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

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Stephen Dedrick, R.Ph, MS; Nancy Short, DrPH, MBA, RN; Commissioner Brenda Howerton; F. Vincent Allison, DDS; and Bergen Watterson, MSCP, BA.

Excused Absences: Jill Bryant, O.D.F.A.A.O; Michael Case, MPA; and Heidi Carter, MSPH

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, James Harris, PhD, Dr. Miriam McIntosh, Eric Nickens, Hattie Wood, Marcia Johnson, Will Sutton, and Attorney Bryan Wardell.

CALL TO ORDER: - Chairman Jim Miller called the meeting to order at 5:16pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Attorney Wardell requested that the Board adjourn to closed session pursuant to G.S. 143-318.11(a)(3) to consult with an attorney in order to preserve the attorney-client privilege to discuss the matter of Williams versus Durham County and others". Chairman Miller requested the addition be added after item #7 on the agenda.

Mr. Dedrick requested to add a discussion about SB20 and Naloxone being added to the public health formulary for nurses. Chairman Miller requested the addition be added to item #9.

Dr. Levbarg 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 November 14, 2013 meeting with the following correction: change the word "smokecaine" to "Spokane, Washington". Dr. Levbarg seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Ms. Harris introduced James "Chris" Salter, the new Environmental Health Director. Mr. Salter joined the team on November 25th. Mr. Salter previously worked with the department as an Environmental Health Specialist for a few years and then left to work in Wake County. He also worked in New Hanover County as an Environmental Health Specialist and has done some other things in the technology arena. Ms. Harris stated the department is really pleased that Mr. Salter wanted to come back to work in Durham County.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **PUBLIC HEALTH VACANCY REPORT-OCT 2013** ***(Activity 37.6)***

Ms. Harris provided the Board with a copy of the November 2013 vacancy report which includes information on the currently vacant positions (20.0 FTEs) *(4 new positions, 4 resignations, 2 transfer, 1 dismissal, 2 promotions/demotions, 5 retirements and 2 grants ended).* (***A copy of the vacancy report is attached to the minutes***)

Questions/Comments:
Commissioner Howerton: The 20 vacancies, are you planning on replacing all of them?
Ms. Harris: Yes, most definitely. Now can we fill all of them? That's another problem. In Environmental Health, we most recently hired trainees. Hopefully, we will be able to hire fully qualified staff in the remaining Environmental Health positions. We are advertising all of the positions.
Dr. Short: Has there been any change in the finance gatekeeper philosophy regarding bringing in an Ad-Hoc person in on a temporary basis using money from the FTE funds?
Ms. Harris: They have not changed the philosophy but I did get approval to move $25, 000 from lapsed salaries in Environmental Health into miscellaneous contracts to recruit other Registered Environmental Health Specialists to help with the back log.
Mr. Salter: We are still advertising through Alliance Staffing, the temporary agency that we work with.
Chairman Miller: The transfers, they are within the department?
Ms. Harris: Yes. Two school nurses moved into vacant clinic positions.

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

Mr. Ireland provided the Board with a monthly overview of the Environmental Health Onsite Water Protection Section NOV report for November 2013. The report documents notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems". Mr. Ireland stated that staff will continue to work on the formatting of the NOV report to make the document as friendly as possible. (***A copy of the November 2013 report is attached to the minutes)***

Questions/Comments:
Dr. Levbarg: Eric, is it unusual to have a straight pipe issue in Durham?
Mr. Ireland: No. Most counties have straight pipe problems when they have repair situations of older systems. Owners try to be innovative in reducing the flow into the septic system, hoping to eliminate the surfacing of waste water over the drain field. They insert a straight pipe directly from the washer to a ditch that is not very conspicuous to others, especially neighbors. The pipe handles the waste water from the washer instead of plumbing the water into the septic tank as the law requires.
Dr. Allison: What is the average cost of connecting to City sewer?
Mr. Ireland: It varies because the City usually charges a frontage fee (amount of roadside frontage of the property), an acreage fee (cost per acre), and a tap fee so it varies from property to property. I would say probably the cheapest would be around $2,500 and on up depending on the size of the property itself.
Dr. Allison: Is there any type of program out there to help individuals with the costs of making repairs?
Mr. Ireland: No, that is one of the issues we are trying to address. We want to see if there is anything innovative that we can do as a County to assist property owners in these situations to come up with the funds necessary to complete repairs to malfunctioning septic systems. The Assistant County Manager is trying to help a property owner secure grant funds in order to make the repairs.

- **HEALTH DIRECTOR'S REPORT**

Division / Program: Nutrition Division / DINE for LIFE Program Expansion
(Accreditation Activity 10.2 – The local health department shall carry, develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)

Program description

- DINE for LIFE is a school and community based nutrition education program targeting Supplemental Nutrition Assistance Program (SNAP) eligible Durham families.
- DCoDPH has received grant funding for this program since 1999 with programming in elementary and middle schools and community sites.

Statement of goals

- To continue with current DINE programming.
- To expand program to reach families with young children with focus on interventions in child care sites.
- To expand program strategies to include making environmental changes to improve nutrition choices.

Issues

- **Opportunities**
  - DCoDPH's SNAP Ed application for FY13-14 to continue and expand DINE programming was approved.
  - With this funding, DCoDPH will receive two new nutrition positions, a childcare nutritionist and environmental change nutritionist.
  - The DINE Childcare Nutritionist position will fill a large gap in services. There currently is no program in Durham that is trying to improve the nutrition and physical activity environments in childcare facilities.
  - The Environmental Change Nutritionist will build upon existing programs to make healthy foods more accessible to all Durham residents, while teaching residents about the importance of making healthy choices.
- **Challenges**
  - Making the program compatible with USDA funding regulations while matching needs for Durham County. The grant has strict regulations about what programming is allowable.

Implication(s)

- **Outcomes**
  - The DCoDPH Nutrition Division received $220,355 in additional funding and approval from the USDA through the North Carolina Department of Social Services for program expansion.
- **Service delivery**
  - Activities will be conducted at child care sites, in farmers markets, community programs, and corner stores.
  - The 14 childcare centers in the East Durham Children's Initiative zone will be invited to participate in a program to improve their nutrition/physical activity environment at no charge to the center, with the goal of improving health outcomes for children, families, and staff.
  - Evidenced based program such as Let's Move in Child Care and NAP-SACC will be utilized as tools for programming in child care sites.
  - SNAP recipients in Durham County will receive education about the new Downtown Durham Farmers Market EBT/Incentive Program, including how to shop at the market with their EBT cards and how to cook with the produce.
  - The Environmental Change Nutritionist will work with corner stores located in food deserts around schools to improve the selection of healthy products offered, to market the healthy

products more attractively, and to educate the customers about the products.
    - A large social marketing campaign will be conducted, urging Durham residents to "Rethink Their Drink."
- **Staffing**
    - Two new nutritionist positions will be funded by the expansion monies. A 100% county funded position will supervise the two new positions.

