A Regular Meeting of the Durham County Board of Health, held April 12, 2012 with the following members present:

Sue McLaurin, John Daniel, Jr., MD, James Miller, DVM, Teme Levbarg, MSW, PhD, Jill Bryant, O.D, F.A.A.O, Nancy Short, DrPH, RN, MBA, Heidi Carter, MSPH and Stephen Dedrick, MS

Excused Absence: Michael Case and F. Vincent Allison, DDS

Absent: Commissioner Brenda Howerton

Others: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Sue Guptill, Tekola Fisseha, Robert Brown, Jim Harris, Michele Easterling, and Rochelle Tally

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

DISCUSSION/ADJUSTMENTS (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Ms. McLaurin introduced Stephen Dedrick, new board member, representing the pharmacist position to the board. Each board member introduced themselves and the position they hold on the board.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL: Dr. Daniel made a motion to approve the minutes for March 8, 2012 meeting. Dr. Levbarg seconded the motion and the motion was approved.

PUBLIC COMMENTS:
There were no public comments.

STAFF/PROGRAM RECOGNITION:
Ms. McLaurin recognized Gayle Harris as the 2012 recipient of the Duke University School of Nursing Distinguished Alumna Award. Ms. Harris recognized Dr. Arlene Sena, Mary DeCoster and other health department staff's participation in the publication of "The Increasing Impact of Human Immunodeficiency Virus Infections, Sexually Transmitted Diseases, and Viral Hepatitis in Durham County, North Carolina: A Call for Coordinated and Integrated Services." The article resulted from work produced by Durham Health Innovations. Also, as a result of the work that was done, there are documentaries featuring the care bridge coordination process being filmed at the Human Services Building.

The second article was "Hepatitis B vaccination of susceptible elderly residents of long term care facilities during a Hepatitis B outbreak." As a result of the complexity of the situation our staff -Dr. Arlene Sena, Hattie Wood, Diana Coates and others - worked with the staff at the State and CDC to investigate Hepatitis B outbreaks in local long term care facilities.

At the end of the article, the recommendation is that people with diabetes should receive Hepatitis B vaccine shortly after the diagnosis. Also, people entering long term care facilities may need to be vaccinated, because this transmission was related to blood glucose sticks. The researchers are not sure of the effectiveness of the vaccine in the elderly. However, it is believed that further study is warranted.

Ms. Freeman introduced Eric Nickens, Information and Communication Manager for the health department.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report**: ***(Activity 33.6)*** *(Gayle Harris)*

The Board received a copy of the vacancy report which includes information on the 12.2 currently vacant positions in March. Ms. Harris stated that a new on-boarding process will be implemented by the Human Resources department for employees hired after April 16, 2012. Human Resources will make the employment offer to the employee after the criminal background check and drug test are completed. The Health Education II position was reclassified to a Project Manager/Business Systems Analyst position. The position will advertise soon. Dr. Short asked if the drug testing process had changed and was it an internal process. Ms. Harris stated drug testing for all recommended applicants is a new county-wide process.

- **PRESENTATION ON FY 12-13 FEES FOR BOARD APPROVAL:** ***(Activity 33.6)*** *(Gayle Harris)*

Ms. Harris stated, every year the department is required to submit our proposed fees to the board of health and the Board of County Commissioners for approval for the upcoming year. The fees will be included in the adopted budget ordinance. Staff met with Marcia Robinson, Local Public Health Administrator to review the Medicaid rates for all of the clinical procedures performed and the associated costs and charges. Very few of the fees have changed. Staff also looked at the impact on the patients who pay out of pocket; we don't want to discourage clients from seeking services by setting fees out of their range. Most of the fees are about 25% higher than the Medicaid reimbursement rate. Ms. Harris states, the dental fees are a little different in we are following the recommendations of a consultant and all of the dentists that have worked with us either on our Dental Advisory Board or this board, have said that it is extremely important that we talk about production in particular, since we don't get paid the usual and customary rate. So our dental fees, solely on the recommendation of the consultant are at 80% of the usual and customary charges. The patients, who are served by this program, pay at least $25.00 per visit. We don't slide down to 0% pay. Jim Harris, Dental Director is trending the production in dental, averaging about $90,000 a month in production. Ms. Harris stated, in the listing of pharmacy fees, we didn't list all the medications. We will continue to charge the medicine dispensing fee ($5.60) plus the cost of the medicine. Ms. Harris stated, the new Environmental Health fee is for permitting pushcarts and mobile food units.

Comment:
Dr. Short: "We don't have information about what it costs the health department. We only have information on what Medicaid will pay. The ultimate fee is 25% over what Medicaid will pay, am I thinking right? That this is not what it would cost the health department.
Response:
Ms. Harris stated that all of our cost data are compiled by the state. Each service provided and the associated costs are reviewed. A unit cost is determined. This information is compiled into a spreadsheet and returned to the health department. We are going to look closer at the costs and try to create efficiencies.
Comment:
Dr. Short – "…for myself I would say this report is not particularly helpful, but I do know that the fees are 25% over Medicaid and assume Medicaid is paying less than that. We need the cost per unit."
Dr. Jim Miller – "Some of the information is there, is that what it is saying, per unit cost?"
Response:
Ms. Harris – Yes, that's what it is saying, based on the cost settlement.

