

A Regular Meeting of the Durham County Board of Health, held November 8, 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 Nancy Short, DrPH, MBA, RN and Heidi Carter, MSPH

Excused Absence: Jill Bryant, O.D, F.A.A.O; and Michael Case, MPA

Absent: Commissioner Brenda Howerton

Others: 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 and Michele Easterling.

**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 items were added to the agenda.

- Affordable Care Act-Medicaid Expansion

**REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Dr. Levbarg made a motion to approve the minutes for October 11, 2012 meeting. Mr. Dedrick seconded the motion and the motion was approved.

**PUBLIC COMMENTS:**

There were no public comments at the November 8, 2012 meeting.

**STAFF/PROGRAM RECOGNITION:**

Bob Jordan, Onsite Water Protection Supervisor, was the recent Steve Steinbeck Award at the North Carolina On-Site Wastewater Training Academy's annual conference on October 16<sup>th</sup>, in Hickory, NC

Gayle. Harris was recognized in the North Carolina Medical Journal for leading the charge to address social determinants of health.

**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 (21.0 FTEs) in October 2012 (13 new positions, 5 resignations 1 transfer 1 promotion and 1 termination). (A copy of the vacancy report is attached to the minutes)

- **County Health Ranking Report (Activity 38.1) (Gayle Harris)**

Ms. Harris provided the board with an overview of the County Health Ranking Report. The County Health Rankings have been produced annually since 2009 in a joint effort between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. "The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play." (<http://www.countyhealthrankings.org/our-approach>). The counties within the state are compared to each other rather than counties outside of the state. The Board received an overview of the project and information that led to Durham County being ranked 8<sup>th</sup> among the 100 North Carolina counties. (A copy of the PowerPoint presentation of the Durham County Health Rankings report is attached to the minutes).

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

**Staff / Program Recognition**

- Bob Jordan, Onsite Water Protection Supervisor, was recently the Steve Steinbeck Award at the North Carolina On-Site Wastewater Training Academy's annual conference on October 16<sup>th</sup>, in Hickory, NC. The Steve Steinbeck Award is named for the retired North Carolina State University faculty member who was noted for cutting edge research in the on-site wastewater field. It is presented to an individual for achievements in the profession in several areas, including improving science behind rules and practice, improving implementation of technology, assuring program effectiveness, improving the quality of system installations, and public education. The person selected for this award each year is chosen from nominations by professional colleagues and others familiar with an individual's work and achievements.

Bob Jordan has been employed with DCoDPH since 1991 and was recognized for his dedication to exploring methods to verify the science behind the Falls Lake Nutrient Strategy Legislation, while simultaneously preparing Durham County to meeting the mandated legislative requirements. Congratulations Bob!

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**Division / Program: Community Health / Sexually Transmitted Disease Control Program**

**Program description**

- Provide screening, treatment, reporting and follow-up for sexually transmitted infections (STI's)

**Statement of goals**

- To provide screening, treatment, reporting and follow-up for STI's.
- To provide education for STI prevention
- To refer patients for immunizations, substance abuse, sexual abuse, mental health or other medical issues (hypertension, diabetes, asthma, etc.)
- To facilitate research opportunities through collaboration with the University of North Carolina (UNC) Division of Infectious Diseases

**Issues**

- **Opportunities**
  - Enrolling patients in an NIH-sponsored study (BRAVO) which evaluates the treatment of asymptomatic bacterial vaginosis to prevent STIs among young women.
  - Implementing Expedited Partner Therapy (EPT) for those clients with a positive Chlamydia test within the STI clinic, Family Planning Clinic and OB clinic
  - Implementing a CDC Hepatitis C virus (HCV) grant by screening 800 at risk clients. Clients testing positive for HCV will be counseled and linked to care at either Duke or UNC.
  - Planning to expand the provision of Emergency Contraception (EC) in the STI clinic
  - Planning to pilot Herpes Simplex Virus (HSV) suppressive therapy services to 20 Durham residents for 12 months if they are currently sexually active, then evaluate the patient demand for the suppressive therapy
  - Training opportunities for UNC/Duke infectious disease medical residents/fellows are provided by clinic staff.

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- Serving as a preceptor to a North Carolina Central University (NCCU) senior nursing student completing his nursing public health rotation.
- **Challenges**
  - Coordinating new practices and procedures into the established clinic routine.

**Implication(s)**

- **Outcomes**
  - The BRAVO study is evaluating whether increased testing and treatment of bacterial vaginosis, a vaginal infection that is not an STI, will help reduce chances of women getting gonorrhea and Chlamydia.
  - EPT will allow a client's sexual partner to receive treatment for Chlamydia without a formal medical evaluation, a tool proven by the CDC to decrease reinfection rates of Chlamydia
  - A CDC HCV grant will allow for screening for HCV, counseling, and linkage to care if the person is found to be positive for HCV.
  - EC is time limited, and must be given at day of visit. EC will decrease the chance of an unintended pregnancy. Expansion to STI clinic will allow women to receive a service traditionally exclusive to Family Planning Clinic, without having the client duplicate the registration procedure and clinic staff duplicate the medical evaluation previously completed in STI clinic.
  - Offering HSV suppressive therapy will decrease the chance that HSV is transmitted to citizens of Durham
  - The training opportunities allow collaboration between UNC, NCCU, and Duke while exposing students to public health as a career option.
- **Service delivery**
  - No interruption in services are anticipated with the opportunities
- **Staffing**
  - The CDC grant will support additional personnel.
- **Revenue**
  - HCV screening costs will be covered with grant funds
  - There is no additional cost of expanding emergency contraception through the STI clinic, since any client currently has the option to receive the service from the Family Planning Clinic after their STI visit.

