

A Regular Meeting of the Durham County Board of Health, held August 9, 2012 with the following members present:

Sue McLaurin, M. Ed., PT; Commissioner Brenda Howerton; John Daniel, Jr., MD; James Miller, DVM; Heidi Carter, MSPH; Stephen Dedrick, R.Ph, MS; F. Vincent Allison, DDS, and Jill Bryant, O.D, F.A.A.O

Excused Absence: Michael Case, MPA; Teme Levbarg, MSW, PhD; and Nancy Short, DrPH, RN, MBA

Others: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Tekola Fisseha, Robert Brown, Dr. Jim Harris, Sue Gupta, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Matt Leicester, Hattie Wood, Cora Wilson, Human Resource Director, Tony Noel, Human Resource Manager and Tiffany Taylor

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

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Dr. Bryant made a motion to make the following additions to the agenda. Mr. Dedrick seconded the motion and the motion was approved.

- RFP for Electronic Health Record - Performance Bond
- Tony Noel, Human Resources- Salary Benchmarking Process
- Approval-Family Planning and Community Transformation Grant Funds
- Farm Bill for Fresh Fruits and Vegetables

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Mr. Dedrick made a motion to approve the minutes for June 14, 2012 meeting. Dr. Miller seconded the motion and the motion was approved.

PUBLIC COMMENTS:

There were no public comments.

STAFF/PROGRAM RECOGNITION:

On July 27th, the Durham County Health Department Communicable Disease Program was pleasantly surprised to receive an “EXTRA EFFORT AWARD” from the State Communicable Disease Branch. (For the minutes written details included in Health Director’s Report below.)

Dr. Arlene Sena, Medical Director was asked to serve as an advisor to a new Duke program in Population Health Improvement Leadership (PHIL). The goal of PHIL is to train primary care providers, to serve as leaders in local programs to improve the health in our communities, and make health care more accessible, effective and affordable.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report:** (*Activity 33.6*) (*Marcia Robinson*)

The Board received a copy of the vacancy report which includes information on the currently vacant positions (29.68 FTEs) in July (*16.5% new positions, 11.18% resignations, 1% reclassifications and 1% terminations*) and a detail report on the reasons for staff leaving the department. (A copy of the vacancy report is attached to the minutes)

2 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- **Durham County's Benchmark Process:** (*Activity 33.6*) (*Tony Noel*)

The board received a presentation on the Benchmark Process for Durham County. (A copy of the benchmark presentation is attached to the minutes)

- **Annual Statistical Report:** (*Activity 33.6*) (*Gayle Harris*)

The Board received a copy of the departments' annual statistical data for FY11-12 (A copy of the statistical report is attached to the minutes).

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

Division / Program: Community Health Division / Communicable Control Program

Program description

- The Communicable Disease Control staff of the Durham County Health Department (DCHD) 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 and 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.

State Award

On July 27th, the Durham County Health Department Communicable Disease Program was pleasantly surprised to receive an "EXTRA EFFORT AWARD" from the State Communicable Disease Branch. This award was presented at the 3rd annual 2012 Communicable Disease Conference and Tuberculosis Symposium at the Friday Center, Chapel Hill, NC. The core topic was "Proud to Lead: Core Public Health Services for the Prevention and Control of Communicable Diseases." This event focused on collaborative responses to communicable disease outbreaks, managing outbreak data and the role of the communicable disease nurse.

The credit for this award goes to the entire communicable disease staff, and especially to Hattie Wood, RN, MSN, MHA, Communicable Disease Program Manager. Ms. Wood spearheaded a dedicated team of employees to work diligently on the North Carolina Electronic Disease Surveillance System and to effectively investigate and report communicable diseases in Durham County. The communicable disease team SALUTES Hattie Wood and her constant efforts to serve Durham county residents.

Division / Program: Administration/CQI Committee/QI 101 Team-QI Cupcake Capers

Program description

- On August 1st, the QI 101 Team held an employee event to introduce staff to the Plan-Do-Study-Act (PDSA) Quality Improvement Tool.
- The team demonstrated use of the tool by showing the steps to take to develop a healthier version of a cupcake recipe and allowing them to "taste each change".

Statement of goals

- To introduce staff to the Model for Improvement & PDSA tool used to test change ideas.

3 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- Staff will understand how the PDSA tool can be utilized to make improvements in their programs as well as in other areas of their lives.

Issues

- **Opportunities**
 - Presented a unique format for educating staff about the tools and concepts to be used to follow the Model for Improvement and to become proficient in applying them to quality improvement projects in their programs
- **Challenges**
 - Empowering all staff with the tools and knowledge to allow them to make effective changes
 - Having staff identify the Model for Improvement as an effective method of improving program quality and efficiency.
 - Developing a culture of improvement throughout all areas of the health department.