Comment:
Dr. Short – "so your recommended fees are set not to go over 25% of Medicaid.
Response:
Ms. Harris – we don't want to take it so high that our population can't pay. At the end of the year, the state looks at what our service volume was and what it cost us, and then we get a cost settlement, so they back out what they reimburse us at 67% cost up front, when they back in that and do all the calculations we receive a check at the end of the year. Because the process changed, instead of doing an aggregate cost settlement, where they took all of the health department's and rounded it out, the federal government has said you have to do individual health department cost settlements. We will receive 90% of what is owed us before the end of June and the other 10% sometime later in the year.
Comment:
Dr. Short – "So if we wanted to as a group we could possibly find those particular services that are 'loss leaders' and determine if those are critical to the mission of the health department?"
Response:
Ms. Harris – Yes. On the spreadsheet there are data that indicate the cost range statewide per service.
Comment:
Ms. McLaurin –"…looking at staff and all of these things take time. That's the only thing about costing things out and how they do it - here we have a cost for Durham County and another cost for Caswell County that is different."
Dr. Miller – "Do the units make a difference in the cost?"
Response:
Ms. Harris – "Yes, the units are a part of the formula."
Comment:
Dr. Short – "In what month do we expect the state report?"
Response:
Ms. Harris – "We don't know, because the process has changed. We received this document in November. We were supposed to have a site visit in February. That did not happen."

Dr. Short requested that we revisit the fees when we receive the cost settlement report. There should be a column that would show how many times a year you provide a certain procedure/service.

Ms. McLaurin wanted to know how this would be reintroduced as an agenda item so that we can track it. Ms. Harris stated that we would let the board know when we receive the cost settlement report and payment.

Ms. Harris stated, in a related matter in November we learned that we were to bundle the OB visits including the laboratory services associate with those visits. This process would have a lower reimbursement amount than the services billed separately. Dr. Joy Reid, Chief Public Health Nurse in NC, told us Medicaid is revisiting the decision to bundle. Currently, a proposal for the bundled services to only include hematocrit and urinalysis is being presented for public comment or review. Other laboratory tests would be billed separately if this proposal is implemented.
Comment:
Ms. McLaurin – In that process, are they looking for board support?
Response:
Ms. Harris – I am sure we can find the link and send it to you so you can weigh in during the public comment/public review period.

Dr. Short made a motion to adopt FY12-13 fees presented by the health department. Dr. Teme Levbarg seconded the motion and the motion was approved.

The board received a copy of the Requested FY 2013 Budget Transmittal letter and Performance Measures.

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

Division / Program: Dental / Morning Team Meetings

Program Description:

- The Dental Division has implemented, within the clinic, a regular meeting at the start of each day.
- The purposes of the meetings are to strategize that day's schedule with the team, to recap the past day's production and discuss any issues that might have occurred.
- Ultimately, the meetings are held to ensure effective, efficient, and quality services for that day.

Statement of Goals:

- To ensure the flow of patients throughout the day, and to remediate any potential issues (i.e. to provide additional assistance in the clinic if needed, call patients on the "wait list" to fill any appointment cancellations, etc.).
- To discuss incidents from the past day and discuss (as a team) how similar incidents might be handled in the future.
- To review encounter forms and other documents that may be incomplete.
- To craft a list of supplies that may be needed/repairs required for the Division Director to address in order to keep the day's schedule on track.

Issues:

- **Opportunities**
    - The Dental Division has seen an increase in numbers over the last quarter; therefore, it is vital to review the day's array of patients, procedures, etc.
    - In addition, proper and timely completion of forms and documents is essential, and identifying things such as the number of new patients, comprehensive exams, and adult hygiene patients allows the clinic to identify where there may be potential delays.
    - Having a different provider (including dental students and pedodontic residents) each day makes it important to bring the team together to meet before seeing the first patients.
    - On Tuesday and Wednesdays we also have staff from the Nutrition clinic available to see individuals and families, and it is important for them to discuss that morning's schedule.
    - These meetings help promote unity, communication, and cohesion amongst dental team members, front desk staff and contracted providers.
    - In addition to improved patient outcomes in dental, reviewing the schedule may include highlighting specific individuals/families the team feels we should refer for other Health Department services.
    - These meetings empower staff to share their thoughts – or to allow staff to lead the meeting (as has been the case with the Tooth Ferry Coordinator).
    - Front desk staff has varying levels of experience and it helps when the dental assistants (who have previously worked a front desk) share their experiences and strategies.

- **Challenges**
  - To keep the meetings focused and to the point.
  - To make certain the meetings are not perceived to be about "production" only, but rather maximizing the number of patients to whom we can provide quality care.

Implication(s):

- **Outcomes**
  - Meetings began in September 2011 and have helped the Division in building capacity within the clinic.
  - These meetings have been the steps in discussions that led to a change in clinic hours, finding ways to make certain paperwork is completed in a timely manner, and finalizing a scheduling template, etc.

