

A Regular Meeting of the Durham County Board of Health, held December 13, 2012 with the following members present:

Sue McLaurin, M. Ed., PT; John Daniel, Jr., MD; James Miller, DVM; F. Vincent Allison, DDS; Teme Levbarg, MSW, PhD; Stephen Dedrick, R.Ph, MS; and Heidi Carter, MSPH; Jill Bryant, O.D.F.A.A.O; and Commissioner Brenda Howerton.

Excused Absence: Michael Case, MPA and Nancy Short, DrPH, MBA, RN

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Melissa Downey-Piper, Robert Brown, Dr. Jim Harris, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Hattie Wood, Marcia Robinson Michele Easterling, Attorney Lowell Siler, and Corey Sturmer.

CALL TO ORDER: - Chairman Sue McLaurin called the meeting to order at 5:10pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following item was added to the agenda.

- Junior Iron Chef Cookoff-Dr. Levbarg

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Levbarg made a motion to approve the minutes for November 8, 2012 meeting. Dr. Miller seconded the motion and the motion was approved.

PUBLIC COMMENTS:

Mr. Corey Sturmer stated that he was aware that the Board had appointed a subcommittee to address the issue to remove fluoride in the municipal water. Mr. Sturmer referred the Board to the WTVD story on community water fluoridation that aired on November 15, 2012. Mr. Strumer referenced quotes from Reverend William Owens, Coretta Scott King and Bernice King on the hazardous effects of fluoride in the municipal water. Mr. Strumer thanked the Board for addressing the issue and stated he looked forward to hearing the decision.

Chairperson McLaurin stated the subcommittee met on November 19, 2012 to discuss the issue and to review the facts. The subcommittee will meet again on December 17, 2012.

Ms. Carter made a motion to adjourn into closed session pursuant to N.C.G.S. 143-318.11(A)(3) TO CONSULT WITH AN ATTORNEY ...IN ORDER TO PRESERVE THE ATTORNEY –CLIENT PRIVILEGE; AND (6) TO CONSIDER THE QUALIFICATIONS, COMPETENCE, PERFORMANCE...FITNESS OF AN INDIVIDUAL PUBLIC OFFICER OR EMPLOYEE; OR TO HEAR OR INVESTIGATE A COMPLAINT, CHARGE, OR GRIEVANCE BY OR AGAINST AN INDIVIDUAL PUBLIC OFFICER OR EMPLOYEE. Dr. Allison seconded the motion and the motion was approved.

(Reconvene to Open Session)

Chairman McLaurin announced that the Board met in closed session; directives were given to staff; no action was taken.

STAFF/PROGRAM RECOGNITION:

The Board of Health acknowledged Dr. Nancy Short's appointment to the National Association of Local Boards of Health as Director- At-Large. Congratulations Dr. Short.

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COMMITTEE REPORTS:

- **Ad Hoc Municipal Water Fluoridation Committee** (*Activity 34.5*) (*Board*)

Dr. Allison provided the board with an overview of the Ad Hoc Municipal Water Fluoridation Committee meeting on November 19, 2012. The meeting convened at 6:00 p.m. in the Health Director's conference room with the expressed purpose of beginning the due diligence required to address the issue presented during the September Board of Health meeting – Should fluoride continue to be added to the municipal water supply in Durham?

Dr. Nancy Short provided the group with an article by Dr. Nancy E. Kass, "An Ethics Framework for Public Health." She suggested that the committee use this framework to approach this public health issue. The six steps outlined in the article are:

1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?
3. What are the known or potential burdens of the program?
4. Can burdens be minimized? Are there alternative approaches?
5. Is the program implemented fairly?
6. How can the benefits and burdens of a program be fairly balanced?

The committee watched the ABC11 I-Team report, "How safe is Fluoride in our water?" from the website:

<http://abclocal.go.com/wtvd/video?id=8887125&pid=8887007>. The committee also viewed the website developed by Corey Sturmer, www.durhamagainstfluoride.com.

