



Public Health

100 Years of Service ★ 1913-2013

Building on a Legacy

Annual Report 2013





Gayle B. Harris, MPH, RN
Public Health Director
Durham County

Public Health Director's Message

Greetings,

Fiscal Year 2012-13 was an incredible year for the Durham County Department of Public Health...an incredibly busy year! In addition to conducting the ongoing business of Public Health, much of the year was spent preparing for a site visit from a team on the behalf of the North Carolina Local Health Department Accreditation Board.

In the midst of spirited preparation, two longtime members of our leadership team, Sue Guptill, Director of Nursing and the Community Health division and Tekola Fisseha, Director of the Health Education division, retired. Together they had more than 60 years of service within the Department. Later in the year, two longtime Environmental Health staff members - Daryl Poe, Environmental Health Program Specialist and Robert "Bob" Jordan, Supervisor of the Onsite Waste Water Protection Program, retired with each having more than 30 years of service within the Department.

There is no way that we can replace more than 120 years of knowledge, skills and abilities and the uniqueness that each of these individuals brought to our work family. The good news is that upon their departures, internal staff members were ready to assume the vacated job responsibilities - Hattie Wood, Director of Nursing and Community Health; Melissa "Mel" Downey-Piper, Director of the Health Education division; John Williams, Environmental Health Program Specialist; and Patrick Eaton, Supervisor of Onsite Waster Water Protection.

April 6 will always be a special day for Public Health in Durham County. 2013 was extra special, as we turned 100! Throughout the years, Public Health issues were addressed by engaged members of the Boards of Health and seven superintendents/health directors in four locations. While the complexity of our work has changed, the focus over the years continued to include onsite waste water protection, communicable disease control, and infant mortality reduction.

After many long hours and a few sleepless nights, April 21 found us hosting the site visit team sent on behalf of the NC Local Health Department Accreditation Board. During their four days on site, their focus centered on evaluating the department's capacity "to perform at a prescribed, basic level of quality the three core functions of assessment, assurance, and policy development and the ten essential services as detailed in the National Public Health Performance Standards Program.

The Ten Essential Services are:

1. Monitor health status to identify and solve community problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

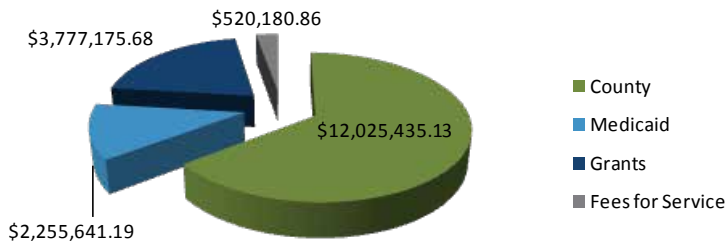
On June 21 at the annual meeting of the NC Local Health Department Accreditation Board, the Department was awarded four-year accreditation status after having met 148 out of 148 activities associated with the 41 accreditation benchmarks!

This annual report highlights some Department activities categorized by the ten essential public health services. We look forward to continuing to build capacity and skills in each of the services areas in order to assure that the residents of Durham County receive excellent Public Health services!

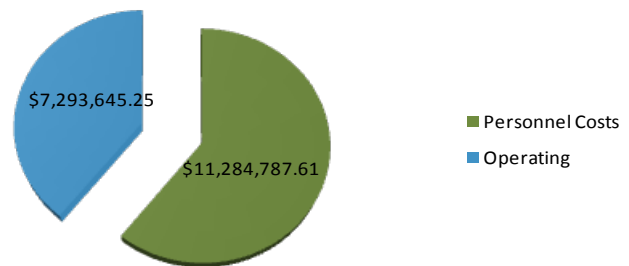
Putting the Public's Health First,

Financials and Patient Statistics

Funding Sources FY 13



Expenditures FY 13



CLINICAL SERVICES AND STATISTICS

Race		
American Indian	16	0.11%
Asian	472	3.19%
Black	7378	49.85%
Native Hawaiian/ Pacific Island	21	0.14%
Unreported	5467	36.94%
White	1446	9.77%
Total	14800	100.00%