- **Service Delivery**
  - The Division has increased the number of patients treated in the clinic by scheduling one extra (recall) patient for each row.
  - Families are provided more streamlined services as provisions have been made for the dental assistants to help with completion of paperwork and forms.
  - There is a positive flow within the clinic as the team is allowed to focus on serving their patients without having to worry about locating x-rays, ordering/retrieving supplies, calling for a repair to equipment in the middle of the day, etc.

- **Staffing**
  - The clinic has a hygienist and three dental assistants on staff, and is provided a full-time translator and two front desk staff members. The Department contracts with UNC School of Pediatric Dentistry for providers (including faculty, students, and residents).

- **Revenue**
  - The additional twelve patients per week could generate an additional $81,000 annually (based on current production charges of $130 per patient).

Next Steps / Mitigation Strategies:

- Discern the feasibility of incorporating similar meetings on the Tooth Ferry.
- Ensure that front desk staff and UNC providers are in attendance each morning.
- Provide for the continuation of meetings, led by staff, when the Division Director and Tooth Ferry Coordinator are not available.

Division / Program: Durham Diabetes Coalition / Diabetes Alert Day

Program description:

- The American Diabetes Association Alert Day, which is held every fourth Tuesday in March, is a one-day, "wake-up call" asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

Statement of goals:

- To raise awareness about type 2 diabetes in Durham County residents.
- To prompt action among those who are at risk for type 2 diabetes.
- To participate in one of the first sponsored events of the Durham Diabetes Coalition.

Issues:

- **Opportunities**
  - To provide Durham residents the opportunity to assess their risks for type 2 diabetes by completing a simple test that provides a total risk factor score.
  - To have professional staff available to the public to answer questions about diabetes prevention and referral resources.
  - To encourage individuals who scored "at risk" for diabetes to contact their primary care provider to discuss their risk factors.

- **Challenges**
  - Diabetes is a serious disease that strikes nearly 26 million children and adults in the United States. A quarter of these individuals—7 million—do not even know they have diabetes.
  - An additional 79 million, or one in three American adults, have pre-diabetes, which puts them at high risk for developing type 2 diabetes.
  - People who are overweight, under active (living a sedentary lifestyle) and over the age of 45 should consider themselves at risk for the disease. African Americans, Hispanics/Latinos, Native Americans, Asian Americans, Pacific Islanders, and people who have a family history of the disease also are at an increased risk for type 2 diabetes.
  - Unfortunately, diagnosis often comes 7 to 10 years after the onset of the disease, after disabling and even deadly complications have had time to develop. Therefore, early diagnosis is critical to successful treatment and delaying or preventing some of its complications such as heart disease, blindness, kidney disease, stroke, amputation and death.

Implication(s):

- **Outcomes**
  - 213 Diabetes Alert Day surveys were distributed along with educational information on diabetes prevention, healthy eating and physical activity.
  - The event provided two public health interns from North Carolina Central University the opportunity to interact with Health Department clients. Both expressed much appreciation for the experience.

- **Service delivery**
  - A display booth in the main entrance at the Health Department allowed for customers to visit the booth either prior to or after their appointments at the Health Department.
  - Individuals were able to complete the test immediately or could take it with them to complete later.

- **Staffing**
  - Health Department Nutrition and Health Education staff along with two Health Education interns staffed the Diabetes Alert display booth and provided information, answered questions, and provided referral resources.

Next Steps / Mitigation Strategies:

- The Health Department completed the Diabetes Alert Day post event survey conducted by the Durham Diabetes Coalition. Results of the survey will be used to assess the success of the event and provide guidance for future community event planning.
- The Diabetes Risk Test will be available for Health Department providers and staff to use in clinical settings and at community programs to increase awareness of risk factors of type 2 diabetes.
- The test is also available on line at

http://www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test/

Division / Program: Nutrition / DINE—EK Powe Garden Day Dip Workshop

Program description:

- The DINE nutritionist offered a healthy dip-making workshop for the EK Powe Elementary school students, incorporating herbs grown in the garden into the dip recipes. Parents brought fresh vegetables and pita bread to dip.

Statement of goals:

- To connect the garden to healthy eating by having students prepare and eat food made using herbs from the garden.
- To introduce parents to the DINE nutrition education program.
- To let everyone involved experience the ease of preparation and tastiness of the fresh dips.

Issues:

- **Opportunities**
  - Every spring parents, students, and teachers at EK Powe gather for a garden workday. The school nutritionist offers programming for the children while their parents work in the garden. The programming is tied to what is grown in the garden. All participants gather at the end to eat what the students make.
  - The workshop reaches students in grades 1, 3, and 5, who are not taught by the DINE nutritionist in the classroom, with a nutrition education and food preparation activity.
  - The workshop also reaches parents with healthy eating messages and a demonstration of the ease of preparing healthy meal or snack options.
  - The activity provides opportunities to build bridges between the DINE program and the gardening program at EK Powe and to increase awareness of the DINE program to school parents.

- **Challenges**
  - For weekend programs of this type it is difficult to predict number of participants, so it is challenging to provide the proper amount of ingredients and work materials and to predict whether one nutritionist will be able to cover the event alone.
  - Insuring food safety in the setting of a kindergarten classroom is challenging, though not impossible. Surfaces must be sanitized well and food preparation activities kept simple to avoid the need to bring in excessive amounts of equipment and supplies.