Next Steps / Mitigation Strategies

- Recruit and train staff.
- Recruit child care facilities for program participation.
- Identify and recruit corner stores.
- Design and test materials for social marketing campaign.
- Meet with community agencies to discuss how best to educate SNAP recipients about Farmers' Market EBT/Incentive Program.

Division / Program: Nutrition Division / Clinical Nutrition Services—Collaboration between DCoDPH's Diabetes Self Management Education (DSME) program and Durham Diabetes Coalition
(Accreditation Activity: 12.3- Collaborative Process to Implement Population Based Programs to Address Community Health Problems)

Program description

- The DCoDPH DSME program, an American Diabetes Association evidenced based program, provides education to persons living with diabetes.

Statement of goals

- To collaborate with DCoDPH, the Durham Diabetes Coalition (DDC), and Lincoln Community Health Center (LCHC) to increase referrals to Diabetes Self Management Education services (DSME).
- To offer/connect clients to DSME services who are referred.
- To collaborate with DDC staff to use their expertise in program delivery of DSME program.

Issues

- **Opportunities**
    - DSME is a standard of care by the American Diabetes Association in the management of diabetes; it is recommended for all persons living with diabetes.
    - The DDC project risk algorithm identifies persons with type 2 diabetes and in possible need for services including DSME. Clients are classified as high and moderate/low risk.
    - With the DDC referral process, new opportunities exist to connect persons with type 2 diabetes to care.
- **Challenges**
    - Coordinating the referral process between the three programs so it is seamless to both client and referring provider.
    - Time needed to facilitate scheduling of appointments for DSME from DDC referrals.
    - A significant increase in participation in the DSME program may necessitate more time allotment for management of the program.

Implication(s)

- **Outcomes**
  - Durham Diabetes Coalition (DDC) providers meet regularly to encourage identification of patients appropriate for referral to the DSME program.
  - Nutrition Division and DDC staff have attended two recent meetings with LCHC providers to facilitate coordination of services between the DDC, DCoDPH, and LCHC.
  - The DSME program is on the local diabetes resource flyer sent to all moderate risk DDC clients and soon will be on the LCHC intranet web site.
- **Service delivery**
  - DSME services are provided by DCoDPH Registered Dietitians. DDC Nurse Practitioners and Licensed Clinical Social Workers are guest instructors on topics such as medical management of diabetes and behavioral health.
  - The DSME program encompasses an initial assessment of each participant and nine hours of group instruction.
- **Staffing**
  - Fifty percent of one full time DCoDPH Registered Dietitian position is committed to management and delivery of the DSME program.
  - The two DDC Registered Dietitians are available to assist in DSME programs.
  - DDC Community Health Assistants help facilitate referrals.
- **Revenue**
  - DSME is a billable service. DCoDPH is a provider for BCBS and Medicaid. Participants not covered under either plan are billed using a sliding scale fee.

Next Steps / Mitigation Strategies

- The DSME program will continue to provide diabetes education to persons with diabetes.
- Providers within all collaborative agencies will continue to identify referrals and market DSME services.
- The Clinical team of the Durham Diabetes Coalition will continue to provide client referrals and DSME class instruction.

Division / Program: Dental Division / Creating Dental Templates in Dentrix Software System
(**Accreditation Activity 3.2- Maintain Skills and Capacity to Collect, Manage, Integrate and Display Health-Related Data)**

Program description

- The Dental Division utilizes Dentrix software; a dental practice management system that automates many functions, including patient retention (appointment scheduling, recalls), clinical efficiency (charting, treatment planning, progress notes), and front office/administration (management reports with data, letter merging, document templates).

Statement of goals

- To increase utilization of features within Dentrix, including templates (and eventually documents) that could be accessed by all providers.
- To work with IT to upload templates into the system and merge them so all licensed providers can use them.

Issues

- **Opportunities**
  - The dental templates will be used to input information used for recall and operative procedures.
  - Ultimately, all dental forms could be incorporated into a "document center", with updated versions of each form available to all providers. These documents would include referrals, consent forms, post op instructions, school notes, etc. – all with the capacity to include personalized patient information.
- **Challenges**
  - Putting together the templates and uploading them has been time consuming.
  - Initially, the templates did not merge to all computers/licensed providers, requiring Dental to reach out to IT for assistance in completing the process.

Implication(s)

- **Outcomes**
  - Having one system where providers can access the templates will make services delivery much more efficient and will help standardize charting.
- **Staffing**
  - One of the Dental Assistants has been working with IT on this project.

Next Steps / Mitigation Strategies

- The IT Department would like to have the templates ready for all users by the start of the New Year.
- A long-range plan to create a "document center" will be devised by February 2014.

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**
  - Disseminated seven (7) media releases/advisories during the month of November, resulting in 98* unique media postings/airings (television), printed in the news, or posted to the web. These included extensive coverage of a probable meningitis death of a 5-year old child, opening of the Durham County Human Services Building, the FDA's trans fat ban, a preview of Durham County's World AIDS Day event, and several other topics. **(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)** **This total may increase as more coverage from outside of the Raleigh-Durham media market is discovered online related to meningitis coverage.*
  - Information and Communications Manager attended a meeting to begin planning for a Joint Information Center (JIC) joint exercise between Durham and Orange counties. This exercise will involve multiple entities from both counties and is tentatively planned for Fall 2014. **(Accreditation Activity 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)**

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: Community Health Division / Immunization Program Outreach
(Accreditation Activity 10.3 - Employ Evidence-based Health Promotions/Disease Prevention Strategies, When Such Evidence Exists)

Program description

- Provide vaccinations, both recommended and required by law, to individuals of all ages
- Conduct outreach efforts to vaccinate identified high-risk groups
- Investigate and report confirmed and suspected cases of vaccine-preventable diseases to state public health

Statement of goals

- To conduct a collaborative outreach effort by the Immunization Program and the Hepatitis C Testing Project to test identified high risk adults for hepatitis C and to administer recommended adult vaccines, including flu vaccine.

