain its commitment to the schools, a new vehicle was needed to replace the current unit.

Issues

- **Opportunities**
  - The new Tooth Ferry will be "state-of-the art", including ADEC dental equipment, Nomad hand-held x-ray unit, ceiling mounting televisions, sound systems, and a bump out to expand clinic space.
  - The unit will have the capacity to connect to Dentrix software for registration, charting, Meaningful Use requirements and complete x-rays in real time while at any of the schools.

Challenges

- The build of the new unit has required numerous parties be involved in providing their expertise, including IS&T, Engineering, and representatives from Henry Schein, Verizon, and Dentrix. This has presented challenges in scheduling meetings, and conference calls with LifeLine – remedied on some occasions by having various individuals remote in.
- County and City representatives have been consulted, and are working on a plan to assist with the disposal of grey and black water in compliance with forthcoming EPA regulations that dental facilities will have to follow.

Implication(s)

- **Outcomes**
  - LifeLine Mobile has completed the chassis build and are incorporating final renditions to the plan.
  - A team from the County will travel to see the unit when it is 80% complete.
  - The Division is soliciting bids to have a "carport" type roof in place for delivery of the new Tooth Ferry.
- **Service delivery**
  - LifeLine anticipates delivering the completed unit prior to the New Year.
- **Staffing**
  - Dr. McIntosh will provide dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van.

Next Steps / Mitigation Strategies

- The team will continue to communicate with LifeLine as the build progresses.

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, 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
- 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**
  - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.
- **Challenges**
  - **Current vacancy of Communications and Public Relations Manager position**

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**
  - Press releases
    - DCoDPH Leaders Academy Graduates
    - Flu Shots Now Available
    - DCoDPH Launches Support Group for Former Smokers
    - DCoDPH Urges Public to Prepare for Emergent Incidents
  - Website updates
    - New page added for upcoming events
    - New Public Information page added to highlight newsletters
    - Instagram icon added to home page

Next Steps / Mitigation Strategies

- Recruit for the **Communications and Public Relations Manager position**
- Establish additional media exposure in lieu of My Carolina Today ending
- Disseminate consistent & timely content
- Engage more of the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers

Division / Program: Leadership and Business Management – Invest Health

Accreditation Activity 12.1 – The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.

Accreditation Activity 12.2 – The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.

Program description:

- ***Invest Health*** is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. The program is a collaboration between the Robert Wood Johnson Foundation and Reinvestment Fund.
- This initiative was developed to provide an opportunity for mid-sized cities to transform the way local leaders work together to create solution-driven and diverse partnerships. These partnerships will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food, and reducing crime rates and environmental hazards.

Statement of goals

- To provide the opportunity for Durham to transform the way our local leaders work together to create solution-driven and diverse partnerships.
- To develop plans that will emphasize making changes in low-income neighborhoods to improve resident health and well-being.
- To provide the program participants the options to focus on - increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.

Issues

- **Opportunities**
  - **Bring together disparate sectors** in Durham to align around a vision for better health, create innovative ideas, and unlock new sources of investment.
  - **Test Potential Solutions** to inform the local conversation about how to best invest to achieve health equity in more communities throughout Durham and the region.
  - **Help Durham attract capital** to improve health outcomes in low-income communities.
  - **Advance systems focused strategies** that reach across sectors to support health improvement in low-income communities.
  - **Build lasting relationships** in Durham that extend beyond the length of the program and help inform work in other communities State wide.
  - **Help Durham use data as a driver** for change, beginning with an evidence-based understanding of the problem and continuing to a data framework for assessing impact.
- **Challenges**
  - Creating new partnerships
  - Developing a common vision

- Identifying and sharing resources
- Competing priorities

Implication(s)

- **Outcomes**
  - The partnership is developing new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health
- **Service delivery**
  - This partnership will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.
- **Staffing**
  - Deputy Public Health Director of Support Services and Environmental Health serves as member of the Durham team tasked with developing the plan.
- **Revenue**
  - Reinvestment Partners accepted the $30,000.00 awarded to Durham for plan development and training around community engagement.

Next Steps / Mitigation Strategies

- Begin the Community Engagement process around the Invest Health Model
- Utilizing information gathered from the community engagement process, continue with plan development.

Division / Program: Health Education: Partnership for a Healthy Durham Co-Chair Training

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 Partnership for a Healthy Durham held a training for all new and returning committee co-chairs. The training was conducted by health education staff. Topics of Partnership history, co-chair roles and responsibilities and meeting facilitation skills and strategies.

Statement of goals

- To clarify roles and expectations of co-chairs
- To understand history and accomplishments of the Partnership
- To build relationships among co-chairs of various committees
- To build skills and understanding of effective committees and meeting facilitation
- To identify key focus areas/issues for 2016-2017

Issues

- **Opportunities**
  - Increase meeting facilitation skills of co-chairs
  - Understand what the Partnership is trying to accomplish
  - Work together towards common goals of the next year
  - Share information with one another on how to conduct meetings and engage committee members
- **Challenges**
  - Identifying a time and date that works for all co-chairs

 A Regular Meeting of the Durham County Board of Health, held October 13, 2016.

Implication(s)

- **Outcomes**
  - 11 of 12 co-chairs participated in the training
  - Training satisfaction among participants was 9.1 on a scale of 10
  - On evaluations, participants stated, the best things about the training were: "the flow, facilitation and info provided to the group!"; "meeting everyone and hearing advice/tips/etc. from existing chairs": and "it was well organized".
- **Service delivery**
  - Binder with Partnership and training information for co-chairs
- **Staffing**
  - The Partnership for a Healthy Durham Coordinator planned the training with the Health Education Community Transformation Division Director. The Division Director, Partnership for a Healthy Durham Coordinator and Tobacco Cessation Health Educator conducted parts of the training.

Next Steps / Mitigation Strategies

- Continue to work with co-chairs to plan meetings and further the work of the committees.
- Work on overall Partnership goals as a Steering committee.

Division / Program: Health Education

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

Program description

- The first week in September is Suicide Prevention Week. A one hour presentation on suicide prevention along with fact sheets, resources, and Yellow Ribbon Cards were developed for Cormetech employees.
- On Wednesday September 7, 2016 from 7 am – 4 pm the presentation was repeated every hour from 7 am – 4 pm.
- Employees attended sessions to earn health insurance points. Each year, employees receive a reduction in health insurance cost based on the number of sessions attended.
- Cormetech provides health-related topics requested by employees in monthly one-hour sessions.

Statement of goals

- To help Cormetech employees recognize suicide warning signs, risk factors and to plan a suicide response while at work.
- To connect employees to available suicide prevention resources for worksites, faith based organizations and while at home with family/friends.
- To present data that demonstrates what death by suicide looks like in Durham and North Carolina.

Issues

- **Opportunities**
  - Presenters had the opportunity to increase awareness, provide resources, and recruit members for the suicide task force.
  - Four employees felt safe enough to self-disclose their personal battles with depression and suicidal thoughts/ attempts.
  - Employees reported that Cormetech has had two employees to die by suicide and wanted to know how they could have prevented the losses.

- The community volunteer that helped to facilitate the discussion was a great resource to the groups as she shared her experience of losing her son by suicide.

- **Challenges**
  - Not all employees attended the session as it was not required.

Implication(s)

- **Outcomes**
  - 26 employees attended the sessions
- **Service delivery**
  - Resources
    - ❖ Fact Sheets: (1) Co-workers and (2) Managers
    - ❖ Updated Statistics from Injury Prevention Branch
    - ❖ Yellow Ribbon Cards
    - ❖ 1- 800 numbers
  - Role Plays
- **Staffing**
  - One Health Education staff member and a community volunteer provided the training.
- **Other**
  - This was the first time employees requested suicide prevention.

Next Steps / Mitigation Strategies

- Obtain results from Cormetech
- Return to the worksite to provide training on other topics such as Reproductive Health

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Division / Program: Health Education

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

Program description

- September is emergency preparedness month. A 3-hour workshop was planned specifically for faith-based organizations to raise awareness, stress the importance of planning for emergencies and make connections to existing resources.
- To help the organizations take advantage of resources, this event brought representatives from Durham County Department of Public Health, Emergency Management, Emergency Medical Services (EMS) and the City of Durham's Fire Department to one setting.

Statement of goals

- To raise awareness of resources offered specifically for faith-based organizations offered by Public Health, EMS, Fire and Emergency Management.
- To provide a template for organizations to draft an Emergency Action Plan, have it reviewed and placed on record with Durham Emergency Management.
- To help organizations prepare in advance for emergencies and prepare members.
- To identify faith-based organizations willing to serve as a shelter in times of emergency.
- To increase awareness and participation in DCoDPH services-Emergency Preparedness (Medical Reserve Corps), Durham County Health Ministry Network, webinars and community workshops/trainings.

Issues

- **Opportunities**
  - The event was an opportunity to collaborate across the county and city to communicate the importance of preparedness.
  - The Durham County Health Ministry Network was approached to find a space to hold the event free of charge. As a result, White Rock Baptist Church and another site agreed to host. White Rock was chosen due to location and size.
- **Challenges**
  - Reaching faith-based organizations can be challenging. There sometimes is a mistrust when it comes to governmental agencies.
  - This was a new event for the Durham community. It is suspected that the newness of the event contributed to challenges of finding a host site and slow registration submissions.
  - There was no funding source to cover the expenses of the event.