Implication(s):

- **Outcomes**
  - Students made a creamy garlic herb dip, a white bean and herb dip, and guacamole, while learning what made each dip healthy and what came from the garden.
  - Relationships between the DINE program and parents were built.
  - Healthy recipes were shared at the workshop and later in the school newsletter.
  - Future healthy food preparation workshops tied to garden days were requested.

- **Staffing**
  - A DINE nutritionist planned and conducted the event.

Next Steps / Mitigation Strategies:

- Continue building a relationship between DINE nutrition education program and the garden program at EK Powe.
- Consider submitting more healthy recipes and/or nutrition information to school newsletter.

Division / Program: Community Health / Communicable Disease

Program description:

- The Communicable Disease Control staff investigates all reported communicable diseases/conditions and ensures that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.

Statement of goals:

- To conduct thorough reporting and investigation of communicable diseases
- To implement prompt communicable disease control management to protect the health of the community
- To provide enforcement of North Carolina's communicable disease statutes and rules through implementation of appropriate control measures

Issues:

- **Opportunities**
  - Staff investigated a potential gastrointestinal illness involving several family members who ate at a local prestigious restaurant.

- **Challenges**
  - Only exposure data concerning the common meal at the restaurant was considered based on interviews.
  - Symptom profile review showed that all who were ill reported diarrhea (91%) and abdominal cramps (73%) as predominant symptoms.
  - A more detailed review of symptoms and interview notes, confirmed by the Communicable Disease Nurses and Environmental Health Specialists, revealed that the self-reported diarrhea by patrons did not meet the true clinical case definition of diarrhea (3 or more loose stools in 24 hour period).

Implication(s):

- **Outcomes**
  - The staff coordinated with the family to identify members that required stool collection for lab processing in order to determine the organism causing the clients to experience nausea, vomiting and diarrhea.
  - The food samples tested for staphylococcus aureus and bacillus cereus were negative. The one stool sample was negative for all enterics including norovirus.
  - The symptoms were not consistent with any specific pathogen. The onset of illness was too soon after food consumption for viral gastroenteritis or bacterial infection.
  - No other complaints associated with the restaurant have been reported. No evidence of ongoing public health risk exists.

- **Service delivery**
  - The investigation was initiated by DCHD/Communicable Disease staff.

- Ponice Bryant RN, Communicable Disease Supervisor and Earline Parker, RN Communicable Disease Nurse, and Chris Salters, Environmental Health Specialist, conducted several telephone calls with the family members regarding recommendations, counseling and gathering data about gastrointestinal illness symptoms.
- David Breymeyer-Sweat, Jodi Reber and Lorri Taylor, state on-call Epidemiologists approved the processing of the stool and food samples at the North Carolina State Laboratory.
- Dr. Shermalyne Greene, Supervisor at the North Carolina State Laboratory, coordinated laboratory processes at the state laboratory.

- **Staffing**
  - Medical Director, Communicable Disease Program Manager, Communicable Disease Nursing Supervisor, Communicable Disease Nurse and Environmental Health Specialist and the DCHD laboratory provided the services.

Next Steps/ Mitigation Strategies:

- No additional action was required with the restaurant or family
- The Health Department continues to educate the community on ways of preventing the transmission of disease.

Division / Program: Community Health / Tuberculosis Program

Program description:

- Provide prevention and treatment for tuberculosis (TB) clients
- Conduct investigations and report all TB cases to the state
- Conduct outreach efforts to rapidly identify individuals that are high priority contacts to a known or suspected TB case

Statement of goals:

- Promote public health through the identification and elimination of TB disease by:
  - Reducing the spread of TB among individuals at risk in Durham County
  - Assuring that those testing positive for TB receive appropriate treatment and services.
  - Providing education and outreach.

Issues:

- **Opportunities**
  - On March 27, 2012, Kathy Carpenter, RN Public Health Nurse II, was quoted in The Herald-Sun in response to the services that the Tuberculosis Program provides for the community. Kathy Carpenter gave an overview of the TB control program and emphasized the provision of case management to all active cases of tuberculosis, all persons suspected of having tuberculosis, and all contacts of active or suspected cases within the county. In addition, TB screening is provided to pre-determined high-risk individuals.
  - The article was written by Brooks Dareff, a freelance guest columnist affiliated with "TRIANGLE RESULTS". Dareff focuses on creating the public and political will to end poverty and other global issues.
  - This article was in recognition of World TB Day, a time to acknowledge the terrible toll and continuing threat not only in the developing world, but also in the United States.

Challenges
- TB treatment is often complicated and/or compromised when infected individuals are faced with issues of housing, food, and basic needs.

Implication(s):
- **Outcomes**
  - Staff members continuously provide access to education, testing, and treatment to reduce untreated tuberculosis in the community.

- **Service delivery**
  - Service delivery strategies to remove barriers to treatment may include offering extended hours, home visits, bus passes, or gas cards as incentives.

- **Staffing**
  - Service delivery strategies could be enhanced by having a social worker on staff for the Communicable Disease Program.

Next Steps/ Mitigation Strategies:
- The Tuberculosis program has instituted the service delivery strategies above, but still needs to identify options for social work services.