Issues

- **Opportunities**
  - Outreach effort on two separate days coordinated between TROSA (Triangle Residential Options for Substance Abusers) and DCoDPH Hepatitis C Testing Project and Immunization Clinic
  - DCoDPH staff eager to work with TROSA to provide on-site testing and immunizations to high risk adults
- **Challenges**
  - **T**o plan and coordinate the logistics of such a large outreach event, including staffing, storage and handling of vaccine, confidentiality of clients, proper consents and completion of forms, documentation, etc
  - To fully meet the demand of the TROSA residents for testing and vaccination

Implication(s)

- **Outcomes**
  - 199 high risk adults were tested for hepatitis C during the two day outreach event; 26 were confirmed to have chronic hepatitis C
  - 210 high risk adults received Twinrix® vaccination (combination vaccine for hepatitis A and B)
  - 292 adults received flu vaccine
- **Service delivery**
  - Hepatitis C Testing project staff members were on-site to assist with testing and education; Contract phlebotomists, on-site to assist with blood draws; Immunization Clinic nurses, on-site to administer vaccines.
  - Education regarding hepatitis C and importance of immunizations was provided by UNC nursing student as part of clinical rotation at DCoDPH
  - Outreach events were held at the TROSA sites on James Street and on Elizabeth Street
- **Other**
  - Costs incurred for staffing and for processing hepatitis C tests were paid for by the Hepatitis C Testing Project grant

Next Steps / Mitigation Strategies

- Collaborate with community partners on additional outreach events to target high risk adults for testing and vaccination
- Continue to integrate communicable disease programs, clinics, and resources to provide much-needed education and services in the community

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Division / Program: Community Health Division / Communicable Disease Program
(Accreditation Activity 7.2- Conduct Communicable Disease Investigations, Follow-up, Documentation, and Reporting Activities.)

Program description

- To conduct thorough reporting and investigation of all reports of communicable disease (including outbreaks) 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.

Statement of goals

- To investigate suspected case of meningococcal meningitis in a 5 year old child who died suddenly
- To ensure appropriate control measures are implemented to prevent disease transmission
- To provide timely and accurate education and information to schools, parents, healthcare providers, and community at large

Issues

- **Opportunities**
  - Previously healthy child presented to local hospital emergency department with clinical signs suggestive of bacterial meningitis; child later died, despite aggressive treatment with antibiotics
- **Challenges**
  - Ensure prophylaxis was received in a timely manner by household contacts
  - Work with school administrators to quickly identify close contacts in the school setting and ensure prophylaxis provided
  - Provide information to school staff, parents and local healthcare providers to ensure appropriate response and treatment, if needed
  - Provide accurate and timely information to the media

Implication(s)

- **Outcomes**
  - Prophylaxis provided by DCoDPH to 14 persons identified as close contacts to the case
  - Household contacts received prophylaxis from private provider
  - Final lab results negative for meningococcal meningitis; case reported as probable meningococcal meningitis due to clinical presentation
- **Service delivery**
  - Communicable disease nursing staff fielded numerous calls from concerned parents, healthcare providers, and others during a 2-3 day period
  - Information provided by DCoDPH to the media in the form of two press releases and on-camera interviews.
  - Information and education regarding bacterial meningitis provided to Mt. Zion school staff and parents and to local healthcare providers by DCoDPH
- **Staffing**
  - DCoDPH response involved internal communication and collaboration among Communicable Disease and Immunization Clinic nursing staff, Communicable Disease Program Manager, Medical Director, Health Director, Deputy Health Director, Information and Communications Manager, Community Health Division Director, and Pharmacy.
  - DCoDPH community communication and collaboration involved Mt. Zion Academy, Duke Medical Center and the Duke Public Health Epidemiologist, the NC Communicable Disease Branch, and the NC Division of Child Development and Early Education, Regulatory Services Section.

Next Steps / Mitigation Strategies

- Communicable Disease Nursing staff will provide additional information to Mt. Zion Academy regarding response to communicable diseases and outbreak situations and review of basic infection control measures upon request of school administration.

Division / Program: Community Health Division / Breast and Cervical Cancer Control Program
(Accreditation Activity 19.1– Identify Populations Not Receiving Preventive Services or Underserved)

Program description
- Provide screening for breast and cervical cancer to underserved women of North Carolina who are at or below 250% of the poverty line. Priority population is women between the ages of 40 to 64.
- The federal/state program provides funds to the department to screen approximately 117 patients at $255 per patient.

Statement of goals
- To reduce the incidence of breast and cervical cancer
- To reduce the mortality from breast and cervical cancer

Issues
- **Challenges**
  - The provider who coordinates the Durham BCCCP has been on leave since mid-October and is expected to return to work mid-December.
  - There are no other providers who are trained in BCCCP or have free time from their own programs to devote to BCCCP services delivery.

Implication(s)
- **Outcomes**
  - DCoDPH BCCCP is not seeing new patients until there is an available provider.
- **Service delivery**
  - 71 women have received BCCCP screenings this fiscal year already.
  - Women who need follow-up (repeat mammograms) due to incomplete or abnormal results are receiving follow-up.
  - Women requesting BCCCP screening are currently referred to other community resources.
- **Staffing**
  - Administrative support and medical review of results for women already screened is continuing.
- **Revenue**
  - State and federal funds provide $255 for each unduplicated patient screened which does not fully cover the cost of program delivery.
  - 61% of BCCCP funds available to DCoDPH have been utilized based on 71 screenings conducted.
  - The cost of a screening mammogram, one component of BCCCP, has increased from $76.76 per patient to $130.01.

Next Steps / Mitigation Strategies
- Move forward with BCCCP screening services when provider returns to work in December.

Division / Program: Health Education / Administration / Durham Diabetes Coalition Diabetes Awareness Month Events
(Accreditation Activity 10.2 – The local health department shall carry, develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)

Program description
- In observance of Diabetes Awareness Month, the Durham Diabetes Coalition provided a variety of health events during the month of November.

Statement of goals
- To highlight diabetes and the people impacted by the disease.

Issues
- **Opportunities**
  - Activities were designed with community input to address areas of interest
  - Staff were able to reach several targeted communities
- **Challenges**
  - The majority of events occurred during working hours, which may have impacted participation numbers.

Implication(s)
- **Outcomes**
  - Four diabetes webinars were held throughout the month of November. Topics included Pre-Diabetes, 4 Steps to Control your Diabetes, Best Phone Apps for Diabetes, and The ABCs of Diabetes.
  - Two library presentations were conducted at East Regional Library on the following topics: Happy Feet are Healthy Feet and Understanding Diabetes.
  - An "Ask the Doctor" panel discussion was held at I.R. Holmes, Sr. Recreation Center at Campus Hills. Specialists were on hand to answer questions asked by community members. Specialists in attendance included an endocrinologist, two nurse practitioners, a physical therapist, cardiologist, as well as an exercise specialist/registered dietitian.
- **Service delivery**
  - DDC utilized social media (Facebook and Twitter) and its electronic distribution list to promote and provide type 2 diabetes information and update the community on coalition activities.
- **Staffing**
  - The DDC Health Education Specialists and the Information and Communications Specialist led the event planning and staffed the event.