Implication(s)

- **Outcomes**
  - The event was held on Saturday, September 24th. The goal to register at least 25 faith-based organizations was exceeded by 15. There were an additional 5 organizations that completed onsite registration.
  - A total of 58 registered for the event, 44 of the registered participants attended (76% show rate) with an additional 9 walk-ins for a total of 54 participants. This includes organizations outside of Durham: Person and Orange Counties.
  - Six organizations indicated interest in becoming a sheltering site at times of emergencies; 4 indicated interest in the Public Health newsletter; 9 indicated interest in Active Assailant training, 9 for hands-only CPR and 5 expressed interest in volunteering for the Medical Reserve Corps.
- **Service delivery**
  - The event provided a history of disasters and emergencies in Durham and information on how to be proactive.
  - Resources given included a CD containing handouts, a fillable Emergency Action Plan template, an emergency list of phone numbers and an emergency kit checklist
- **Staffing**
  - Staff members from DCoDPH (three Public Health Educators and Public Health Preparedness Coordinator), DCo Sheriff's Department, and Emergency Management supported the event. Other planning committee members attending two community members.

Next Steps / Mitigation Strategies

- Planning committee members will meet again to review evaluations results and decide next steps.
- Several event participants have requested to have the event again next year and St. Paul's Lutheran Church has offered to host the event at no charge.

Division / Program: Health Education Division / Reproductive Health & Safety

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

Reproductive Health & Safety Education is the official name for education provided under the Healthy Youth Act of 2009. This state law went into effect in the 2010-2011 school year and redefined what is to be included in the human sexuality education component of healthful living classes for North Carolina students in 7th and 8th grades and throughout High School. The law replaced the curriculum, Abstinence until Marriage Education, with Comprehensive Sexuality Education, to include abstinence. The law also eliminated the public hearing process by which Durham County adopted its policy of comprehensive sexuality education in the late 1990's.

Statement of goals

- To provide young people with the tools to make informed sexual decisions throughout adolescence and build healthy relationships;
- To stress the value of abstinence while also equipping young people with effective sexual risk-reduction strategies they can use when they do become sexually active;
- To provide medically accurate information about the effectiveness and failure rates of all FDA approved contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STI's, including HIV/AIDS;
- To encourage family communication about sexual health and sexual risk reduction;
- To teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical and sexual advances; and
- To teach young people how alcohol and drug use can effect responsible decision making.

Issues

- **Opportunities**
  - In summer 2015, the School Health Educator met with representatives from the Governor Morehead School for the Blind to discuss the need for *Reproductive Health & Safety* education for its students in grades 9-12. The request involved provision of information in a tactile/auditory format. Education would be provided to between 15 and 20 students in attendance at each session.
- **Challenges**
  - A single School Health Educator is assigned to assist Healthful Living Teachers with providing Reproductive Health & Safety Education in approximately 9 DPS Middle Schools, 6 DPS High Schools and requesting Public Charter Middle Schools. In addition, the School Health Educator responds to requests for assistance with Human Growth & Development classes from DPS and Public Charter Elementary Schools. DCoDPH in collaboration with NC Department of Public Instruction and NCCU Public Health Education program has offered several trainings/workshops to DPS Healthful Living teachers, certifying them as "highly qualified" to teach Reproductive Health & Safety in the schools. The Public Health Educator receives few requests for assistance from High schools. However, the 2015-16 school year proved a sharp increase in the number of requests from Healthful Living teachers in DPS Middle Schools.
  - Schools having a high census and 90 minute classes are more difficult for one person to cover in the 4 days allotted each semester. On such occasion, an additional Health Educator may need to assist in covering these schools.

Implication(s)

- **Outcomes**

- Provided instruction on Reproductive Health & Safety in 8 DPS Middle, 2 NC Public Charter Middle and 3 DPS High Schools, a total of 216 educational sessions, reaching 5,448 students
- Provided adaptive Reproductive Health & Safety for the Governor Morehead School for the Blind, for a total of 4 educational sessions, with approximately 16 students in each.

- **Service delivery**
  - The School Health Educator typically responds to requests for assistance with Reproductive Health & Safety from the Healthful Living (Health & Physical Education) Teacher at a Middle or High School
  - The School Health Educator usually schedules four (4) days per semester, per requesting school and between 4-6 sessions each day in order to serve all students.
- **Staffing**
  - One Health Education Specialist with 11 years of experience in School Health Education
- **Revenue**
  - Reproductive Health & Safety Education is provided at no cost to students attending Durham Public Schools in accordance with the Memorandum of Agreement between Durham County Department of Public Health and Durham Public Schools.

Next Steps / Mitigation Strategies

- Continue to offer classes at all sites.

COMMITTEE REPORTS:

- **DISCUSSION: SMOKING RULE RECOMMENDATIONS (*Activity 34.4*)**

Ms. Rich reviewed and discussed the recommendations from the UNC Capstone team regarding the implementation of the BOH Smoking Rule and next steps to consider.

Recommendation 1: focuses on educating the public about the Rule, and includes improving signage, employing Smoking Response Teams to intervene with the public at places of high noncompliance, and rebranding the marketing of the rule to "public spaces."

Progress to date:

- Signs are ready to be posted to parks, trails, sidewalks. We are identifying contractor to complete sign installment.
- Plan for smoking response teams complete. Working with Environmental Health to identify smoking response team members.

Recommendation 2: focuses on education for Durham County and City employees.

Progress to date:

- Smoking Rule now presented at new employee orientation for Durham County.
- Working with HR to establish protocol for enforcing policy with employees

Recommendation 3: focuses on enforcement of the Rule including protocol for issuing citations.

Progress to date:

- Education not enforcement approach
- Prefer to be "hard on problem, soft on people"

Recommendation 4: focuses on increasing access to tobacco treatment for community members and employees.

Progress to date:

- Working with providers to improve referral process to cessation classes
- Partnering with other sites to host classes to "meet people where they are"

Recommendation 5: focuses on amending the Rule to include a ban on e-cigarettes in restaurant and bars.

Progress to date:

- Working with restaurants to voluntarily regulate e-cigarettes
- Clarified that the BOH does have authority to regulate e-cigarettes in restaurants and bars

Next steps for Board to Consider:

1. Formally adopt recommendations. Can choose to adopt in part or in whole, based on findings of the Smoking Rule sub-committee.

   Proposed changes:

   a. Continue with an education-based enforcement strategy rather than issuing citations, as
   b. Hold off on Recommendation 5: regulating e-cigarettes in restaurants and bars

2. Discuss whether to open Rule to change "sidewalk" definition to match intent. Current definition reads only sidewalks abutting government grounds. The intent was to include all public sidewalks.

QUESTIONS/COMMENTS:

Dr. Levbarg: I'm interested that you all took the position of backing away from this….is that because we hadn't set policies for…
Ms. Rich: Are you speaking of e-cigarettes in restaurants and bars?
Dr. Levbarg: Yes.
Ms. Rich: So the e-cigarettes are included in the current smoking rule but not when it comes to restaurants and bars
Commissioner Howerton: I'm not clear when you say and the grounds…so where would that stop?
Ms. Rich: There are sidewalks that are not abutting a building that are also owned by the City or County….it's supposed to be covered by the rule but based on this definition it may not be. That has come up.
Ms. Harris: The students talked about the inconsistency of what's covered. As the Rule is written, if you walk in front of a county building, that sidewalk is covered but in the next block where there is retail that portion is not covered. The students questioned how do you communicate what is intended in the rule.
Commissioner Howerton: If you started at our building and come down the street this way….can you smoke or is it….does it stop some place where it stops and starts?
Ms. Rich: If I want to walk from here to Dames, I would walk out this building and at Queen Street I could light my cigarette and smoke until after passing Old Havana Restaurant.
Dr. Levbarg: So does each restaurant owns its sidewalk?
Attorney Wardell: So I can tell you what the intent was and then I can tell you what the concern was. The concern wasn't really about the sidewalks, the concern was more about the streets and if you don't walk on the sidewalks and you walk on the streets then technically you can smoke on the streets because it's not covered. Then it was also about the parts of the sidewalk that abut private enterprises because they are responsible for maintaining the sidewalks in front of the restaurants and so it's not the City's responsibility. Then it's not covered and you have

restaurants that can potentially have smoking outside in front of their establishment. That was another concern. In terms of what was covered, the intent was to add the language "owned or maintained" and any public sidewalks abutting to government buildings so know the language may not be equitable by means of the Rule but I think that could be corrected by amending the Rule. I don't think we necessarily need to add or subtract anything.

Dr. Miller: To amend the rule, what's involved?

Attorney Wardell: You would have to present the amendment to the Board of County Commissioners and then they would have to sign off on it because the statutes state that this is the only rule that they would have to sign off on is the smoking rule. This Board can make rules on any other public health issue but with smoking they would have to sign off on it.

Dr. Miller: Public comments and all that process.

Attorney Wardell: Yes. You would need to.

Dr. Levbarg: So it would make sense to hold off from working on this or adding a word or two to clarify until we deal with the e-cigarettes and do it all at once?

Mr. Curtis: Wouldn't it better to go ahead and get it done before we get too far into this?