Division / Program: Community Health / OB Care Management (OBCM)

Program description:
- Provide care management for pregnant and immediately postpartum women with Medicaid benefits. OBCM replaces the Maternity Care Coordination (MCC) program.
- Enroll women based on risk factors for poor birth outcomes as determined by prenatal risk assessments completed by prenatal medical care providers
- Administer program in collaboration with the state Division of Medical Assistance (DMA) and Community Care of North Carolina

Statement of goals:
- To promote a pregnancy medical home to pregnant Medicaid recipients
- To improve the quality of prenatal care to Medicaid recipients thereby improving birth outcomes and containing Medicaid expenditures

Issues:
- **Opportunities**
  - In this extremely tight budget year DMA is still funding enhanced services to pregnant women. Risk factors are broad, and most of the clients who would have been seen under MCC are still eligible.

- **Challenges**
  - Program staff are receiving a great increase in the number of prenatal risk assessments from outside prenatal care providers.
  - This is increasing the data entry load for risk assessments into the Case Management Information System (CMIS) developed by Community Care of North Carolina (CCNC).
  - The pregnancy care managers must provide care management to all of the women assessed to have priority risk factors.

Implication(s):

- **Outcomes**
  - No outcome data is available yet on whether this program has had a positive impact on birth outcomes since the program is so new, but CCNC and DMA will be tracking outcomes closely in the future using data in CMIS.

- **Service delivery**
  - Fewer home visits are being made by pregnancy care managers because most contact is made by phone or in clinic.

- **Staffing**
  - The pregnancy care managers now have caseloads of 80 to 90 women each.
  - Regional consultants have not decided on a recommended caseload, but staff would find it difficult to add more.
  - One pregnancy care manager is on FML, and others must absorb her caseload.
  - There is also a need for clerical help with data entry.

- **Revenue**
  - The program is designed to be revenue neutral for each county

Next Steps / Mitigation Strategies:

- Consider strategies to increase the FTE's devoted to OB care management.
- Complete CMIS data entry training of a clerical support person who will enter data into CMIS for both OB Care Management and Care Coordination for Children programs.

Division / Program: Environmental Health / General Inspections

Program description:

- Section has produced the first in a series of newsletters to promote the impending transition to the State Food Code rules for food service establishments. The FDA model food code adoption has been in the planning stages for over a decade and is a significant change that aligns North Carolina's food service establishment rules with the rest of the United States.

Statement of goals:

- To prevent and control the spread of communicable disease by promoting the improvement of public health and environmental quality related to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents.

Issues

- **Opportunities**
  - Adoption of the FDA model food code into the North Carolina food service establishment inspection program is projected to be effective September 1, 2012.
  - General Inspections staff will be providing information regarding the changes through a variety of media beginning with a series of newsletters up to the September adoption target date.
  - The proposed rules were published in the North Carolina register on March 15, 2012. The proposed rules can be found on pages 21 through 35 at this link:

http://www.ncoah.com/rules/register/Volume26Issue18March152012.pdf

- **Challenges**
  - Durham Environmental Health is providing food code information to food service establishments in advance of the State's expected educational program to help ensure a smooth transition.
  - The State is planning on issuing information as it is reviewed and approved through the Department of Health and Human Services (DHHS) process.

Implication(s)

- **Outcomes** Significant rule changes include:
  - Refrigeration units will be required to maintain a temperature of 41°F or below (from the current 45°F). This requirement will be phased in over a three year period.
  - More stringent food cooling parameters.
  - No bare hand contact with ready to eat foods. The use of utensils such as deli tissue, spatulas, tongs, single use gloves, or dispensing equipment will be required.
  - Consumer advisory requirements for undercooked or raw foods.
  - Date marking of stored foods. Potentially hazardous foods prepared on site and held in refrigeration for more than 24 hours must be marked with the date of preparation or with the date that indicates when the food shall be consumed, sold or discarded.
  - The Food Service Manager must demonstrate food safety knowledge by maintaining certification through an accredited program.
  - Increased employee hand washing and personal hygiene requirements.
  - The State expects that the full transition will take three years for Counties and food service establishments to fully implement the food code inspections program.
- **Service Delivery**
  - Initially, a reduction in inspection compliance numbers is anticipated once the new inspection program is started until inspectors and food service operators become fully oriented to the new process. The shift will require both Environmental Health staff and the food service operators in North Carolina to adjust to the required standards and protocols.
  - The inspection form and associated marking instructions will undergo significant changes and will require longer and more detailed inspections by staff and subsequent follow-up on critical violations.
- **Staffing**
  - Environmental Health staff and food service establishments will require extensive training in the new rule application and inspection methodologies.
  - Staff will spend additional time, especially during the beginning of implementation, educating food service

establishment operators on food code compliance during routine inspections.

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

Next Steps / Mitigation Strategies

- Three more newsletters will be disseminated to keep the information flow up to date with any information releases from the State.
- Each newsletter will detail the changes and the specific requirements that food service establishment operator's will need to incorporate into their management processes.