Implication(s)

- **Outcomes**
 - Staff members were able to experience the PDSA tool with a live demonstration and able to ask questions about the process.
- **Service delivery**
 - The Model for Improvement can effectively be utilized to improve delivery of services for all programs.
- **Staffing**
 - The QI 101 Team developed and conducted the event including discussing use of the tool, answering questions and providing additional information regarding the process.

Next Steps / Mitigation Strategies

- Continue to provide planned opportunities for staff to participate in activities that introduce them to an array of QI tools as well as reinforce the tools previously presented
- Provide staff with a QI Toolbox available in the health departments share drive

Division / Program: Administration /NC Debt Setoff

Program description:

- N.C. G.S. Chapter 105-A, the Debt Setoff Collection Act, establishes “as policy that all claimant agencies and the Department of Revenue shall cooperate in identifying debtors who owe money to the State or to a local government through their various agencies and who qualify for refunds from the Department of Revenue. It is also the intent of this Chapter that procedures be established for setting off against any refund the sum of any debt owed to the State or to a local government.”

Statement of goal(s)

- Continue working collaboratively with the Tax Department in an effort to submit bad debts for collection through the NC Debt Setoff Collection Act.

Issues

- **Opportunities**
 - Letters were mailed on December 12, 2011 to Health Department clients with past due amounts. The letter stated “as authorized by N.C.G.S. Chapter 105-A, the Debt Setoff Collection Act, Durham County intends to submit the debt

4 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

listed to the N. C. Department of Revenue for collections by applying this debt against any income tax refund in excess of \$50.00.”

Implication(s)

- **Outcome**
 - Department continues to receive funds through this process
- **Revenue**
 - Received \$929.14 in June. Funds were applied as follows:
Family Planning - \$884.64
Maternal Health – \$ 44.50
 - Total received in FY12 was \$19,618.48
 - Received \$220.04 in July (FY 13). Funds were applied as follows:
Family Planning - \$173.04
Maternal Health - \$ 47.00

Next Steps / Mitigation Strategies

- Continue to submit bad debts for collection
- Add accounts that meet the Debt Setoff Collection Act criteria to the bad debt report on a monthly basis
- Notify customers using a collection letter according to department policy prior to submitting claim to N.C. Department of Revenue.

Division / Program: Administration / Information Technology

Program description

- DCHD uses information technology to decrease the time it takes to design, deliver, and market the benefits and services it offers, increase access to information, document care, bill for services delivered, and integrate value-added functions.

Statement of goals

- To employ expanded use of modern technologies including the replacement of Electronic Health Record and Patient Management System
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization

Issues

- **Opportunities**
 - Request for Proposals (RFP) for new Electronic Health Record System (HER) to replace existing Insight System was submitted to Durham County Purchasing for review and approval.
 - A new EHR system and patient management system will provide for better data sharing, report generation, data usage and operational planning.
 - Applications received and being reviewed for the Senior System Analyst position; interviews forthcoming.
- **Challenges**
 - Effectively implementing a new EHR, once selected and approved, will present labor intensive transition activities (i.e., migration of existing data, development of interfaces with existing systems, staff training, etc.)

5 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

Implication(s)

- **Outcomes**
 - RFP process will afford IT and department staff to systematically review products in order to make a decision that will best meet the needs of the organization and federal and state requirements
 - Hiring new Senior Systems Analyst will enhance department's ability to manage systems in place
- **Revenue**
 - Once this project is complete, our ability to enter data and bill for our services will be markedly improved as will our revenue.

Next Steps / Mitigation Strategies

- Complete the RFP process to include selection of the new system
- Work with Vendor to insure the appropriate implementation of the new product
- Continue to develop in-house IT staff with the assistance of Durham County IT.
- Implement in house training for the new system
- Insure that existing data is transferred to the new system
- Develop, review, approve and implement policies and procedures with regard to Health Department IT and the new EHR.

Division / Program: Community Health / Family Planning Clinic – (Update on report from May 2012)

Program description

- Provides comprehensive contraceptive services to women and teens
- Services include physical exams, testing for infection, counseling and education on different methods of birth control, and the dispensing of the chosen birth control.

Statement of goals

- Prevent unwanted pregnancies
- Reduction of infant mortality and morbidity

Issues

- **Challenges**
 - Difficulty in filling the full-time and part-time physician extender (PE) positions for Family Planning Clinic
 - Retirement of a long-time, valued Family Planning Clinic nurse at the end of June.

Implication(s)

- **Outcomes**
 - Approximately 9.5% fewer exams were performed in Family Planning Clinic in the last six months compared to the same period last year.
- **Service delivery**
 - There is a 2 to 2 ½ month waiting period for an appointment for an exam.
- **Staffing**
 - The vacant 70% - 90% Physician Extender I (PE I) position was to be filled through a contract with Duke Maternal Fetal Medicine, but Duke determined that the available Health Department funds were not sufficient according to their pay scale.