**Next Steps / Mitigation Strategies**

- Continue enrolling, by UNC Infectious Disease staff, women from the STD clinic who qualify for research studies and who volunteer to participate in research studies.
- Evaluate, and if needed, revise Expedited Partner Therapy policies and procedures
- Plan for and implement the CDC grant for HCV screening
- Plan for and implement Emergency Contraception in STI clinic
- Develop policy and implement HSV suppressive therapy

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**Division / Program: Community Health Division / Communicable Disease: Fungal Meningitis Outbreak**

**Program description**

- Investigates all reported cases of communicable diseases/conditions, reports all cases to the state, and assures that appropriate control measures have been issued in accordance with the NC public health laws.

**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**

- **Opportunities**
  - CDC continues its investigation into the multistate outbreak of fungal meningitis and other infections among patients who received a steroid injection of a potentially contaminated product into the spinal area. This form of meningitis is not contagious. The investigation also includes fungal infections associated with injections in a peripheral joint space, such as a knee, shoulder or ankle. Nineteen states are involved.
  - Three cases of fungal infections linked to steroid injections have been reported in NC; none in Durham County.
  - CDC and state health departments estimate that approximately 14,000 patients may have received injections with medication from the three implicated lots of the product, and nearly 97% have now been contacted for further follow-up;
  - Durham County Public Health assisted the NC Division of Public Health in notifying 18 Durham County residents who had received steroid injections from a local clinic that had injected medication from a recalled lot. These patients, who received injections in peripheral joints only, are not believed to be at risk for meningitis, but they could be at risk for joint infection.
- **Challenges**
  - The state asked that all patients affected by the situation be notified within 24 hours, either by phone call or home visit.

**Implication(s)**

- **Outcomes**
  - All patients were given information on the signs and symptoms of fungal meningitis and instructed to return to the orthopedic clinic if symptoms of infection developed.
- **Service delivery**
  - The Health Department quickly mobilized a multidisciplinary team to contact the affected patients, both through phone calls and home visits. All patients were contacted within the time frame requested by the state.
- **Staffing**
  - Community Health Division staff made the patient contacts

**Next Steps / Mitigation Strategies**

- Patients and clinicians need to remain vigilant for onset of symptoms because fungal infections can be slow to develop.
- The Department is distributing memos and materials from the state to local providers via blast fax.

**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**
  - The Immunization Clinic partners with local agencies to conduct off-site vaccination clinics reaching people who may otherwise fail to access protection against the flu.
- **Challenges**
  - The logistics involved in providing flu vaccination clinics off site with limited staff and limited hours have proven to be a challenge.

**Implication(s)**

- **Outcomes**
  - The outreach clinics were successful in vaccinating large numbers of people.
- **Service delivery**
  - On October 8, the Immunization Clinic kicked off seasonal flu vaccinations for the general Durham community. The response from the community has been at a steady pace.
  - Education about and awareness of influenza are provided to county residents.
  - The Immunization staff conducted two outreach clinics, one on October 24<sup>th</sup> at a local shelter and another on October 31 at a large substance abuse facility.

**Next Steps / Mitigation Strategies**

- Continue to explore ways to increase the influenza vaccination uptake in Durham through collaboration with community organizations and providers
- Continue to strategize to develop innovative methods of service delivery in order to increase the numbers immunized in advance of flu season.

**Division / Program: Administration / Information and Communications**

**Program description**

- Provides timely information to the public on key health issues.

**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 programs and services.

**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.
- **Challenges**
  - Prioritizing the topics to publicize
  - Responding back to media inquiries for follow-up in a timely manner, although with dedicated staff to this issue, this challenge is now an opportunity.

**Implication(s)**

- **Outcomes**
  - Information and communications 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**
  - Worked very closely with the county's Public Information staff to launch the county's new branding strategy, as well as the launch of the Durham County Department of Public Health's new branding and website on October 22. The branding transition continues, as documents, forms, etc. will now need to be modified in the coming weeks and months, as the need for reprinting arises.
  - Continued to work closely with Radio One Raleigh (Foxy 107.1 and 104.3/The Light 103.9) to produce various radio spots and coordinate logistics for the Take a Loved One to the Doctor Day. This event will be held at the Department of Public Health on November 15 and will bring awareness to the diabetes epidemic in Durham.
  - Disseminated four media releases/advisories during the month of October:
    - Public Health Begins Giving Flu Shots to the Public (October 5)
    - Durham Organizations Partner to Fight Type 2 Diabetes (October 10)
    - The Partnership for a Healthy Durham to Host Health Care Reform Forum (October 15)
    - Public Health Staff Receive State Honors (October 29)
  - Implemented a new media/document review process. The process verifies materials developed for the public has been reviewed for content and aesthetics. This process will ensure that materials conform to the Durham County branding standards and meet health literacy standards.
- **Staffing**
  - Documents have been submitted to Durham County Human Resources to generate a job position number for a second Information and Communications Specialist, funded through the federal Center for Medicare and Medicaid Services

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(additional funding provided to the Durham Diabetes Coalition).

**Next Steps / Mitigation Strategies**

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

**Division / Program: Dental Division / Tooth Ferry Renovations**

**Program description**

- Increase access to dental services by screening children at Head Start sites and screening and providing dental treatment services to children in Durham's elementary schools and various summer programs during the year.

**Statement of goals**

- To promote the health and education of young children through providing access to prevention and treatment of dental issues in school and community sites through the use of a mobile van, the Tooth Ferry.