Division / Program: On-site Water Protection

Program description:

- The On-site Water Protection (OSWP) program is collaborating with the County Attorney's Office to provide orientation to NCCU law students interested in Environmental Health laws and practice.

Statement of goals:

- To introduce NCCU law students to the OSWP program in Durham County with focus on program rules mandated by the general statutes of the state.

Issues:

- **Opportunities**
  - Many law students complete their degree requirements without the opportunity to discuss a wide variety of legal fields with practicing professionals or observe the application of the subject matter in the real world.
  - This collaboration allows interested students the opportunity to dialogue with Environmental Health professionals and observe the application of Environmental Health regulations related to Onsite Water Protection.

  Challenges
  - The challenge of this collaboration is to excite student interest in Environmental Health law and practice.

Implication(s)

- **Outcomes**
  - Students participating in this activity may decide upon an emphasis in environmental law. Onsite Water Protection staff hosted two NCCU students on February 22. One of those students returned on March 12, 13, and 21, and plans additional visits.
  - On February 22, On-Site Water Protection Supervisor and both students discussed the Onsite Water Protection Program in general and then went to the field to review a site and soil evaluation. On the last three days other staff introduced the returning student to well program and swimming pool program activities (including recent ADA mandates) in the field as well as an office discussion on the implications of Falls Lake Nutrient Management Strategy legislation.

- **Service delivery**
  - This collaboration has not impacted mandated service delivery.

- **Staffing**
  - A total of approximately 2 days of staff time has been allocated to this initiative at this point.

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

Next Steps / Mitigation Strategies

- Continue the collaboration as requested by the County Attorney's Office.

Division/Program: Health Education/Teens Against Consuming Tobacco (TACT)

Brief program description:

- Teens Against Consuming Tobacco (TACT) is comprised of Durham County High School students, aged 13-17. TACT members are required to attend trainings to develop skills and knowledge about tobacco use and prevention.

Statement of goals:

- To prevent youth initiation of tobacco use
- To promote tobacco use cessation among youth
- To eliminate youth exposure to secondhand smoke
- To reduce tobacco-related disparities among priority population youth

Issues:

- **Opportunities**
  - TACT has educated local elected officials including the delegation to the NC Senate and House about the need for continued financial support of teen tobacco prevention activities such as Kick Butts Day and the TRU Celebration in Raleigh.
  - TACT sent 50 letters and postcards to the BOH and State representatives reiterating the need to reinstate funds for teen tobacco prevention efforts.
  - TACT collaborated with other youth during Youth Advocacy Day in Raleigh. While there, they helped assemble 1,000 tobacco cessation kits.

- **Challenges**
  - Funding for this program has depended solely on money obtained from the tobacco Master Settlement Agreement.
  - However, as of June, 30 2012, funding for the program will end. As educators, we strongly believe that, only consistent, ongoing funding and programming will make Durham teens safer from the influence that encourages them to use tobacco.

Implication(s):

- **Outcomes**
  - The TRU initiative has successfully reduced teen smoking in North Carolina to a historic low.
  - The youth are interested in promoting the monthly health observances, such as Kick Butts Day, Earth Day, and education regarding the recent smoking ordinance.

- **Service Delivery:**
  - The youth will provide an awareness event on April 22 for Earth Day to promote clean environments and also tobacco cessation resources.

- The youth will host another awareness event promoting youth tobacco use prevention and the smoke-free ordinance at parks on April 29 at Southern Boundaries Park.

- **Staffing:**
  - The Youth Tobacco Prevention Coordinator oversees and coordinates the activities of the TACT.

- **Revenue:**
  - Funding for TACT ceases to exist as of June 30, 2012.

Next Steps/ Mitigation Strategies:

- The youth need a full-time program coordinator to push for policy change in venues where they may be exposed to secondhand smoke.
- Staff will search for other funding opportunities to support teen tobacco use prevention activities.

COMMITTEE REPORTS

- **Smoking Ordinance Amendment Update** ***(Activity 34.5)*** (*Gayle Harris*)

Attorney Wardell met with the City Attorney on April 11, 2012 they are fine with the ordinance as it is and the City Manager will be writing a letter to that effect. Smoke-free business cards were printed to help educate the public. Billboards will be going up on April 3, 2012 and will run six times for five to six months. The signs are being made by General Services. Ms. McLaurin and Ms. Harris were on In-Touch with Durham TV Show talking about the ordinance. Our staff is beginning to reach out and educate the public. Staff were told at the staff development meeting on April 5, 2012 that everyone would be an ambassador and we are creating a kit for them to use to educate and tract our progress.

- **Operating Procedures-Board of Health** ***(Activity 37.2)*** (*Heidi Carter/Gayle Harris*)

  Ms. Carter reported that the Operating Procedures Committee met and lifted the language from the previous by-laws and inserted it in the appropriate place in the document below. Ms. Harris addressed questions on the Executive Committee composition in other counties; Open meeting Laws and Robert Rules of Order. See comments attached to the document.

Operating Procedures of the Durham County Board of Health

1. Name and Office

The name of this organization is the Durham County Board of Health (hereinafter "Board"). The principal office of the Board is located at 414 East Main Street, Durham, NC 27701.

