A Regular Meeting of the Durham County Board of Health, held September 12, 2013 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Commissioner Brenda Howerton; F. Vincent Allison, DDS; Nancy Short, DrPH, MBA, RN; Heidi Carter, MSPH; Michael Case, MPA; and Stephen Dedrick, R.Ph, MS

Excused Absences: Bergen Watterson, MSCP, BA; and Jill Bryant, O.D.F.A.A.O;

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Melissa Downey-Piper, Robert Brown, Dr. James Harris, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Hattie Wood, Marcia Johnson, and Attorney Bryan Wardell.

CALL TO ORDER: **-** Chairman Jim Miller called the meeting to order at 5:08pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following additions were made to the agenda. Chairman Miller requested items #7-Committee Reports be moved up on the agenda to item #6. Ms. Harris requested the following additions to the agenda:

- Budget Amendments (2)
- Syphilis/Hologic/Gen-probe Research Studies
- Gift Card Audit Report
- SEP Elimination
- Healthy Mothers/Healthy Babies Block Grant
- A Healthier Durham Website-Physical Activity Initiative

Dr. Allison made a motion to accept the adjustments/additions to the agenda. Commissioner Howerton seconded the motion and the motion was unanimously approved.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL: Commissioner Howerton made a motion to approve the minutes for August 8, 2013 meeting. Mr. Dedrick seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS:
There were no public comments.

STAFF/PROGRAM RECOGNITION:

Shirley Stock, RN, Immunization Clinic nurse, Refugee Health Nurse-Community Health Division

Shirley Stock, RN, was awarded a 2013 Service Award as an Outstanding Public Health Employee at the annual NC Refugee Health conference in Wilmington, NC in August. Ms. Stock was specifically recognized for her "exemplary work with North Carolina refugees".

Ms. Stock has been a nurse for 43 years and has worked at the health department in the Immunization Clinic for the past 5 years. No one has been more dedicated to improving the health of the refugees who arrive in our county than Ms. Stock. As an immunization nurse, Ms. Stock does more than administer the required vaccinations to the refugees. She takes an interest in them and recognizes the many problems they face when they arrive in our country. She has worked with refugees for three years and continues as their tireless advocate. She treats each with dignity and respect, allays the fears of the children who often have to receive multiple immunizations, and works with all members of the families (despite language barriers and cultural differences) to provide excellent care to all. She is known among the refugees as their "angel", and they clearly recognize and appreciate the compassionate care she provides.

Ms. Stock tells us she was surprised to receive this award, but we at DCoDPH were NOT surprised. We see first-hand the attention and care she provides to this vulnerable and needy group. We are very proud and pleased that the folks in Refugee Health have also recognized the excellent services that she is providing to this population. This recognition is long overdue and well-deserved!

Becky Davis, RN, BSN, NCSN; Yvonne Upshur, RN, MSN and Kelly McCormick, RN, BSN, School Health Nurses, Child Health-Community Health Division

Becky Davis, RN, BSN, NCSN: Yvonne Upshur, RN, MSN and Kelly McCormick, RN, BSN successfully completed the state training and examination requirements to become DCoDPH's first Child Health Enhanced Role Registered Nurses (CH-ERRN). The credentialing process for the NC Child Health Enhanced Role Nurse Training Program focuses on the Bright Futures evidence-based recommendations as the clinical framework and consists of 21 distance learning sessions, two weeks of on-site didactic training, separated by a 12 week, 60+ hour clinical practicum. Their clinical practice sites included county health departments in Cumberland, Franklin, Wilkes and Alamance counties. On August 22, 2013, after 4 months of intensive instruction and training, Becky, Yvonne and Kelly successfully completed the final written examination and the

clinical check-off by faculty, and will be officially credentialed as Child Health Enhanced Role Registered Nurses by late September 2013.

With their CH-ERRN credential, these PHN's will also be in the forefront in NC—delivering well child health screening services in a school site as well as conducting traditional public health school nurse services. Co-located public health comprehensive assessment, wellness and prevention program is a trail blazing endeavor and the first of its kind in the state of NC. A report on this School Health Program is included below.

Congratulations to Becky, Yvonne and Kelly! We are proud of your accomplishments and excited about your leadership into this new, collaborative public health endeavor.

COMMITTEE REPORTS:

- **Ad-Hoc Sub Committee-Fluoridation in the Municipal Water *(Activity 14.3 and 34.5)***

The Municipal Water Fluoridation document was delivered to the Mayor's Office on August 9th. The Board of Health and the Health Director were invited to present the recommendation and review the Boards process used to reach the recommendation during a City Council worksession on September 5th at 1:00. Dr. Levbarg, Dr. Miller and Gayle Harris attended the session. Dr, Levbarg summarized the presentation and the Council's response to the recommendation to continue fluoridation in the municipal waters in Durham. Dr. Levbarg stated to the Board of Health "it is my hope that once we get through this season we will see a positive response from the City Council."

- **PUBLIC/PRIVATE PARTNERSHIPS *(Activity 41.2)***

During the August 8th Board meeting, an Ad Hoc Committee (Dr. Levbarg, Dr. Daniel, Commissioner Howerton and Dr. Miller) was formed to draft the scope of work to be added to the standard Durham County consultant contract for PoliHire. Committee members were also asked to contact references listed in the PoliHire Proposal. Dr. Levbarg stated the committee met on August 19th and September 6th. Two committee members checked all the references and, as the committee minutes show, carefully and fully deliberated, and discussed all aspects of this proposal.

The Ad-Hoc Committee decided to add septic system remediation to the scope of the project, and this became an important stake in this endeavor. After careful review, the committee determined that the business model did not fit with what the health department is comfortable engaging in.

Consequently, the Ad-Hoc Committee unanimously recommended that the Board not go forward with this public-private partnership. The Board

voted unanimously to accept the recommendation of the committee. Chairman Miller will send Mr. McKoy a letter documenting the Board's decision.

County Strategic Plan (A Healthier NC)
Ms. Harris stated the County Commissioners receives quarterly updates about the County Strategic Plan. Goal Champions have been asked to address more impactful initiatives that are tied closer to departmental budgets. As a result of this request, focus areas will be restated. For Goal 2 (Health and Well-being for All), three priorities from the Community Health Assessment (two of them from the Public Health Strategic Plan) - Obesity and Chronic Illness, Substance Abuse, Mental Health and Access to Care - will be highlighted. As part of the efforts to reduce or prevent obesity, the plan includes increased physical activity among Durham residents. A Goal 2 Standing Committee member introduced the group to A Healthier NC (www.ahealthiernc.gov) initiative sponsored by BCBS of North Carolina, NC Spin, NC Medical Society, the Academy of Family Practice Physicians, AARP and Office of Rural Health. A Healthier NC target is 1,000,000 residents, active for 15,000,000 hours, losing 10,000,000 pounds. These numbers translates into approximately a tenth of North Carolina's population exercising 15 hours a year, losing ten pounds each. Staff contacted NC Spin to determine the possibility of having a Durham specific page with the same features rather than creating a separate website. The County Commissioners already appropriated funds for the design of a similar website. On October 14th, the Joint City-County team that is committed to increasing physical activity among the residents of Durham will launch a website linked to A Healthier NC. The event will occur in the courtyard of the Human Services Building. The Durham-specific target is 28,000 residents, exercising 420,000 hours, losing 280,000 pounds. The website will be co-branded with both the county and city logos. The website, which was still under construction, was shared with the Board.