Ethnicity		
Hispanic	5336	36.05%
Non-Hispanic/Latino	8170	55.20%
Unknown/Unreported	1294	8.74%
Total	14800	100.00%

Gender		
Male	5145	34.76%
Female	9655	65.24%
Total	14800	100.00%

Age Group		
0-4 years	1273	8.60%
5-14 years	2482	16.77%
15-24 years	3551	23.99%
25-34 years	3892	26.30%
35-44 years	1927	13.02%
45-54 years	1013	6.84%
55-64 years	516	3.49%
65 over	146	0.99%
Total	14800	100.00%

Payor Source		
Self Pay	9163	61.91%
Medicaid	5596	37.81%
Other Insurance	38	0.26%
Medicare	3	0.02%
Total	14800	100.00%

DEPARTMENTAL SERVICES PROVIDED

Summary of Services Provided	
Number of Screenings	35,271
Number of Treatments/Encounters	196,727
Number of Educational Presentations	16,147
Number of Participants	42,283
Total	248,595

LEADERSHIP TEAM

Gayle Harris, MPH, RN -
Public Health Director

Rebecca Freeman, MPH, RD, LDN -
Deputy Public Health Director

Eric Ireland, MPH, REHS - *Deputy Public Health Director*

Arlene Seña, M.D., MPH - *Medical Director*

Robert Brown, REHS - *Environmental Health Director*

Mel Downey-Piper, MPH, CHES - *Health Education Director*

Michele Easterling, MPH, RD, LDN - *Nutrition Director*

James Harris, Jr., Ph.D - *Dental Director*

Marcia Johnson, MPA - *IT Administration Division Director*

Rosalyn McClain, *Administrative Assistant*

Eric Nickens, Jr., MA, CHES -
Information and Communications Manager

Hattie Wood, RN, MSN, MHA -
Community Health and Nursing Director

DURHAM COUNTY BOARD OF HEALTH

James M. Miller, D.V.M. - *Chairperson, Veterinarian Member*

Teme M. Levbarg, Ph.D, MSW - *Vice Chairperson, Public Member*

F. Vincent Allison III, D.D.S. - *Dentist Member*

Jill Bryant, O.D. - *Optometrist Member*

Michael Case - *Public Member*

Heidi Carter, MSPH - *Public Member (for Professional Engineer)*

Stephen Dedrick, RPh, MS, ScD (hon) - *Pharmacist Member*

John T. Daniel, Jr., M.D. - *Physician Member*

Commissioner Brenda Howerton -
Durham County Board of County Commissioners Liaison Member

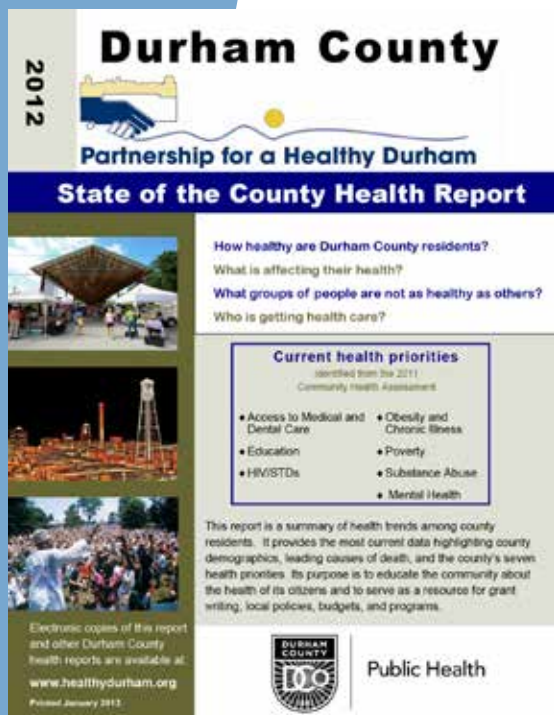
Nancy Short, DrPH, MBA, RN - *Registered Nurse Member*

Bergen Watterson, MSCP - *Public Member*



essential service one

Monitor Health Status to Identify and Solve Community Health Problems



State of the County Health Report (SOTCH)

The SOTCH report for 2012 was released in early December, and distributed widely to many stakeholders and partners.

