

A Regular Meeting of the Durham County Board of Health was held January 12, 2017 with the following members present:

James Miller, DVM; F. Mary Braithwaite, MD, MSPH; Arthur Ferguson, BS; Teme Levbarg, PhD, MSW; Vincent Allison, DDS; Dale Stewart, OD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Stephen Dedrick, RPh., MS; and Rosemary Jackson, MD, MPH, CCHP

Excused Absence: Spencer "Spence" Curtis, MPA, BS; and Commissioner Brenda Howerton

Others present: Gayle Harris, Rosalyn McClain, Attorney Bryan Wardell, Eric Ireland, Joanne Pierce, Hattie Wood, Chris Salter, Jim Harris, Ph.D.; Marcia Johnson, Mel Downey-Piper, Will Sutton, Miriam McIntosh, DDS; Juma Mussa and Elizabeth Stevens.

CALL TO ORDER: After the Board toured the new Tooth Ferry, Chairman Jim Miller called the meeting to order at 5:35pm with a quorum present.

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for December 8, 2016. Dr. Levbarg seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Chairman Miller's Board term expired January 2017. Ms. Harris recognized Chairman Miller for his outstanding leadership and dedication to the Board by presenting him with a plaque that read:

Presented To

James Miller, DVM
Chairman

In Appreciation For

Your Dedication To Durham County Department of Public Health and the Citizens of Durham County

March 2008-January 2017

Several Board members joined Ms. Harris in commending Dr. Miller for his outstanding leadership and commitment to the work of the Board. The board applauded Dr. Miller for his service.

Dr. Miller will continue to serve on the board until the veterinarian position is filled by another qualified applicant.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **NC PUBLIC HEALTH RE-ACCREDITATION UPDATE (Activity 27.3)**

Ms. Ireland provided the Board with an update on the status of the re-accreditation process for the January 31-February 1, 2017 site visit.

Mr. Ireland: The required documentation for re-accreditation was submitted, but not without some serious last minute corrections, edits and revisions.

2 A Regular Meeting of the Durham County Board of Health, held January 12, 2017.

On the evening of December 8, 2016 (documentation due by 5:00pm on Friday, December 9th), we found ourselves as a Leadership Team working on putting together and reviewing the documentation required for submittal to the accreditation office. As we moved through the various activities for re-accreditation we found a number of them lacking the required evidence for submittal. We would find out later, our formatting of the evidence did not meet the new requirements for re-accreditation (approved in February of 2016). On Friday, December 9th we found ourselves still working on providing the proper documentation for submission. At approximately 4:15pm Rochelle Talley, Accreditation Coordinator, and I drove the documentation to Chapel Hill, where the accreditation office is located. Fortunately, we were able to make the deadline at exactly 5:00pm. After reviewing our submission over the weekend, the Accreditation Team sent an email (on December 12, 2016) telling of us that our supplemental documentation was not on the thumb drive. See the email message below:

“Upon checking your flash drive this morning, I noted a number of Supplemental Materials items that were not sent or formatted as required and explained on the conference call. Please send this via email to me at your earliest convenience:

- *Narrative- in pdf form*
- *Completed and signed cover page- in pdf form*
- *Summary Checklist- in pdf form*
- *Mission- in pdf form*
- *Org Chart- in pdf form*
- *Bios- in one collective pdf*
- *Budget summary- needs to span four years (time since last site visit), so please include FY 13 and send as pdf*

*I do need to note that the way you submitted the electronic evidence in the HDSAI narrative is also not according to requirements. You provided links simply to folders of evidence that had multiple documents. Each document listed needs a separate hyperlink- doing so makes review of your evidence much clearer and efficient. **Because this may not have been very clear when you started this reaccreditation process years ago, I will accept what you have sent, but please take note in our training materials for preparation for your next cycle.**”*

Upon receiving this information we immediately went about the task of insuring that our submission of supplemental documents happened. The documents were forwarded electronically on December 12th. A subsequent follow up email was received on December 13th:

“Thank you for sending the supplemental materials yesterday- I have added those to your flash drive. Becky Hart with our office did a deeper dive into your HDSAI. There really are a lot of activities for which no evidence/links are included. As I explained yesterday, the site visitors may or may not be willing to hunt and peck to find evidence within your actual folders. Our procedure requires hyperlinks so that the site visitors can review evidence quickly and efficiently- the way your flash drive exists today, the site visitors will have a very hard time preparing for the visit. This will likely result in a lot of questions and evidence to review on-site, which will limit the timeframe that they will get questions to you for response.