Committee members discussed information presented at the Board meeting and articles / fact sheets reviewed in preparation for this meeting. Dr. Allison provided two documents ("Responses to Misconceptions Regarding Community Water Fluoridation" and "Frequently Asked Questions on Community Water Fluoridation") for committee review. Dr. Allison also noted the difference between effectiveness of topical fluoride and systemic fluoride; topical fluoride protects the exterior of tooth surfaces for people of any age while systemic fluoride affects tooth development in utero up through teen years.

It was noted that Brevard, NC (Transylvania County, NC) removed fluoride from its municipal water supply. An internet search revealed that the Brevard City Council received a special presentation, "Fluoridation of Drinking Water - Considerations for Brevard City Council" from the Transylvania Board of Health on July 16, 2012 during a regular meeting. The Committee asked the Health Director to contact the Director of Transylvania County Department of Public Health to 1) obtain the PowerPoint presentation used during the City Council meeting, 2) learn the history of what happened in 2007 to lead to the removal of the fluoride, and 3) what has happened to cause discussions of putting fluoride back into the water.

The Committee discussed next steps:

1. Make clear the distinction between and the purpose of topical and system fluoride
2. Review materials from Transylvania County Department of Public Health. Speak directly with Health Director and / or Board of Health member(s) if clarification is needed.
3. Provide information in a way that the general public can understand

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4. Identify and invite subject matter experts to speak to the full Board regarding allegations presented by community members and supporting science – pro and con. Committee will be sure to include non-dental professionals including a representative from EPA.

The next Committee meeting will be held on Monday, December 17th at 6:00p.m. in the Health Director's conference room.

Comment: Ms. Carter asked if the committee had looked at other states, countries that had removed the fluoride from the municipal water.

Answer: Chairperson McLaurin stated the committee did research other states/countries (New Mexico-southwest area). Chairperson McLaurin stated the committee is doing research nationally.

OLD BUSINESS:

- **Smoke-Free Initiative Update (Activity 34.5)** (Gayle Harris)

Ms. Harris stated that a meeting was scheduled with the County Manager, County Attorney Siler, Attorney Wardell Vice-Chair Miller, Gayle Harris and the City Manager. The meeting concluded with - the parties mutually agreeing that: 1) the County Manager would send the City Manager a copy of the letter that the County Manager and County Attorney received on the behalf of the Board of Health -; 2) the County Manager would discuss the letter with the City Manager at an already scheduled meeting; and 3) County Attorney Siler would follow-up with the City Attorney with a letter requesting an official response by January 7, 2013 so the Board could discuss the topic at the next Board of Health Meeting on January 10, 2013.

Ms. Harris stated that the Director of General Services, Motiryo Keambiroiro has agreed to have Durham County General Service staff place the signs at the bus stops as they are working in the geographic areas. The placement may take up to June 2013. The Board approved to move forward with the Durham County General Service Department placing non-smoking signs at designated bus stops.

Comment: Dr. Allison asked if there were designated funds or any additional cost to the health department to place the signs instead of the City.

Answer: Ms. Harris stated that the department has designated funds to pay for signage placement.

- **Policy Review/Discussion/Approval (Activity 15.3)** (Eric Ireland)

Based upon the accreditation requirements for the Department of Public Health, the Board of Health is required to conduct an annual review of adopted policies. The following Board of Health policies were reviewed, discussed and approved:

- Policy/Procedure Introduction, Implementation and Review

Ms. Carter made a motion to approve the policy with the changes presented. [e.g., Logo changed; DCHD changed to DCoDPH; Health Department changed to Durham County Department of Public Health (DCoDPH), Health Director changed to Public Health Director; annual review date added; DCBOH changed to BOH]. Dr. Bryant seconded the motion and the motion was approved

- Delegation of Authority to the Public Health Director

Ms. Carter made a motion to approve the policy with the changes presented. Dr. Levbarg seconded the motion and the motion was approved

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- **Public Contact with the Durham County Board of Health**
Ms. Carter made a motion to approve the policy with the changes presented. Commissioner Howerton seconded the motion and the motion was approved

- **Compliance with Public Health Laws and Regulations**
Dr. Levbarg made a motion to approve the policy with the changes presented. Dr. Bryant seconded the motion and the motion was approved.