The Durham County State of the County Health (SOTCH) report is a summary of health trends among county residents. It provided the most current data highlighting county demographics, leading causes of death, and the county's seven health priorities. It also provided updates on county work on the Health Priority Areas, which are tied to the goals and objectives outlined in Healthy NC 2020. Its purpose is to educate the community about the health of its citizens and to serve as a resource for grant writing, local policies, budgets, and programs.

10
(out of 40)
Healthy NC 2020 targets
already met or exceeded
by Durham County.

To view the report, visit the Health Resources and Data section at www.dconc.gov/publichealth.

For more information about Healthy NC 2020 Health Improvement Plan, visit publichealth.nc.gov/hnc2020/



Child Fatality Task Force

Child Fatality Prevention Teams (CFPT) in North Carolina were legislatively established in 1993. Each of North Carolina's 100 counties has a team and each local health department is responsible for assuring these teams are operational and mandated by state law to meet quarterly.

Public Health staff convened eight CFPT meetings in 2012. The team reviewed medical examiner reports, death transcripts, police reports and other records for deceased county residents under age 18 whose fatalities are not due to abuse and neglect.

CFPT members also discussed outcomes of services and circumstances surrounding the child's death to identify any system problems and gaps in services. The team is also tasked with carrying out recommendations and actions to prevent child deaths, as needed.

No system concerns were identified, nor were recommendations made for changes in services currently provided for children and families in Durham County. However, the CFPT did recommend that the team itself begin to plan a community educational event to address prenatal care, firearms safety, mental health, and bicycle/scooter safety.



46
Cases reviewed by
Durham County CFPT
in 2012.



Diagnose and Investigate Health Problems and Health Hazards in the Community

Water Quality Sampling at Rolling View Beach

The Environmental Health division started a water quality sampling program at Durham County's only public beach on Falls Lake, Rolling View Beach.

Equipment for this initiative was readied and tested in preparation for the 2013 Memorial Day to Labor Day swim season. The program was designed to inform the general public of the water quality for swimming purposes.



The beach also featured signage advising that the beach is monitored for water quality, as well as precautions that can be taken to reduce the possibility of contracting a waterborne illness.

Water was sampled each Monday morning for E. Coli bacteria levels. In the event bacterial levels were above the Environmental Protection Agency (EPA) recommended limit, the beach would be advised to close. Clearance to reopen would only be given when sampling on two successive days indicated bacterial levels below the recommended limit.

Currently, no closures due to water quality have occurred.

Protecting the Health of Durham County

Ongoing communicable disease surveillance, control, and prevention ensure rapid identification, prompt response, and thorough investigation of reported disease, including tuberculosis, sexually transmitted infections, HIV, vaccine preventable diseases, foodborne illnesses, vectorborne diseases, and others.

Over 4,200 cases of communicable disease were investigated in Durham County in 2012 and reported to the NC Division of Public Health. Outbreaks of disease were investigated by a multidisciplinary team of public health professionals that comprise the department's Epidemiology (Epi) Team.

Prevention efforts, including screening, testing, treatment, and education, were provided by staff in various health department clinics and through outreach events, which target at-risk adults. Over 4,000 clients received services in the Adult Health clinic and over 3,000 confirmed cases of sexually transmitted infections (STI) were treated and reported to the state.