Attorney Wardell: My opinion would be to enforce it as if it was clear, crystal clear.

Commissioner Howerton: Right now I don't think my Board would be clear because I am not clear on this.

Attorney Wardell: Well, we would have to work with you to make it clear.

Dr. Miller: When you say clear you mean; "what was the intent". That's the clarity.

Attorney Wardell: Right. I would say sidewalks abutting all buildings and if you want to put a sign on the sidewalk that's fine.

Dr. Levbarg: And that is in the City and also in the County?

Attorney Wardell: We don't have sidewalks in the County.

Dr. Levbarg: I was thinking, there are sidewalks at all the outdoor malls and all that.

Attorney Wardell: It is the sidewalk that is either maintained by the City or it's a private sidewalk. They may be regulated by the old rule.

Commissioner Howerton: So the new rule that you're talking about now, the rule was for City and County buildings…it sounds like we're talking about some restaurants and all buildings at this point.

Attorney Wardell: So there was a 1993 rule which dealt with public spaces, spaces that the public was invited into and that was actually an ordinance. The new rule was implemented by the Board four years ago (2012) so that has been in place for four years; that's what we have now and that covers sidewalks, public buildings, public property and also covers spaces where private people have gatherings, all bus stops athletic parks and all that and that rule was passed in 2012 and that's what we have now and nothing new.

Commissioner Howerton: Is outside the mall on that as well?

Attorney Wardell: Those are private sidewalks and streets so we don't have any ability to regulate them.

Dr. Levbarg: But if I understand what you're saying is that any sidewalk that is maintained by the City or County is included in the Rule.

Attorney Wardell: That's right.

Dr. Levbarg: So it would be up Main Street, pretty much because I don't think those restaurants own the sidewalks.

Attorney Wardell: So that's really why it is more of an educational approach that we are taking oppose to enforcement because we really just want to be able to educate people about smoking because as a practical

matter it is difficult to regulate and enforce but if you had the ability to put up signage, approach people and talk with them then you could possibly have some effect on changing the behavior.
Ms. Harris: I intend to talk with the Chief of Police because we want them to help inform people. We can also move forward with the signage that includes e-cigarettes.

Dr. Levbarg made a motion to hold off from changing the current language in the existing 2012 Smoking Rule. Dr. Jackson seconded the motion. The motion was approved with a 7-1 vote. Mr. Curtis opposed the motion.

Commissioner Howerton made a motion to adopt recommendations 1, 2, and 4. Dr. Levbarg seconded the motion and the motion was unanimously approved.

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. The activities included:

- Project BUILD moved into Public Health on September 30th.
- Durham Housing Authority reviewed the proposal for Public Health to use an apartment as office space for Cure Violence. A meeting will be scheduled to discuss the details soon.
- Staff are finalizing the contract with the National Cure Violence Office.
- Interviews will be conducted interviews for the Outreach Worker and Violence Interrupter contract positions during the last week of October.

- **PROPOSED BOH RULE FOR POST-EXPOSURE MANAGEMENT OF DOGS AND CATS (*Activity 34.4*)**

The Board received complete information about the science-based recommended changes to post-exposure management of dogs and cats. Ms. Harris reminded the Board that the major changes that would become effective as a result of the Rule would work in the favor of the pet owner - lessening the length of time of confinement from six months to four months if the unvaccinated animal was in contact with a rabid animal and requiring the vaccinated animal to receive a rabies vaccine booster rather than going through the confinement process.
Dr. Miller: I think those were the two big changes and for me it makes sense, fits right in, and are some good changes. So I have no objections to it all.

Mr. Curtis made a motion to adopt the language as proposed by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (Part 1.B.5: Post-exposure Management) effective October 31, 2016. The provisions of the Compendium shall be the required control measures pursuant to G.S. 130A-197.) Commissioner Howerton seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

- **BUDGET AMENDMENTS**

The Durham County Department of Public request approval to recognize funding in the amount of $10,000 from Durham Public Schools to support an alternative to suspension contract position within Project BUILD.

The Durham County Department of Public request approval to recognize funding in the amount of $327,825 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support Cure Violence. These funds will support two violence interrupter positions and a data analyst position.

The Durham County Department of Public request approval to recognize funding in the amount of $10,000 from the North Carolina Department of Public Health to provide medical supplies to test an additional 1,000 individuals for sexually transmitted infections.

Dr. Levbarg made a motion to approve the budget amendments in the amount of $10K (Project Build); $327,825 (Cure Violence Initiative) and $10K (HIV/STD testing). Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS OCTOBER 2016 MEETING**
  - Energy Drink Report
  - Cure Violence Update
  - Tooth Ferry Update (current mobile unit)

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris stated that JFK Senior Housing in northern Durham is going smoke-free. Ms. Harris stated that this is just the beginning of the department's efforts to implement smoke-free policies in multi-unit housing.

Commissioner Howerton: What is the percentage of the senior population do you serve?

Ms. Harris: I don't have a number at the moment. However, just by virtue of the services that we provide we tend to see a younger population in our clinics. In our community-based programs we probably see a lot of seniors.

Dr. Levbarg: I have two questions, I was wondering if any of our environmental health staff had been deployed to the east to help?

Mr. Salters: Yes, we have five environmental health specialist and one administrative support person that will be deployed tomorrow.

Dr. Levbarg: Do you know where they're going?

Mr. Salters: That's what we are waiting for.

Mr. Curtis: Make sure you thank those people for the Board for stepping up and doing that.

Ms. Harris: We have one nurse who is bilingual who stepped up to work in some of the shelters.

Dr. Levbarg: Good. That's fantastic. My other question…I was reading about our other Tooth Ferry mobile van which is being built and soon to be ours. I'm going to ask the question that has been asked a zillion times…what are our plans for the old one.

Ms. Harris: Eric Ireland has put together a proposal that we need to push forward. .Eric, would you like to talk about your ideas now?

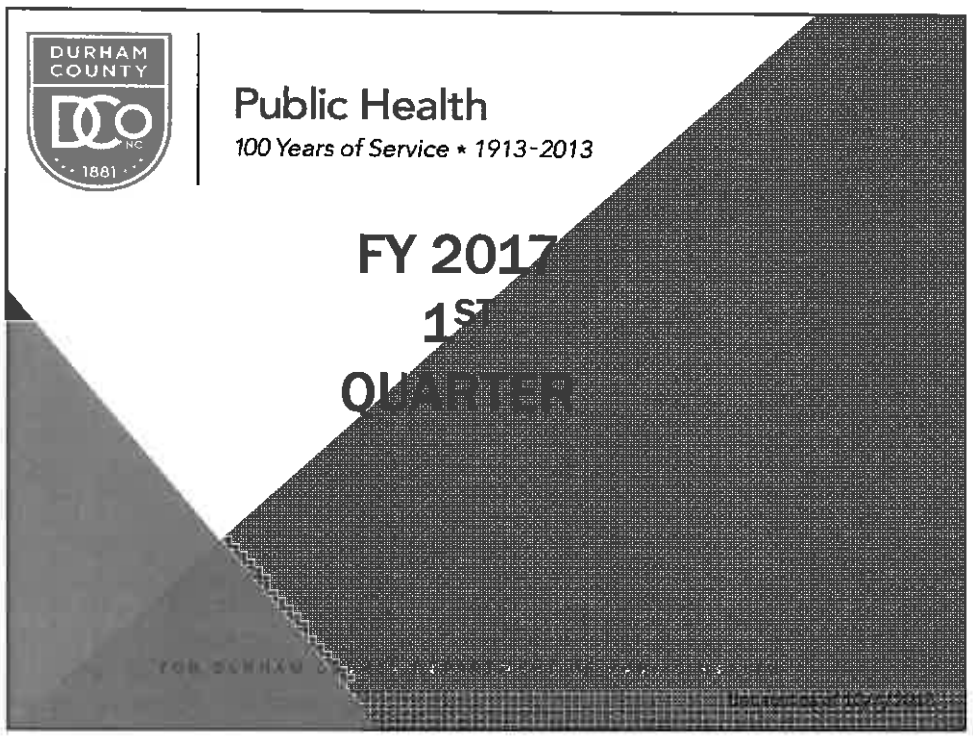
Mr. Ireland: Yes, what we are proposing to do is use the current Tooth Ferry, retrofitting it some way to provide community outreach (immunizations, screenings nutrition services and other public health services).

Mr. Dedrick made a motion to adjourn the regular meeting at 7:00pm. Dr. Jackson seconded the motion and the motion was unanimously approved.