**Issues**

- **Opportunities**
  - The Tooth Ferry staff reaches 10,000+ youth annually in Durham County and provides families the convenience of having their child treated for dental issues in the school setting, without their needing to take time off from work, find transportation, etc.
- **Challenges**
  - The Tooth Ferry has been in operation since 2001.
  - The Tooth Ferry is starting to experience mechanical and equipment issues, and the interior and exterior décor is beginning to deteriorate.
  - If not properly coordinated, the repairs could shut down the van for extended periods. The recent maintenance caused the Tooth Ferry to miss four days in the schools.

**Implication(s)**

- **Outcomes**
  - To date, work already completed includes
    - Waste tank replaced
    - Two new roof top vents installed
    - Evaluation of stabilizer equipment
    - Electrical repairs on the AC unit
    - The following repairs are planned for November:
      - Repairs to front wheel hub
      - Repair heater core in the engine
  - Dental equipment upgrades include
    - A dental scaler was purchased for use with children needing extensive cleaning.
    - The intraoral x-ray machine will be replaced soon
- **Service delivery**
  - The Division will try to schedule upcoming repairs during school vacation periods.
- **Staffing**
  - While the van is out of service, the van staff provides services in the clinic.
- **Revenue**
  - Some of the repairs had been planned for; however, the latest repairs will utilize the remaining funds allocated for Tooth Ferry repairs.

**Next Steps / Mitigation Strategies**

- The Division will budget for improvements to the exterior/interior décor in next fiscal year's budget.

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**Division / Program: Dental Division / Dentrix 6.0 Upgrade**

**Program description**

- Dentrix is practice management software for Dentist offices. The Dental Division has been using Dentrix 4.0, and a new version 6.0 became available for upgrade.

**Statement of goals**

- Maintain current/upgrade technology to enhance the dental division's effectiveness and efficiency in patient care delivery.

**Issues**

- **Opportunities**
  - The upgrade from Dentrix 4.0 to 6.0 provides additional features that will improve the clinic workflow and documentation of patient care as well as billing for services.
- **Challenges**
  - The upgrade required support from County IT for planning, installing and testing.
  - Dental team members created templates for clinic notes, etc., in order to improve efficiency and accuracy of patient notes as well as create consistency in clinical notes entered by each provider. Accuracy and consistency in notes will aid in favorable chart audits whether done in house, by 3<sup>rd</sup> party payers, or for review for accreditation.

**Implication(s)**

- **Outcomes**
  - By Tuesday, October 30<sup>th</sup>, the team was reporting minimal problems with the new software, including no problems in displaying digital x-rays in Dentrix 6.0.
- **Service delivery**
  - The week prior to the installation, some clinic staff time was allocated to work with IT on testing. The day the system went live (Monday, October 29) the clinic closed so that staff could become more familiar with the software and address any issues or snafus with new features that required intervention by County IT personnel or the Dentrix IT personnel. All issues were resolved in order for the features to be operable and/or dental staff have rights (access) to operate the features.
  - IT personnel conducted a training session with dental staff with the 6.0 version.
  - The installation occurred on a Friday afternoon and required significant personnel time by County IT to complete.
  - Dental personnel and IT tested the features and the Dental team is being provided with on-going training in the Dentrix 6.0 version so that services can be delivered more efficiently with utilization of new features to increase accuracy in patient notes.
- **Staffing**
  - County and Public Health IT and Dental staff collaborated to make the installation successful. Public Health IT provides on-site support for Dentrix 6.



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- **Revenue**
  - The County IT Department has assumed cost for software upgrade and support.

**Next Steps / Mitigation Strategies**

- Additional training and workflow process improvement will be analyzed and use of additional features implemented.
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**Division / Program: Administration / Durham Diabetes Coalition (DDC)**

**Program description**

- The DDC project is a multi-grant funded project focusing on type 2 diabetes in Durham County.
- The Department of Public Health is contracting with Duke University Health Systems to provide staffing for implementation of grant activities.
- Implementation of the grant activities involves staffing from Administration, Health Education, and the Nutrition Divisions.

**Statement of goals**

- Reduce disparities in diabetes management, outcomes and quality of life (including disparities based on race, socioeconomic status, and insurance status).
- Improve the care of individual people with diagnosed and undiagnosed diabetes.
- Help communities create and sustain healthy environments.
- Reduce mortality and morbidity rates from type 2 diabetes.
- Begin neighborhood interventions in targeted areas of Durham County and eventually spread successful interventions county-wide.

**Issues**

- **Opportunities**
  - The DDC is a partnership of Durham County health and community organizations, faith-based groups, local government and universities, and community members working together to impact type 2 diabetes.
  - A presence at recent community events has increased the project's exposure.
  - With staff dedicated to the project and strategy placed in targeted communities, activities can be designed with community input and address areas of interest.
  - Grant allows for the availability of extensive geospatial data to assist in intervention planning and evaluation.
- **Challenges**
  - The limited number of assets in the first target area poses challenges; however, the staff is working well with community assets that are present such as the Parks and Recreation sites and faith-based organizations.
  - The project is new in the targeted community, so relationships and trust must be established.

**Implication(s)**

- **Outcomes**
  - First targeted neighborhood was identified and initial interventions have begun in this neighborhood.
  - DDC Facebook and Twitter pages are established with regular updates on coalition activities and type 2 diabetes information.