Roadmaps to Health Prize
Ms. Harris shared with the Board that Durham County is a semi-finalist in the Robert Wood Johnson Foundation Roadmaps to Health competition. (There were more than 200 entries considered in the process to determine semi-finalists.) The Department submitted a 4-minute video, five page essay, and a site visit plan to Robert Wood Johnson Foundation. Staff will hear if Durham County is a finalist in the competition by September 30th. Ms. Harris shared the 4-minute video with the Board.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **End Of The Year Financial Report (FY 12-13)** ***(Activity 33.6)***

Ms. Harris provided the Board with financial tracking information for the department. Ms. Harris stated that the department spent approximately

85% of the FY12-13 budget. Approximately $1.7 million was unspent in the salary line (13%) due to the amount of turnover/movement within the department.

The end of year financial report was provided in two formats: 1) Revenue and Expenditure Report by Cost Center and Line Items and 2) Departmental Revenue and Expenditure Report by Line Items.
(A copy of the reports are attached to the minutes)

- **FY13-14 Adopted Budget *(Activity 33.6 & 39.2)***

Ms. Harris provided the Board with FY 14 adopted budget to facilitate financial tracking for fiscal year and review of budget to assure essential services of public health are provided in accordance with local, state and federal requirements. Adopted budget report was provided in two formats: 1) Revenue and Expenditure Report by Cost Center and Line Items and 2) Departmental Revenue and Expenditure Report by Line Items.
As the lens for the review, the Board was reminded of the Essential Public Health Services

1. Monitoring health status to identify community health problems.
2. Diagnosing and investigating health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health care services and assuring the provision of health care when otherwise unavailable.
8. Assuring a competent public health workforce and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Conducting research.

The Board will receive quarterly financial reports for review.

Questions/Comments:
Dr. Allison: I like to ask a question about cash on hand. How many locations do you actually take payments in the building?

Ms. Harris: Right now, the main locations for payments are Central Intake, Pharmacy, Immunization Clinic and Environmental Health. When the front door opens and the new software system is implemented, we will start point-of-service collections. Increased security and surveillance have been requested.

Commissioner Howerton: What would be an average amount of cash on hand?
Ms. Harris: By state statute, we can only keep $250 in the department overnight. A deposit of cash and checks may be as much as $1,500.00. We also accept debit/credit cards.

- **CLASSIFICATION AND COMPENSTATION STUDY**

Ms. Harris stated the Board of County Commissioners approved a classification and compensation study because they recognized the need to review the salaries paid in relation to the job market. The Human Resource Department (HR) issued a request for proposals and recommended a vendor from Florida. The BOCC authorized staff to move forward with the study. On Tuesday staff received an e-mail from the HR Director that indicated the review process was about to start. Critical dates included were: September 18th thru 20th – multiple orientation sessions to allow all County employees to attend; September 19th - focus groups within the department; and October 9th deadline for employees to complete a web-based or paper copy job assessment. Those job assessments will be put together by work groups and evaluated for appropriate classification. The consultants will also examine the market place to see how Durham County salaries compare to others in surrounding communities. The goal is that the consultants will analyze the data and make recommendations that can be considered in the development of the FY 15 budget.

- **GENERAL INSPECTIONS: FOOD & LODGING PRESENTATION (*Activity 17.1*)**

Mr. Brown provided an overview on Environmental Health General Inspections responsibilities and current challenges being faced by that program. Mr. Brown stated that it is very important to understand the requirements that an Environmental Health Specialist has to meet. They are required to have a four year degree and state authorization to conduct inspections. The state authorization usually occurs after eight months of training [including Central Intern Training (CIT) in Raleigh and working with existing staff]. Then they must pass the exam to become a Registered Environmental Health Inspector within three years of employment.

The General Inspections Section responsibilities include the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food,

lodging, tattoo artists, day cares and other institutions. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality and general sanitary practices. The prevention and control of communicable diseases such as food borne illnesses are supported by these efforts. These activities are directed at the vast majority of our population including the health and wellness of children.

Following the general introduction of the General Inspections Section, the presentation continues with photos illustrating selected program activities including the Lead Program, Child Care inspections, Plan Review, Food Service Inspections, Meat Market Inspections and Temporary Food Service establishments. Emphasis is placed on significant changes in Food Service inspections due to the newly implemented Food Code requirements.

The General Inspections Section is facing numerous current challenges. The most notable of these is the drop in compliance with planned mandated inspections to 52 percent. Other challenges, which in many cases impact the compliance level include:

- Food Code implementation, which requires a minimum of 25 percent more inspection time.
- Food Code requires follow-up visits which do not count toward compliance.
- In addition to inspections, staff is mandated to respond to various unplanned events including lead investigations, complaints, foodborne outbreak investigations, noro-virus outbreaks at establishments under inspection, establishment fires etc.
- Language barriers with clients.
- A staffing level deficit supported by a 2011 manpower study by the State recommending an additional 3 REHS's be requested to cover program needs. For FY 2014, one has been added.
- Current vacancies and unauthorized staff: There are currently two unauthorized interns on staff and two vacancies. The interns will not be authorized until early in 2014.

Several strategies are being explored to address these challenges. They are:

- Offer existing staff overtime pay to conduct additional inspections.
- Advocate for an improved salary structure as an incentive for authorized REHS candidates to accept employment with Durham and remain employed.
- Explore the use of outside authorized REHS contractors to conduct inspections. Recently Orange County has been using outside contractors successfully to help increase their compliance.
- Reprioritization of inspections through increased emphasis on:

  - The most delinquent inspections.
  - Establishments serving highly susceptible populations such as School Lunchrooms and Institutional Food Services.
  - Highest risk establishments including those with past issues.
- Increase inspection time in the field through monitoring of approved training requests.

There are also recruitment and retention issues facing the Environmental Health. The posted salary is below market, especially in the lower part of the range which makes recruitment of experienced candidates difficult. Durham County is behind every surveyed county in our immediate region in entry level salaries for REHS candidates as illustrated in this presentation. This year, two experienced employees in the Section at the bottom of the pay scale became recruitment candidates for adjacent counties. Additionally, competition for experienced candidates is limited by the salary structure of current staff. Equity adjustments are no longer considered.

Ms. Harris stated over the years the County has done benchmark studies which may move the salary grade to a higher pay range but if an employee is within that range the employee's salary doesn't change. This practice results in compressed salaries within competitive salary ranges. When new staff is recruited, in order to respect the longevity of the existing staff, new staff cannot be offered higher salaries.
(A copy of the PowerPoint presentation is attached to the minutes)

Questions/Comments:
Dr. Allison: Do the interns have to be employed by the County before they can receive their required training?
Mr. Brown: There are a few people that go through CIP on their own but you have to be sponsored by a County. It isn't very common.

Commissioner Howerton: How is Person County salaries higher than Durham County?
Mr. Brown: They established a new minimum salary ($40K-$41K).
Ms. Harris: Person County isn't one of the benchmark counties that Durham traditionally looks at when they look at who we compare to; they look at Buncombe County but people don't move to Buncombe County.