23 A Regular Meeting of the Durham County Board of Health, held October 13, 2016.

James Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director



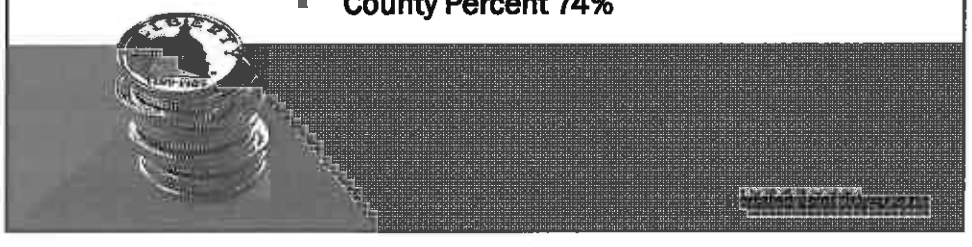
FY 2017 BUDGET

GENERAL FUND AS OF 10/04/16

- FY 17 Approved Budget 23,831,496
- County Funding 17,579,754
- Other Funding 6,251,742

- FY 17 Current Budget 24,774,655
- County Funding 17,977,874
- Other Funding 6,796,781

- **County Percent 74%**



1ST QUARTER EXPENDITURES ENDING 9/30

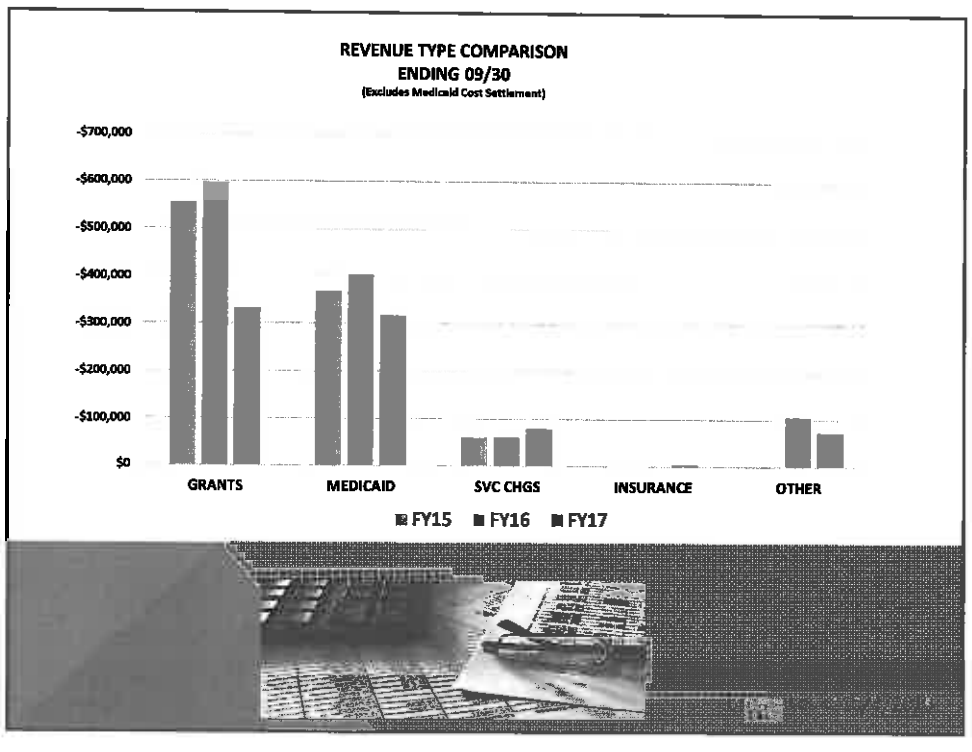
EXPENDITURES

Fiscal Period	1st Qtr FY 13	1st Qtr FY 14	1st Qtr FY 15	1st Qtr FY 16	1st Qtr FY 17
Current Budget	20,637,475	21,491,527	22,558,407	22,422,948	24,774,655
Expenditures	5,012,297	5,272,059	5,628,523	5,800,123	5,497,391
Percentage	24%	25%	25%	26%	22%

1ST QUARTER REVENUES ENDING 9/30

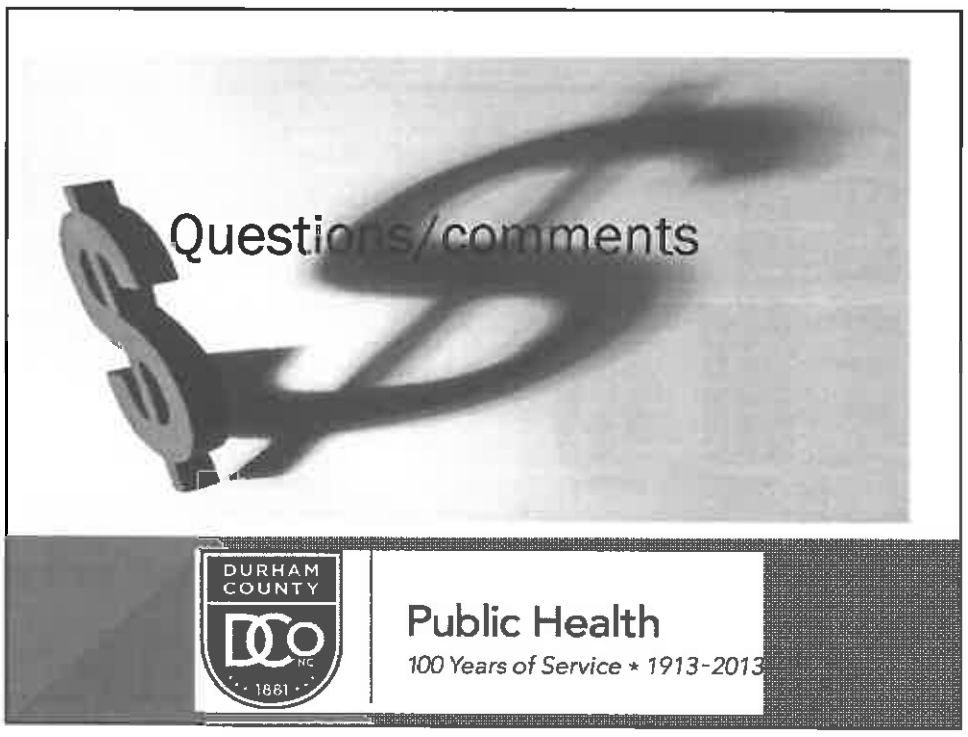
REVENUES

Fiscal Period	1st Qtr FY 13	1st Qtr FY 14	1st Qtr FY 15*	1st Qtr FY 16**	1st Qtr FY 17***
Current Budget	6,078,237	5,864,069	6,275,894	6,054,483	6,796,781
Revenues	785,431	893,548	2,503,931	1,168,500	2,242,163
Percentage	13%	15%	40%	19%	33%



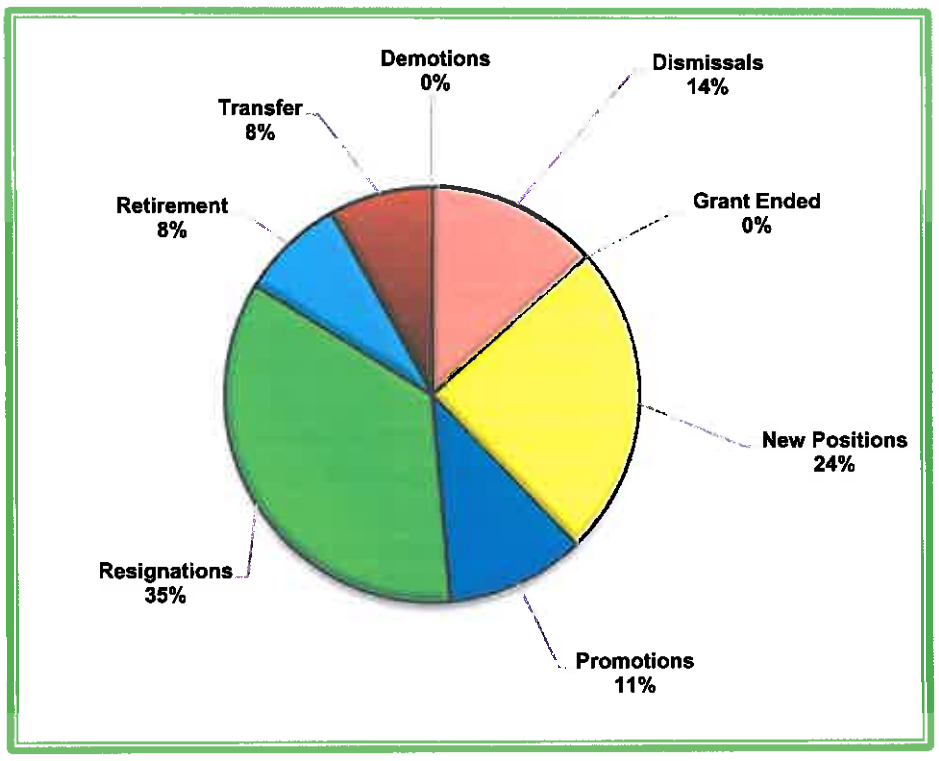
KEY POINTS

- Medicaid Cost Settlement
- Tooth-Ferry
- Project Build
- 340 B Reimbursements


Questions/comments
DURHAM COUNTY
DCO
NC
1881
Public Health
100 Years of Service * 1913-2013

PUBLIC HEALTH VACANCY REPORT
July 1, 2016 through June 30, 2017
Month Ending 9/30/2016

Vacancy Reasons	FY 15/16 *	FY 16/17**	Total	%
Demotions	0	0	0	0%
Dismissals	2	3	5	14%
Grant Ended	0	0	0	0%
New Positions	0	9	9	24%
Promotions	3	1	4	11%
Resignations	7	6	13	35%
Retirement	2	1	3	8%
Transfer	1	2	3	8%
	15	**22**	**37**	**100%**