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- Story on Durham Diabetes Coalition aired on WUNC on October 12. Story about coalition appeared in Durham Herald-Sun on October 28.
- Multiple DDC promotional educational items were developed describing coalition goals and purpose.
- A second target area encompassing North East Central Durham has been identified.
- **Service delivery**
  - Durham Diabetes Coalition Health Educators exhibited at **Durham on the Move** event on October 6 reaching 64 Durham residents and visitors.
  - Health Educators gave a presentation about the DDC to 41 PAC-4 members on Saturday, October 13. They provided information on upcoming events, recruited volunteers for focus groups and several expressed interest in joining our mailing list.
  - A listserv for announcements was created and distributed to those who joined the mailing list during July-September about the DDC and upcoming events. This document via email reaches over 60.
- **Staffing**
  - Two Health Educators, Information and Communication Specialist and a Nutrition Specialist have been hired for the project.
  - Two Nurse Practitioners have been hired by Duke and will work out of the Health Department on the DDC Clinical Intervention Team.
  - Recruitment continues for additional staff including three Community Health Assistants, three Health Educators, two Licensed Clinical Social Workers, one Nutrition Specialist, one Information and Communication Specialist and a Program Manager.
- **Revenue**
  - A \$5,000 donation was received from Save-A-Lot, a new grocery store in North East Central Durham.

**Next Steps / Mitigation Strategies**

- Intense neighborhood outreach will be conducted in preparation for the DDC kickoff on November 10<sup>th</sup> and for several educational events planned during the month of November for Diabetes Awareness Month.
- Increased paid media on prevention and community activities will be arranged.

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**Division / Program: Nutrition Division / Clinical Nutrition—  
Coordination of Services with Lincoln Community Health Center**

**Program description**

- Provides nutrition assessment and counseling to clients of Lincoln Community Health Center (LCHC) in need of nutrition and diabetes self management services.

**Statement of goals**

- To increase access to medical nutrition therapy (MNT) for LCHC clients.
- To increase access to diabetes self management education (DSME) for LCHC clients with a diagnosis of diabetes.

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**Issues**

- **Opportunities**
  - In November, 2011, LCHC no longer had funds to support nutrition therapy and counseling on site for LCHC clients. The number of referrals from LCHC to the DCoDPH has increased from an average of seven per month in 2011 to an average of 100 per month currently.
  - LCHC clients from the Early Intervention Clinic, the Adult and Pediatric Medical Clinics, as well as the WIC and LATCH programs are referred for nutrition services.
  - MNT is provided for clients with a wide range of diagnoses including diabetes, overweight or obesity, gestational diabetes, inappropriate weight gain or weight loss, chronic medical conditions such as cancer, HIV, and hypertension.
  - LCHC established a new care coordination initiative. The DCoDPH clinical nutrition program manager is working closely with this group regarding the provision of nutrition services to LCHC clients.
- **Challenges**
  - The increased volume of referrals from LCHC has demanded high productivity and efficiency in the Nutrition Clinic.
  - Lack of a shared electronic medical record system between LCHC and the DCoDPH makes communication regarding clients cumbersome.
  - About 40% of referred clients are scheduled for a clinic visit due to difficulty in contacting clients (telephone numbers and addresses changing). Of those scheduled, 30% are broken appointments.

**Implication(s)**

- **Outcomes**
  - Approximately 40 new clients and 40 follow-up clients from LCHC are seen each month in the Nutrition Clinic for MNT.
  - Approximately 6 new clients from LCHC begin the diabetes self management education program each month.
- **Service delivery**
  - Staff at both the DCoDPH Nutrition Clinic and LCHC are working together to ensure the best provision of service to clients.
  - 90% of LCHC referred clients have diabetes or pre-diabetes, resulting in an increase in MNT and DSME services provided.
- **Staffing**
  - Registered Dietitians who are licensed in NC staff the Nutrition Clinic.
  - 25% of referrals from LCHC to the Nutrition Clinic are for Spanish speakers. One nutritionist is bilingual in Spanish and Department interpreters are also available as needed.
- **Revenue**
  - Fees for MNT and DSME are reimbursed by Medicaid, Blue Cross Blue Shield and other 3<sup>rd</sup> party sources. Sliding scale fees are available for self pay.

**Next Steps / Mitigation Strategies**

- Continue to collaborate with LCHC in providing MNT and DSME.
- Continue to work together to enable the necessary exchange of information in the most efficient manner possible.

**Division / Program: Nutrition Division / DINE Program—Cooking Matters**

**Program description**

- Cooking Matters for Adults is a cooking-based nutrition education course designed to teach low-income adults how to prepare healthy, tasty meals on a limited budget.
- Professional chefs and nutrition educators lead hands-on courses that show adults how to purchase and prepare nutritious foods in healthful, safe, and tasty ways.

**Statement of goals**

- To empower families with the skills, knowledge and confidence to make healthy and affordable meals at home.
- To decrease the number of Durham residents who are overweight or obese.

**Issues**

- **Opportunities**
  - The negative health and economic effects of hunger and poor diet can be avoided if families know how to shop for and prepare healthy low-cost meals.
  - Nutritionists are valued instructors because of their expertise in effectively educating the public about nutrition principles.
  - Cooking and eating meals as a family is an important social activity.

**Implication(s)**

- **Outcomes**
  - Of 12 participants, nine completed at least 4 of the 6 classes and were able to graduate from the program.
- **Service delivery**
  - Cooking Matters classes were scheduled once a week, 2 hours each time, for 6 consecutive weeks. Lesson Topics include:
    - Healthy Cooking Basics
    - Choosing Fruits, Vegetables, and Whole Grains
    - Cooking Lean and Low-Fat
    - Plan to Make the Most of your Meals
    - Shopping Smart (a guided grocery store tour)
    - Recipe for Success
  - Cooking Matters was taught in the Hoover Road Community building. Each week, participants cooked a recipe together, participated in a nutrition lesson, ate together, and received take-home groceries, which they could use at home to practice a recipe they learned in class.
  - The nutrition instructor serves as a teacher and role model, teaching and reinforcing key messages about healthy eating and food budgeting and inspiring participants to adopt healthy eating habits. Messages include: eat from MyPlate food groups; choose more fruits, vegetables, and whole grains; plan balanced meals; read food labels; and make budget-friendly choices at the store.
  - In addition, the nutrition instructor:
    - Facilitates class discussions on each message, allowing participants to brainstorm how they might put new behaviors into action; discusses barriers to adopting new behaviors; and shares ideas for overcoming barriers.
    - Selects and implements hands-on activities that allow participants to practice key skills and feel comfortable implementing new healthy behaviors.