*We do not allow for resubmission of flash drives as we have very clear dates for submission (and indeed, agencies were give an extra nine days beyond the original Dec. 1 deadline this cycle) and we have to process the drives this week and get them in the mail to site visitors by Friday of this week. However, as a back-up for site visitors, we also post evidence for each county on a password-protected website. Time-wise, this can be a bit more flexible. If you want to create a new, completed flash drive and have to our office **by end-of-day January 3rd**, we can use that information to put on the website. **HOWEVER**, the way you provided links in your HDSAI (i.e. to a folder, not to individual pieces of evidence) does not work when posting on the web. Therefore, you will need to re-do all of your links and link directly to pieces of evidence/individual documents for this to work.”*

As we had met the deadline for submission, the accreditation office allowed us to correct the format and submit another thumb drive with our corrected documentation by January 3rd. Upon receiving this notification, our Re-Accreditation Coordinator began the task of correcting the errors mentioned above. On December 20th, the Leadership Team was convened to review and approve the revised documentation and hyper-links. (We were also able to add additional supporting evidence to our onsite resource folders under each activity. This additional evidence was not a part of the corrected thumb drive submitted.) On December 21st, a final review of the formatting of the evidence and assuring the hyper-links worked correctly took place. That afternoon Ms. Talley delivered the corrected thumb drive to the accreditation office in Chapel Hill.

The site visit will occur on January 31st and February 1st. Upon completion of the site visit we will convene a hot wash to discuss what went well and where there improvements are needed. A corrective action plan will be

developed to ensure that we don't create or run into the problems we experienced as a part of preparing for our first re-accreditation.

Ms. Harris: Accreditation is not a check-off process. It is a quality improvement process so that we can assure that we are elevating the standard of our work. To view it as a check-off process, creates the impression it as an activity that doesn't become institutionalized. We will keep you posted.

COMMENTS:

Dr. Levbarg: We know that it takes a herculean lift to keep this all going and make those reports. To be stuck with busy work of changing things is really annoying; but more to the point, it is very much to the credit of everyone here that all were able to turn things around so fast and get it done.

Ms. Harris: Absolutely! At the last meeting, most of the Leadership Team members were upstairs trying to dig us out of the hole.

Dr. Allison: So if I understand it, the information or the original documentation was there but it just wasn't formatted so that the accreditation team could access it the way they wanted to access it.

Ms. Harris: That's it in part... first, we were notified that the supplemental documents were not included on the flash-drive. That was because downloading the files took longer than expected and in doing so the supplemental documents didn't get put on the drive. The second thing was that the format changed since our accreditation visit four years ago.

Chairman Miller: On January 31st, Board interviews are scheduled. Just to confirm the Board members to be interviewed are MaryAnn, Teme and Vincent. I am a backup, if needed. It looks like everyone agrees to that.

Dr. Levbarg: What we were saying before the meeting is if there is a prep sheet of any sort that you would like to provide us that would be great.

Ms. Harris: Ok. We will send out the sample questions from the last site visit.

Dr. Fuchs: So would there be key things that you would want us to speak to from the evidence that was submitted? Are there questions with the bullet points of information that we might share?

Ms. Harris: No...Teme, weren't you interviewed the last time?

Dr. Levbarg: Yes and so was Jim. What I was saying before and Jim was saying the same is that most everything that we were asked was real obvious...I mean we really do function well as a Board. The kinds of questions they were asking were to see if you function well as a Board. They weren't trick questions....As I recall there were questions like do you see the minutes, what kind of relationship do you have with each other, staff and health director, do you know what's going on. The thing that I did ahead of this is to look back on the minutes and the health director's reports to highlight things that I think are special. So if they ask about that we talk about that, as opposed to other things. When we were talking before the meeting, we couldn't remember if the Robert Wood Johnson award happened within this re-accreditation period.

Ms. Harris: Yes, it was 2014.

Chairman Miller: I think we could also reference the things that the Board has worked on for the last past year...needle exchange....certain things to reference to.

Dr. Levbarg: It is also the case for instance while we initiated some years ago, the smoking rule, we as a Board and as a health department stayed current with all the different changes over time. So even if it isn't about exactly what happened last year, we can give a sense of how issues stay alive.