*15 positions remain vacant from FY 15/16.
**FY 16/17 vacancies are cumulative
5 position(s) became vacant in Sept 16/17
36 position(s) were vacant out of 225 allocated positions, 221.26 FTE positions for September, 2016

total # of vacancies for Sept	36
total # of positions	225
% of vacancies	16.0%

10/3/2016

Position Number	Position Title	Vacancy Date	Date Position Established/Reclass	Recruit Began Date	Recruit End Date	Start Date	Notes
40001119	Physcian Extender	10/1/15	N/A	11/2/2015, 12/13/15, 2/29,	11/28/2015, 1/8/16, 1/22, 3/18, 7/8	9/26/16	
40007630	Sr PH Nurse	10/30/15	N/A	11/9/2015, 12/15, 2/2, 4/5	11/27/2015, 1/8/16, 2/12, 4/27	9/26/16	
40001164	Env Health Specialist	12/15/15	N/A	2/15/16, 2/29	2/26/16, 3/18, 5/13/16	8/29/16	
40001165	Env Health Specialist	12/18/15	N/A	7/29/16	8/19/16		VACANT
40007600	Sr PH Nurse	2/12/16	N/A	4/5/16, 8/26	4/27/16, 9/23		VACANT
40005365	Nutrition Specialist	2/29/16	N/A	2/29/16, 9/21	3/18/16, 10/14		VACANT
40001002	PH Educator	3/9/16	N/A				VACANT
40007950	PH Nurse Spec	3/11/16	N/A	8/26/16	9/16/16		VACANT
40003878	Sr PH Nurse	3/15/16	N/A	4/21/2016, 8/10	4/29/16, 5/13/16, 9/2		VACANT
40005377	Nutritionist	3/24/16	N/A	5/4/16	5/20/16	10/10/16	VACANT
40001960	Physcian Extender	4/8/16	N/A	4/27/2016, 8/10	5/20/2016, 6/16, 9/2		VACANT
40001135	Sr PH Nurse	4/11/16	N/A	4/5/16	4/27/16	8/29/16	
40008251	Env Health Specialist	4/15/16	N/A	8/26/16, 9/20	9/19/16, 10/7		VACANT
40001089	Sr PH Nurse	4/22/16	N/A	4/21/16, 8/18/16	5/13/16, 9/9/16		VACANT
40008050	Nutrition Specialist	5/6/16	N/A	5/11/16	6/10/16	9/12/16	
40000989	Office Assistant	5/9/16	N/A				VACANT
40001107	PH Nurse Supervisor	5/20/16	N/A				VACANT
40005373	Nutritionist	5/26/16	N/A	6/28/16	7/15/16		VACANT
40007633	Sr PH Nurse	6/6/16	N/A	6/27/16	7/15/16		VACANT
40007425	Env Health Specialist	6/24/16	N/A	7/14/16, 9/20	7/29/16, 10/7		VACANT
40009020	School Nurse	7/1/16	7/1/16 *				VACANT
40009021	School Nurse	7/1/16	7/1/16 *				VACANT
40009022	School Nurse	7/1/16	7/1/16 *				VACANT
40009023	School Nurse	7/1/16	7/1/16 *				VACANT
*TBA	Outreach Worker	7/1/16	7/1/16 *				VACANT
*TBA	Outreach Worker	7/1/16	7/1/16 *				VACANT
*TBA	Program Coordinator	7/1/16	7/1/16 *				VACANT
*TBA	Violence Interrupter	7/1/16	7/1/16 *				VACANT
*TBA	Violence Interrupter	7/1/16	7/1/16 *				VACANT
40008982	Interpreter Unit Supv	7/4/16	N/A	8/5/16	8/12/16		VACANT
40001158	Env Health Pro Spec	7/12/16	N/A	8/5/16	8/26/16, 9/9	9/26/16	
40007578	PH Education Spec	7/20/16	N/A				VACANT
40005376	Nutritionist	7/28/16	N/A	7/28/16	8/12/16	10/10/16	VACANT
40001068	Processing Assistant	7/29/16	N/A	8/26/16	9/2/16		VACANT
40001014	Sr Medical Lab Assist	8/18/16	N/A	9/21/16	10/14/16		VACANT
40001085	Sr PH Nurse	8/19/16	N/A	9/9/16	9/30/16		VACANT
40003879	PH Nurse Specialist	8/26/16	N/A	9/9/16	9/30/16		VACANT
40006200	PH Lab Administrator	9/2/16	N/A	8/30/16	9/23/16		VACANT
40007075	Comm & PR Rel Mgr	9/6/16	N/A				VACANT
40007966	Env Health Specialist	9/23/16	N/A				VACANT
40001036	Sr PH Nurse	9/23/16	N/A				VACANT
40001154	Env Health Specialist	9/26/16	N/A				VACANT
40001057	Physcian Extender	10/21/16					

*new positions added to FY 16/17 budget effective 7/1/16

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
September 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
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. 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. 9/30/2016 - Requested 10-day demand letter from 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. 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. 7/12/2016 - Site to be reevaluated by EH. Initial hypothesis of broken pipe was not verified by septic contractor.
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. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. 9/28/2016 - Application status is still pending with NC DWR.
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	Y	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. 9/30/2016 - Requested 10-day demand letter from County Attorney's office.
6/25/2015	5114 Leesville Rd	Surfacing effluent, 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. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
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. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
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.	9/30/2016 - Requested 10-day demand letter from County Attorney's office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.

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.	9/30/2016 - Requested 10-day demand letter from County Attorney's office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
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. 9/30/2016 - EH called and left a voicemail for the certified contractor for verification of repair. Awaiting response.
2/16/2016	5 Treadway Ct	Surfacing Effluent	3/17/2016	Y	N		System failure discovered during mandated 5-year maintenance inspection.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	Y	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.	8/18/2016 - NOV forwarded to County Attorney's Office. Complainant states discharge is causing mosquito problem. EH provided complainant with larvacidal mosquito dunks and has made several unsuccessful attempts to contact the owner of 704 Hazelwood. 9/30/2016 - Previous attempts to contact owner at listed tax address and business numbers have failed. EH was advised by County Attorney's office to reissue NOV and send USPS to agent of record as listed in the NC Secretary of State Corporations records and to hand deliver on site.
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	Y	N		Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
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. 9/28/2016 - NPDES application is currently in technical review stage at DWR.
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. 9/30/2016 - EH will follow-up with owner on progress prior to request for 10-day demand letter. NOV to be revisited in 30 days.
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.	9/30/2016 - Owner has hired an environmental consulting firm to evaluate design options for NC DWR permit.
6/9/2016	2711 E Geer St	Surfacing Effluent	6/9/2016	Y	N		Existing system is failing. Municipal sewer available.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
6/30/2016	2005 Patterson	Surfacing Effluent	7/30/2016	Y	N		Existing system is failing. Property owner has submitted application for repair permit but has not cleared area or marked property lines for an evaluation.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
7/15/2016	5370 Red Mill Rd	No Subsurface Operator	8/15/2016	Y	N		EH has not received system management reports as required by rule.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
9/27/2016	513 Bywood Dr	Surfacing Effluent	10/28/2016	N	N		Complaint investigation confirmed existing system is discharging effluent to the ground surface. EHS spoke with property owner onsite, discussed water conservation and process to apply for repair evaluation. NOV directs owner to submit an application for repair permit.	

ENVIRONMENTAL HEALTH
Onsite Water Protection - Compliant NOVs
FY 2017

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
7/15/2016	2104 Milton Rd	Surfacing Effluent	8/15/2016	N	Y	7/21/2016	Existing system is failing. Property owner needs to mark property lines prior to evaluation. ****7/21/2016 - Failure abated by reduced water use.****	
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N	Y	9/1/2016	System failure discovered during mandated 5-year maintenance inspection. ****Pump controls repaired****	Owner has hired a certified contractor to repair the malfunctioning pump controls.
7/15/2016	2804 Darrow Rd	Raw Sewage Discharge	8/15/2016	Y	Y	9/28/2016	House is connected to municipal sewer. Line has been plugged by Public Works due to delinquent account. ****9/28/2016 - City of Durham Public Works Department confirmed sewer service has been restored****	8/29/2016 - NOV forwarded to County Attorney's Office.
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	Y	Y	9/29/2016	Municipal sewer is available. ****9/29/2016 - City of Durham Public Works Department confirmed this property is now served by public sewer****	2/19/2016 - 10-day demand letter issued by County Attorney's Office.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	Y	9/29/2016	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. ****Property is now served by a permitted NPDES system.****	1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.

Health Director's Report

Division / Program: Nutrition Division / DINE for LIFE/Housing Resource Fair
(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

- The Mayor's 10.01 Transformation in 10 initiative (formerly Mayor's Poverty Reduction Initiative) is focused on reducing poverty and improving the quality of life for residents in Census Tract 10.01 in the areas of jobs, health, finance, education, public safety and housing. The Housing Task Force organized a housing resource fair on September 17, 2016 at Holton Community Resource Center based on feedback from a community survey. A DCoDPH nutritionist was a member of the resource fair's planning committee and organized the health component of the fair.

Statement of goals

- Provide information from housing organizations about different resources regarding homeownership (financial counseling, mortgages, affordable home buying, etc.).
- The nutrition and physical activity component of the fair had the following goals:
  - Increase the nutrition knowledge of Durham County residents by providing nutrition and physical activity information.
  - Encourage simple behavior changes with healthier food selection, cooking, eating habits, and physical activity.
  - Encourage potential and existing homeowners to grow a garden in their yard as a way to increase access to and consumption of fruits and vegetables.