Staff worked closely with area relief agencies to ensure that communicable diseases of public health concern were promptly identified and treated in newly arriving refugees and reported to the state in accordance with North Carolina laws. Approximately 300 refugees and their families arrived in Durham County over the course of the year. Over 80% were screened and vaccinated to prevent communicable disease through the refugee health clinic, a 64% increase over the number screened in 2011.

In 2012, our Tuberculosis (TB) control program provided treatment to 10 clients with active and latent tuberculosis. An additional 206 contacts of those clients were screened. Of those screened, 62 met the criteria for TB infection. The program also reached 48 residents through outreach efforts, which are designed to rapidly identify contacts to confirmed TB cases.

3,103

Positive Sexually
Transmitted Infection
cases treated.



essential service three

Inform, Educate, and Empower People About Health Issues

Health Education Testing Team

Ranked third in North Carolina for HIV, early intervention and education is key to preventing the spread of disease. The Health Education Testing Team screened individuals for sexually transmitted infections (STIs) (including HIV, syphilis, gonorrhea, chlamydia, and Hepatitis C) and provided personalized and group education in a number of settings, including clubs, parks, churches, the jail, college dorms and campuses, recreation centers, street corners, stores and homes.



2,217

Individuals Screened
for HIV in
FY 2013.

Living Healthy Self-Management Programs

Many people, once diagnosed with a medical condition, have a difficult time managing their condition and in many cases, getting that extra knowledge comes at a financial cost.

Public Health offered evidence-based programs, including Chronic Diseases Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) at no-charge, to help individuals manage their health in six-week sessions.

CDSMP focused on chronic conditions and taught participants how to self-manage and improve their own health, while reducing health care costs. The program focused on problems that are common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, medication use, emotions, and communicating with doctors.

DSMP taught participants how to self-manage and improve their diabetes. Participants made weekly action plans, shared experiences, and helped each other solve problems they encountered in creating and carrying out their self-management program.

38

Participants reached
through two sessions of
DSMP and CDSMP in
FY 2013.

5,314

Durham Public Schools
students reached by
the DINE for LIFE
program.

DINE for LIFE

Ask a group of five year olds where lettuce comes from and most will say the grocery store. Few, if any, have ever seen a lettuce plant growing in soil.

However, you may get a very different answer from a child that has had the DINE curriculum.

Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating is a SNAP-Ed Nutrition Education and Obesity prevention grant program. DINE for Life worked with targeted public schools and community groups to improve health via nutrition classes, taste tests, cooking demos, cooking competitions, ALIVE newsletters, health fairs, and other learning activities in nutrition, physical activity, and food safety.



20,012

Households reached by
the ALIVE newsletter
quarterly.



Mobilize Community Partnerships and Action to Identify and Solve Health Problems



During the year, Public Health staff continued to coordinate the work of The Partnership for a Healthy Durham, a coalition of local agencies and citizens dedicated to improving the physical, mental, and social health and well-being of Durham's residents, focused on the health priorities identified during the last Community Health Assessment in 2011.

As part of Public Health since 2004, the Partnership has one full-time staff member and four committees that each focused on a Durham County health priority, led by a steering committee, which created a setting for regular communication between Public Health, community members, and community organizations. Health priorities arising from these discussions determined during the Community Health Assessment process informed and aligned with the Public Health and Durham County Strategic Plans.



568
Members representing
296
Organizations

The Partnership was involved in many successful activities throughout the year, including a four-part newspaper series and distribution of educational materials focused on the implementation of the Affordable Care Act; and the establishment of a pilot Healthy Mile Trail in historic Stokesdale, which offered easy and affordable access to exercise in the community.

Veggie Van

There was a bit of an unusual celebration in May 2013, as Durham County celebrated its first Veggie Van delivery. No cake, no punch, but plenty of fresh, locally grown fruits and vegetables such as carrots, kale and potatoes.