Next Steps / Mitigation Strategies
- Neighborhood outreach will continue in targeted neighborhoods.

Division / Program: Health Education / Partnership for a Healthy Durham / Community Health Assessment Survey
[Accreditation Activity 1.1 – The local health department shall conduct a comprehensive community health assessment every 48 months; Accreditation Activity 19.2- include linguistically and culturally representative persons in planning (a) and implementing programs (b) intended to reach underserved population groups.]
Program description
- The community health assessment (CHA) is performed every three years to assemble data regarding the community's health and allow prioritization and program planning.
- A key part of the CHA is data collection in the community from a random sample of residents; this ensures that we have representative and timely data regarding our population.
- In October of 2013, the Partnership for a Healthy Durham conducted the CHA community survey

  - with a random sample of households from the county
  - and with a second random sample of households from census blocks which were >50% Hispanic in the 2010 census
  - by sending interviewers door-to-door to conduct a total of 344 interviews with county residents.

Statement of goals

- To gather current data on health status, access to health care, health communication, and health priorities from community members.

Issues

- **Opportunities**
  - Gathering data from a random sample of county residents gives us reliable data for planning.
  - To our knowledge, this is the first time a NC county has oversampled the Hispanic community for the health assessment. Gathering data from Hispanic communities gives us data on a population which is growing rapidly and which has very poor access to health care.
  - Sending volunteers door-to-door exposes additional community members to the Partnership for a Healthy Durham and the Department of Public Health.
  - The volunteer experience creates invaluable relationships between volunteers, with the Partnership, and with community members.

- **Challenges**
  - Doubling our random sample required fundraising and recruitment of double the number of volunteers.

Implication(s)

- **Outcomes**
  - Data is currently being analyzed; the findings will be shared in a future report.
- **Staffing**
  - The coordinator for the Partnership for a Healthy Durham worked with a coordinator from the University of North Carolina Institute for Public Health to manage over 80 volunteers to complete the survey.
  - This volunteer pool included some volunteers from the Durham community who spoke only Spanish; thus, the survey training was translated and some survey discussion and planning meetings were conducted in Spanish. Humberto Rodriguez of Durham Health Innovations and Rachel Rosin of the East Durham Children's Initiative were invaluable in supporting this process.
- **Revenue**
  - $5000 in external funds was pledged specifically for the extension of the survey to a second random sample; these funds will cover the costs of this extension.

Next Steps / Mitigation Strategies

- Preliminary data will likely be ready to share with stakeholders in January.
- Data will be included in the 2014 Community Health Assessment document.

***Other Items*:**

Ms. Harris apprised the board that because we have a provider in the Adult Health Clinic who has been on medical leave we had to suspend the Breast and Cervical Cancer Control program. We have to have a provider that is trained by the state to operate the program. We are under contract to do

114 mammograms/cancer screenings a year and we have a small pot of money for referral and follow-up. We are making sure that all of the people who had already been seen and referred are taken care of but we are not taking any additional patients.

Ms. Harris also stated that budget amendment approved by the Board at the last meeting requesting the use of Home Health sale proceeds in the amount of $110,016 was not moved forward by the Deputy County Manager. The Deputy County Manager approved the request for $50,000 to purchase vaccines. The items related to changes to the building should be covered in the construction budget and the other items should be included in next year's budget request. The County's Chief Financial Officer is drafting a protocol that will document the intended use of the Home Health Sale proceeds for future reference.

- **UPDATE: RWJF SITE VISIT** ***(Activity 12.3)***

Ms. Harris provided the Board with an update on the Robert Wood Johnson Foundation Road Map to Health Prize site visit. Out of 253 national applications, Durham County is one of the twelve finalists. Buncombe County, NC is also a finalist. The site visit team included:

Name	**Title**	**Organizational Affiliation**
Paul Kuehnert	Senior Program Officer, Health Group	Robert Wood Johnson Foundation
Teresa Mozur	Communications Associate, Public Health Team	Robert Wood Johnson Foundation
Kirstin Siemering	Manager, RWJF Roadmaps to Health Prize	University of Wisconsin Population Health Institute
Lavastian Glenn	Program Officer	Mary Reynolds Babcock Foundation
Chuck Alexander	Senior Vice President and Director, Public Health Team	Burness Communications

The site visit team was very impressed with all of the work that we've done and the collaborations and partnerships that we have. Part of what they wanted to see was a consistency in responses about what has happened in Durham and the actual relationships referenced in the documents submitted. The site visit team visited DPS Hub Farm, Y.E. Smith Elementary School where they met staff from East Durham Children's Initiative, Lincoln Community Health Center, and Durham County Department of Public Health on Monday afternoon; had dinner at Piedmont on Monday night where the team hosted a discussion with Mayor Bell, MaryAnn Black, Heidi Carter, Philip Harewood, Mel Downey Piper, Erika Samoff and Gayle Harris; and met with fifteen of our community partners to discuss community health issues and partnerships, etc. that contributed to our successes on Tuesday morning. A decision regarding the prize winning communities will be made within three months and up to six awards will be announced in June 2014.

COMMITTEE REPORTS:

- Personnel Committee Appointments (***Activity 37.4 & 37.5***)

Mr. Dedrick, Dr. Allison, Ms. Watterson and Dr. Levbarg agreed to serve on the Personnel Committee. Dr. Levbarg, as Vice Chair of the Board, will chair the committee.

- Nomination Committee Appointments

Commissioner Howerton, Dr. Daniel, and Dr. Short agreed to serve on the Nomination Committee.

- Finance Committee Appointments (***Activity 33.6***)

Dr. Allison, Commissioner Howerton and Dr. Levbarg, Vice-Chair (Ex-officio) agreed to serve on the Finance Committee. Ms. Carter, in her absence, was appointed to the committee.

CLOSED SESSION

Chairman Miller made a motion to adjourn the meeting into closed session pursuant to G.S. 143-318.11(a) (3) to consult with an attorney in order to preserve the attorney-client privilege". Mr. Dedrick seconded the motion and the motion was unanimously approved.

The Board reconvened into open session.

OLD BUSINESS:

- **DRAFT POLICY: E-MAIL COMMUNICATION**

The Board received and reviewed a copy of the draft policy on e-mail communications between Board members. Ms. Harris stated that Attorney Wardell reviewed and edited the document.