Issues

- **Opportunities**
  - Collaboration between the Nutrition Division, City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders, and community members promoted the goals of all agencies and builds relationships for future partnerships and projects.
  - The partnership with the Housing Resource Planning Committee allowed DINE nutritionists the opportunity to expand their reach to SNAP participants with health information.
- **Challenges**
  - There was no budget allocated for the event. However, the committee organized a successful, well attended housing and resource fair by collaborating and levying available resources of the different organizations involved.
- **Outcomes**
  - The fair was very well attended by community members. The Mayor and Commissioner Jacobs also attended the event. Nutritionist provided information to 51 participants about MyPlate and portion sizes. Participants tasted and seemed to enjoy

a Kale Salad and received the recipe. Participants were very engaged and asked great questions.

- **Staffing**
  - DINE in Childcare Nutritionist participated in planning and executing the event. Other partners included City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders and community members.

Next Steps / Mitigation Strategies

- DCoDPH's Nutritionists will continue to collaborate with community agencies and childcare centers serving children in Durham County.

<u>Division / Program: Fresh Fruit and Vegetable Program Collaboration and Kick-off Event</u>
(Accreditation Activity 10.2 -The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE school team has partnered with Durham Public Schools School Nutrition Services department (SNS), to provide educational and promotional support for the USDA Fresh Fruit and Vegetable Program (FFVP). FFVP provides funding for tastings of fresh produce to high-need elementary schools around the country. Fourteen DPS schools currently participate in this program by distributing fruit and vegetable tastings three times per week in the classroom.
- DINE collaborated with SNS for their FFVP annual kick-off event on September 12th. The FFVP was promoted in all fourteen participating schools and special event activities occurred in five focus schools.

Statement of goals

- To provide support to SNS for the existing FFVP by promoting the program in the schools.
- To provide supplemental education for students about the fresh fruits and vegetables they are receiving through the FFVP.
- To provide teachers and schools with resources and ideas to incorporate the FFVP as a part of their instructional curriculum.

Issues

- **Opportunities**
  - The DINE school team's existing curriculum and educational resources align with the mission of the USDA FFVP to "improve children's overall diet and create healthier

eating habits to impact their present and future health" (from the USDA FFVP fact sheet).
    - The exposure to produce through the FFVP allows for additional educational opportunities to reinforce the USDA MyPlate messaging about the important role of fruits and vegetables in a healthy diet.
    - SNS operates the FFVP in 14 elementary schools, all of which are eligible for DINE programing. DINE currently offers programming in 13 of these schools. These existing relationships allow for DINE nutritionists to reach school staff to distribute resources and promote the FFVP.
    - This program allows for further collaboration between DINE and SNS in an effort to improve the school food environment and provide education for students to make healthier food choices at school and at home.
- **Challenges**
    - Some schools did not have extra time to allow DINE nutritionists to promote the FFVP to their staff at faculty meetings at the beginning of the school year.
    - Some schools do not wish to incorporate additional FFVP activities into their established schedule and curriculum.

Implication(s)

- **Outcomes**
    - The FFVP kick-off took place in all 14 participating schools with special events in five focus schools – Merrick Moore, W.G. Pearson, Glenn, Eno Valley and Bethesda.
- **Service delivery**
    - DINE provided written fruit and vegetable morning announcements for all five focus schools
    - SNS facilitated visits from fruit and vegetable "characters" to the schools. The characters were SNS staff who wore costumes provided by the North Carolina Department of Agriculture.
    - DINE nutritionists spoke in faculty meetings when allowed by school principals.
    - DINE nutritionists offered email or paper copies of an informational letter with FFVP activity resources to all 14 participating schools.
- **Staffing**
    - DINE nutritionists worked in their assigned schools with the school administration and faculty.
    - A DINE nutritionist worked with SNS central staff to plan the event.
- **Revenue**
    - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- DINE will continue to collaborate with SNS on the FFVP, specifically to promote the program within schools and to strengthen its educational component.
- DINE has agreed to create a FFVP "toolkit" to provide DPS teachers with information, resources and ideas to easily incorporate FFVP into their curriculum.
- DINE will stay in regular communication with SNS to assist and provide support for future FFVP events.

Division / Program: Nutrition Division / Clinical Nutrition Team/Presentation to City of Durham staff
(Activity 21.2: The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- In late August 2016, a registered dietitian (RD) from the DCoDPH Nutrition Clinic participated in the annual staff training event for City of Durham street maintenance workers.
- A presentation titled: "Healthy Eating on the Go" was offered, information on individual and group nutrition services at DCoDPH was provided, and a question and answer session with city employees was conducted.

Statement of goals

- To collaborate with the city of Durham in service provision to employees as well as the general public.
- To provide evidence based nutrition recommendations as part of staff development activities.

Issues

- **Opportunities**
  - Participants learned of nutrition recommendations to improve or maintain a healthful diet decreasing likelihood of developing chronic diseases such as diabetes and heart disease.
  - The dietitian provided marketing materials regarding nutrition services offered by the Nutrition Division to attendees.
- **Challenges**
  - To avoid mid-day heat, hours of work for city street maintenance employees begins at 6:00am. Staff training began at 6:30am requiring an earlier than usual start to the work day for the dietitian.

Implications

- **Outcomes**
  - Approximately 100 City of Durham street maintenance staff attended the training.
- **Service delivery**
  - The presentation was offered at the City of Durham Public Works Facility on Martin Luther King Boulevard.
- **Staffing**
  - The presentation was offered by a Registered Dietitian of the Nutrition Division.

Next Steps / Mitigation Strategies

- Future opportunities for collaboration between the city of Durham Health Strategies programming and DCoDPH will be encouraged.

<u>Division / Program: Nutrition Division/Clinical Nutrition Services/Nutrition Education for Durham Public Schools (DPS) Personnel</u>
(Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)

Program description:

- DPS is mandated by federal law to provide diabetes education to school personnel that serve as Diabetes Care Managers (DCMs).
- A school nurse employed by the DCoDPH provides a yearly training to DCMs from each school.
- The DCoDPH Clinical Nutrition team provides nutrition education to school personnel.

Statement of goals:

- To provide the nutrition education component of the mandatory diabetes training.

Issues:

- **Opportunities**
  - Optimal blood sugar control in children living with diabetes decreases the risks of acute and long term complications. Blood sugar levels during the school day impact overall diabetes control.
- **Challenges**
  - School personnel on a diabetes management team need a general understanding of how foods impact blood sugar levels and how the amount of carbohydrate eaten at a meal or snack relates to the student's medication needs and risk of acute adverse effects on blood sugar control.

Implications:

- **Outcomes**
  - School personnel are able to assess food's impact on blood sugar control and risk of hyper- or hypoglycemia.
- **Service delivery**
  - A Registered Dietitian/Certified Diabetes Educator (RD/CDE) provided training to over 80 school personnel.

Next Steps/Mitigation Strategies:

- Staff will continue to provide nutrition education to DPS school personnel on an annual basis to contribute to the safety and well-being of children living with diabetes while at school and while participating in school related activities.

<u>Division / Program: Community Health Division/Communicable Disease Program</u>
(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to access care.)

Program description

- On September 20–23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented data from the HCV (Hepatitis C Virus) Health Department initiative at a national sexually transmitted disease conference. This initiative was a targeted HCV screening program in DCoDPH's STD (Sexually Transmitted Disease) Clinic.

Statement of goals

- To identify the prevalence of HCV infection.
- To disseminate lessons on the efficacy of implementing HCV screening and linkage to care in a county public health department STD clinic.
- To assess provider perspectives regarding impact on services.

Issues

- **Opportunities**
  - To begin screening in December, 2012 for HCV.
  - To screen a target population based on the following risk factors: birth year, injection drug use (IDU), incarceration, sexual history, history of incarceration, medical history, and HIV status.
  - To increase the number of Durham County residents with chronic HCV infection who are aware of their HCV status.
  - To provide education, immunization and linkage to HCV care for individuals tested through the DCoDPH screening program.

Challenges

- Added time to the clinic visit by integrating HCV messages in the clinic.
- The additional time for the clinic visit impacted the clinic flow.

Implication(s)

- **Service delivery**
  - Over a 28 month period, 733 patients underwent targeted screening.
- **Outcomes**
  - The program identified a significant portion of chronically infected HCV patients (11% of those tested.)
  - Fifty-one (63%) of the 81 individuals identified with chronic HCV infection were linked to a first medical appointment.
  - Clinic staff surveyed strongly agreed that HCV screening should be offered in the DCoDPH STD clinic.

Staffing

The staff involved were the STD/HIV clinic staff and counselors, the Health Education staff, the Hepatitis C Program Coordinator, the Care Bridge Counselor, the laboratory staff, and Duke and UNC Infectious Disease physicians.

Next Steps / Mitigation Strategies

- In December, 2015, new HCV screening and linkage to care efforts were initiated as part of the UNC FOCUS partnership. These activities are an extension of the previous DCoDPH HCV screening program.
- DCoDPH continues to serve as a model for HCV screening and linkage to care in the public health department setting.

Division / Program: Community Health Division/Communicable Disease Program
(Accreditation Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.)