Dr. Levbarg: In the interim is there a chance to hire temp staff, can we do that?
Ms. Harris: Robert determined that he does have extra dollars in his salary line. We will discuss how what we can potentially attract some people.

Dr. Levbarg: It is not acceptable to be at 52% of mandated inspections and we want to be the healthiest town. If there is any type of support that needs to come from the Board we would be willing to do that.

Commissioner Howerton: Will these persons come under the salary compensation study?
Ms. Harris: The Environmental Health series will be considered.
Mr. Case: Robert, I frequent one of the establishments that one of your inspectors' inspects. I have to say I watched her work out of curiosity and was amazed at how efficient, professional and respectful of the staff she was. If she is any indication of your staff, you have an amazing staff.

Mr. Dedrick: Based on the number of food permit places there should be some index of industry growth (10%-20%). Maybe you can consider building an argument around that. Not only are there a lot more things to check but a lot more places to check.
Mr. Brown: That has been one of the discussion points we have had. We have had an increase in the number of establishments under inspection every year for the last 5 years plus. During the downturn the On-site program saw a lot of declines during the building boom but even through the economic downturn they were minimum, less than 1% but there were increases. A lot of establishments go out of business. If someone reopens in that same spot an establishment with more complexity, there will be more things to inspect.
Dr. Miller: One question about contract labor and overtime. Can you currently do overtime? Is that time and a half?
Ms. Harris: Yes, for anything over 40 hours.
Dr. Miller: Is it not easier and cheaper just to go ahead and do contract labor?
Ms. Harris: The issues will be what can we pay them, how do we pay them, can we move the money down to the contract line in order to be able to hire them because we have a contract with a staffing agency associated with the Public Health Association. Last year we were able to request lapse salary money to be moved down into operational and our budget analyst would approve it. That practice was not approved this fiscal year. Now we are encouraged to hire temporary staff without contracting through an agency. Using this process, would require that the new hire is paid at the beginning of the salary range regardless of level of experience. Which would be what Robert?
Mr. Brown: The minimum salary is $36,472.
Ms. Harris: So you are looking at almost $19/hour that we would be required to pay a temporary person when other entities are paying $30/hour. We do need to figure out how to get additional manpower because two of the new hires are interns, right?
Mr. Brown: Yes

Dr. Levbarg: We need to keep the two and not just train them and lose them.

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

Mr. Brown provided the Board with a monthly overview of the Environmental Health Onsite Water Protection Section NOV. The report documents notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems.
(***A copy of the August 2013 report is attached to the minutes)***

- **HEALTH DIRECTOR'S REPORT-September 12, 2013**

Division / Program: Community Health Division / School Health Program
(Accreditation Activity: 12.3-Collaborative Process to implement Population-based Programs to Address Community Health Problems)

Program description

- The Child Health Assessment and Prevention Program will provide well child health assessments, screenings and referrals as needed for students and their siblings, infants to 18 years of age, onsite in five (5) designated elementary schools.

Statement of goals

- To provide a comprehensive pediatric history and complete physical assessment with:
  - Strong emphasis on the identification of physical and behavioral/mental health problems,
  - Assurance of appropriate consultation,
  - Referrals for identified health problems and
  - Documentation to support quality of care and billing requirements.

Issues

- **Opportunities**
  - Provide health care access to attain and maintain the optimal student health status in order to maximize the benefit from their educational experience
  - Conduct a well-child screening clinic within a school setting,
  - Provide medical home referrals for families without a primary health care provider
  - Maintain traditional school health nurse services,
  - Promote and develop positive health practices and attitudes among students and families to promote lifelong wellness and
  - Advocate for a safe and healthy school environment.

- **Challenges**
  - This is a novel health care model in the state of North Carolina. It is the first onsite school wellness and prevention program where services will be provided by Child Health Enhanced Role Registered Nurses.
  - Three (3) of the five (5) schools previously operated as School Based Health Centers (SBHC) and provided acute care services. There is a need to educate students, families, school staff and the community regarding the change in the model for health care delivery in those three schools.
  - The program will also need to educate students, families, school staff and the community in the two (2) schools new to this model of onsite wellness and prevention.

Implication(s)

- **Outcomes**
  - Increased access to health care,
  - Early identification and referral for health conditions (chronic and acute)
  - Potential for decreased Medicaid costs
- **Service delivery**
  - Becky Davis, RN, BSN, NCSN; Yvonne Upshur, RN, MSN and Kelly McCormick, RN, BSN completed the requirements for Child Health Enhanced Role Enhanced Role Registered Nurse (ERRN) in August and will be credentialed by September 30, 2013. Lisa Micol, RN, FNP, with Duke Medicine, will provide clinical supervision and oversight for the pediatric wellness and preventative services.
  - These three nurses will continue to provide traditional school health services.
  - The five (5) designated elementary schools in the Durham Public Schools System are:
    1. E.K. Powe Elementary School (previous SBHC site),
    2. George Watts Montessori Magnet Elementary School (previous SBHC site) ,
    3. Glenn Elementary School (previous SBHC site),
    4. Merrick-Moore Elementary School and
    5. Oak Grove Elementary School.

Next Steps / Mitigation Strategies

- Develop and deliver education and marketing activities to promote the program in the schools and in the community.
- Begin implementing this new model of student wellness services delivered by ERRN's in school settings.

Division / Program: Community Health Division / Tuberculosis Control Program
(Accreditation Activity: 12.3- Collaborative Process to implement Population-based Programs to Address Community Health Problems)

Program description

- The Tuberculosis (TB) Control Program investigates and reports all TB cases in Durham County to state public health, provides treatment for clients with TB, and conducts outreach efforts to rapidly identify individuals who are high priority contacts to a confirmed case of tuberculosis.

Statement of goals

- To promote the health of the community through the identification and elimination of tuberculosis
- To provide education and outreach to healthcare providers, health department staff, and the community at large.

Issues

- **Opportunities**
  - The nurses in the Tuberculosis (TB) Clinic recently hosted a meeting of the North Central region of TB nurses.
  - These meetings are held quarterly to provide an opportunity for TB nurses in the North Central region of the state to network and confer about difficult cases, receive updates from the state TB nurse consultant, and to participate in peer-oriented education and training related to TB.
  - DCoDPH TB nurses presented to the group the challenges they are currently facing in managing multi-drug resistant TB.
  - Hosting the meeting also presented an ideal opportunity to showcase the new Durham County Human Services building.

- **Challenges**
  - Finding a suitable date and time to host such a large group was a challenge for these busy nurses.
  - Developing a case presentation, coordinating all meeting logistics, making changes to the regular TB clinic schedule to accommodate the meeting, and preparing and planning the meeting, all while conducting their regular duties, was a true test of time management skills.

Implication(s)

- **Outcomes**
  - The meeting was well-attended and well-received by TB nurses from all over the region.

  - Participants responded that the presentation topic of multi-drug resistant TB was timely and informative.
  - Everyone was impressed by the new Human Services building!
- **Service delivery**
  - The meeting was held on Friday, August 16 from 10 am-2 pm. Twenty-nine nurses from throughout the North Central region of the state, along with the state TB nurse consultant, attended the meeting.
- **Staffing**
  - All four of the DCoDPH TB clinic nurses planned the meeting and participated in the case presentation.