Ms. Harris: Then there is also your advocacy for smoking being restricted in multi-unit housing, corner store advocacy, cure violence and looking at energy drinks. You guys have been busy.

Dr. Levbarg: Well, we get to be part of a very busy health department.

Dr. Jackson: Do they come on site every four years and is there something that happens in the interim?

Ms. Harris: Now that all health departments in North Carolina are being re-accredited, there is nothing that happens in the interim. Health departments are to keep track of the documents that will serve as evidence for in each of the benchmarks and activities. Some of the evidence has to be collected yearly and some collected only once within the four year period. I would like the department to become nationally accredited because going through the process will help to further develop the organization. That process is more rigorous. When application is made departments must have completed a community health assessment and developed a community health improvement plan. From the time the application is submitted, the department has one year to upload the remaining evidence that demonstrates compliance with the benchmarks and activities. In order to become the kind of health department that we would like to be, we have to become nationally accredited.

Chairman Miller: How often do you have to recertify with the national accreditation.

Ms. Harris: Reaccreditation occurs every four years.

Dr. Allison: If you do national, do you still have to do the state?

Ms. Harris: Yes, because NC accreditation is required by state statute.

Dr. Stewart: Is there a cost for that?

Ms. Harris: Yes. The cost is determined by the population of the jurisdiction. Based on Durham County, the cost for national accreditation is \$31K. There is also a cost for state accreditation because the state defunded the program but kept the requirement in the statutes that every health department must be accredited.

Chairman Miller: I think you said something that was interesting that it does open up some doors to grants or funding being accredited so even with national that probably would open a door or two for some funding.

Ms. Harris: Absolutely, because being accredited demonstrates that the department adheres to nationally recognized standards.

Chairman Miller: So, it's not money thrown away. It's an investment. So it would be something to try to target for 2018? So the four years don't hit at the same time or do you want them to hit at the same time?

Ms. Harris: Ideally it should. We have to have a community health assessment and a community health improvement plan in order to submit and so we're doing our full assessment in 2018.

- **FY 17-18 Budget Process Update (Activity 39.2)**

Mr. Sutton provided the Board with an update on the FY17-18 budget process. Mr. Sutton stated that Durham County held its FY17-18 budget kick-off meeting in December. During that meeting, the processes to develop FY17-18 budgets were provided and information was also presented in that meeting outlining the County's upcoming challenges of rising financial obligations (i.e. salaries, benefits, Durham Public Schools funding, etc.). In addition, Open.gov was introduced. This online data analysis tool will receive daily files from the County's financial system, SAP, and convert the information into charts and graphs that display real time financial information.

Discussion Highlights:

Accelerated Schedule for Budget Development –

Department budget requests due February 17, 2017 (previously due in March)

January 17, 2017 Pre-Budget Meeting with Budget Department staff

- Update new FY17 Initiatives
- Major Issues for FY18
- Vetting potential new initiatives with MFR Performance data
- Plan for reallocating existing dollars, vacancies, inflation, etc.

January 30, 2017 - SAP Budget System opens

FY 18 Methodology (Streamlined)

- Base budgets fully funded – except one time purchases- capital items
- Includes training, contracted services, gasoline
- Inflationary increases supported by base budget reallocation (use historical analysis)
- Priority requests for new/expansion items only

Notes from Budget Kick-off Meeting

- Most departments annually underspend their budgets
- Strong emphasis on reallocation of existing dollars
- Managing For Results- public facing measures (used to support budget reallocations)
- Open.gov - Software as a service to enhance budget efficiency and usability of information as well as transparency

COMMENTS:

Dr. Fuchs: Can I ask for clarification on something you said? Did I hear say correctly that any salary increases, any inflationary numbers, any new programs would have to be managed within the baseline budget for this year.

Ms. Harris: That is what they're asking.

Dr. Fuchs: So that means big cuts....because what's the difference...I mean just even if you look at what you would project to give for an employee increase for compensation rate that's got to be \$100,000 right there...at least right.

Mr. Sutton: They have pulled data one day in January of all the existing positions in the system and they have a way of calculating what the pay performances would be for the next fiscal year and it is added in automatically.

Ms. Harris: So, we don't have to find those funds. Additional school nurses will be requested.