The following new Board of Health policies were reviewed, discussed and approved:

- **Durham County Board of Health Adjudication Process (Appeals)**
The board requested more research on the BOH response timelines within the policy. Mr. Ireland will contact Jill Moore with the School of Government Attorney Office. Ms. Carter requested some punctuation changes. The Board requested training on “quasi-judicial” proceedings. Attorney Wardell will work with The Durham County Attorney Office to provide the board with training on “quasi-judicial” proceedings. The policy will be revisited at the next meeting.

- **Adopting, Amending or Repealing Durham County Board of Health Rules**
Commissioner Howerton made a motion to approve the policy. Dr. Allison seconded the motion and the motion was approved.

- **Public Participation**
Dr. Allison made a motion to approve the policy. Dr. Miller seconded the motion and the motion was approved. The Board requested training on public comment etiquette. The Durham County Attorney Office will provide the training.

Based upon the accreditation requirements for the Department of Public Health the following policy was discussed with the Board.

- **Employee Recruitment, retention and Professional Development Policy**

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report: (Activity 33.6) (Marcia Robinson)**

The Board received a copy of the vacancy report which includes information on the currently vacant positions (22.60 FTEs) in November 2012 (13 new positions, 5.6 resignations 1 transfer 1 promotion, 1 termination and 1 reclassification). (A copy of the vacancy report is attached to the minutes)

- **Infant Mortality Report (Activity 38.1) (Hattie Wood)**
Ms. Wood provided information on Infant Mortality (IM) in Durham County. Her presentation would provide: Identification of IM trends over the past five years and comparison to state and other comparable counties, identification of health disparities in IM, and Durham County Department of Public Health strategies to decrease the IM rate.

Durham County’s IM rate is less than the state rate for 2011 and in comparison to Cumberland, Forsyth, and Guilford counties. Durham’s rate has been consistently less than the comparable counties over the last five years 2007-2011. Health disparities in relation to Durham County’s IM rate are noted with the African American Non- Hispanic IM rate being more than twice that of non-Hispanic white infants. Strategies developed to decrease the county IM rate includes Clinic Policies on Obesity Management during Pregnancy, referrals for nutritional evaluations and services, preconception counseling, and continued participation in

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research studies promoting healthy pregnancy outcomes. (A copy of the PowerPoint presentation is attached to the minutes).

- **Health Director's Report: November 2012** (*Activity 39.2*)
(*Gayle Harris*)

Division / Program: Community Health Division/ Immunization Program

Program description

- Provides state –mandated and other vaccines to residents
- Investigates and reports cases of all vaccine-preventable diseases
- Conducts targeted outreach efforts to encourage vaccination in targeted groups

Statement of goals

- To promote community health through the identification and elimination of vaccine-preventable diseases by focusing efforts on:
 - Reducing the spread of vaccine preventable childhood diseases by assuring that individuals are appropriately immunized by age group,
 - Eliminating barriers that delay or prevent delivery of immunizations and assuring the safe delivery of vaccines.
 - Ensuring that vaccine-preventable disease outbreaks are quickly identified, monitored, and appropriately managed,
 - Providing education and outreach to the community.

Issues

- **Opportunities**
 - Facilities request Immunization Clinic staff to provide flu vaccinations to program residents at their site.
- **Challenges**
 - The logistics involved in providing flu clinics off site with limited staff and limited hours have proven to be a challenge.

Implication(s)

- **Outcomes**
 - Education about flu and flu vaccinations provided to facility residents reaches large numbers of county residents which contributes to the health of the community.
- **Service delivery**
 - On 11/15/2012, the Immunization staff provided flu vaccinations to 42 residents at a local substance abuse facility. Vaccinations had been provided by the clinic staff to over 90 residents at this site at a previous outreach event.
- **Staffing**
 - Immunization clinic staff participated.