The Veggie Van program, run by the nonprofit organization Community Nutrition Partnership as part of the Green Cart program based at the UNC Center for Health Promotion and Disease Prevention, works with churches, child care centers, community organizations and other non-profits to deliver boxes of fresh, locally grown fruits and vegetables to people in the Triangle area who have limited access to these products.

As part of the health goal in Durham County's Strategic Plan, the Veggie Van partnership helped ensure that all Durham residents have access to healthy food. According to the United States Department of Agriculture, Durham has five food deserts, or low income neighborhoods that are lacking a food store. Many others live in neighborhoods where the produce at their grocery store is of poor quality or very expensive.

During FY 2013, there were two pilot sites in Durham County, Durham Area Technical College and the Durham County Department of Public Health. Between 60 to 130 people purchased boxes of produce a week. Preliminary evaluation showed that regular Veggie Van customers increased their fruit and vegetable consumption by two servings a day because of the program.



Develop Policies and Plans That Support Individual and Community Health Efforts

Durham County Board of Health Smoking Rule

On August 1, 2012, Durham County's Board of Health Smoking Rule went into effect, becoming the most progressive and comprehensive smoking rule in North Carolina. Smoking now is prohibited in most public spaces that are owned, leased or maintained by the city and county.

In preparation for the launch of the Board of Health Smoking Rule, Health Educators provided 22 outreach presentations to worksites and community, organizations reaching approximately 600 individuals; billboards were rotated among nine different locations throughout the county; and 7,500 residents were reached through the distribution of informational Smoking Rule cards. Additionally, five smoking cessation programs were offered, with nearly 50% remaining non-smokers six months after the end of the four week program.

Media efforts included newspaper articles, television appearances and a presence on social media channels such as Facebook, Twitter and the websites of the health department and partner organizations.



1,000

No Smoking signs were mounted at bus stops throughout Durham County for the Rule's rollout.



Water Fluoridation in Durham County

After nearly ten months of study, the Durham County Board of Health voted unanimously in June 2013 to accept the recommendation of its water fluoridation ad hoc committee, to recommend to the Durham City Council to continue the fluoridation of Durham's drinking water supply at current levels.

The recommendation is deemed effective for prevention of tooth decay and for promotion of good oral health by the United States Department of Health and Human Services (US-DHHS) Centers for Disease Control and Prevention (CDC).

The issue originally came before the Board of Health in August 2012; after Durham City Council asked the board to investigate its merits, in order to address complaints made by a citizen of Durham that fluoride is harmful to our health and therefore fluoridation of drinking water should be discontinued.



Enforce Laws and Regulations That Protect Health and Ensure Safety

Rabies Control

North Carolina General Statute § 130A-185 requires owners of cats, dogs, and ferrets over four months of age to be vaccinated against rabies.

Rabies cases have been on the rise over the past year in Durham County. To combat this growing problem, Public Health staff members worked across departmental lines within Durham County Government to help address the issue.

The Rabies Control program evaluated all potential exposures to rabies that occurred in humans and animals, working collaboratively with the Animal Services division of the Durham County Sheriff's Office and Durham County Attorney's Office to educate the public and ensure compliance with state rabies laws. This partnership has led to increased efficiencies, as well as increased access and lower cost to vaccination services for Durham County residents.

339

Number of animals involved in case evaluation and follow-up in FY 2013.



Changes to Food Service Inspections

Durham has developed a reputation for its dining scene with a wide array of dining choices and was voted the "Tastiest Town in the South" by *Southern Living* Magazine in June 2013.

With over 1,100 food service establishments from fast food to full service under routine inspection, as outlined in North Carolina General Statute § 130A-248, we play a major role in that distinction, ensuring that the culinary professionals in the kitchen keep you safe, well before your entree arrives at your table.

2,294

Number of food service inspections conducted by Environmental Health in FY 2013.



On September 1, 2012, North Carolina adopted the FDA Model Food Code into the North Carolina food service establishment inspection program. This was a significant change that now aligns North Carolina's food service establishment rules with the FDA model.