Due to the accelerated FY 17-18 budget schedule, Mr. Sutton recommended that the next Board meeting be used to review and approve FY17-18 Public Health Budget instead of having a separate Finance Committee meeting. The board unanimously agreed.

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

The Board received a copy of the vacancy report through the end of December 2016 prior to the meeting. There were no questions about the report.

[\(A copy of the January 2017 Vacancy report is attached to the minutes.\)](#)

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of December 2016 prior to the meeting.

[\(A copy of the January 2017 NOV report is attached to the minutes.\)](#)

COMMENTS:

Ms. Harris: I asked Mr. Salter before the meeting about some of the properties on the Notice of Violation report. Some properties listed have statements that read “9/30, Environmental Health followed up with owner on progress prior to initiating legal action. Notice of Violation will be revisited in thirty days.” And no further information is documented. There were several properties listed with similar statements. I asked about the status of these violations since the specified thirty-day periods have passed.

Attorney Wardell: Most of those properties in question, have been resolved or they involve the need for a sub-surface operator. Some septic systems require the owner to hire someone to monitor the septic system and provide reports that are to be turned into Environmental Health. That’s a statutory requirement if you have a large house with a large septic system. So the issue is, how to address that since the system is not failing but they haven’t turned in these reports. Once I send the ten-day Notice of Violation, they respond. I have sent out a few and there may have been one or two that have not responded. So the question is do you want to pursue legal action for a system that we know is not failing but they have not complied with this administrative requirement; so we haven’t decided how we are going to deal with those but as long as the system is not failing and we know the system is not failing we will probably continue to try and coerce them in to providing this information but usually they do respond. There is a cost associated but it’s not a big cost. Usually, we don’t have a problem so we will follow-up again to see why there are a few that are still lingering out there. It’s really not an environmental problem because we know the systems are viable.

Dr. Stewart: How long can you let them go before you get the report? Does the state require you to give a report after a certain amount of time?

Attorney Wardell: Usually it’s a yearly report and in the past I know I have seen some that have gone several years without providing a report.

Dr. Stewart: The state doesn’t care?

Attorney Wardell: We enforce the state rules. Unless you get a failure and you know it’s a failure and you are enforcing the rules.

Dr. Levbarg: Isn’t there somewhere on the list were it said it needed to be referred to Raleigh for their involvement.

Attorney Wardell: Right. So those are typically when there’s a repair permit that is issued and they can go on and make the repair but sometimes the soil is not suitable for a repair permit so they have to make an application to the Division of Water Quality (DWQ) in order to get what’s called a discharging system. That’s a system that basically purifies the water so that it can be discharged into the water tank which is the expensive piece of this solution.

Mr. Salters: The issue with discharging sand-filters now is that in the past the state would issue the permit for one and allow you to cross into someone else’s property to get the service for it. It’s called hydraulic trespass. Now, they’ve figured out that there are a lot of permits out there that are in violation so they’re getting much more stringent and evaluating where they do and don’t permit systems. Basically, you have to have some type of surface water ditch where you can discharge the water to because they won’t let you cross someone else’s property anymore.

Attorney Wardell: That’s the new wrinkle because most of these properties don’t have a water source that is adjacent to a or actually on the property so now even before that was kind of the failsafe if you can come up with \$25-\$30K you can get this discharging system but now you can’t even do that and so we are starting to see these failing systems and how to deal with the problem. The answer is city sewer and sometimes that is very expensive proposition up to \$50K according to what has to be done to actually connect. That’s what we are dealing with so if there are some notices of violations that have been listed for a while typically what we - myself and Environmental Health staff - do is meet periodically to talk about next steps. When we send out a notice of violation and get a response, Environmental Health staff will inspect the property to verify that the problem has been fixed. If it has been fixed, we will remove it from the list. If it continues to show up many times, it’s because we are working with the homeowner to get it fixed. Many times the failures are seasonal. You may have a failure in the summer and may not have a failure in the winter or vice versa; so, when we go out and check there may not be a failure. Some of those tend to hang on for a while and the ultimate goal is get the problem resolved so we try to work as much as we can with the homeowner before we actually file the litigation.

Chairman Miller: So that makes perfect sense why some of them are on the list for a year or two.

Attorney Wardell: Right.