Next Steps / Mitigation Strategies

- Continue to explore ways to collaborate with community organizations and providers to provide off-site clinics in order to increase the number of those vaccinated in the community.
- Continue to develop innovative methods of service delivery in order to increase the numbers immunized in advance of flu season.

Division / Program: Community Health Division/Communicable Disease

Program description

- The Communicable Disease Control staff of the Durham County DCoDPH (DCoDPH) investigates all reported cases of communicable diseases/conditions, reports all cases to the state,

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and assures that appropriate control measures have been issued in accordance with NC public health laws.

- A gastrointestinal outbreak at a local nursing home was investigated and addressed.

Statement of goals

- To conduct thorough reporting and investigation of all reports of communicable disease and to implement prompt communicable disease control management to protect the health of the community.
- To ensure compliance with North Carolina's communicable disease statutes and rules through implementation of appropriate control measures, education of providers, and education of the community.

Issues

- **Opportunity**
 - 64 symptomatic persons (50 residents, 14 staff) in a 113 bed facility were affected
 - Symptoms included non-bloody diarrhea and vomiting
- **Challenges**
 - Effective implementation of control measures during Thanksgiving holiday
 - Education of facility staff and residents regarding the importance of control measures, including handwashing, cleaning, cohorting, suspension of group meals, etc.
 - Ensure compliance with control measures by the facility

Implication(s)

- **Outcomes**
 - Testing at the state laboratory identified three specimens positive for norovirus
 - DCoDPH staff worked with facility personnel contained the outbreak.
- **Service delivery**
 - DCoDPH Environmental Health staff conducted a site visit to ensure placement of appropriate signage, implementation of control measures, correct collection of specimens and transport to SLPH for testing.
 - Environment Health staff and CD nurses have been in contact with the facility to ensure control measures are correctly implemented.
- **Staffing**
 - Environmental Health, CD nurses, Medical Director, Information/Communications Manager.
 - NC Communicable Disease Branch epidemiologists were consulted

Next Steps / Mitigation Strategies

- Norovirus kits have been compiled and distributed to local nursing homes and long term care facilities. Kits include instructions on how to obtain specimens, signage, information about norovirus, and information on why and how to contact the DCoDPH at the first signs of illness.
- Ongoing education of the community on norovirus and influenza

Division / Program: Community Health/Family Planning Clinic

Program description

- Provides comprehensive contraceptive services to women and teens
- Services include physical exams, testing for infection, counseling and education on different methods of birth control, and the dispensing of the chosen birth control.

Statement of goals

- Prevent unwanted pregnancies
- Reduce infant mortality and morbidity

Issues

- **Opportunities**
 - Long-term, reversible forms of contraception such as the Intrauterine Device (IUD) and the implant are considered the most effective in preventing unwanted pregnancies.
 - The failure rate of the IUD is equal to that of permanent sterilization, and the failure rate of the implant is even lower because these methods require little or no intervention on the part of the user.
- **Challenges**
 - The upfront costs for the devices is higher than providing patients with birth control pills, but IUDs are effective for 5 to 10 years and implants are effective for 3 years.
 - A medical provider must be trained by the manufacturer of the implant before placing the devices and that training has been difficult to find.

Implication(s)

- **Outcomes**
 - Long-term reversible contraception (LARC) is becoming more popular with women of all ages
 - Contract staff through Duke inserted IUDs and implants for our patients in the Family Planning Clinic through September and precepted the two new staff physician extenders in IUD insertions. The two physician extenders received the official training in implant (Nexplanon) insertion on October 30.
- **Service delivery**
 - Nearly 85 IUDs and 12 implants have been inserted in FP Clinic since July.
 - An attempt is made to insert the devices when the request is made, usually at the time of an initial or annual exam. If this is not possible due to time constraints or for medical reasons, the patient is brought back as soon as possible in order to prevent an unintended pregnancy.
- **Revenue**
 - Medicaid provides reimbursement for these devices, but the majority of the patients seen in Family Planning Clinic do not have Medicaid. They are charged on a sliding fee scale according to income and family size. Many are charged nothing at all because they are living so near the federal poverty level.
 - A not-for-profit foundation provides one type of IUD (the Mirena) for women who qualify financially. After counseling the patient, clinic staff fills out an application with demographic and financial information (family size and income), gets the patient's signature, and faxes the application to the foundation. The foundation may provide up to 60 Mirenas a year to a clinic as long as their funds last.