To help meet the increasing demands for establishment inspections over the coming years including the more stringent Food Code requirements, two team leader positions were established within Environmental Health.

The team leaders allow for increased oversight of section compliance with establishment inspections, data entry, complaint investigation and enforcement activities.

The complete version of the FDA Model Food Code can be found by visiting:
ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf

essential service seven

Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Prenatal Services

The first years of life are extremely important for building a foundation of good health and overall well-being for a lifetime.

Both traditional and non-traditional evidence-based prenatal programs are offered within the department.

Centering Pregnancy® is a non-traditional method of providing prenatal care in a group setting of 8 to 12 women of similar gestational age. The Centering model of prenatal care increased both participant and provider satisfaction, and the goal is to improve birth outcomes.

According to the Centering® Healthcare Institute, “through this unique model of care, women are empowered to choose health-promoting behaviors. Health outcomes for pregnancies, specifically increased birth weight and gestational age of mothers that deliver preterm, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.”

Since 2004, Centering has been offered to our clients as a collaboration with the Duke Midwifery Program.

8,376

Traditional prenatal visits in the Maternity Clinic.

874

Centering® program visits in the Maternity Clinic.



Child Coordination for Children (CC4C)

Care Coordination for Children (CC4C) provided nursing and social work services within a population care management framework to children from birth to age 5 who are high cost/high users of services, have special health care needs, are in foster care and/or are exposed to toxic stress in early childhood.

CC4C goals included maximizing health outcomes among children ages birth to 5 years and providing cost savings in a managed care model.

Durham County's CC4C program excelled in North Carolina's CC4C Performance Measure 1, which measures the length of time from discharge from the Neonatal Intensive Care Unit (NICU) until the first visit to a primary care provider or other appropriate specialty provider.

The program also excelled in Emergency Department visits key performance indicator with lower rates than other counties in the Northern Piedmont Community Care network and the state as a whole. These are two of our key performance indicators that we have contracted to show improvement for the purpose of reducing health care costs.

92.8%

NICU graduates seen by Primary Care Provider within seven days of discharge from hospital.



Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable



Breast and Cervical Cancer Prevention

The Breast and Cervical Cancer Prevention Program (BCCCP) provided screening for breast and cervical cancer to the underserved women of Durham County who's income is at or below 250% of the poverty line.



The BCCCP program's priority population focused on women between the ages of 40 to 64, with overall goals to reduce the incidence of and mortality from breast and cervical cancer.

In FY 2013, 142 women were seen through BCCCP. Three women were found to have breast cancer. Because they were diagnosed through BCCCP, the patients were eligible for BCCCP Medicaid to pay for treatment.



90%
Positive changes seen in nutrition habits of DSME clients on subsequent visits.

Family Planning

Family Planning clinic offers services including physical exams, testing for infection, counseling and education on different methods of birth control, and dispensing of contraceptives.

Implants and intrauterine devices are considered the most effective ways to prevent unplanned pregnancies.

267%
Increase in the use of long acting form birth control (implants and intrauterine devices) among clients seen in Family Planning.

5,866
Number of client visits in the Family Planning clinic during FY 2013.

Clinical Nutrition

As the old saying goes, "You Are What You Eat."

The Clinical Nutrition program helped clients discover just what they are eating through medical nutrition therapy and nutrition counseling to individuals and families.

Counseling provided included a wide range of issues including weight management, disease management (including diabetes and heart health), prenatal and postnatal nutrition, pediatric nutrition, and employee wellness.

Our array of programs also included Diabetes Self Management Education (DSME), an American Diabetes Association recognized program, provided participants with the knowledge and skills needed to manage their disease. Participants also received individual counseling and attend group classes facilitated by a Certified Diabetes Educator/Registered Dietitian.



essential service seven

Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

School Health

Public Health provides school nurse coverage for all schools within Durham Public Schools. The program's goal is to develop, establish and maintain a comprehensive School Health program by utilizing the nursing process through a collaborative effort with educators and health personnel. Emphasis is placed on health promotion, early intervention and remediation of health problems.