Health Director's Report January 12, 2017

Division / Program: Nutrition / Clinical, Durham Diabetes Coalition /Minority Diabetes Prevention Program

(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 North Carolina office of Minority Health and Health Disparities is providing funding to establish and administer, an evidenced-based diabetes prevention program targeting African-Americans, Hispanic/Latinos and American Indians (Minority Diabetes Prevention Program or MDPP).
- Funding was made available this year from the NC General Assembly (HB 1030. 2015-241, Section 12E.3).
- Components of the project include: 1) Awareness Campaign, 2) Community Screenings and Referrals, and 3) Lifestyle Classes using the new Centers for Disease Control Prevent T2 training curriculum.

Statement of goals

- To pilot a program targeting minority populations (African Americans, Hispanic/Latinos, and American Indians) to delay or prevent type 2 diabetes in a pre-diabetic population.

Issues

• Opportunities

- Staff are trained to deliver a proven program, titled Prevent T2, to prevent or delay type 2 diabetes in individuals with pre-diabetes.
- The program can become a recognized diabetes prevention program under the Centers for Disease Control, National Diabetes Prevention Program.
- The model used by the State to distribute the funds encourage both regional and local collaborations and partnerships to administer the three components of the program.

• Challenges

- Staff must be trained by a Prevent T2 master trainer, which limited the number of DCoDPH staff that could be trained initially.
- No bilingual staff members have been trained to assist with this program at this time.
- The DCoDPH currently offers two programs, the Diabetes Self-Management Education Program (that can include participants with pre-diabetes) and the Stanford Chronic Disease Self-Management Program, that are similar in content to the Prevent T2 program. These programs could potentially compete for participants.

Implication(s)

• Outcomes

- Two DCoDPH/Durham Diabetes Coalition Team members attended a 2-day lifestyle coach training for the PreventT2 Program, in Greenville, North Carolina during December, 2016.

• Service delivery

- Services will be delivered at various community sites.

• Staffing

- DCoDPH staff currently trained to deliver the program include: one registered dietitian and one community health worker.

• Revenue

- DCoDPH will receive \$14,250 for costs associated with the lifestyle program training and other operational costs.
- The Diabetes Prevention Program is eligible for reimbursement from Medicare and various other third party payers upon site recognition by the Centers for Disease Control.

Next Steps / Mitigation Strategies

- Develop screening and marketing strategies to initiate a pilot Diabetes Prevention Program in Durham County. The first MDPP session must begin no later than February 6 2017.
 - Train staff who are bilingual in Spanish to have capacity to deliver the MDPP program in Spanish for future programs.
-

Division / Program: Nutrition/Health Education/Healthiest Cities and Counties Challenge Award and Kick-off Meeting

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

Program description

- The Durham County Health Department has been selected as one of 50 members nationwide for the HealthyCommunity50 in the Healthiest Cities & Counties Challenge (HCC Challenge).
- The HCC Challenge is a partnership between the Aetna Foundation, the American Public Health Association and the National Association of Counties. The Challenge will award \$1.5 million in prizes to small and mid-sized cities, counties and federally-recognized tribes that are able to show measurable change over the course of several years working with cross-sector partnerships to implement health innovations and data-driven solutions.
- The HealthyCommunity50 were chosen based on plans to improve the health of their communities in at least one of five domains: Healthy behaviors, community safety, built environment, social/economic factors and environmental exposures.
- The DCoDPH partnered with the Duke Margolis Center for Health Policy and the Cabarrus Health Alliance for a joint submission for the challenge.
- For more information, visit www.healthiestcities.org.

Statement of goals

- To use a multi-faceted approach in partnership with several community-based programs underway to improve population health and health equity in both Cabarrus and Durham Counties.

Issues

• **Opportunities**

- At the conclusion of the Challenge, the programs most able to show measurable change will be eligible for prize awards from \$25,000 - \$500,000. Participants will be judged on their own progress and will not be competing against each other.
- DCoDPH and Cabarrus Alliance have been able to share lessons learned, successes, strategies, etc. in certain interventions included in the HCC Challenge such as increasing access to fruits and vegetables in their respective counties.
- Interventions chosen for the challenge in Durham County are programs that the DCoDPH were already working on and have established support so therefore increasing the chances of demonstrating measurable positive changes.