Next Steps / Mitigation Strategies

- Any additional funds received for the program will be used to purchase LARC.
 - As the fiscal year progresses, funds from under-utilized categories may be moved to purchase LARC.
 - Since the goal of the program is to prevent unintended pregnancies, every effort will be made to meet the demand for these more highly effective methods of birth control.
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Division / Program: Dental Division/Community Presentations

Program description

- The Dental Division regularly provides presentations to youth, parents, and teachers at Durham's elementary schools, Head Start sites, summer camps and additional community-based groups.

Statement of goals

- Educate participants about the importance of good oral hygiene and how oral health issues can affect overall health.
- Provide participants and agencies with oral health information and limited supplies to promote good oral health practice.
- Be available to answer any follow up questions and/or concerns that a participants and/or parents may have post-presentation.

Issues

- **Opportunities**
 - Dental presentations are desired by many community programs and elementary schools.
- **Challenges**
 - There are sometimes scheduling challenges when trying to accommodate requests. This includes presentations on evenings and weekends, as well as trying to free up staff to provide presentations during scheduled patient appointment times.
 - The same presentation (format and materials) have been used the past few years. The Division is now planning to develop/procure new materials to revamp the presentations.

Implication(s)

- **Outcomes**
 - During the first four months of the fiscal year (July – November) the Division provided 17 presentations that included 386 children and 114 adults.
 - Presentations were given at Campus Hills Summer Camp, Sandy Ridge Elementary School, Githens Middle School Health Fair, Morehead Montessori Elementary School, Lakewood Elementary After School Program and Early Head Start.
 - The Division also participated in a “How to Dental” video for the Durham Diabetes Coalition, posted to You Tube (<http://youtu.be/gJD0O4z-luQ>) in November
- **Service delivery**
 - The Division has projected a goal of 40 presentations for the year and will attempt to provide an additional 23 sessions.
- **Staffing**
 - Presentations are made by the Division's two hygienists.

Next Steps / Mitigation Strategies

- Revamp presentations and materials by July 1st.

Division/Program Administration / Information and Communications

Program description

- The Information and Communications program provides timely and relevant information to the residents of Durham County on key health issues.

Statement of goals

- Increase the public's awareness and understanding of important health information and the DCoDPH's programs and services availability
- Increase the public's utilization of the DCoDPH programs and services.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, DCoDPH can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by DCoDPH for their viewers/readers.
- **Challenges**
 - Prioritizing the topics to publicize.

Implication(s)

- **Outcomes**
 - Information and communication about 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**
 - With the Durham Diabetes Coalition, successfully hosted "Take A Loved One to the Doctor" Day on November 15th with Radio One Raleigh (Foxy 107.1/104.3 and The Light 103.9). Held in the DCoDPH area of the Human Services Building, the event drew over 200 people for screenings, doctor/mid-level provider consults, flu vaccinations, and educational outreach. In advance of the event, staff worked with Radio One to produce various radio spots and schedule/script on-air interviews during each station's day-long live remotes.
 - Disseminated eight media releases/advisories during the month of November, resulting in over 15 stories being aired (radio and television), printed in the news, or posted to the web.
 - Developed bus ads to promote the Durham Diabetes Coalition and worked with the Nutrition Division for the new Eat Smart, Move More "Empower Yourself" campaign. The diabetes coalition ads will run for the next two months on DATA and Triangle Transit buses, while "Empower Yourself" campaign will run for the next six months.
- **Staffing**
 - The second Information and Communications Specialist position, funded by the federal Center for Medicare and Medicaid Services, was classified by County Human Resources. The position will be posted in December for hire early next year.