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- Uses the Cooking Matters curriculum developed by Share Our Strength. The InterFaith Food Shuttle is Share Our Strength's lead partner in North Carolina for organizing and delivering Cooking Matters classes. The classes were arranged by the InterFaith Food Shuttle through a partnership with Durham Housing Authority.

**Next Steps / Mitigation Strategies**

- The DINE Nutritionist will investigate other opportunities to serve as the nutrition instructor for Cooking Matters classes with low-income adults in Durham.

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**Division / Program: Nutrition Division / DINE Program—Durham Public Schools Hub Farm Opening Day and “Vine Cutting” Event**

**Program description**

- The Durham Public Schools (DPS) is working with many partners to establish a school district and regional teaching farm.
- The opening celebration for the farm was on Saturday, October 20<sup>th</sup> and included informational booths and a “vine” (ribbon) cutting.
- The DCoDPH Nutrition Division, a partner in the farm project, participated in the opening event.

**Statement of goals**

- To cultivate successful and healthy students through local food production, education and consumption of healthy foods.
- To have every student that comes into contact with the district farm via healthy local food in their school, saplings in their school garden or field trips to the farm walk away with an understanding of how the food system works, better access to healthier foods and increased physical activity on the 30 acres of fields, forest and trails.
- To decrease the number of Durham residents who are overweight or obese

**Issues**

- **Opportunities**
  - A partnership between city, county, school, farmers and local experts (non profits and universities) has been forged and expects to make a measurable impact on Eno Valley Elementary, Carrington Middle and Northern High Schools.
  - DCoDPH can provide nutrition workshops and cooking demonstrations at the farm to teach the students, staff, parents and community members how to use farm products.
  - The planning group has discussed the possibility of engaging students to sell produce grown on the farm in the courtyard of the County human services building. Staff, clients and the public would have access to fresh produce and students would learn entrepreneurial skills.
- **Challenges**
  - Establishing attainable short and long term goals for the farm.

**Implication(s)**

- **Outcomes**
  - The event brought together the stakeholders in the community who are interested in the success of the farm: farmers, landscape designers, engineers, culinary art students,

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- nutritionists, Child Nutrition Services, parents, school board members and the Superintendent of Durham Public Schools
- Community turn out for the event was low. Most of the people attending were vendors, students, or participants in the vine cutting ceremony.
- Studies show that students involved in comprehensive farm to school programs choose more fruits and vegetables in the cafeteria, and consume more fruits and vegetables through farm to school meals. Additionally, students exhibit an interest to try new foods and healthier options.
- **Service delivery**
  - Two DINE nutritionists from the DCoDPH staffed an educational booth to showcase how the DINE program supports the healthy eating and physical activity goals for all Durham students.
- **Staffing**
  - Nutritionists are involved in the planning group as well as in this event.

**Next Steps / Mitigation Strategies**

- Continue to partner with and support the farm project as the process evolves.

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**Division / Program: Durham County Department of Public Health / Working on Wellness (WOW!) Committee Snack Sale**

**Program description**

- Working on Wellness (WOW) is an employee sponsored wellness program for Public Health employees that seeks to engage and support employees in adopting and modeling healthy behaviors.
- The WOW! committee offered snacks for employee purchase from September 2011 through April 2012. Fresh fruit, yogurt and string cheese were sold at cost on an honor system in the break rooms on all three floors.

**Statement of goals**

- To increase employees' consumption of fruits and dairy products and reduce their consumption of less healthy snack foods.

**Issues**

- **Opportunities**
  - There are no vending machines in the human services building.
  - A survey was conducted to gauge employee interest in continuing the snack program.
- **Challenges**
  - Running the fruit sale was very labor intensive. The committee developed a new process to purchase the products, stock the rooms and collect the receipts that requires much less staff time.
  - The money in the piggy banks, into which employees paid for their selected snacks, sometimes did not contain as much as expected, but an email to employees to "FEED THE PIG" always brought in the IOU's needed to restock the snacks.

**Implication(s)**

- **Outcomes**
  - The sale has changed employees' health behavior and purchasing at grocery stores. It also is changing the foods they are buying for their families.

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- The sale likely increases work productivity because people do not have to leave the building to buy food and have access to food if they are hungry.
- Results from the survey were very positive. Ninety six employees took the survey.
  - 67% purchased snacks from the sale.
  - Of those who did, 75% purchased snacks at least weekly.
  - 54% of those surveyed said the sale increased their fruit and dairy intake.
  - 31% stated they started buying more fruit/dairy at the grocery store due to the sale
- Respondents' quotes included:
- I am diabetic. Having the snacks there was always helpful. Sometimes I remembered to bring snacks from home but a lot of times I forgot due to chaos of getting up and out to work.
  - This helped me to eat healthy snacks and to stay away from the chips and cookies from Subway.
  - I started buying more fruit
  - The snack sale helped me get my daily fruit requirements up. It was convenient since most times I left home and forgot. It allows me to choose healthier snacks that are better for me.
  - I now buy string cheese and yogurt (before I didn't). The kids like it too and will even ask for it in their lunches.
- **Staffing**
  - One staff member purchases snacks every Tuesday and delivers it to the three break rooms. Another staff collects and logs the money every Thursday. It takes about an hour of total staff time every week.
- **Revenue**
  - Snacks are sold at-cost. Grant funds were used to purchase the original snacks.