Policy Name: E-mail Communications with the Durham County Board of Health

Purpose:

It shall be the policy of the Board of Health (the "Board") to only consider matters before them in an open and public forum consistent with the requirements of the North Carolina Open Meetings Laws.

Policy/Procedure:

To ensure that any electronic mail (e-mail) communication between members of the Board remain consistent with the mandates of the North Carolina Open Meetings laws and to avoid any appearance of impropriety or deliberation amongst Board Members.

All information which is to be distributed to the full Board via e-mail or other electronic form shall be sent directly to the Health Director who will, in turn, distribute the information to the Board.

> It shall be the responsibility of the Health Director to review the information; and, if necessary consult with the County Attorney's Office (or independent counsel) to determine the appropriateness of the distribution.
>
> It shall be the responsibility of the Health Director to disseminate the information if deemed appropriate. In the event the information is deemed inappropriate for dissemination the Health Director will inform the Board member and the Board Chairperson of this determination including any feedback from the County Attorney's Office (or independent Counsel).
>
> Upon receipt of any e-mail from the Health Director it should be indicated in the body of the e-mail that the document is "for information purposes only" and that "any consideration of the merits or deliberation on matters contained within the e-mail will take place at duly scheduled meeting of the Board".
>
> Under no circumstances should any Board member communicate with another Board member to discuss the substance of information contained in an e-mail or

deliberate on any issue of public concern raised in an e-mail unless the communication is purely administrative (i.e. establishing a meeting time etc.).

The Health Director shall place all matters of public concern which have been communicated to her/him via e-mail on the agenda for a date as deemed appropriate for consideration by the Board.

Under no circumstances shall it be appropriate for Board members to disseminate e-mails concerning matters for consideration by the Board to non-board members for any reason. It is appropriate, however, to share e-mail communications with legal counsel or retained experts who have signed a confidentiality agreement related to the issues raised in the e-mail communication.

Ms. Harris stated that Dr. Levbarg raised a concern at the November 2013 meeting about the paragraph that stated "under no circumstances should any Board member communicate with another Board member to discuss the substance of information contained in an e-mail or deliberate on any issue of public concern raised in an e-mail unless the communication is purely administrative (i.e. establishing a meeting time etc)." Ms. Harris stated that the questions raised were "how does this impact subcommittee work and what was the intent?"

Comments/Questions:
Dr. Levbarg: Right. The way it was worded, it made it seem like individuals couldn't e-mail each other. One thing, obviously, everyone on the Board can see that the policy says we will send it to Gayle but there is a piece in there that made the question arise "well, you know, could we not just communicate one on one without making a decision but we may be talking about the issue. Is that okay or is it that it seems like the issue once you have six people who are board members talking to one another, you are violating the open meeting law?
Attorney Wardell: That's part of it. If you have a committee, the responsibility of that committee is to gather information and discuss that information in some particular way. The process of gathering information and requiring information is a public function because it is a public issue and you just happen to be on the subcommittee. Clearly, you can't deliberate on the ultimate issue or decide if you are doing that via e-mail. You have a quorum; clearly you can't do that. So then the question is what about this information gathering process? It doesn't say anything about a quorum for that, to be abundantly cautious if you refrain from discussing the issue outside the public forum you will never have a problem. So, can you call Dr. Allison and say "What do you think about this thing?" You can. I don't think it is a real good practice. I think it happens all the time. If you just wait until you get into the committee meeting and say "what do you think about this", then I think it is a more open and transparent process. If you don't have a quorum, discussing the ultimate issues is not a violation of the open meeting law but if the purpose of the committee is to gather information to bring back then you probably need to do that.
Dr. Allison: What if the purpose of the committee is to bring back a recommendation, then we do have to discuss?
Attorney Wardell: Then at the committee meeting you sit down with everybody on that committee with a quorum of those who are on the committee and vote.
Chairman Miller: Are those open to the public those subcommittee meetings, or is it the minutes?
Attorney Wardell: You are not deciding ultimate issues in the subcommittee meetings typically they are not subject to the open meeting

law sometimes they are; it depends on how it is structured. In the case of the Public Health Board, you are not going to have committees that are going to rise to the level where they are actually making ultimate decisions. It's always going to be information gathering.
Dr. Levbarg: If we, as a Board, are in the process of gathering information and if any one Board member wanted to talk to another individual about that it would be better to pick up the phone than send a public document through the e-mail.
Commissioner Howerton: I can tell you from the Commissioners' side. We have been advised to never hit "reply all". That would be a meeting. If I want to send Wendy an e-mail, I can do that but I can't send it to the rest of the Board. It only takes three of us.
Attorney Wardell: Right because you have a quorum and it is subject to the open meeting law. Right here you have a bigger Board and more leeway. It has always been my position that it is just as easy to discuss it in a meeting unless it is something administrative such as "what do you think about meeting at 10:00 on such and such day". You won't have any problems if you handle it that way.
Dr. Levbarg: Then my other point for clarification is if we are working together as a committee and if everyone is charged to go out and find some information and share it, in the case of the committee, would it still be a situation where we should send that to Gayle for the dissemination to the committee?
Attorney Wardell: Not the committee. You can send whatever you want to committee members. This policy is about sending things to the full board
Commissioner Howerton: Is it the full Board or is it a quorum? Which is it?
Attorney Wardell: It is about sending something to the full Board and you want the Board to see this information to deliberate at its next meeting.

Chairman Miller: If you send it to more than one person.
Attorney Wardell: If it's something for the Board to consider, again, the Board is not making a decision on it then you need to send it to Gayle.

Chairman Miller: Even if it's information for the Board person on the committee it could be safer to send it Gayle or Rosalyn. I can't remember who we said we would send it to. It's not inappropriate to do it that way?
Attorney Wardell: It's not, if that is your policy that's fine. I think that might be a little bit cumbersome if you have six different committees and everything goes to Gayle or Rosalyn and they both have a stack of things on their desk.
Dr. Levbarg: So here we go; if it is a committee of the Board then basically the communications for the committee would be sent to the committee members?

Attorney Wardell: Right. So if you get some information and the issue is "septic tanks" and you go out and find a whole bunch of information from around the country, I don't think there is anything wrong with sending that information to all members on the committee and then when you get together you discuss it. So the only question about an open meeting is, "Is the public entitled to e-mails to see what is going on?" That is the only issue and the statute says if you are making an ultimate decision on a public matter, it has to be in an open meeting and the public has to have access to it.