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the DCoDPH's delivery of information and communications.

Division / Program: Nutrition Division / DINE Program/ Club Kids Cook

Program description

- Club Kids Cook is an eight lesson cooking series conducted as a part of the Club Boulevard Elementary School Extended Day Program.

Statement of goals

- Teach students cooking skills that they can use at home with their families.
- Expose students to new foods and improve willingness to try new foods.
- Teach students about healthy eating and how they can incorporate healthy eating into their lives.

Issues

- **Opportunities**
 - Research on nutrition education that involves cooking shows that children are more willing to try new healthful foods while nutrition principles taught in the classroom become more relevant (and tasty too).
- **Challenges**
 - Behavior problems from the students continuously disrupted class.
 - Class planning and implementing required commitment of two health department nutritionists.

Implication(s)

- **Outcomes**
 - Twelve students learned to prepare eight delicious recipes including Green Smoothies, Corn-Bean-Avocado Salad, Pumpkin Soup, Migas, Blueberry Cornbread Muffins, Apple Crisp, Asian Chicken Salad, and Plant Part Pizza.
 - Students learned cooking skills such as knife handling, measuring wet and dry ingredients, baking, simmering, and grating.
 - The DINE team now has an eight lesson cooking curriculum that can be taught in afterschool programs.
- **Service delivery**
 - Because of how hands-on the cooking program is and the age of the students, two nutritionists were needed for each cooking session to help manage students and facilitate cooking.

Next Steps / Mitigation Strategies

- Continue to respond to requests for afterschool programs.
- Refine cooking curriculum.

Division / Program: Nutrition/ DINE Program/ Rockin' Bok Choy Soup Cooking Event

Program description

- Six pre-kindergarten and kindergarten classes at George Watts Elementary participated in cooking Rockin' Bok Choy Soup.

Statement of goals

- Help students make the connection about where our food comes from.
- Introduce students to a new food and improve willingness to try new foods.

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- Help students get more excited about cooking.

Issues

- **Opportunities**
 - Provide hand-on nutrition education and cooking activity that involved students, parents and teachers.
- **Challenges**
 - Teaching six cooking classes in one day is very tight and required very specific planning to coordinate volunteers, ingredients, and dishwashing.
 - The event was originally supposed to be held outside in the school garden where students could help harvest bok choy from the garden, but due to the weather on the day of the event, it was held inside. The nutritionist and NCCU intern harvested the bok choy.

Implication(s)

- **Outcomes**
 - About 120 students made and tasted Rockin' Bok Choy Soup and were given the recipe to take home.
 - Of these students, 76% liked it, 14% thought it was ok, and 10% didn't like the soup.
 - Fifteen parents and teachers filled out the cooking event evaluation. On a scale of 1 to 5 (1=poor, 5=excellent) 93% rated the success of the event as a 5 and 80% gave the recipe a 5. 100% of the teachers would have their students participate in an event like this again and 55% of parents said that were very likely to make the dish at home.
 - Teacher comments:
 - “I love the fact all kids participated, enjoyed, and tasted the soup. Wonderful job and experience. Thanks.”
 - “I like the visuals and the pace of the lesson. The students will be able to clearly discuss this with their families. We only had 1 student who didn't taste. Wow!”
 - “This was great!”
 - Parent comments:
 - “Being in the garden while cooking was very nice in the past. Maybe hold event earlier in year?”
 - “Keep doing it! Better connect food to edible garden.”
 - “I would make it, but my son didn't like it. I thought it was a great event. Thank you!”
 - “Fantastic – keep up the great work!”
- **Service delivery**
 - Each class split into 3 cooking groups, which were led by a parent, the teacher, an NCCU intern, or the nutritionist to cook the soup.
 - Bok Choy was harvested from the school garden to use in the recipe.
 - A NCCU intern conducted an evaluation of the program with parents, teachers, and students.
 - This is a very hands-on program that requires many volunteers to make the program successful.
 - The school provided a room to use as a cooking space to help facilitate the implementation of the program.
- **Staffing**
 - One DCoDPH nutritionist, one NCCU intern, and several parent volunteers.