Program description

- On September 20-23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented on the HIV Pre-Exposure Prophylaxis (PrEP) Health Department pilot program at the national 2016 Sexually Transmitted Disease Prevention conference in Atlanta, Georgia. The focus of the pilot program was to develop an internal and external referral process for PrEP to patients who have the highest risk for HIV infection (primarily designed for patients who report as men who have sex with men (MSM) and patients with HIV positive partners).

Statement of goals

- To collaborate with community partners for the purpose of referral for pre-exposure prophylaxis.
- To identify patients at high-risk for HIV infection who present to the Health Department for STD services, with particular focus on MSM patients and partners of HIV positive persons
- To refer MSM and partners of HIV positive persons for pre-exposure prophylaxis.
- To prevent transmission of HIV from an HIV positive person to his/her HIV negative partner.

Issues

- **Opportunities**
  - To develop a PrEP referral process for at risk patients.
  - To develop a PrEP Task Force consisting of state and local public health officials and key providers.
  - To identify resources and priorities for PrEP implementation in the community.
- **Challenges**
  - Patients making appointments for PrEP with a prescribing provider (53%)
  - Only (27%) of the patients referred initiated and continued PrEP and (8%) discontinued PrEP after initiation.

- Patients reported the following barriers: stigma, motivation, and co-pay costs for visits and medication.

Implication(s)

- **Outcomes**
  - Although a PrEP program can be and was implemented in a Sexually Transmitted Disease (STD) Clinic, various barriers were found to affect the continuous treatment for those who initiated treatment.
  - Out of (92) patients referred for PrEP, (53%) of those made an appointment with a PrEP provider, while only (27%) of those initiated and continued PrEP.
  - The pilot program has increased awareness about the availability of HIV prevention through PrEP with both community members and medical providers.

- **Service delivery**
  - Patients at high risk for HIV infection were identified within the STD clinic of the Health Department and referred for counseling and PrEP referral.
  - Most patients referred for PrEP were referred to Lincoln Primary Care, a Federally Qualified Health Center (FQHC) that is located within the same facility.
  - Additional partners for PrEP referrals included Duke and UNC Infectious Disease clinics.
- **Staffing**
  - Staff involved include an RN, NPs, counselors, and Duke and UNC providers, as well as registration staff.
  - As nearly 100% of our patients referred for PrEP did not report a primary care medical provider at the time of referral, we have increased overall health outcomes by linking patients with a PrEP provider that also can manage their other preventative health needs.

Next Steps / Mitigation Strategies

- Next steps under consideration are to pilot a program for PrEP navigators (who assist patients with the process and with appointments).
- To improve collaboration with our community partners (Lincoln, Duke and UNC) in monitoring patient outcomes of following up with appointments and adhering to the PrEP regimen.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: Activity 12.2: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.)

Program description

- On September 24, 2016 Durham County Department of Public Health (DCoDPH), in collaboration with the Animal Protection Society, NC State College of Veterinary Medicine, Durham Parks and Recreation, and the Coalition to Unchain Dogs sponsored a

rabies clinic. The clinic was held from 9:00 am – 3:30 pm at Holton Career and Resource Center.

Statement of goals

- To vaccinate 500 animals against rabies.
- To microchip animals for aid in identifying owners of lost animals.
- To offer name tags to animals presenting at the clinic.
- To offer veterinary examinations to animals presenting at the clinic.

Issues

- **Opportunities**
  - To increase the number of animals vaccinated against rabies in the Durham community.
- **Challenges**
  - To vaccinate as many animals as possible.
  - To vaccinate all animals that attended the clinic.
  - To microchip as many animals as possible.
  - To provide name tags to as many animals as possible.

Implication(s)

- **Outcomes**
  - Rabies shots: 328 dogs and cats
  - Name tags: 488 dogs, cats, and ferrets
  - Microchips: 357 dogs, cats, and ferrets
- **Service delivery**
  - All animals attending, received the services requested by their owners, with the exception of animals too young to be vaccinated.
  - Animals too young to be vaccinated received vouchers for free rabies shots to be used in the future.
- **Staffing**
  - Multiple staff from various areas of DCoDPH volunteered at the event along with the community partners.

Next Steps / Mitigation Strategies

- The rabies clinic will be held in 2017 with community partners and DCoDPH.

Division / Program: Dental Division / New Tooth Ferry Mobile Unit Update
(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- In June the Department had entered into a contract with LifeLine Mobile to build its new Tooth Ferry Dental Unit. During September, the company began the project.

Statement of goals

- The Tooth Ferry reaches 8,000+ youth a year in Durham County, providing screenings and oral health services at Durham Public Elementary Schools. In an effort to maintain its commitment to the schools, a new vehicle was needed to replace the current unit.

Issues

- **Opportunities**
  - The new Tooth Ferry will be "state-of-the art", including ADEC dental equipment, Nomad hand-held x-ray unit, ceiling mounting televisions, sound systems, and a bump out to expand clinic space.
  - The unit will have the capacity to connect to Dentrix software for registration, charting, Meaningful Use requirements and complete x-rays in real time while at any of the schools.

Challenges

- The build of the new unit has required numerous parties be involved in providing their expertise, including IS&T, Engineering, and representatives from Henry Schein, Verizon, and Dentrix. This has presented challenges in scheduling meetings, and conference calls with LifeLine – remedied on some occasions by having various individuals remote in.
- County and City representatives have been consulted, and are working on a plan to assist with the disposal of grey and black water in compliance with forthcoming EPA regulations that dental facilities will have to follow.

Implication(s)

- **Outcomes**
  - LifeLine Mobile has completed the chassis build and are incorporating final renditions to the plan.
  - A team from the County will travel to see the unit when it is 80% complete.
  - The Division is soliciting bids to have a "carport" type roof in place for delivery of the new Tooth Ferry.
- **Service delivery**
  - LifeLine anticipates delivering the completed unit prior to the New Year.
- **Staffing**
  - Dr. McIntosh will provide dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van.

Next Steps / Mitigation Strategies

- The team will continue to communicate with LifeLine as the build progresses.

<u>Division / Program: Administration / Communications and Public Relations</u>
(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)

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**
  - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.
- **Challenges**
  - Current vacancy of Communications and Public Relations Manager position

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**
  - Press releases
    - DCoDPH Leaders Academy Graduates
    - Flu Shots Now Available
    - DCoDPH Launches Support Group for Former Smokers
    - DCoDPH Urges Public to Prepare for Emergent Incidents
  - Website updates
    - New page added for upcoming events
    - New Public Information page added to highlight newsletters
    - Instagram icon added to home page

Next Steps / Mitigation Strategies

- Recruit for the Communications and Public Relations Manager position
- Establish additional media exposure in lieu of My Carolina Today ending
- Disseminate consistent & timely content

- Engage more of the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers

Division / Program: Leadership and Business Management – Invest Health
Accreditation Activity 12.1 – The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.

Accreditation Activity 12.2 – The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.

Program description:

- ***Invest Health*** is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. The program is a collaboration between the Robert Wood Johnson Foundation and Reinvestment Fund.
- This initiative was developed to provide an opportunity for mid-sized cities to transform the way local leaders work together to create solution-driven and diverse partnerships. These partnerships will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food, and reducing crime rates and environmental hazards.

Statement of goals

- To provide the opportunity for Durham to transform the way our local leaders work together to create solution-driven and diverse partnerships.
- To develop plans that will emphasize making changes in low-income neighborhoods to improve resident health and well-being.
- To provide the program participants the options to focus on - increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.

Issues

- **Opportunities**
  - **Bring together disparate sectors** in Durham to align around a vision for better health, create innovative ideas, and unlock new sources of investment.
  - **Test Potential Solutions** to inform the local conversation about how to best invest to achieve health equity in more communities throughout Durham and the region.
  - **Help Durham attract capital** to improve health outcomes in low-income communities.
  - **Advance systems focused strategies** that reach across sectors to support health improvement in low-income communities.
  - **Build lasting relationships** in Durham that extend beyond the length of the program and help inform work in other communities State wide.

- **Help Durham use data as a driver** for change, beginning with an evidence-based understanding of the problem and continuing to a data framework for assessing impact.

- **Challenges**
  - Creating new partnerships
  - Developing a common vision
  - Identifying and sharing resources
  - Competing priorities

Implication(s)

- **Outcomes**
  - The partnership is developing new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health
- **Service delivery**
  - This partnership will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.
- **Staffing**
  - Deputy Public Health Director of Support Services and Environmental Health serves as member of the Durham team tasked with developing the plan.
- **Revenue**
  - Reinvestment Partners accepted the $30,000.00 awarded to Durham for plan development and training around community engagement.

Next Steps / Mitigation Strategies

- Begin the Community Engagement process around the Invest Health Model
- Utilizing information gathered from the community engagement process, continue with plan development.

Division / Program: Health Education: Partnership for a Healthy Durham Co-Chair Training

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 Partnership for a Healthy Durham held a training for all new and returning committee co-chairs. The training was conducted by health education staff. Topics of Partnership history, co-chair roles and responsibilities and meeting facilitation skills and strategies.