Implication(s)

• **Outcomes**

- A kick-off meeting for the HCC Challenge was held on December 5, 2016, at the DCoDPH. Staff from DCoDPH, Duke Margolis Center for Health Policy and the Cabarrus Health Alliance attended.
- Project activities for the award will be on-going for the next two years, with progress measurements occurring periodically to determine outcome successes.

• **Service delivery**

- The focus areas for the HCC Challenge in Durham County are:
 - ❖ **Healthy Behaviors/Access to Healthy Foods.** Activities will include continued promotion of the Double Buck program at local farmers markets, a Veggie Rx program in collaboration with the East Durham Children's Initiative, grocery store tours using an evidenced based curriculum and work with select corner stores towards providing healthier food choices.
 - ❖ **Healthy Behaviors/Tobacco Use.** Activities include a communications campaign on the BOH smoking rule and cessation resources, increased screening and counseling at health care visits using an evidenced based, best practice approach for smoking cessation and training key staff to become Certified Tobacco Treatment Specialists.
 - ❖ **Social/Economic Factors/Development/Community Health Workers.** Activities will include hiring a Community Health worker for the Transformation in Ten (formerly the Mayor's Poverty Initiative) area, developing a reentry community health worker position and continued work on a training curriculum for community health workers and local credentialing.

• **Staffing**

- Key staff from the DCoDPH involved in the challenge activities include the Tobacco Health Educational Specialist, the Healthy Environments Nutrition Specialist, the Nutrition Communications and Health Promotions Program Manager, two Community Health Workers and the Human Services Coordinator who oversees the Community Health Workers at the DCoDPH.

- **Revenue**

- DCoDPH received a \$4,000 community seed grant as part of the first phase of the HCC Challenge.

Next Steps / Mitigation Strategies

- Finalize key metrics that will be used to measure and track project status and successes.
 - Continue to actively participate in meetings with Duke Margolis Center for Health Policy and the Cabarrus Health Alliance for HCC Challenge requirements, sharing of ideas, lessons learned, best practices, etc.
 - Participate in site visit(s) from HCC Challenge project team.
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Division / Program: Dental Division / New Tooth Ferry Delivery and Training

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

Program description

- On December 20th, the County accepted delivery of the new Tooth Ferry mobile dental unit from LifeLine Mobile (Columbus, Ohio). Training was provided to the team on that day, with additional instruction given to the operators.

Statement of goals

- To provide onsite oral health services to students in select Durham Public Elementary Schools.

Issues

- **Opportunities**

- The Tooth Ferry was built on a 2017 Freightliner chassis, with a final price of \$450,492.
- The unit is equipped with ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted televisions, sound systems, wheel chair lift, and expanding wall in clinic area). Operators have been spending time becoming familiarized with operating the vehicle, including learning how to operate leveling system, generators, lift, etc.
- The unit is equipped with technological advances, including patch pane, internal antenna wiring and Dexhub mount to help connect software (registration, charting, Meaningful Use) and complete x-rays in real time at community locations.

- **Challenges**

- While the County allocated the funds for building the unit, additional funds had to be identified for equipment, purchase and installation of carport roof, maintenance systems, and potential relocation of shore power receptacle.
- The team is finalizing the compliance process for the disposal of grey and black water.
- Stair access to the unit is being monitored, and may require additional step system to be purchased. Final determination is being accessed based on the parking surfaces at the various schools that the Tooth Ferry will visit.

Implication(s)

- **Outcomes**

- The Dental Division has completed the first of two-part training. LifeLine Mobile will come out in February (once the team has begun operating Tooth Ferry) to provide second round of training.
- The team is developing initial punch-list of items requiring repair by LifeLine.
- The Division has solicited bids for carport, and selected vendor to build the same.

- **Service delivery**

The first school to be visited will be Holt Elementary on January 17, 2017.

- **Staffing**

- Dr. McIntosh will provide dental treatment on the Tooth Ferry. A dental assistant (Markita Baltimore) and public health hygienist (Fariba Mostaghimi) also work on the van. The Division also employs a driver (Herbert Wigfall). Coordinator for the Tooth Ferry is Yolandas Alston, who also serves as a secondary driver and dental assistant.