**Next Steps / Mitigation Strategies**

- Due to results from the program evaluation and to overwhelmingly positive employee feedback, the WOW! committee will continue the program.

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**Division / Program: Health Education / STD Clinic - CDC Hepatitis C Virus Grant**

**Program description**

- This grant involves Health Education's Jail testing program, Non-traditional Screening (NTS) Program, the STD clinic and the Lincoln Homeless Clinic. Dr. Arlene Sena is the Principal Investigator for the Durham County grant.
- The purpose of the project is to increase the number of people who are aware of their Hepatitis C Virus (HCV) status by offering HCV testing to high risk groups disproportionately affected by HCV in the community. High risk groups targeted for testing include current and past intravenous drug users; incarcerated persons; persons with a history of multiple sexual partners or STIs; sexual partners of HCV-positive persons; and persons born from 1945 through 1965.

**Statement of goals**

- Provide HCV testing to high risk groups in the community
- Provide preventive services to HCV-infected persons, including education and vaccination
- Facilitate linkage of newly diagnosed HCV-positive persons to medical services

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- Build support for long-term sustainability of state and local HCV funding

**Issues**

- **Opportunities**
  - CDC is currently funding demonstration projects across the country to expand access to HCV testing and to evaluate implementation of HCV testing in clinical and public health settings; data from these projects will identify best practices.
  - Hiring a HCV Bridge Coordinator will increase the likelihood that newly diagnosed individuals are successfully linked to care.
- **Challenges**
  - CDC estimates that although persons born during 1945–1965 (Baby Boomers) comprise an estimated 27% of the population, they account for approximately three fourths of all HCV infections in the United States, 73% of HCV-associated mortality, and are at greatest risk for hepatocellular carcinoma and other HCV-related liver disease. One of the major testing criteria for this grant is reaching this age cohort; this presents challenges since this narrows those eligible for screening and age has not been a testing requirement in the past.
  - Many of the individuals tested in the jail are transient; therefore, notification of a positive test result can be challenging.
  - Testing for HCV will add additional testing time per individual which may impact staff ability to meet other testing numbers.
  - Additional blood collection may increase refusal rate for HCV testing, i.e. currently 1 tube of blood is collected for HIV/Syphilis; HCV requires an additional 2 tubes of blood.

**Implication(s)**

- **Outcomes**
  - Data collection and reporting to the CDC will be a very important part of this project. Outcomes will be available at the end of the one-year funding cycle. The goal is to test 2000 previously untested individuals for HCV.
- **Service delivery**
  - Individuals who test positive for HCV will be notified, given post-test counseling and linked to care at either UNC or Duke.
- **Staffing**
  - A temporary Project Coordinator (Human Services Coordinator III) and HCV Bridge Coordinator (Community Disease Control Specialist I) will be hired to assist with the activities described above over the one year grant period. A position requisition was submitted in mid-October.
  - There are three Health Education staff that currently do HIV/STI testing in the jail and non-traditional settings; these staff will now begin to offer HCV screening as well. The clinic plans to offer targeted HCV testing to clients in the high risk groups who seek services in the STD clinic.
- **Revenue**
  - The total budget for the grant is \$199,146 over a one year period.

**Next Steps / Mitigation Strategies**

- Health Education and clinical staff will receive additional training on HCV.
- Rewrite and update policies on HCV testing and linkage to care in clinical and community settings.
- Refine data collection according to requirements from the CDC.



**Division / Program: Environmental Health / General Inspections**

**Program description**

- Durham County Environmental Health is responsible for the sanitation inspections of licensed child care centers in Durham County.

**Statement of goals**

- Environmental Health supports the DHHS Division of Child Development and Early Education by providing sanitation inspections of licensed child care centers in Durham County.

**Issues**

- **Opportunities**
  - Environmental Health is mandated to inspect all child care centers. The number of licensed child care centers in Durham County requiring inspection will rise by 12 this calendar year and another 12 pre-K facilities plan to be operational by early spring 2013.
- **Challenges**
  - The time required for inspections associated with these new establishments is in addition to the increased inspection times associated with the recent food code implementation.

**Implication(s)**

- **Outcomes**
  - The 24 additional establishments represent an increase of 13.4 percent for this type of facility.
- **Service delivery**
  - DHHS requires a minimum of one inspection annually to maintain licensure however the child care sanitation rules mandate inspections every six months. Environmental Health will strive to maintain inspections every six months.
- **Staffing**
  - Three additional General Inspections staff were recommended by the State in last year's program survey. A request to increase staffing is planned for next fiscal year to address the increased number of establishments and changes in regulatory requirements.
- **Revenue**
  - No effect on revenue is anticipated.

**Next Steps / Mitigation Strategies**

- Continue to provide inspections of child care facilities as required by rule.

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**Division / Program: Environmental Health/ General Inspections**

**Program description:**

- The General inspections section of Environmental Health is responsible for 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. In October, two current staff members, Kristi Miller and Mason Gardner, were promoted to newly created Team Lead positions.

**Statement of goals:**

- The Team Leaders will be primarily responsible for the management and supervision of a team of assigned Environmental

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Health Specialists. They will also be available for on-call support and incident management for program related after-hours calls as well as management of weekend inspections / enforcement activities.

- The Team Lead positions will allow increased oversight of section compliance with establishment inspections, data entry, complaint investigation/resolution, and management of bi monthly “after hours” presence for routine inspection and enforcement activities. They will ensure team compliance with planned and unplanned mandated inspections and other activities through routine monitoring.

**Issues:**

- **Opportunities**
  - The Team Lead positions will position the General Inspections section to meet the increasing demands for establishment inspections over the coming years including the more stringent Food Code requirements.
- **Challenges**
  - The necessary reduction in the territorial assignments for the two Team Lead positions may reduce the number of inspections completed by as much as one full time position.