Next Steps / Mitigation Strategies

- Comment from the state TB nurse consultant in an email sent to participants after the meeting…"Thanks to the Durham TB program for hosting our meeting. Someone said that we should let them host all our meetings because they did such a great job!!"

Division / Program: Nutrition / DINE for LIFE summer programs (Accreditation Activity: 10.2 – Health Promotion-Disease Prevention CHA At-Risk)

Program description

- DINE for LIFE is a school and community-based nutrition education and behavior change program that targets at-risk families and children who are eligible for SNAP benefits.
- DINE for LIFE nutritionists provided nutrition and healthy cooking instruction and activities to two summer day camp sites during June-August: Walltown Recreation Center Summer Camp and Mt. Vernon Baptist Church Summer Camp. The nutritionists worked with school age children (Rising K-rising 9th graders).

Statement of goals

- To increase health and nutrition knowledge
- To increase basic culinary skills and self-efficacy
- To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families

Issues

- **Opportunities**
  - Two summer day camps asked the DINE team to provide nutrition and culinary education to their camp participants.
  - Both sites had access to a working kitchen that provided an excellent opportunity for hands-on food preparation/cooking for the campers.

- These sessions increased our network of partners; the Walltown Camp sessions were partnered with Durham Parks and Recreation; the Mt Vernon Baptist Church Summer Camp sessions were partnered with Durham County Cooperative Extension.

- **Challenges**
  - The wide age range (rising Kindergarten – rising 9th grade) made it difficult to provide age appropriate nutrition/cooking instruction to the whole group. The Walltown Recreation Center did not have adequate space to divide the campers into smaller instructional groups based on age. (The DINE team was able to divide the Mt. Vernon campers into two age defined groups for nutrition instruction.)
  - Cooking and food preparation classes are labor intensive events. The number and age range of the campers required more staffing from the DINE team to adequately deliver the program.

Implication(s)

- **Outcomes**
  - 194 children of varying ages were reached with nutrition and food prep education in multiple sessions.
  - During both camps sessions, the campers sampled what they cooked and were given a handout on the day's nutrition topic so they could share what they learned with their family. A cookbook that comprised all the recipes made at camp was given to each camper to take home.
- **Service delivery**
  - At Walltown Recreation Summer Camp, the DINE team conducted a one hour nutrition and food prep class with 85 children in two of their summer sessions.
  - Mt. Vernon Baptist Church Summer Camp ran eight consecutive weeks with one nutrition education lesson and one hands-on cooking lesson provided to a total of 109 children.
  - Campers were taught healthy food choices and basic culinary skills through class participation.
- **Staffing**
  - Nutrition programming was provided by four DINE nutritionists. One or two were needed for delivery of the nutrition education. Four nutritionists were need for the hands-on cooking /recipe tasting lesson.

Next Steps / Mitigation Strategies

- Great community partnerships were created as a result of the DINE team serving in the summer camps. DINE staff will

continue to work with these community partners to provide nutrition education to their program participants including:
- Durham Parks and Recreation
- Mt. Vernon Baptist Church
- Expanded Food and Nutrition Program of Durham County Cooperative Extension

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Division / Program: Nutrition / DINE for LIFE Collaboration with EDCI
(Accreditation Activity: 10.2– Health Promotion-Disease Prevention CHA At-Risk)

Program description
- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families. East Durham Children's Initiative (EDCI) is a non-profit program offering a pipeline of services to families of East Durham. The two organizations partnered to offer nutrition programming in at a summer feeding program site.

Statement of goals
- To increase nutrition knowledge of families living in East Durham.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.
- To expand awareness of healthy food choices and food preparation techniques.

Issues
- **Opportunities**
  - The Summer Food Service Program (SFSP) is a federal nutrition program designed to provide meals to children during the summer months when free or reduced price school meals are not available. It helps to ensure that low-income children continue to receive nutritious meals when school is not in session.
  - The summer feeding program provides an opportunity to connect with SNAP-eligible participants in the community in order to encourage healthy behaviors.
  - This collaboration can also be used to better educate the summer feeding staff regarding healthy eating and food preparation techniques.
  - The feeding site typically had the capacity to serve more individuals. Greater outreach and publicity for the program could result in more families utilizing this valuable resource.

- **Challenges**
  - The feeding program was administered outdoors, which was challenging at times due to the hot weather. Some families were not inclined to participate in educational programming as they preferred to return indoors. Additionally, being outdoors limited the opportunity to do more extensive cooking demonstrations or taste tests.
  - Many of the families did not speak English. Bilingual site staff translated for these participants; however, this presented a challenge when bilingual staff was not present.

Implication(s)

- **Outcomes**
  - Provided four nutrition education sessions at the summer feeding site: June 21, July 19, July 26 and August 2.
  - Presented interactive nutrition display boards during lunch services. Topics presented were Rethink Your Drink, Fruits and Vegetables, Healthy Snacks, and Energy Balance/Portion Distortion, and included information for both the children and their parents.
  - Interacted with approximately 94 individuals over the course of the four sessions, providing information and tips, answering questions, and sharing taste tests.
- **Service delivery**
  - EDCI organized this summer feeding program hosted at Shepherd's House United Methodist Church (UMC) on Driver Street for the 2013 summer. To enhance the benefit of the program, EDCI sought to additionally provide educational opportunities for families in conjunction with the feeding service. The DINE program was asked to deliver nutrition education programming on select Fridays during the summer.
  - Nutrition education was provided via display boards. Each display was designed to engage participants in conversation, with simple games, educational reinforcements, informational handouts, recipes, and healthy taste tests corresponding to the foods and topics discussed.
- **Staffing**
  - Nutrition education was provided by two DINE nutritionists at each session, in collaboration with EDCI staff. Bilingual site staff translated for Spanish-speaking families.

Next Steps / Mitigation Strategies

- The DINE for LIFE program will continue collaborations with EDCI and Shepherd's House UMC to deliver programming and promote healthy eating for families in East Durham.

Division / Program: Nutrition / DINE Exploration of Program Expansion in DPS
(Accreditation Activity: 12.3– Mobilize Community Partnerships to Identify and Solve Health Problems)

Program description

- A meeting was convened by DINE on July 17, 2013, to explore expanding nutrition education in Durham Public Schools (DPS).
- Participants included DPS officials and stakeholders: DPS Child Nutrition Service (CNS) Director (who brought new hires, CNS Coordinator and CNS registered dietitian), DPS Science Coordinator, DPS Director of Consumer and Technical Education (also main official involved with DPS Hub Farm), Landscape architect working with Hub Farm, DPS Wellness Coordinator, DPS Board of Education Chair, Watts Elementary parent and garden coordinator, Watts parent and educational fundraiser, the DINE team, and the Nutrition Division Director.

Statement of goals

- To explore interest in and possible resources for expanding nutrition education in DPS, likely through the DINE program.
- To begin to develop a plan to move toward nutrition education expansion if group were interested.