Next Steps / Mitigation Strategies

- The team will continue to communicate with LifeLine to coordinate second training and address punch-list items.
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Division / Program: Administration / Communications and Public Relations

(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, 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**

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
 - World AIDS Day Ceremony – December 1, 2016
 - Holiday Closing – December 19, 2016
 - Carbon Monoxide Safety – December 21, 2016
 - Bull City United Week of Peace – December 28, 2016
- Website Updates
 - All Press Releases Added to Website
 - December Events Added to 'Upcoming Events' page
 - Community Connections eNewsletter sent on December 1, 2016
- Media Archives
 - [Durham to Mark World AIDS Day at Durham Central Park](#), Herald Sun, November 30, 2016
 - [World AIDS Day: HIV/AIDS Hasn't Gone Away](#) – Herald Sun, December 1, 2016
 - [Durham Commemorates World AIDS Day](#) – WNCN, December 1, 2016
 - [QUIT SMOKING: Health Advocate Seeks Tobacco-Free Durham](#) – Herald Sun, December 6, 2016
 - [Exploring Ideas for Healthier Eating](#) – Herald Sun, December 10, 2016
 - [Durham County announce holiday closings](#) – Herald Sun, December 17, 2016
 - [Group Plans 'Week of Peace' to Combat Durham Violence](#) – ABC 11, December 28, 2016
 - [Bull City United Prepares for Inaugural Week of Peace](#) – TWC News, December 28, 2016
 - [Group Plans 'Week of Peace' to Combat Durham Violence](#) – USNewz.com, December 28, 2016

Next Steps / Mitigation Strategies

- Disseminating consistent & timely content
- Engaging the public on social media to increase page likes and followers
- Increasing the number of monthly eNewsletter subscribers

COMMITTEE REPORTS:

• **NOMINATING COMMITTEE APPOINTMENT**

Dr. Braithwaite reported that the committee met at the end of the last Board meeting and discussed possible nominations for Chair and Vice Chair. The committee recommended Dr. Vincent Allison as Chair and Mr. Steve Dedrick as Vice-Chair. Dr. Vincent Allison and Mr. Steve Dedrick agreed to accept the positions if elected.

The board voted unanimously to support the recommendations from the committee.

• **PERSONNEL COMMITTEE APPOINTMENT**

Dr. Allison, Dr. Fuchs and Dr. Stewart were appointed to the Personnel Committee. Mr. Dedrick, Vice-Chair will lead the Personnel Committee. The Health Director's Evaluation survey will be sent out February 1, 2017.

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 the Cure Violence Model. She stated that the Bull City United Team responded to four homicides, three aggravated assaults and 1 drive-by shooting that occurred between the Bentwood/Rochelle and Turnkey neighborhoods, and 1 homicide and one aggravated assault that occurred between the Liberty Street and East Durham neighborhoods during November and December. Since these responses, no further violent incidents have occurred between these neighborhoods.

Bull City United Team held five Week of Peace vigils, each with about 100 participants. The final three will be held Friday (January 13th on Scout Drive in the Southside) and Saturday (January 14th on Hinson Drive in Kerrwood Estates and Wabash Street in McDougald Terrace).

NEW BUSINESS:

• **BUDGET RATIFICATIONS**

1. The Durham County Department of Public request approval to recognize funding in the amount of \$2,235 from the Department of Health and Human Services Division of Public Health for Family Planning Services in Durham County. The one-time additional Healthy Mothers, Healthy Children (HMHC) Title V funding is to assist with purchasing contraceptives and medical supplies in the Family Planning Clinic.
2. The Durham County Department of Public request approval to recognize funding in the amount of 6,687 from the Epidemiology/PH Preparedness & Response Branch of NC DHHS, Division of Public Health to support Zika planning and response. The funds are to be used to complete the Zika Preparedness Checklist provided by PHP&R. Completing the list assures a robust and thorough Zika response program.

Dr. Levbarg made a motion to approve the budget ratifications in the amount of \$2,235 (Family Planning Program); and \$6,687 (Preparedness & Response Program). Mr. Dedrick seconded the motion and the motion was unanimously approved.

• **AGENDA ITEMS FEBRUARY 2017 MEETING**

- View open.gov
- Finance Committee Meeting
- Nutrition Presentation in March 2017

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Teme Levbarg, Art Ferguson and Steve Dedrick expressed interest in attending the 2017 State Health Director's Conference January 19-20, 2017. Dr. Rosemary Jackson asked to attend on Thursday only. Mr. Dedrick said that he attempted to register but could not because the conference was full. Ms. Harris will follow-up with the conference organizers and will contact board members regarding the registration process.

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


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director