Durham County maintains a school nurse to pupil ratio of 1:1225. The recommended school nurse to pupil ratio is 1:750.

*School Nurses
provided*

7,086

*one-on-one student
consultations.*



650

*Dental patient treatment
plans completed
in FY 2013.*

32

*Patients screened through
the Project Access of
Durham pilot project.*



Filling a Need for Dental Health

Dental care, especially for adults without dental insurance, can be difficult, if not impossible to obtain, leading to serious dental complications.

For four months in 2013, the dental division collaborated with Project Access of Durham on a pilot project, offering dental screenings to uninsured adults in need of care.

A volunteer dentist completed the screenings in Public Health's dental clinic. Based upon the screening results, Project Access then made referrals to a local dentists that agreed to treat patients at no cost.

In addition to the on-site clinic, which serves youth through age 20 and pregnant women, The Tooth Ferry, Public Health's 40-foot custom-designed van, featuring a fully equipped dental office with two dental chairs, x-ray room and front office, visited Durham Public Elementary Schools and provided a full range of dental services, including exams and fillings.

The need for the Tooth Ferry was identified 14 years ago by the Durham Wellness Partnership, a group working with Durham Public Schools to help improve the health and wellness of children in the Durham community.



6,786

*Patient encounters to the
Dental Division
in FY 2013.*

\$1,154,815

*Total value of treatment provided by
Public Health's Dental Division
in FY 2013.*



Assure a Competent Public and Personal Health Care Workforce



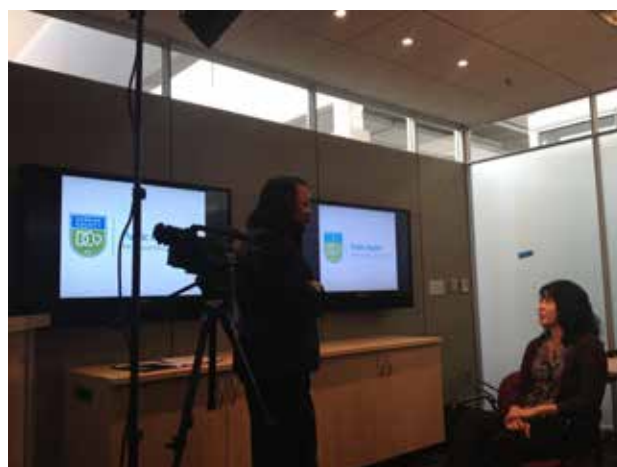
Competent and well-trained staff is required for the delivery of the other nine essential public health services. The county's personnel system contributes to the caliber of staff in public health through rigorous recruitment, hiring, performance management process, disciplinary process and merit based rewards.

County training begins the first day of employment and continues in public health with new employee orientations and trainings conducted within the department, as well as at the program level. The department conducted or sponsored trainings for all staff at least quarterly with focused trainings for supervisors/managers.

During FY 2013, two days of staff development trainings were planned by an internal committee with input from all staff. Quarterly staff meetings not only provided public health trainings, but also administrative updates. During the year, staff received trainings and updates in such areas as customer service delivery, cultural competency and sensitivity, HIPAA, infection control and respiratory fit testing. Departmental trainings met state accreditation requirements.



More than 48% of department positions require a national professional credential or state license as a minimum job qualification. Many more staff have professional certifications in areas such as diabetes, breastfeeding, and physical fitness, that increases staff competency and enhances services provided. Several staff achieved credentials this year while working. Maintaining these certifications/licenses required continuing education hours which the department supported and helped employees achieve. Additionally 92% of the department's leadership team have advanced degrees.



Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services



Quality Improvement Based on Customer and Community Input

In an effort to determine whether we are meeting the needs of the community and our customers, feedback is very important for our continued success. Yearly community surveys and bi-annual customer surveys provided this information.