Issues

- **Opportunities**
  - Although members of this group represented many disparate areas of DPS, all were united in their interest and enthusiasm for school wellness in general and nutrition education in particular. All were willing to work toward the goal of expanded nutrition education in DPS.
  - Having an educational funding person in attendance provided knowledge about possible funding resources that the rest of the group lacked.
  - The DPS members of this group possess knowledge of the DPS power structure and what is necessary to produce change. This allows the group to accomplish things that DINE alone cannot.
- **Challenges**
  - Money to fund nutrition education expansion is not readily available through DPS, so steady alternative sources are needed.
  - The focus on academic achievement in core subject areas (language arts and math) sometimes makes it difficult to secure the time needed for nutrition education.

Implication(s)

- **Outcomes**
  - All who participated in this meeting agreed to continue working on this issue and participating in future planning meetings.
  - Suggestions were made for inviting one or two DPS administrators who are in better decision-making positions related to nutrition education.
  - The educational fundraiser agreed to seek funding options for program expansion.
  - A parent agreed to investigate what data is available on the effectiveness of nutrition education interventions.
- **Service delivery**
  - If planning continues successfully and funding is secured, all DPS elementary schools will receive some type of nutrition education, preferably a full curriculum.
  - Nutrition education services would be delivered by DINE nutritionists who are funded from different revenue streams than current DINE nutritionists.
- **Staffing**
  - Currently several options for staffing are under consideration. They are dependent upon ability to secure funding and DPS interest at an administrative level.
  - Depending upon the option selected, the number of DINE nutritionists could increase by anywhere from three to 10 nutritionists and one program manager.
- **Revenue**
  - The group is seeking outside sources of funding for new positions.
- **Other**
  - Whatever the outcome, the formation of this group and the ongoing discussions are strengthening the connections between DPS and the DINE Program—definitely a positive as DINE provides programming and tries to accomplish its objectives while helping DPS to meet their goals.

Next Steps / Mitigation Strategies

- The group that participated in the initial planning meeting will meet again on September 4, 2013, and will invite several new members from the DPS administration to join the process.
- A search for funding will continue as will documentation of program impact.

Division / Program: Nutrition Division /Clinical Nutrition—National Lactation Support Month
(Accreditation Activity: 10.1- Health Promotion-Disease Prevention General Public)

Program description

- August is National Breastfeeding Month. DCoDPH supports breastfeeding in a variety of ways including provision of a lactation support room in the new Human Services building and, by working through the county Wellness Committee, ensuring that lactation support is included in the forthcoming employee Wellness policy.

Statement of goals

- To ensure that lactation support is an integral part of service provision by the Durham County Department of Public Health.

Issues

- **Opportunities**
  - Breastfeeding is recommended by all major medical organizations as the optimal way to feed infants because of its significant health advantages.
  - Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.
  - Breastfeeding employees can successfully merge their priorities of family and work through onsite lactation support.
- **Challenges**
  - Federal and state laws and regulations pertaining to employees who are nursing mothers must be adhered to by DCoDPH.

Implication(s)

- **Outcomes**
  - DCoDPH recognizes that breast milk is the expected, optimal food for growth and development of infants and offers worksite lactation support.
  - DCoDPH encourages employees and management to have a positive, accepting attitude toward women who are breastfeeding and/or expressing milk.
  - The benefits of offering breastfeeding support to employees can translate into lower health care costs for Durham County.
- **Service delivery**
  - The lactation support room in the new Human Services building is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child. This dedicated lactation room is equipped with a sink with hot water and soap, a diaper

changing table, a rocking chair, and facilities for electrical breast pump use.
  - The proposed Wellness policy for Durham County provides for lactation support by declaring that federal and state laws and regulations pertaining to breastfeeding employees will be followed; management and employees of Durham County will support breastfeeding; discrimination and harassment of breastfeeding mothers in any form will not be tolerated within Durham County departments. Information on current laws/regulations is available on DCInfo intranet Wellness Initiatives page.
- **Staffing**
  - The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.

Next Steps / Mitigation Strategies

- The dedicated area for lactation in the new Human Services building will continue to be supported and available to employees, clients and visitors. The Wellness policy for the county, which includes lactation support, is currently going through the approval process.

Division / Program: Nutrition Division / Clinical Nutrition—Dietetic Internship Experience
(Accreditation Activity: 25.1- Work with Academic Institutions to Provide Training Opportunities for Future Public Health Practitioners)

Program description

- The Nutrition Division supports and provides internship opportunities for masters level candidates and dietetic interns.

Statement of goals

- To provide opportunities to nutrition students for learning and skill-development experiences in a public health setting.
- To collaborate with the students on projects that serve the Durham community, DCoDPH, and/or the Nutrition Division.

Issues

- **Opportunities**
  - The Nutrition Division provides a varied and dynamic community nutrition experience for local dietetic internship programs including programs at North Carolina Central University and the University of North Carolina-Chapel Hill.

- These internships continue to foster positive partnerships with local universities and expose students to careers in public health nutrition.
- The Division benefits from these internships by having motivated, creative individuals assisting in service delivery and other projects.
- Many staff members enjoy working with interns and find this a benefit of their job.

Implication(s)

- **Outcomes**
  - The Division had three student interns from UNC Chapel Hill this summer; one of these had a special interest in working with children and adults with special needs.
  - The collaboration between the nutritionists and this intern allowed the student to achieve his goals and resulted in patient educational materials needed by the Division being developed: "What Effects How We Grow"; "Probiotics: A Guide to Buying, Storing, and Using".
- **Service delivery**
  - Nutrition student interns identify areas of interest and learning goals that match with the mission and services of the Nutrition Division.
  - The goals of the intern were to learn:
    1) the physiological and psychological properties of nutrition related to children, specifically children with special health care needs;
    2) diet-related behaviors in children and strategies to work with this population;
    3) nutrition assessment techniques when working with children and their families in a clinical and home-based setting;
    4) skills to create culturally sensitive educational materials.
       - The Nutrition Division is unique in the state for having MPH licensed dietitians/nutritionists with specialty training in nutrition for infants and children with exceptional health care needs. Medical nutrition therapy is provided for this population in the Nutrition Clinic and in the home and allowed for the intern to learn more about this type of public health intervention.
- **Staffing**
  - DCoDPH nutritionists serve as preceptors and mentors to nutrition students. The nutritionist's model service delivery and guide, advise, and critique materials development.

Next Steps / Mitigation Strategies

- The Nutrition Division will continue to precept students and dietetic interns from UNC-CH, NCCU, UNC-G and Duke's new dietetic internship program. This is a collaboration that prepares future public health leaders and practitioners and benefits the Durham public health practitioners and Durham community.

Division / Program: Dental Division / Back to School Smiles Event
(Accreditation Activity: 20.1- Collaborate with community health care providers to provide personal and preventative health services)

Program description

- The Back to School Smiles event was held on Friday, August 23rd, providing free dental exams and limited dental services to youth under 21 years of age. This was the second year the event was held, and it included participation of community dentists.