**Implication(s)**

- **Outcomes**
  - Team Leaders are addressing the consistent application of the new NC Food Code requirements and other regulations enforced by the general inspections staff through joint inspections with each team member to review inspection and documentation techniques.
  - The Team Leaders prepared a power point presentation on food code inspection documentation that was presented and discussed in detail with the General Inspections staff meeting on November 6.
  - The Team Leaders are reviewing and coordinating responses to weekend vendor enforcement issues.
- **Service delivery**
  - The more consistent application of the food code and other regulations enforced by the general inspections staff will elevate professionalism and have a positive effect on acceptance of rule requirements by food service operators and other facility operators under our inspection.
- **Staffing**
  - The Team Lead positions were upgrades to existing positions.
- **Revenue**
  - No new revenue will be generated for Durham County.

**Next Steps / Mitigation Strategies**

- A manpower study conducted by Melissa Ham, REHS, Regional Environmental Health Specialist with the NCDHHS Food Protection Branch indicated that an additional 3.0 positions were needed to ensure compliance with planned and unplanned mandated activities within the General Inspections Section. This need will be reviewed in the upcoming budget year.

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**Division / Program: Environmental Health/ General Inspections**

**Program description**

- On October 8<sup>th</sup> 2012 Marc Meyer participated in a TV8 filming with Deborah Craig-Ray and County Commissioner Chairman

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Michael Page to discuss the change to the NC food rules and the adoption of the food code.

**Statement of goals**

- To provide an overview of the change to the NC food rules and the adoption of the NC food code to members of the Durham community. The conversation was designed to introduce how the change will affect the inspection and regulation of food service establishments.
- A question and answer format illustrated common questions about the change to the NC food rules and the adoption of the food code.

**Issues**

- **Opportunities**
  - The TV8 filming featured Deborah Craig-Ray and Chairman Page posing questions of general interest regarding the change to the NC food rules and the adoption of the NC food code.
- **Challenges**
  - The questions provided some insight in to the changes and increased responsibilities facing food service establishments. The NC rules and NC food code manual has increased from a page count of 26 to over 260.
  - The complexity of the food code inspection process has increased inspection times by a factor of two or more.

**Implication(s)**

- **Outcomes**
  - The NC food code is now based on the newest version of the FDA model code that the rest of the country follows for food establishment regulation. The FDA food code is a science based manual that is reviewed and updated every two years.
- **Service delivery**
  - The interview informed that the increase in requirements for food service establishments and more lengthy inspection times will mean that establishment operators and County Environmental Health staff will both be devoting more resources to comply with the food code.
- **Staffing**
  - As a side note, the increase in inspection time requirements will likely be a factor when considering a request for additional staffing in the upcoming 2014 budget.
- **Revenue**
  - No effect on revenue is anticipated in this budget year. However any reduction in compliance may affect our reimbursement from the state in 2014.

**Next Steps / Mitigation Strategies**

- The learning curve for our food service establishments and our inspections staff will continue to be a challenge for the next couple of years.

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**Division / Program: Environmental Health/Onsite Water Protection**

**Program description:**

- Environmental Health is responsible for protecting the public health through the administration of certain water quality programs. The On-Site Water Protection (OSWP) program will provide water quality monitoring at the Rolling View Swim Beach during the 2013 summer swimming season.

**Statement of goals:**

- The Rolling View Water Quality Monitoring Program is designed to inform the general public of the water quality for swimming purposes at the Rolling View swimming beach.
- The OSWP has tested the sampling protocol and lab result turnaround times with three sampling visits to Rolling View Beach. Each sampling visit requires three samples taken at evenly spaced intervals along the beach.

**Issues:**

- **Opportunities**
  - This program will inform interested citizens of the potential risks of swimming in naturally occurring water bodies. When fecal coliform bacteria counts exceed the established threshold, the beach will be closed until water quality improves.
- **Challenges**
  - Sampling turn-around time and beach closure postings will be the greatest challenge of this program. The spring and summer months are typically the busiest months of the year for all the On-Site Water Protection Programs.
  - Attention will be given to ensure the timely posting of results, facilitate closures when necessary, scheduling re-sampling, and re-opening the beach.

**Implication(s)**

- **Outcomes**
  - The major outcome of this program will be the educational value and health protection it provides for those swimming at Rolling View Beach.
  - The first three samples were run by the lab on 9/26/2012 to test lab equipment calibration and turnaround time.
  - Additional samples were collected and submitted to the lab on 10/15/2012 and 10/24/2012. Results were available from the lab within 24 hours for all three dates. The highest fecal colony count from the nine samples was 58, well below the threshold of 235 colonies per 100 milliliters.
- **Service delivery**
  - Environmental Health staff will make every effort to continue to deliver mandated services in a timely manner as well as provide water quality monitoring at the Rolling View Swim Beach during the 2013 summer swimming season.
- **Staffing**
  - Existing staff will assume the responsibilities of administering this program.
- **Revenue**
  - This program will produce no revenue for the county.

**Next Steps / Mitigation Strategies**

- Public Health is prepared to implement this program in April of 2013.

**COMMITTEE REPORTS:**

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

The subcommittee comprised of (Dr. Allison, Dr. Miller, Dr. Short, and Chairperson McLaurin, as ex-officio) will meet on Monday, November 19, 2012 at 6pm to discuss the board's next steps in the process.

- **Nominating Committee (Board)**

The board appointed a subcommittee comprised of (Vice-Chair Miller, Ms. Carter, and Dr. Levbarg) to meet and recommend Board officers for 2013.