A survey by Durham County's ACE-IT Secret Shopper Program, conducted in October and November 2012, provided additional insight on customer satisfaction within Public Health and other county departments.

Our community survey highlighted many positives, including the overall perception that our customers have about our programs, services, and staff. The survey also revealed that some of our services were more familiar to the community than others. We are now focused on providing more information on our services through various mediums.

Quality improvement (QI) initiatives are underway to improve the quality and efficiency of our services. In order to establish this culture of improvement, the agency's QI advisors developed a strategic QI plan for sustaining and spreading quality improvement throughout the agency.

To reach identified goals, steps have included promoting the agency's vision to both current and new staff, provided education during new staff orientation, increased staff knowledge and use of quality improvement techniques through the establishment of a readily available quality improvement toolbox, as well as newsletters, QI fairs, contests and presentations. Solution boxes were also placed in all staff areas to solicit staff comments and recommendations for improvements.

93%
*of clients surveyed
rated their services as
excellent or very good.*

27%
*decrease in STI Clinic wait
time due to ongoing quality
improvement projects.*



Research for New Insights and Innovative Solutions to Health Problems



Over the course of Fiscal Year 2013, we've partnered in more than 15 research studies in several program areas, covering areas such as a SMS text message-based study to help pregnant women quit smoking and NOVIOLencia, a study to evaluate a family-based program for the prevention of dating abuse among Latino youth.

Research conducted in partnership with the Department is granted by the approval of the Public Health Director, with direct oversight and review of Institutional Review Board (IRB) activities by the Human Protections Administrator. Research is designed not to adversely affect the physical, social and/or psychological well-being of the participants and is utilized to improve the health status of Durham County and North Carolina residents.

Working to Reduce Hepatitis C in the Community

In an effort to combat a rise in the number of Hepatitis C cases, Public Health received a grant from the Centers for Disease Control and Prevention (CDC) to increase the number of people who are aware of their Hepatitis C status by offering testing to high risk groups disproportionately affected by the disease in Durham.

In addition to increasing awareness and offering testing, another goal of the project is to increase the number of Hepatitis C-infected persons who receive preventive services including education and vaccination for other hepatitis viruses, and medical services for their Hepatitis C infection including antiviral therapy.

Over
1,200
individuals received education,
screening, and testing in
the project's first eight
months of service.

Durham Diabetes Coalition

With as much as 12 percent of Durham County adults living with type 2 diabetes, Public Health, Duke University, University of Michigan Center for Geospatial Medicine and other community organizations have partnered to create the Durham Diabetes Coalition (DDC). The project is funded by grants from the Bristol-Meyers Squibb Foundation and the Centers for Medicare & Medicaid Services.

Research conducted through the DDC project has objectives to improve population-level diabetes management, health outcomes and quality of life for diagnosed/undiagnosed type 2 Diabetes in Durham County.



In an effort to educate and inform the public, the DDC has created a communications strategy that includes social media, traditional media and a 30-minute, cable access TV show. Facebook and Twitter accounts were created with followers growing by 20 percent and 100 percent in the last quarter, respectively. "Living Healthy," airs nightly on the local government channel. The show highlights community partnerships, healthy eating, physical activity, overall wellness, and a Durham County resident who is living healthier with the disease and combating diabetes myths. The DDC is also building awareness and relationships within the two pilot neighborhoods identified by the geospatial mapping team by doing outreach to help link the people in those areas to appropriate resources. In the 2012-13 fiscal year, the DDC organized and participated in events such as Take a Loved One to the Doctor, Diabetes Alert Day, and several community health fairs.



Learn more by visiting the DDC website at <http://www.durhamdiabetescoalition.org>.



Public Health

100 Years of Service • 1913-2013



Human Services Building
414 East Main Street
Durham, North Carolina 27701
(919) 560-7600



dconc.gov/publichealth