Statement of goals

- To increase access to dental health screening and treatment for Durham children who do not have a dental home and who are in need of dental care.
- To promote good oral health in children 0-20 years of age
- To provide oral health instruction to patients and their families, as well as the community at large (through press releases and media coverage of the event).\

Issues

- **Opportunities**
  - Three dentists from the community--Dr. F. Vincent Allison, Dr. John Christensen, and Dr. Gary Hill--participated in the event. Dr. Christensen had volunteered in the clinic during the past and made his first visit back to the new building.
  - In addition to the pediatric dentists, the Department's Director of Dental Practice and a UNC School of Dentistry member participated and were able to treat two OB emergency cases.
  - Some uninsured children who had not seen a dentist in years were able to receive x-rays and screening.
  - Families were given information and applications for Medicaid.
- **Challenges**
  - With the Division being down staff, there were not enough dental assistants to work with the dentists and take x-rays.
  - Coordinating schedules, making changes to the regular clinic schedule to accommodate specific patients, and preparing and planning took much time in the days leading up to the event.

Implication(s)

- **Outcomes**
  - The clinic was well-attended, and numerous parents expressed their appreciation to the dental staff.
  - The event was covered by two media outlets (newspaper and television).
  - The community dentists expressed their interest in participating in future clinics, including the Give Kids a Smile event in February 2014.
- **Service delivery**
  - The event ran from 8:30 a.m. – 2 p.m. and 26 patients were treated.
  - 98 procedures were completed ranging from sealants, to x-rays, to fluoride application.
  - All patients received x-rays and exam, and an emergency extraction was performed as well. 24 patients were children, and two were OB patients (emergencies).
- **Staffing**
  - Along with the three community dentists, two dental assistants, Director of Dental Practice, two auxiliary team members, and two front desk staff participated in the event.
- **Revenue**
  - The Division provided the community with $6,000 worth of services.

Next Steps / Mitigation Strategies

- The Dental Division has scheduled August 22 as the 2014 Back to School Smiles event.

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.

- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
  - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
  - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
  - Prioritizing the topics to publicize
  - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
  - 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**
  - Staff disseminated six (6) media releases/advisories during the month of August, resulting in 30 unique media postings/airings (television), printed in the news, or posted to the web. These included pieces on the Healthy Aisle project (Partnership for a Healthy Durham), Back to School Smiles dental event, the selection of Patagonia Health as our new EHR vendor, and Bull City Play Streets. **(Accreditation Activities: 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)**
  - Information and Communications Manager continued to work collaboratively with other county departments with social media to develop a comprehensive county Social Media Policy and Plan, which will soon be presented to County Manager's office for review. **(Accreditation Activity: 9.4-Request for Information on Policies and Procedures)**
  - Information and Communications Manager participated in a disaster tabletop exercise sponsored by Durham County Emergency Management on August 7. This exercise allowed

for interaction and collaboration between staff and other PIOs from entities throughout Durham County, increasing readiness capability in the event of an emergency event. **(Accreditation Activities: 6.2- Role in County Emergency Operations Plan, 6.3- Participate in Regional Emergency Preparedness Exercise, 7.6- Testing of Public Health Preparedness Response Plan)**

- Information and Communications Manager has been working throughout the past month to develop and compile the department 2013 Annual Report. The report will be released in October 2013. **(Accreditation Activities: 9.1, 9.5, 10.2, 21.2)**

Next Steps / Mitigation Strategies

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

Division / Program: Administration / Implementation of New Software
(Accreditation Activities: 32.1 – Computer Equipment to Interface with State System)

Program description

The implementation of Patagonia (Patient Management System/Electronic Health Record) started in July. Implementation will occur in three phases: Phase 1- Patient Management (PM) System; Phase 2- Electronic Health Record; and Phase 3-Apps/Interfaces (i.e., Laserfiche, Orchard Harvest, Duke Maestro Care, etc.). The system will enhance our ability to provide patient care and program management, increase HIPAA compliance, and increase revenue by the adoption of systems that comply with meaningful use criteria.

Statement of goal(s)

- Implement software system according to project timeline

Issues

- **Opportunities**
  - Phase 1training sessions for intake and billing staff were held August 20th &21st and August 22nd & 23rd. Staff members were very impressed at how some of the tasks in the Patient Management (Scheduling/Billing) System were simplified in comparison to those in the current system. Staff members practice using test files until we Go-Live with the system.

- **Challenges**
  - Implementation is occurring as other related systems (e.g., NCTRACKS, Duke Maestro Care) are also being implemented.
  - Recent communications with NC DPH revealed that NetSmart, the state software vendor, is not accepting/processing files from external vendors using HIS reporting requirements
  - Staffing shortages created by retirements and family medical leave may delay Go-Live date

Implication(s)

- **Outcomes**
  - Go-Live date will be delayed until issues with the state system are resolved.
  - The implementation of Patagonia will improve patient care, reduce patient wait times and enhance program management across the organization.
  - New billing processes will improve workflows associated with billing and increase the number of successfully billed claims.
- **Staffing**
  - Staff members may be reassigned as workflows are redesigned.
  - Cross training all administrative support staff within the department will provide backup staff to work in intake areas when needed.

Next Steps / Mitigation Strategies

- Document staff practice sessions until Phase 1 Go-Live
- Adjust implementation timeline as needed

Division / Program: Health Education Division / Smoking Rule Impact Survey
(Accreditation activities: 9.1 – Disseminate Health Issues Data, 10.1 – Health Promotion-Disease Prevention Program General Public – Develop, Implement and Evaluate)

Program description

- The Durham County Board of Health Smoking Rule was adopted in February 2012 and went into effect on August 1, 2012. Information about the Smoking Rule was covered via media and through presentations in the community. Six months after the Smoking Rule was enacted, youth and NCCU students helped to administer a survey to gauge community opinion and the impact of the awareness efforts.

Statement of goals

- Promote awareness of the Smoking Rule
- Assess community opinion regarding the Smoking Rule and exposure to second-hand smoke
- Assess interest in smoking cessation

Issues

- **Opportunities**
  - The Youth Tobacco grant created the opportunity for Durham County youth groups to learn about the effects of tobacco and help assess awareness of the newly adopted Smoking Rule.
  - Community members were more likely to participate in the survey when appropriately approached by youth and college students as opposed to adults.
- **Challenges**
  - Youth, although very helpful, were paired with NCCU students to help distribute the survey. It was a challenge for them to stay engaged.
  - Sites were not assigned throughout Durham, but were reviewed as the groups planned where they wanted to administer the surveys.
  - Some youth did not follow survey administration instructions and had residents complete them independently instead of the protocol to ask the questions. This meant that several surveys were incomplete with unanswered questions. Incomplete surveys were not included in final analysis of results.

Implication(s)

- **Outcomes**
  - 187 surveys were completed
  - 18 survey sites were chosen; some of these were duplicate sites, but they occurred at different times of the day. Most sites were public locations such as the malls and/or shopping centers.
  - 51% of respondents indicated they were aware of the Smoking Rule. Of these, 52% learned about it via bus ads, 45% from television news broadcasts, and 37% from both billboards and newspaper articles.
  - 82% said they were unaware of a method to report violations of the Smoking Rule.
  - 33% knew about the NC Quitline and 27% knew about the free cessation classes offered by DCoDPH.
  - 92% believed that secondhand smoke is harmful
  - 60% stated they support the BOH Smoking Rule

- **Service delivery**
  - Surveys were analyzed by Health Educator, Willa Allen and a summary document was completed.
- **Staffing**
  - Two Health Education staff and a volunteer worked with the youth and the NCCU Public Health Education students.
  - In the future, a new Health Education Specialist position (to be hired) will focus on the Smoking Rule and will lead this survey and additional efforts.