Dr. Short made a motion to accept the E-Mail Communication Policy as written for the Board of Health. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **BOH POLICY REVIEW/DISCUSSION/APPROVAL** ***(Activity 36.1)***

The Board members reviewed the following existing policies prior to attending the meeting:

1. BOH 1: Policy/Procedure Introduction, Implementation and Review
2. BOH 2: Delegation of Authority to the Public Health Director
3. BOH 3: Public Contact with the Durham County Board of Health
4. BOH 4: Compliance with Public Health Laws and Regulations
5. BOH 5: Durham County Board of Health Adjudication Process (Appeals)
6. BOH 6: Adopting, Amending or Repealing Durham County Board of Health
7. BOH 7: Public Participation Policy

Dr. Levbarg made a motion to approve the Board of Health policies as written. Mr. Dedrick seconded the motion and the motion was unanimously approved.

- **UPDATE: STRATEGIC PLAN ACCOMPLISHMENTS** ***(Activity 15.1)***

Mr. Ireland provided the Board with an overview on the baseline data, revisions, and strategic plan accomplishments for 2013. Mr. Ireland stated that the document will continue to be updated and shared with the Board.

Goal 1: Workforce Development

Goal Performance Benchmarks:

1) 10% increase annually in the number of employees meeting their minimum job requirements and pursuing additional training.

   Revised Benchmark: 10% increase annually in the number of employees meeting the minimum Durham County training requirements, DCoDPH required trainings, training requirements by discipline (e.g., Environmental Health Specialist, Registered Nurses and Registered Dieticians) and pursuing additional trainings.

   Baseline: To be established based on employee training logs for FY 2013.
   Revised Baseline: To be established based on revised employee training logs for FY 2014.

2) Successfully meet 100% of the workforce development requirements for the 2013 accreditation process.

   Baseline: To be established based on employee training logs and individual performance appraisals for FY 2013.
   Revised Baseline: To be established based on Workforce Development requirements for Accreditation for FY 2013.
   100% of the requirements met for accreditation.

Indicators:

- % of employees who meet annual required trainings.
- % of employees who attain career advancement.

Goal 2: Communications and Marketing

Goal Measurement Benchmarks:

1) Ensure that 90% of staff can clearly explain the array of DCoDPH services and events by the end of fiscal year 2014.

   Baseline: To be established by the end of FY 2013.

   Revised Baseline: To be established by the end of FY 2014. Need to develop and deploy staff survey to capture this data and establish a benchmark.

2) Increase the percentage of Durham County residents who see DCoDPH as a credible and accessible source of health information and services to 15% by 2014.

   Baseline: To be established by the end of FY 2013 based on the results of community and customers surveys.

   Baseline established at 81.08% of 259 (for FY2013) county residents who participated in the survey and responded to this survey question.

Indicators:

- Number of visits to website.
- Documented media coverage/exposure (including social media).
- Documented community outreach efforts including health fair participation.

Goal 3: Technology

Goal Performance Benchmarks:

1). Increase the number of employees who are trained on and proficiently use the computer programs that apply to their positions to 100%.

   Baseline: Data gathering to begin with the launch of the new Electronic Health Record (EHR) and Practice Management System and training of staff, and this new system will interface with numerous software systems already in use, which will impact training.

Patagonia Health System training began in earnest July 2013 with Patagonia Practice Management System. Patagonia Electronic Health Record System training to begin in January 2014. Training to continue throughout 2014 as interfaces with Patagonia Health and existing software are put in place.

2). Increase the number of software programs that work as needed to 100%.

   Baseline: Data gathering to begin with the launch of the new EHR and Practice Management System as this system will interface with the numerous software systems already in use by DCoDPH.

EHR implementation scheduled for January 2014. Training will be needed as interfaces are put into place through 2014.

Indicators:

- Technology Plan finalized and implemented. (Finalized March 2013.)
- EHR and Patient Management System(s) successfully launched.
- % of staff trained to use software to their jobs.
- Increase use of data collected internally to evaluate DCoDPH services.

Goal 4: Access to Medical and Dental Care

Goal Measurement Benchmarks:

1) Increase the number of unique (unduplicated) patients seen in our medical clinics by 25% by the end of FY 2015.

Baseline: In Fiscal Year 2013 the medical clinics served 14,648 unique and unduplicated patients.

By the end of Fiscal Year 2015 the medical clinics will need to serve 18,310 (3,662 increase) unique and unduplicated patients. This would be a 25% increase.

Increase the number of unique (unduplicated) patients seen in our dental clinics by 25% by the end of FY 2015.

Baseline: In Fiscal Year 2012 the dental clinics served 2,884 unique and unduplicated patients.

There were 2,832 unduplicated patients seen in the Dental Clinic in FY13.
By the end of fiscal year 2015 the dental clinic will need to have served 3,605 (721 increase) unique and unduplicated patients.

2) Increase the percentage of uninsured Durham County residents who receive care at the DCoDPH by 10% by the end of FY 2015.

Baseline: In Fiscal Year 2012, 58% of residents who received services from the medical and dental clinics were uninsured.

In FY2013 10,833 patients who received care in the medical clinics were uninsured which is 74% of the patients served in the medical clinics. The number of uninsured would need to increase by 1,083 by end of FY2015.

In FY2013, 1,252 patients who received care in the dental clinic were uninsured which is 44.2% of the patients served. The number of uninsured would need to increase by 125 by end of FY2015.

Indicators:

- % patients assisted in applying for Medicaid, Health Choice and the Marketplace.
- Number of people referred for behavioral or mental health services. Insight did not have this as a function. This is to be captured in Patagonia
- Number of patients receiving services from multiple clinics within the DCoDPH.
- Strategies developed to improve access to DCoDPH services are implemented.
- Number of patients who are referred from one clinic to another clinic within DCoDPH. To be a function in Patagonia.

Questions/Comments:

Dr. Allison: Have you considered the fact, since here at the health department it is mostly kids that you see, with the affordable care act all new plans that folks are suppose to being getting by the mandate have a dental component that is mandatory for children? So that uninsured number should drop for dental because every child whose family signs up for health insurance through the affordable care act should have dental insurance.