Statement of goals

- To clarify roles and expectations of co-chairs
- To understand history and accomplishments of the Partnership
- To build relationships among co-chairs of various committees

- To build skills and understanding of effective committees and meeting facilitation
- To identify key focus areas/issues for 2016-2017

Issues

- **Opportunities**
  - Increase meeting facilitation skills of co-chairs
  - Understand what the Partnership is trying to accomplish
  - Work together towards common goals of the next year
  - Share information with one another on how to conduct meetings and engage committee members
- **Challenges**
  - Identifying a time and date that works for all co-chairs

Implication(s)

- **Outcomes**
  - 11 of 12 co-chairs participated in the training
  - Training satisfaction among participants was 9.1 on a scale of 10
  - On evaluations, participants stated, the best things about the training were: "the flow, facilitation and info provided to the group!"; "meeting everyone and hearing advice/tips/etc. from existing chairs": and "it was well organized".
- **Service delivery**
  - Binder with Partnership and training information for co-chairs
- **Staffing**
  - The Partnership for a Healthy Durham Coordinator planned the training with the Health Education Community Transformation Division Director. The Division Director, Partnership for a Healthy Durham Coordinator and Tobacco Cessation Health Educator conducted parts of the training.

Next Steps / Mitigation Strategies

- Continue to work with co-chairs to plan meetings and further the work of the committees.
- Work on overall Partnership goals as a Steering committee.

Division / Program: Health Education

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

Program description

- The first week in September is Suicide Prevention Week. A one hour presentation on suicide prevention along with fact sheets, resources, and Yellow Ribbon Cards were developed for Cormetech employees.
- On Wednesday September 7, 2016 from 7 am – 4 pm the presentation was repeated every hour from 7 am – 4 pm.

- Employees attended sessions to earn health insurance points. Each year, employees receive a reduction in health insurance cost based on the number of sessions attended.
- Cormetech provides health-related topics requested by employees in monthly one-hour sessions.

Statement of goals

- To help Cormetech employees recognize suicide warning signs, risk factors and to plan a suicide response while at work.
- To connect employees to available suicide prevention resources for worksites, faith based organizations and while at home with family/friends.
- To present data that demonstrates what death by suicide looks like in Durham and North Carolina.

Issues

- **Opportunities**
  - Presenters had the opportunity to increase awareness, provide resources, and recruit members for the suicide task force.
  - Four employees felt safe enough to self-disclose their personal battles with depression and suicidal thoughts/ attempts.
  - Employees reported that Cormetech has had two employees to die by suicide and wanted to know how they could have prevented the losses.
  - The community volunteer that helped to facilitate the discussion was a great resource to the groups as she shared her experience of losing her son by suicide.
- **Challenges**
  - Not all employees attended the session as it was not required.

Implication(s)

- **Outcomes**
  - 26 employees attended the sessions
- **Service delivery**
  - Resources
    - Fact Sheets: (1) Co-workers and (2) Managers
    - Updated Statistics from Injury Prevention Branch
    - Yellow Ribbon Cards
    - 1- 800 numbers
  - Role Plays
- **Staffing**
  - One Health Education staff member and a community volunteer provided the training.
- **Other**
  - This was the first time employees requested suicide prevention.

Next Steps / Mitigation Strategies

- Obtain results from Cormetech
- Return to the worksite to provide training on other topics such as Reproductive Health

Division / Program: Health Education

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

Program description

- September is emergency preparedness month. A 3-hour workshop was planned specifically for faith-based organizations to raise awareness, stress the importance of planning for emergencies and make connections to existing resources.
- To help the organizations take advantage of resources, this event brought representatives from Durham County Department of Public Health, Emergency Management, Emergency Medical Services (EMS) and the City of Durham's Fire Department to one setting.

Statement of goals

- To raise awareness of resources offered specifically for faith-based organizations offered by Public Health, EMS, Fire and Emergency Management.
- To provide a template for organizations to draft an Emergency Action Plan, have it reviewed and placed on record with Durham Emergency Management.
- To help organizations prepare in advance for emergencies and prepare members.
- To identify faith-based organizations willing to serve as a shelter in times of emergency.
- To increase awareness and participation in DCoDPH services-Emergency Preparedness (Medical Reserve Corps), Durham County Health Ministry Network, webinars and community workshops/trainings.

Issues

- **Opportunities**
  - The event was an opportunity to collaborate across the county and city to communicate the importance of preparedness.
  - The Durham County Health Ministry Network was approached to find a space to hold the event free of charge. As a result, White Rock Baptist Church and another site agreed to host. White Rock was chosen due to location and size.
- **Challenges**
  - Reaching faith-based organizations can be challenging. There sometimes is a mistrust when it comes to governmental agencies.
  - This was a new event for the Durham community. It is suspected that the newness of the event contributed to challenges of finding a host site and slow registration submissions.
  - There was no funding source to cover the expenses of the event.

Implication(s)

- **Outcomes**
  - The event was held on Saturday, September 24th. The goal to register at least 25 faith-based organizations was exceeded by 15. There were an additional 5 organizations that completed onsite registration.
  - A total of 58 registered for the event, 44 of the registered participants attended (76% show rate) with an additional 9 walk-ins for a total of 54 participants. This includes organizations outside of Durham: Person and Orange Counties.
  - Six organizations indicated interest in becoming a sheltering site at times of emergencies; 4 indicated interest in the Public Health newsletter; 9 indicated interest in Active Assailant training, 9 for hands-only CPR and 5 expressed interest in volunteering for the Medical Reserve Corps.
- **Service delivery**
  - The event provided a history of disasters and emergencies in Durham and information on how to be proactive.
  - Resources given included a CD containing handouts, a fillable Emergency Action Plan template, an emergency list of phone numbers and an emergency kit checklist
- **Staffing**
  - Staff members from DCoDPH (three Public Health Educators and Public Health Preparedness Coordinator), DCo Sheriff's Department, and Emergency Management supported the event. Other planning committee members attending two community members.

Next Steps / Mitigation Strategies

- Planning committee members will meet again to review evaluations results and decide next steps.
- Several event participants have requested to have the event again next year and St. Paul's Lutheran Church has offered to host the event at no charge.

Division / Program: Health Education Division / Reproductive Health & Safety
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

Reproductive Health & Safety Education is the official name for education provided under the Healthy Youth Act of 2009. This state law went into effect in the 2010-2011 school year and redefined what is to be included in the human sexuality education component of healthful living classes for North Carolina students in 7th and 8th grades and throughout High School. The law replaced the curriculum, Abstinence until Marriage Education, with Comprehensive Sexuality Education, to include abstinence. The law also eliminated the public hearing process by which Durham County adopted its policy of comprehensive sexuality education in the late 1990's.

Statement of goals

- To provide young people with the tools to make informed sexual decisions throughout adolescence and build healthy relationships;
- To stress the value of abstinence while also equipping young people with effective sexual risk-reduction strategies they can use when they do become sexually active;
- To provide medically accurate information about the effectiveness and failure rates of all FDA approved contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STI's, including HIV/AIDS;
- To encourage family communication about sexual health and sexual risk reduction;
- To teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical and sexual advances; and
- To teach young people how alcohol and drug use can effect responsible decision making.

Issues

- **Opportunities**
  - In summer 2015, the School Health Educator met with representatives from the Governor Morehead School for the Blind to discuss the need for *Reproductive Health & Safety* education for its students in grades 9-12. The request involved provision of information in a tactile/auditory format. Education would be provided to between 15 and 20 students in attendance at each session.
- **Challenges**
  - A single School Health Educator is assigned to assist Healthful Living Teachers with providing Reproductive Health & Safety Education in approximately 9 DPS Middle Schools, 6 DPS High Schools and requesting Public Charter Middle Schools. In addition, the School Health Educator responds to requests for assistance with Human Growth & Development classes from DPS and Public Charter Elementary Schools. DCoDPH in collaboration with NC Department of Public Instruction and NCCU Public Health Education program has offered several trainings/workshops to DPS Healthful Living teachers, certifying them as "highly qualified" to teach Reproductive Health & Safety in the schools. The Public Health Educator receives few requests for assistance from High schools. However, the 2015-16 school year proved a sharp increase in the number of requests from Healthful Living teachers in DPS Middle Schools.
  - Schools having a high census and 90 minute classes are more difficult for one person to cover in the 4 days allotted each semester. On such occasion, an additional Health Educator may need to assist in covering these schools.

Implication(s)

- **Outcomes**
  - Provided instruction on Reproductive Health & Safety in 8 DPS Middle, 2 NC Public Charter Middle and 3 DPS High Schools, a total of 216 educational sessions, reaching 5,448 students
  - Provided adaptive Reproductive Health & Safety for the Governor Morehead School for the Blind, for a total of 4 educational sessions, with approximately 16 students in each.

- **Service delivery**
  - The School Health Educator typically responds to requests for assistance with Reproductive Health & Safety from the Healthful Living (Health & Physical Education) Teacher at a Middle or High School
  - The School Health Educator usually schedules four (4) days per semester, per requesting school and between 4-6 sessions each day in order to serve all students.
- **Staffing**
  - One Health Education Specialist with 11 years of experience in School Health Education
- **Revenue**
  - Reproductive Health & Safety Education is provided at no cost to students attending Durham Public Schools in accordance with the Memorandum of Agreement between Durham County Department of Public Health and Durham Public Schools.

Next Steps / Mitigation Strategies

- Continue to offer classes at all sites.