2. Officers and Committees

a. Chair and Vice-Chair:

The Board shall elect a Chair and Vice-Chair by majority vote each year at the January meeting.

b. Secretary:

The local health director shall serve as secretary to the Board, but the director is not a member of the Board. The local health director may delegate the duties of the Secretary that are set

forth in these operating procedures to an appropriate local health department employee.

c. Standing Committees

The Board shall have the following standing committees:

Nominating Committee: three Board of Health members
Personnel Committee: Vice Chair and three other Board members
Operating Procedures Committee: three Board members appointed by the Chair to review operating procedures annually
Budget and Finance Committee: Vice Chair and three other Board members

The Chair shall be an ex officio member of all ad hoc Board committees.

d. Executive Committee

The Board shall have an Executive Committee which will consist of the Chair, Vice-Chair, and Commissioner representative on the Board of Health. The Executive Committee shall be empowered to speak and act for and on behalf of the Board when such action is necessitated due to considerations of time and circumstances; provided, that any action approved and undertaken by the Executive Committee shall be communicated to the members of the Board as soon as practicable following such action and, providing further that a report of such action then be presented at the next Board of Health meeting.

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

e. Temporary committees

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

3. Meetings

a. Regular Meetings

The Board shall hold regular meetings on the second Thursday of the months at least once per quarter, except that if a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The meeting shall be held at the Board's office and begin at 5:00 pm.

At or about the first regular meeting of the new calendar year, the Board shall have an organizational meeting at which it shall elect a Chair, Vice-Chair, and approve a schedule of regular meetings.

b. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any Board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda only if permitted by and in accordance with the North Carolina open meetings laws.

c. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of the members present at the meeting shall preside.

d. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for the purposes of determining whether or not a quorum is present.

e. Attendance (Taken from old procedures)

1) The Board of Health deems it essential to its ability to effectively and efficiently discharge its responsibilities that meetings be attended regularly. Habitual failure to attend may result in removal by the County Board of Commissioners' (GS.130A-35 (g) (4).
2) The attendance roster will be submitted quarterly to the Clerk to the Board of County Commissioners.

f. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as absenteeism.

g. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes from the Secretary of

the Board or from the County's website: http://www.durhamcountync.gov/departments/bocc/Boards/Minutes/phb/index.html

4. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

5. Public Comments

Members of the Public (Durham County Residents) may address the Board of Health during a public comment period held at each regularly scheduled meeting. The Public Comment period will provide three minutes per speaker, up to five speakers per meeting, for a total of fifteen minutes. The Public Comment period can be expanded by a majority vote of the Board members present.

6. Other Procedural Matters

The Board shall refer to the current edition of Robert's Rules of Order Newly Revised (RONR) to answer procedural questions not addressed in this document, so long as the procedures prescribed in RONR do not conflict with North Carolina law.

Board of Health members desiring additional information from staff shall make the request to Health Director rather than to individual staff members. This process provides the Health Director the opportunity to determine if the request should be treated as an individual request or as a request for information needed by the full board.

7. Compliance with North Carolina law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws set forth the powers and duties of local Boards of Health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Approved and adopted by the Durham County Board of Health on_____

Chair, Durham County Board of Health

Secretary, Durham County Board of Health

The Board requested information on e-mail communications, public records available to the public and what constitutes open communications.

The board requested a statement be added in the operating procedures about the minutes being archived on an annual basis.

OLD BUSINESS:

- **Training: Accreditation (Activity 36.3)** (*Rochelle Tally*)

Ms. Tally led the BOH in a discussion of Benchmark 39 as a requirement of accreditation.

Benchmark 39: The BOH shall assure the availability of resources to implement the essential services described in GS 130a-34.1 (E) (2)

- Accreditation Standard 1 measures the HD's capacity to provide the ten essential public health services listed in 130A-34.1(e) (2).
- BOH members must be familiar with these essential services
- The essential services encompass the HD's scope of work (services, programs & interventions).
- Appropriate & adequate resources are needed to implement the essential services.
- Activities measure how BOH works to ensure that needed resources are available to the agency.

Activity 39.1: The BOH shall communicate with the BOCC, units of government & private foundations in support of local HD efforts to secure national, state & local financial resources.

- BOH should be active advocates for public health & the HD
- Requires BOH to express their support for financial resources for the agency with commissioners, government & foundations
- BOH should actively partner to obtain financial resources from all levels of possible funding
- BOH representatives should (when possible) attend BOCC & other meeting on behalf of the HD when agency is on the agenda & when there is a need for financial resources

Documentation: *Evidence of BOCC member serving on the BOH **AND** BOH minutes reflecting BOH endorsement for a grant application, or a request for additional public health funding.*

Requires evidence of BOCC member serving on the BOH & participating in BOH meetings.

- Evidence could include BOCC minutes showing appointment to BOH & copies of minutes showing commissioner in attendance.
- Documentation for the second requirement should show action taken to seek or support additional funding (through correspondence with BOCC & other elected officials *or* through BOH member attendance at BOCC meeting when HD funding request on the agenda.
- If evidence is through BOH approval of HD budget proposal, BOH minutes *must reflect* discussion of priorities & needs addressed in the budget request.