Next Steps / Mitigation Strategies

- The survey tool will be updated and released electronically.
- Observational Surveys will be conducted
- A question will be added to the evaluation for Fresh Start about awareness of the Smoking Rule in addition to materials being distributed during the sessions.

Division / Program: Health Education/ Nutrition, Partnership for a Healthy Durham's Healthy Checkout Aisle at Los Primos Grocery Store

(Accreditation activity: 10.2 – Health Promotion Disease Prevention Program based on CHA At-Risk Group Development, Implementation and Evaluation; 12.2 – Collaborative Process to Assess Resource Needs to Address Community Health Problems; 12.3 – Collaborative Process to Implement Population-Based Program to Address Community Health Problems; 28.1 – Review Program Effectiveness Research Before Implementation)

Program description

- On August 28th, 2013, a new rack was added to the checkout aisle containing only healthy items at Los Primos grocery store, and stocked with healthy snacks as well as 100% fruit juice, produce, canned fruits and vegetables, and healthy lunch items.
- On August 30, 2013, a ribbon-cutting was held for the healthy checkout aisle. In addition to publicizing the program with various press outlets including WUNC and TV 14, families working with the East Durham Children's Initiative were introduced to the aisle.
- Brief quality improvement surveys were conducted with regular customers to learn whether they used the aisle and to learn about customer desires for healthy snacks. These surveys will be conducted three times over the three initial months of the project and used to improve the aisle stocking and to inform purchasing decisions.

Statement of goals

- To make environmental changes to support healthier choices by offering a "healthy check-out aisle" – a checkout aisle stocked only with healthy food.
- To decrease the unhealthy impulse purchases that occur when customers stand in the checkout aisle.
- To increase customers' exposure to healthy foods through the healthy aisle, taste tests, free handouts and recipes.

Issues

- **Opportunities**
  - The store owner at Los Primos is willing to share his sales data with DCoDPH as long as we keep the records confidential. Thus we have the data to do a thorough evaluation of the program.
  - The store owner is willing to purchase different items and make other suggested changes to make his store healthier for the customers.
  - This project is run through the Partnership of a Healthy Durham's Obesity and Chronic Illness Subcommittee (OCI) and is a great collaborative effort among many different organizations.
  - Once refined, this is a model that can be expanded to other grocery stores in Durham.
- **Challenges**
  - There are two checkout aisles in Los Primos and the Healthy Aisle is only open when the store is very busy.
  - The store does not currently stock many healthier single serving snack items.

Implication(s)

- **Outcomes**
  - We are in the process of a thorough evaluation of this program including customer surveys, interviews and purchasing changes in healthy aisle items pre and post intervention. Data will be shared in a future report.
- **Staffing**
  - One nutritionist, two health educators and two student interns worked on the program with other members of the OCI. Future interns will continue to help with the evaluation.
- **Revenue**
  - Healthy Communities grant funding was used to purchase racks to hold the healthy items and create and print signage.

Next Steps / Mitigation Strategies

- Evaluation of the program, including sales data and customer surveys, will be ongoing throughout the fall.
- We will continue to work with other stores to discuss the best way to spread this project throughout Durham.

Division / Program: Health Education, Nutrition, Administration, / Health Impact Assessment (HIA) in Northern Durham
(Accreditation activities: 12.1 – Collaborative Process to Identify Strategies to Address Community Health Problems; 12.2- Collaborative Process to Assess Resources Needed to Address Community Health Problems)

Program description

- The Durham County Department of Public Health (DCoDPH) is leading a multi-disciplinary team from several organizations in Durham to complete its first Health Impact Assessment (HIA). Health Impact Assessments are used to estimate the health impact of a decision, process or plan.
- During the 2011 Community Health Assessment, it was identified that residents of Northern Durham wanted greater access to locally grown fruits and vegetables. This HIA will explore a variety of ways to fill this need and determine which one has the greatest healthy impact.

Statement of goals

- Assess the feasibility, location and day of week /time for a potential farmer's market, farm stand, or other avenues to sell produce in Northern Durham
- Build internal expertise for conducting HIA and forge new partnerships

Issues

- **Opportunities**
  - In November 2012, a local team attended a training on Health Impact Assessments. Much of the original team and additional partners are now working on their first HIA together. The team includes DCoDPH, City of Durham Transportation, City and County Planning, Little River Community Complex, Durham Hub Farm, Durham Public Schools, Community Transformation Grant Project (CTGP), Blue Cross Blue Shield NC Foundation, Durham Farmer's Market and the UNC School of Public Health.
  - Applying a training to an exciting local HIA project.

- Investigating the feasibility of a farmer's market in North Durham. The data obtained may help kick-start a market and support future funding opportunities.
- HIA was mentioned in the both the County and City Strategic Plans.

- **Challenges**
  - This is first time any team members have participated in an HIA. Translating textbook knowledge to real life situations can be challenging.

Implication(s)

- **Service delivery**
  - DCoDPH has secured a contract with UNC School of Public Health, using funds from CTGP, to assist with several aspects of the assessment.
- **Staffing**
  - A Deputy Public Health Director, Health Education Director, Health Promotion Program Manager and Nutrition Communications /Health Promotion Program Manager are leading this effort. A Health Education Program Manager is creating GIS maps for the project.

Next Steps / Mitigation Strategies

- Two draft surveys have been developed – one for potential customers/community members and one for potential vendors/farmers- to assess interest among customers and farmers, best venues, days/times and to get more local residents involved in the process. The surveys will be finalized this month. Paper and electronic surveys will be disseminated and collected by the end of October. UNC will analyze survey results.
- If there is strong community and farmer interest, the health impacts of several sites, such as walkability, bikeability, safety, and number of people impacted will be assessed.
- GIS maps of the area have been created and other community indicators, such as grocery stores, churches, bus routes and demographics will be added to give context.

Division / Program: Environmental Health/ General Inspections and Onsite Water Protection Programs
(Accreditation Activity 17.1: Conduct Inspection Permitting for State Mandated Programs)
Program description:

- The Environmental Health Division utilizes the Custom Data Processing (CDP) program to conduct inspections and compile division statistics. Environmental Health went live with usage of this system, effective June 3, 2008. This web-based inspection management system is designed specifically for Environmental Health programs and can track the progress of various functions and report activities performed on a monthly basis. It has resulted in a very substantial reduction in the amount of paper generated. Over the last five years, many improvements have been made to the system to improve date collection capabilities.

Statement of goals:

- Provide enhancements to the data collection and ability to customize the detail of information captured using CDP's upgraded activity module, V2

Issues:

- **Opportunities**
  - Environmental Health has been supplementing daily activity reporting with the same paper reports that have been in use for over a decade. The manual collection of data was created in house and was more labor intensive than it needed to be.
  - CDP software V2 module offers the ability to customize daily activity reporting data collection in as much detail as desired with the benefit of being integrated into the same software that tracks the inspection data generated by staff.
- **Challenges**
  - Daily activity data collection is an important element of the Environmental Health programs and integrating it into CDP has not been possible at the level of detail needed to effectively manage and monitor all activities conducted by staff.