Next Steps / Mitigation Strategies

- Plan 2-3 more cooking events for the primary students at George Watts this school year.

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- Better incorporate harvesting from the garden.

Division / Program: Administration / Durham Diabetes Coalition Kick-off Event

Program description

- A diabetes community health awareness day kick-off event for the first target area of the Durham Diabetes Coalition (DDC) was held at the Ebenezer Missionary Baptist Church on November 10, 2012.

Statement of goals

- Increase awareness of the DDC to residents and stakeholders in the first target area.
- Recruit interested residents and stakeholders for DDC capacity building in first target area and for DDC activities in general community wide.

Issues

- **Opportunities**
 - With staff dedicated to the project and strategies placed in targeted communities, activities can be designed with community input and address areas of interest.
 - The kick-off event allowed opportunity to engage with residents and potential stakeholders about the problem of type 2 diabetes in Durham County and their ideas/strategies to tackle the problem.
- **Challenges**
 - The project is new in the targeted community, so awareness of the DDC needs to be generated and relationships and trust must be established.

Implication(s)

- **Outcomes**
 - In partnership with one of the target communities' faith-based organizations (Ebenezer Missionary Baptist Church), a DDC Kick-off was planned and implemented.
 - The DDC kickoff event established relationships with 10 new partners that include free clinics, non-profits, medical providers, community associations (Partners Against Crime-4), and recreation centers for continuing diabetes outreach and education in DDC targeted communities and county-wide.
 - 47 participants registered at the event.
 - 41 screenings were done (hemoglobin A1C, body mass index, and blood pressure)
 - Participants stated they would like future activities including cooking demonstrations and educational sessions.
 - Other scheduled diabetes related activities and resources were shared from the DDC and exhibitors.
- **Service delivery**
 - DDC utilized social media outlets, Facebook and Twitter pages to promote the event, to provide type 2 diabetes information and to update the community on coalition activities.
 - DDC and eight other organizations/groups exhibited at the diabetes community health awareness kickoff.
 - To date, 51 community residents and organizations are members of the DDC electronic mailing list. The mailing list recipients receive monthly information on DDC community events, workshops, activities, webinars, and other diabetes information.
 - Pastor-to-pastor outreach services reached 10 pastors in DDC first target area. Each pastor received a letter highlighting the

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DDC, information about opportunities to support coalition activities and specific information about the kick-off event.

- **Staffing**
 - The DDC Health Education Specialists and the Information and Communications Specialist led the event planning and staffed the event.
 - Durham County DCoDPH nutritionists and DDC nurse practitioners also provided staffing at the event.

Next Steps / Mitigation Strategies

- Neighborhood outreach will continue in first targeted community.
- Implementation strategies for requested activities (cooking demonstrations, educational sessions) will be explored.
- Second targeted community was identified and the health educators are planning a kick-off event and other interventions in January through March, 2013 for both target areas.

Division / Program: Environmental Health / General Inspections

Program description

- Durham County Environmental Health is responsible for the sanitation inspections of Long Term Care (LTC) facilities in Durham County and has a supporting role in the response to Noro virus outbreak reports in these facilities.

Statement of goals

- In November, Environmental Health completed the assembly and distribution of a standardized Noro-kit to provide to all LTC facilities under inspection in Durham County.

Issues

- **Opportunities**
 - The Noro-kits provide virus information, response/notification guidance and sample containers to expedite the collection of stool samples for testing.
 - An early outbreak at a Durham LTC in November highlighted the need for certain supplements to the Noro-Kit including signage to alert the visiting public as well as for an onsite meeting with facility management at the beginning of a suspected outbreak.
- **Challenges**
 - Noro virus is usually most common during the winter months in LTC facilities.
 - Response to suspected cases by the site management largely affects the duration and spread of the illness through the facility. Prompt notification to Environmental Health and the CD nurse expedites illness tracking and sample collection.