**OLD BUSINESS:**

- **Strategic Plan (Activity 15.1) (Board)**

The changes requested by the Board were made to the strategic plan. Ms. Carter made a motion to approve the 2013-2015 Strategic Plan as presented. Dr. Short seconded the motion and the motion was approved.

The Board received an overview of the draft implementation document for the strategic plan. Mr. Ireland stated the implementation document will guide the department in applying strategies and evaluating progress made. The implementation team will consist of goal champions who will lead the charge to ensure the strategies are met for each goal and reporting preparation.

**Comment:** Dr. Nancy Short

How familiar should the board be with this document for accreditation purposes?

**Answer:** Dr. Teme Levbarg

The board should be familiar with the mission, vision and goals of the health department.

The health department's accreditation site visit has been tentatively scheduled for the 4<sup>th</sup> week of April.

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

Ms. Harris distributed a copy of a letter addressed to the County Manager and County Attorney requesting their assistance in bringing a resolution to jurisdiction issues that would prohibit the Smoking Rule to be fully implemented as the Board of Health intended.

Chairperson McLaurin recommended that the general public be educated and become advocates/ambassadors in promoting the Smoking Rule.

Ms. McClain will contact the County Manager's and County Attorney's offices to schedule a meeting with Sue McLaurin, Chair, Dr. Jim Miller, Vice-Chair and Gayle Harris to further discuss this matter.

- **House Bill 438 Update** (Gayle Harris)

The original bill was introduced in NC General Assembly Session 2011 and the final version was approved June 29, 2012. Ms. Harris reviewed the content of the approved bill and recommended that each Board member contact their local legislators opposing Section 5 of the bill that states "The Program Evaluation Division of the General Assembly shall study the feasibility of the transfer of all functions, powers, duties, and obligations vested in the Division of Public Health in the Department of Health and Human Services to the University of North Carolina Healthcare System and/or the School of Public Health at the University of North Carolina."

**NEW BUSINESS:**

- **Budget Amendment/ Ratification** (Gayle Harris)

The health department requests approval to recognize the following budget amendment.

An appropriation of \$22,000 from the Home Health sale proceeds into the Public Health budget to develop an interactive website portal for physical activity opportunities in Durham. In Durham, 65% of adults, 28% of

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Durham public high school students and 18% of kindergarteners are overweight or obese. According to the 2010 Community Health Opinion Survey, residents of Durham identified overweight/obesity as Durham's number two health problem. Furthermore, exercise was cited as one of three most frequently cited responses that would make Durham County or their neighborhood a healthier place to live. This website is a strategy to increase participation in physical activities by Durham residents through increased knowledge of physical activity opportunities in convenient times and locations. Organizations and neighborhoods will post activities/events and residents can identify/choose physical activities in which to participate. This website supports Durham County Strategic Plan Goal 2, Health and Well-being for All and is supported by an interagency committee with members from Durham County, Durham City, YMCA, and Duke.

Dr. Daniel made a motion to approve the budget amendment in the amount of \$22,000. Ms. Carter seconded the motion and the motion was approved

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

One-time funding in the amount of \$12,552 from the NC Division of Public Health for the Immunization Program. These funds are specifically designated to help improve local county efforts to improve the capacity to administer, store, and handle vaccines to support efforts to increase immunization coverage rates. The funds must be spent by December 31, 2012. Durham County Department of Public Health will use the funds to offset the purchase of supplies for administering vaccines in clinic and outreach clinics.

An appropriation of \$51,849 from the committed public health fund balance into the Family Planning cost center. There was an 18% reduction in NC Title X Family Planning funding this year due to direct federal Title X awards going to five NC Planned Parenthood clinics. To accommodate the reductions to the state's budget, Title X funding in the five counties where the funded Planned Parenthood clinics are located was cut by 50% while the remaining counties received an 11% cut. Durham County Public Health's Title X funds were cut 50%. Title X funds support positions and contraceptive supplies in the Family Planning Clinic.

Dr. Levbarg made a motion to approve the budget ratifications in the amount of \$12,552 and \$51,849. Mr. Dedrick seconded the motion and the motion was approved.

- **Affordable Care Act-Medicaid Expansion** (Gayle Harris)

Ms. Harris distributed information and discussed issues surrounding the Affordable Care Act: Medicaid Expansion. Ms. Harris will send talking points from Adam Linker to the Board. Ms. Harris recommended to the Board to contact legislators to advocate for Medicaid Expansion. Dr. Levbarg asked if advocacy letters written by Board members could be circulated to the full Board. Ms. Harris will contact County Attorney for a determination.

- **Agenda Items December 2012 meeting**

- Personnel Committee Report
- Smoking Rule Update
- Infant Mortality Report

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

- NALBOH election ballots were received by the Chair and the results were forwarded to NALBOH.
- Gayle Harris submitted the application for the Durham County Health Department to participate in NALBOH's NC Community Guide Mentorship Program. Dr. Levbarg received the application from the NALBOH staff member.
- DINE staff solicited judges for Junior Iron Chef Activity at Lowes Grove Middle School on Monday, Dec 3 from 4-5pm. Chairperson McLaurin and Dr. Levbarg volunteered to participate as Judges.
- The Dental Clinic will participate in "Give Kids a Smile Day", a national initiative of the American Dental Association on Feb 1, 2013 from 8-1pm. Volunteer dentists will provide free dental services on site.
- 1<sup>st</sup> Quarter Dental Procedures report was distributed to Board as requested by Dr. Allison at the October meeting.(See attached report.)

Ms. Carter made a motion to adjourn the meeting at 7:30pm. Dr. Allison seconded the motion and the motion was approved.

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Sue McLaurin, M. Ed., PT-Chairperson

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Gayle B. Harris, MPH, Health Director