Implication(s)

- **Outcomes**
  - Staff will be able to provide an improved accounting of time spent on inspections and other compliance activities. This program will allow increased efficiency and accuracy in the capture of this information.
- **Service delivery**
  - Front desk staff are freed from redundant data collection
  - Wasted paper from staff submissions is eliminated

- Managers will be able to more accurately track activities in addition to inspections.

- **Revenue**
  - No significant revenue impact is anticipated.

Next Steps / Mitigation Strategies

- Continue to seek and implement technological improvements in Environmental Health data collection processes.

Ms. Harris extended the Board a invitation to the next Staff Development, on October 2ndat the Durham Convention Center, 301 Morgan Street.

OLD BUSINESS:

- **BOARD COMPLANT:**

Chairman Miller addressed a complaint from Mr. Henry McKoy centered on disclosing information to all the Board members that seem to be disparaging. Chairman Miller stated "any information that is public can be basically found. A response to the complaint will be sent to Mr. McKoy. Essentially there is not a formal process to deal with a complaint so it was discussed with other Board members and the County Attorney's Office. The response to Mr. McKoy will include that after considering the complaint, there was no evidence that showed Dr. Short violated any code of standard applicable to the Board of Health. Dr. Short was doing due diligence in searching out and providing information to the Board in being a good steward of public funds."

The Board requested a protocol for the use of e-mail when communicating with other Board members.

NEW BUSINESS:

- **BUDGET AMENDMENTS**

The Durham County Department of Health requests approval to recognize $161,926 from the Center of Disease Control to continue current activities to identify individuals with chronic hepatitis C infections and to enhance linkage to care, treatment, and preventive services for persons with these infections. The primary goals of this proposal are:

- Perform 1,500 tests for hepatitis C virus (HCV) antibodies among high-risk populations in the community served by DCoDPH;
- Identify chronically HCV-infected persons by performing ribonucleic acid (RNA) testing for individuals with positive HCV antibody results, including person tested through the Durham County Detention Center; and
- Enhance linkages to preventive and medical care services for HCV-infected person identified through enhanced screening, using our HCV Bridge Counselor program.

Mr. Dedrick made a motion to approve budget amendment in the amount of $161,926. Dr. Levbarg seconded the motion and the motion was unanimously approved.

The Durham County Department of Health requests approval to recognize $6,893 from the NC Division of Public Health, Nutrition Services Branch for the Environmental Health Division. The Summer Food Service Program (SFSP) provides free meals to children during the summer months. The SFSP is funded through the US Department of Agriculture, Special Supplemental Nutrition Program, 7 CFR 225, CFDA 10.559. Local Health Department Environmental Health Divisions are encouraged to participate in this program and provide inspections of the Summer Feeding Sites. The funds will be used to assist with specialized training for all General Inspections staff and supply purchases for the Environmental Health Division

Dr. Levbarg made a motion to approve budget amendment in the amount of $6,893. Dr. Short seconded the motion and the motion was unanimously approved.

- **SYPHILIS RESEARCH STUDY** (Activity 29.2)

Dr. Sena apprised the Board of a new research study to be conducted in the DCoDPH STD Clinic by UNC-CH research staff, titled "Pilot study to determine the feasibility of determining anticardiolipin antibodies and the B cell response in syphilis patients."

Durham has experienced high rates of sexually transmitted infections (STIs) in the past, and has ranked highly among other counties in the state with respect to rates of syphilis. This pilot study is intended to obtain specimens from 25 patients with syphilis seen at the DCoDPH STD clinic in order to determine the immunobiology accompanying the syphilis tests that are typically evaluated in clinical practice. Data to be gathered from this pilot study will ultimately assist in improving the management of syphilis.

This pilot study will involve collaborators at Duke University Department of Pediatric Infectious Diseases, who will analyze the patient specimens for B cells and anticardiolipin antibodies.

The resources to be requested from DCoDPH include:

1) space for recruitment and enrollment;
2) referral from STD clinicians regarding potentially eligible patients with active syphilis or past syphilis;
3) potential phlebotomy assistance for research specimens

(A copy of the protocol summary is attached to the minutes)

- **HOLOGIC/GEN-PROBE RESEARCH STUDY** (Activity 29.2)

Dr. Sena apprised the Board of a new research study to be conducted in the DCoDPH STD Clinic by UNC-CH research staff, titled "Prospective Collection of Female First-catch Urine, Vaginal Swab, Cervical, and Endocervical Swab Specimens for Testing with the APTIMA Assays (Gen-Probe Protocol No. ATVTS-US12-001)"

Improved diagnostic tests are important for the clinical management and control of sexually transmitted infections (STIs) in the community. Hologic/Gen-Probe, Inc. has developed several testing systems for use with nucleic acid amplification tests (NAATs) to detect STIs including gonorrhea, chlamydia, and trichomonas. However, they need additional specimens from female subjects including urine, vaginal and endocervical swabs, and PreservCyt specimens (Pap smears) to support clearance of the assays on their automated TIGRIS and PANTHER devices. If the assays and instruments under evaluation perform better than existing detection tests, this may improve diagnosis and treatment of these STIs in clinical practice.

As a result of the study, STD clinic patients will receive more sensitive tests for detection of trichomonas than methods currently provided at the health department. Funding from this study will also provide additional salary support for the UNC research nurse practitioner to staff the STD clinic.

The resources to be requested from DCoDPH include:

1) space for recruitment and enrollment;
2) referral from STD clinicians regarding potentially eligible patients with active syphilis or past syphilis;

(A copy of the protocol summary is attached to the minutes)

- **INTERNAL AUDIT: GIFT CARD PURCHASE AND USAGE** (Activity 33.3)

Ms. Harris apprised the Board of final findings on the internal audit report for gift card purchases and usage conducted by the County Internal Audit Department. The County Internal Audit Department had no recommendations for the Department of Public Health gift card process. (***A copy of the final report is attached to the minutes***).

- **ELIMINATION OF SYPHLISIS ELIMINATION GRANT**

The Department of Public Health was notified in August 2013 that the Syphilis Elimination Program would have some cuts. The funding would end in December 2013 and that would cost the department one position. The individual that was in the position did seek and find new employment outside of the department. We have a few things that we will be raping up in that area. There won't be any repercussions in the program but there

will be skill set that we will miss. There was an excellent employee in the position.

- **HEALTHY MOTHERS/HEALTHY BABIES BLOCK GRANT**

There was a 10% reduction in the grant. The department receives about $350,000 and the reductions are spread across Family Planning ($3,500 reduction) and we are losing outreach/case management ($5000 reduction) for Non-Medicaid clients usually these are Spanish speaking clients that we serve and the remainder of the allocation will come out of the Maternal Health budget. As a result of an employee retirement, the position will be left vacant to make up for lose in funding. The impact of not having the position will be evaluated.

- **Agenda Items October 2013 meeting**

  Community Transformation Grant
  Strategic Plan Initiative Update

INFORMAL DISCUSSION/ANNOUNCEMENTS:
There was no informal discussion.

Ms. Carter made a motion to adjourn the meeting. Commissioner Howerton seconded the motion and the motion was unanimously approved.

_____
Jim Miller, DVM-Chairman

_____
Gayle B. Harris, MPH, Public Health Director