Implication(s)

- **Outcomes**
 - As a result of the early identified outbreak, instruction sheets were modified and signage was developed.
 - The outbreak served as a reminder that the Noro season is here and timely Public Health Department notification and assistance with an outbreak can help to control the spread.
- **Service delivery**
 - Environmental health works with the CD nurses to monitor and educate LTC facility staff regarding Noro-virus control protocols.
- **Staffing**
 - No effect on staffing.

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- **Revenue**
 - No effect on revenue is anticipated.

Next Steps / Mitigation Strategies

- Further updates to the Noro-kit are in review and improvements will be incorporated to help LTC facilities better control the spread of this illness.
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Division / Program: Health Education, Administration, Nutrition / HIA Training

Program description

- A multi-disciplinary team from several organizations in Durham attended a two day workshop on Health Impact Assessment (HIA). Health Impact Assessments are used to estimate the health impact of a decision, process or plan.

Statement of goals

- Build local capacity and knowledge about the purpose and steps of HIA, the tools and analysis methods in order to conduct an HIA.

Issues

- **Opportunities**
 - The team included representatives from DCoDPH (health education, administration and nutrition), City of Durham Transportation, City of Durham Neighborhood Improvement Services, City and County Planning and Duke Division of Community Health. There is now local knowledge on HIA and a team that has a broad skill set.
 - HIA was mentioned in the County's Strategic Plan.
 - This is a means for public health to ensure that health and decreasing disparities are considered in major policy and built environment decisions.
- **Challenges**
 - The training format only allowed five minutes for the local county teams to interact and strategize.
 - The team learned how complex, time intensive and expensive it can be to do a HIA.

Next Steps / Mitigation Strategies

- The Partnership for a Healthy Durham will invite the EPA to present the current HIA they have been doing in Durham.
- The group that attended the training will reconvene to begin brainstorming possible ways for HIA to be done in Durham.

NEW BUSINESS:

- **Budget Ratification** (Gayle Harris)

The health department requests approval to recognize the following budget ratifications:

One-time Temporary Aid to Needy Families (TANF) Out-of-Wedlock Funds in the amount of \$28,805 for the Family Planning Program. Funds will be used as follows:

- \$16,000 will be used for Family Planning Supplies and to pay for processing of Pap Smears in Family Planning Clinic.
- \$4,000 will be used to support language line services for people for whom English (and often Spanish) is not their first language.
- \$8,805 will be used for client incentives in the TEAS project to prevent teenage pregnancies.

Dr. Levbarg made a motion to approve the budget ratification in the amount of \$28,805. Ms. Carter seconded the motion and the motion was approved.

15 A Regular Meeting of the Durham County Board of Health, held December 13, 2012.

- **Agenda Items January 2013 meeting**
 - Smoking Rule Update
 - Ad Hoc Fluoridation Municipal Water Committee
 - Nomination Committee Recommendations
 - Finance Committee Appointment
 - Accreditation-sample questions

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- Dr. Levbarg stated that the Iron Chef Cookoff competition on Monday, December 3, 2012 was very enjoyable and the students did a great job.
- Gayle Harris shared with Board a letter of support to partner with the UNC School of Dentistry to help advance the understanding of dental caries and oral health care for mothers “Mother Child Oral Health Relationships.”
- Chairperson McLaurin distributed a copy of The Governance Functions of the National Association of Local Boards of Health.
- A copy of FY 13-14 Board of Health Meeting Schedule was distributed.

Dr. Levbarg made a motion to adjourn the meeting at 7:40pm. Dr. Allison seconded the motion and the motion was approved.

Sue McLaurin, M. Ed., PT-Chairperson

Gayle B. Harris, MPH, Health Director