SVT Review & Questions:

- Was evidence of county commissioner service on the BOH presented?
- How has the BOH been involved in seeking additional funding?

Possible Interview Question:

- Ask the non-commissioner board members to describe how they interact with county commissioner.
- If present, ask the commissioner member how he/she reports back to the other commissioners about public health resource needs.

Activity 39.2: The BOH shall review fiscal reports to assure essential services of public health are being provided in accordance with local, state & federal requirements.

- BOH has to fulfill assurance role to the public essential services provided & those services delivered in compliance with any requirements.
- One method of review: review of HD's fiscal reports

Documentation: *BOH minutes demonstrating receipt of **AND** discussion of reports that assure essential services of public health are being provided.*

- BOH minutes *must show* both the receipt & discussion of fiscal reports (assures essential services are being provided)
- Only defined criterion is that reports are fiscal (may be monthly, quarterly or annual) & produced by county or HD.
- Important element: BOH reviews & discusses reports in light of agency's provision of the essential services and that those services are meeting requirements i.e. in report show elements of essential services like provision of communicable disease services, environmental health services, workforce development, and policy development.
- Compliments Activity 33.6 (requires reports for BOH review to assure financial accountability of the agency).

SVT Review & Questions:

- Review BOH minutes provided.
- Does the BOH record the receipt and discussion of reports related to how the essential public health services are provided?

Activity 39.3: The BOH shall annually review & approve the HD's budget and approve fees in accordance with GS 130A-39 (g)

- BOH must be knowledgeable about & involved in budget process for HD
- BOH has role in financial health of the agency & in the efficient use of funds
- While budget & fees may be changed (and must be approved by the BOCC in single county health departments), BOH *must* be involved in the deliberation & approval of the budget as a first step

Documentation: BOH minutes reflecting discussion & approval of department budget and fees.

- Discussion & approval of budget & fees may be done during one or several meetings
- Provide only minutes showing approval of budget & fees
- In single county HDs: BOH should approve or recommend the department's budget to the county manager or commissioners.
- GS 130A-39(g) authorized BOH to impose a fee for services by the HD except where prohibited by statute. Fees should be based on plan recommended by the health director & approved by both the BOH & BOCC, when required.

Any fee or fee change should be taken to BOH for approval.

- Each HD determines the process whereby the BOH participates in both approving the budget and the fee lists

SVT Review & Questions:

- Review BOH minutes provided

- Do minutes show how BOH members are involved in discussing & approving the budget & fee process?

Activity 39.4: The BOH shall communicate with the BOCC, units of government & private foundations in support of the development, implementation & evaluation of public health programs and a community health improvement process.

- Compliments Activity 39.1: BOH working with groups to secure funds.
- BOH works with groups as an active participant with the HD to support programs and a health improvement process.

Documentation: Correspondence with BOCC **AND** two or more correspondences with units of government or private foundations.

- Communications must show support of the development, implementation & evaluation of PH programs & a community health improvement process.

Community health improvement process:
method by which, on a community-wide basis, the health of the population might be improved
long-term, systematic effort to address health problems based on the results of assessment activities
involves community partners & stakeholders in the assessment, planning, development & implementation of strategies to address identified needs

-BOH & BOCC are stakeholders in the process

-**Reference:** Improving Health in the Community: A Role for Performance Monitoring Committee on Using Performance Monitoring to Improve Community Health

- Health director may serve (or be directed by the board to serve) as designee for the BOH in writing and presenting the correspondence for this activity.
- Must be some type of link back to the BOH to show BOH supports, discussed, and/or approved the communication (i.e. BOH minutes)
- Preferable for BOH chair or BOH chair and health director sign the correspondence

SVT Review & Questions:

- Is there evidence of communication with the BOCC (or directed to the BOCC through the county manager) in support of the development, implementation & evaluation of public health programs and a community health improvement process?
- Are there at least two other correspondences with units of government or private foundations provided regarding support of local public health programs or a health improvement process?

Activity 39.5: The BOH shall assure that the proposed budget for the HD meets maintenance of effort requirement in the consolidated agreement between the Division of Public Health and HD.

- *Consolidated Agreement:* Written requirements from the NC DPH to the local HD's that define conditions that must be met for a HD to receive state and/or federal funds.
- Requires HD's to develop a local appropriations budget (plan for use of local appropriations or earned fees for the activities covered by the agreement).
- NC DPH usually only provides a small amount of funding compared to the total local budget

Documentation: *Signed copy of current Consolidated Agreement AND a Web Identity Role Management (WIRM) report that the HD sends to the Division of Public Health.*

- WIRM report is the monthly expenditure report the HD sends to DPH
- Usually shows the amount of fees or local appropriation, in addition to state and federal provided funds used to support program expenses

SVT Review & Questions:

- Was a signed copy of the current Consolidated Agreement provided?
- Was a Web Identity Role Management (WIRM) report that the HD sends to the DPH provided?

The ten essential services sheet needs to be added in the board of health handbook.

NEW BUSINESS:
There was no new business discussed.

INFORMAL DISCUSSION:
Dr. Bryant requested more information/report on the process for vision care at the health department

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

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Sue McLaurin, M.Ed., PT, Chairman

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Gayle B. Harris, MPH, Health Director