Ms. Harris: We are not sure what will happen. The undocumented who have children who will be eligible because they were born here, may not actually follow through with enrollment.
Dr. Short: I have a question about the way we are measuring. That would be are you just shifting the uninsured out of Lincoln and the County Health Department numbers would increase but nothing has changed? I don't have a great solution to offer you but it seems like that particular number isn't meaningful because you don't know. I know you are trying to get those that haven't been cared for before and are now getting care.
Ms. Harris: I totally hear what you are saying. In our clinics, we do different things than Lincoln does. Lincoln has develop a Family Medicine practice in their patient panels which could mean that they could see pregnant women but we have agreed how we will slice the pie to keep from duplicating efforts. They do see Family Planning patients but I don't get a sense that our patients are going back and forth between agencies, but that could be. Hopefully, we will be able to share information very soon electronically. We will be able to match our patients and be able to look for duplication of efforts. We are working with Lincoln and Duke to look at the availability of services for individuals across the County to make sure access is available. I guess it could become more of a problem than it is now but we can certainly make a note of that to make sure that we are just not swapping the patients out.
Dr. Short: My other questions have to do with dental and I defer to you but I am going to ask. I am sure you know what the capacity is for your dental clinic and so instead of measuring unduplicated patients what if you measured what percent of capacity you were running at? That gives you a different way of thinking about the measure and the outcomes. Does that make sense?
Dr. Allison: It makes sense.
Dr. Short: It would have to be some kind of procedure or unmet need something other than just the raw numbers. It would also be a queue if you were starting to push your limits of capacity. It would set off your alarms that we need to expand or we need to go to those Commissioners. You keep statistics too on how many people keep appointments and don't show.
Ms. Harris: Yes. I think in dental it was 29% broken appointment rate.
Dr. Allison: Is that total or is that dental?
Ms. Harris: That's dental.
Dr. Short: Is that high?
Dr. Allison: Yes that's high.
Ms. Harris: Well, for the Medicaid population it is about average.
Dr. Allison: You are probably doing better with the Medicaid rate than the private practice. I would say it almost close to 50% in private practice.
Commissioner Howerton: Are you sharing facts about the health department coming out with NC Fast in the coming year and how that impacts?
Ms. Harris: The issues with NC Fast will have an impact on Medicaid status of patients. NC Tracks will have an impact on our revenue. We are not going to deny services to patients without Medicaid. The County Manager and prior commission boards have made it very clear, when we have provided fees to be included in the Budget Ordinance, that patients should be seen even if they cannot pay for a needed service. So, the delay in redetermination for Medicaid beneficiaries will not postpone services. We do recognize that the services will be covered retroactively. **Dr. Allison**: Has the health department had any problems with NC Tracks?
Ms. Harris: Yes, who hasn't?
Dr. Allison: I haven't. I have been one of the lucky one.
Ms. Harris: We have not billed for dental services since July because we are waiting for the state to approve our dental provider. Prior to July 1st, health departments were billing using an organization number. With NC Tracks, we had to start billing using provider numbers. Our original application was rejected without a reason for the rejection and with a

requirement that we appeal the decision. After several telephone calls, they finally told us some numbers were mixed up in the original application and we just needed to reapply paying attention to the social security numbers. We have not heard from them. We are sure that once the application is approved, billing will be okay.
Mr. Ireland: The no show rates have dropped by about 2% from FY12 to FY13. That is what you see here.
Dr. Short: That's what I was getting ready to say that could be a goal to attack that, if they could get that rate to drop by 5% or something?

Goal 5: Obesity and Chronic Illnesses
Goal Measurement Benchmarks:

1) Increase the percentage of adults getting the recommended amount of physical activity to 47% by 2015. (We need to adjust this number based on 2011 data).

   Baseline: 43%, (2009, BRFSS), we will continue to use BRFSS data to determine how successful we've been in reaching this benchmark.
   Revised Baseline: 52% (2011, BRFSS). Because of changes in BRFSS data collection, data from 2011 and later are not comparable to previous years. Data collection through the use of cell /smart phones are now being captured (therefore a much younger demographic is being captured).

2) Increase the percentage of adults who report they consume fruits and vegetables five or more times per day to 25% by 2015.

   Baseline: 22%, (2009, BRFSS), we will continue to use BRFSS data to determine how successful we've been in reaching this benchmark.
   Revised Baseline: 19%, (2011, BRFSS). Because of changes in BRFSS data collection, data from 2011 and later are not comparable to previous years. Data collection through the use of cell /smart phones are now being captured (therefore a much younger demographic is being captured).

3) Increase the utilization of DCoDPH programs and services that promote healthy lifestyles by 10% by 2015.

   Baseline: Departmental data better gathered after launch of new patient management software system. Community surveys will be used to determine if this benchmark is met.

Indicators:

- % increase in number of customers from baseline who use programs/services (e.g., health education webinars, chronic disease and diabetes self-management programs, worksite wellness programs).
- Percentage of adults getting the recommended amount of physical activity (BRFSS http://www.schs.state.nc.us/schs/brfss/2009/durh/topics.html).
- Percentage of adults who report consuming fruits and vegetables five or more times per day (BRFSS).

Goal 6: Education
Goal Performance Benchmarks:

1) Increase the number of students in Durham Public Schools (DPS) who have medical homes by 10% by 2015.

   Baseline: School Health initially established the Goal Performance

Benchmarks for Goal 6: Education prior to the beginning 2012-2013 school year. The following data will be collected to determine if a student has secured a medical home:

School Health has a secured care rate which is tracked. Each nurse is given a benchmark of 75% they must reach.
Each nurse achieved this benchmark. The secured care rate for the overall School Health Team is 75% (793 referrals/594 secured care).

- The number of referrals for health services and the number of referrals that secured care from a health service provider (excluding urgent care and emergency departments).

- The number of care plans signed by parents and returned to the school nurses (Care plans for identified health conditions are sent home for parents/guardians' acknowledgement/signatures with requests to return signed plans to the school nurse. A question asking if the student has a regular health care provider will be added to the care plans.)

- The number of students known to have special health conditions/chronic illnesses and identification of the student's health care provider.

2) Increase the number of students who can show a clear understanding of health education and health promotion by 10% by 2014.

   Baseline: To be determined based on the FY 2013 school year. Each school nurse had different methods of capturing this data; they have met to develop a more consistent way of capturing and reporting this data, to be in place by the end of this school year.

3) Increase the number of students and families who recognize the school health program as a valuable program and source of health information by 10% by 2014.

   Baseline: To be determined based on the FY 2013 school year. Each school nurse had different methods of capturing this data; they have met to develop a more consistent way of capturing and reporting this data, to be in place by the end of this school year.

Indicators:
- % of students with secured care.
- Nurse visibility and participation in school and system wide DPS events.
- Pre/post tests and evaluations for school health program classes/groups.

(***The document that includes the 2013 strategies and actual outcomes is attached to the minutes.)***

NEW BUSINESS:
- **<u>NC SENATE BILL 20</u> AND NALOXONE BEING ADDED TO THE PUBLIC HEALTH FORMULARY FOR NURSES**

Mr. Dedrick discussed with the Board about adding Naloxone injections dispensed by nurses in health departments to the list of medications approved by the NC Board of Pharmacy. Naloxone injection is an antidote for opiate overdose, a condition that has become a national epidemic resulting in over 35,000 deaths in the last 15 years. The use of Naloxone during this same time period is credited with saving over 10,000

lives. NC Senate Bill 20 allows for dispensing and use of this medication for this purpose.

Mr. Dedrick stated that he has been working with Orange County Board of Health to present this recommendation to the NC Board of Pharmacy. Mr. Dedrick stated that he has also been in touch with Jay Campbell, Executive Director of the NC Board of Pharmacy about adding Naloxone to list of dispensed drugs by nurses in public health departments and he is supportive. Mr. Campbell has offered Mr. Dedrick a slot to present this idea to the NC Board of Pharmacy Board meeting on January 21, 2014. Mr. Dedrick requested the endorsement from the Board supporting the recommendation that Naloxone injections be added to the NC Board of Pharmacy approved list of medications dispensed by nurses in health departments (***Supporting documents are attached to the minutes***)

Questions/Comments:
Chairman Miller: Here at the health department how would it come to be utilized?
Mr. Dedrick: It would be used by a spouse, parent, etc. in the home like an EPI pen.
Mr. Harris: We totally support the idea of having it available but we have not sat down to talk about how a program would work here. One of the articles we gave you at your seat is the report of how a program has operated in New York City since 2007. They offer advertisement that the kits are available, have times when people can come in for training, and provide the kits to a family member/other third party to take home. We would want to talk about how that plays out here in conjunction with the way NC law is written.
Dr. Short: As you would be responsible for the training of the nurses since they would be dispensing.
Ms. Harris: Yes, we would. Many health departments don't have an onsite pharmacy like we have.
Dr. Dedrick: Orange County has 5 hours a week of a pharmacy. It really applies to more people like Orange County than it does us because this is a more rural problem.
Commissioner Howerton: So how is the drug used? Like a pain medication?
Ms. Harris: Yes, say like you have back pain and the doctor gives you oxycodone. If the medication is taken to the point of dependency and overdosing, Naloxone can be given as an intervention. It is a true injury prevention intervention.
Mr. Dedrick: The article about the program in New York focuses on heroin addicts. The article I provided is from Centers for Disease Control and Prevention. It focuses on overdoses of prescription opioid pain relievers.
Dr. Allison: What kind of budget impact, manpower, etc., would this have?
Mr. Harris: We haven't looked at it and that is not what Mr. Dedrick is asking.
Dr. Allison: Yes, I know that. I am talking about looking down the road.
Ms. Harris: When we bring back an implementation plan, the cost of the kits, etc. would be included.

Dr. Allison made a motion to endorse the recommendation that Naloxone injections be added to the NC Board of Pharmacy approved list of medications dispensed by nurses in health departments. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **CONSENT AGENDA PROCESS**

Questions/Comments:
Chairman Miller stated that he wanted to discuss and understand the Consent Agenda Process, what would be included, and that the significant things could be sent to the board electronically ahead of time so that we understand what we are grouping together.

Ms. Harris stated that you could approve the whole consent agenda or you could pull certain items to discuss and approve individually.

Chairman Miller: On the consent agenda, are some things not permissible to be on it?
Attorney Wardell: That would be my question. A consent agenda for a Board is used when there are deliberating work sessions and an opportunity for public comments. Items that have been discussed and have entertained public comment do not require deliberation. Things like that are on the consent agenda.
Dr. Levbarg: So there may be times when we can streamline but there is not much we can streamline is what I am hearing.
Ms. Harris: When Dr. Miller brought it up I wasn't real clear on what he was thinking about that why we have it here for discussion.
Chairman Miller: I was thinking about would it help us get to important topics that could need a little bit more time by having things that are just information and we have read it and we don't need to pull it out and discuss it.
Ms. Harris: The consent agenda usually contains action items. We don't have that many action items. You asked for the information electronically. Does that work for everybody? For anyone that the electronic version doesn't work for, we can mail you a hard copy.
Commissioner Howerton: I would like a hard copy. My only concern is that a consent agenda usually has no discussion around it.
Ms. Harris: There aren't many things that you vote on.
Chairman Miller: I was just looking we spent about an hour on the action item.
Ms. Harris: To preserve meeting time, I will not t talk about the administrative reports unless there is something that needs to be highlighted.
Dr. Levbarg: One of the things that we can also do to sort of step up the plate is come prepared and ask few questions about reports so that not only would you be highlighting things but if there are things that we have seen that might be different that we need to bring forward.
Ms. Harris: With the NOV Report, how do you want that to be handled?
Dr. Allison: Send it out and only if there is something that is very odd or controversial that needs to be highlighted, discuss in the meeting.
Attorney Wardell: What I would do with all of those reports is put them on the website when you list the meeting date and the agenda.
Commissioner Howerton: Is there any way to prepare people that this is coming?
Ms. Harris: The things that we talk about are the same things every month but the specifics of the violations are current.
Commissioner Howerton: I understand. I am just anticipating what usually happens when there is a change. People get concerned because they didn't know beforehand when you change something.
Ms. Harris: I am confused, so the question is about the change in process?
Commissioner Howerton: The change in process. We're going to not do everything here but we are going to just vote on some things and not discuss them.
Chairman Miller: Going forward we are talking about just the Administrative Reports.

Attorney Wardell: You are going to begin putting this information on the website with the effective date posted. I think that is probably enough. Any document that you consider in the meeting should be placed on the website.
Ms. Harris: In summary: we have nixed the consent agenda idea; we will move forward with sending board packets electronically to all board members except Commissioner Howerton who requested hard copies of the materials; we will continue to post the agenda on the website but will add links to all documents to be considered during the meeting.

- **AGENDA ITEMS-JANUARY 2014 MEETING**
  Annual Communicable Disease Report, if data are finalized
  State of the County Health Report
  Nomination Committee Recommendations
  Personnel Committee Update
  E-Cigarettes

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- The Board was informed of the Human Trafficking Video, a product of a health policy class taught by Dr. Short posted on the department's webpage (http://www.dconc.gov/index.aspx?page=379)
- Dr. Levbarg reminded everyone to sign-up for A Healthier Durham (www.ahealthierdurham.org)
- Dr. Allison asked if the department had been contacted about a statewide Mini-Mission of Mercy Project scheduled in April 2014. No one attending the meeting had answers. Becky Freeman, Deputy Health Director will follow up and report back to the board with her findings.

Commissioner Howerton made a motion to adjourn the meeting. Dr. Short seconded the motion and the motion was unanimously approved.

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Jim Miller, DVM-Chairman

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Gayle B. Harris, MPH, Public Health Director