6 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- The full-time PE II resigned in March. The clinic was fortunate to have the help of a nurse practitioner from UNC assigned to Dr. Sena one to two days a week.
- Through a contract with Duke Maternal Fetal Medicine, a nurse practitioner staffed the clinic approximately 26 hours a week. The nursing and support staff worked diligently to coordinate appointment schedules with the availability of medical providers.
- **Revenue**
 - Because of the difficulty in collecting Medicaid reimbursement last fiscal year, it is not possible to evaluate the impact on Medicaid revenue of performing fewer exams. However, collection for patient sliding scale payments is higher this year than it was last year.

Next Steps / Mitigation Strategies

- A full-time PE II was hired and began work on July 23.
- The part-time PE I position was advertised and will likely be filled in August.
- The wait time for an exam appointment should shorten significantly over the next two months as the new providers are oriented to the program.
- The Public Health Nurse I position vacancy due to a retirement should also be filled in August.

Division / Program: Community Health / School Health Program

Program description

- The purpose of the School Health Program is to develop, establish and maintain a comprehensive School Health Program through a collaborative effort with educators and health personnel.
- School Health staff assists schools in setting and implementing health goals and addressing the health needs of individual students.

Statement of goals

- Develop, establish and maintain a comprehensive School Health Program.
- Conduct programs that meet the individual needs of individual schools.
- Maintain close collaborations with partners.

Issues

- **Opportunities**
 - Efforts to increase student achievement will include a focus on student health.
- **Challenges**
 - Access to healthcare services is crucial to the health of a growing child, especially for children whose families lack necessary resources (food, appropriate housing, and/or financial stability).

Implication(s)

- **Outcomes**
 - Implement a school health program that will provide access or referral to well child care services, referrals to primary care providers or assist in securing a medical home as needed for students and their siblings in five Durham Public Schools (DPS) elementary schools.
- **Service delivery**
 - DCHD is planning to provide PHN III staff for well child screenings—assessment, care planning and evaluation—in five DPS elementary school settings.

7 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- The school health program will provide well child clinic services in collaboration with DPS school based wellness centers affiliated with Duke Health Systems.
- **Staffing**
 - Three PHN III positions for this new service are approved in fiscal year 2013 budget.
- **Revenue**
 - Medicaid will be billed and fees will be collected on a sliding fee scale.

Next Steps / Mitigation Strategies

- Continue to provide health related services and promote access to care to the students and staff at all schools in the Durham Public Schools System.
- Continue to present partnerships with School Based Wellness Centers and other providers for collaborative models of care.
- Continue partnerships within DCHD to provide health services at schools that meet the needs of students and their families.
- Expand collaborative models of care with community providers to build partnerships and to share resources.
- Promote and support partnerships between parents and primary care services to build medical home relationships to coordinate medical treatment and preventive services.

Division / Program: Dental Division / Dental Advisory Board

Program description

- In 2004, the Health Department established a Dental Advisory Board of community-based dentists to offer input, ideas and feedback on dental programming.
- Today, the Advisory Board has five members and meets with Dental supervisory staff and Department leadership on a quarterly basis.

Statement of goals

- Provide input on dental programming for the clinic and the Tooth Ferry
- Review and respond to Dental Division program data
- Provide Dental Team a greater understanding of trends within the field, as well as identifying upcoming political, legislative and regulatory developments

Issues

- **Opportunities**
 - Input/recommendations on key issues are valued as staff have increased production and continue to seek ways to improve access to care
 - Updates about Division initiatives will continue in order to ensure Advisory Board members remain invested in this Board.

Implication(s)

- **Outcomes**
 - The agenda for the July meeting included: Review of fiscal year 2013 Dental Contracts and Services, Tooth Ferry Summer Camp Assignments at Durham Parks and Recreation and East Durham Children's Initiative, the Access to Care Project with Partnership for Healthy Durham, and the Division's Back to School event. Data and budget reports were also shared.

8 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- The Advisory Board has been helpful to the Dental Division in addressing scheduling issues, providing regulatory updates, and offering input on the development of data reporting, etc.
- **Service delivery**
 - Members were instrumental in assisting the Department in contracting with the UNC School of Pediatric Dentistry to provide clinic coverage Monday through Fridays. Some members had also volunteered shifts on the Tooth Ferry, and participated in past “*Give Kids a Smile*” events.
- **Staffing**
 - Dental staff participating in Advisory Board meetings includes the Division Director, Dental Practice Director, and Tooth Ferry Coordinator.

Next Steps / Mitigation Strategies

- The Dental Advisory Board will meet again on October 9th.

Division / Program: Dental Division / Perfect Service Training Initiative

Program description

- In June 2012, the County sent five employees to the Disney Institute’s Approach to Quality Service, including the Dental Division Director. The County had sent a different group to the Disney Institute in 2010.
- The Institute taught participants about Disney’s approach to providing quality customer service to its guests and cast members.

Statement of goals

- Prioritize the importance of good internal and external customer care, and the need to change the culture within service delivery systems.
- Implement the strategies related to quality customer service found in both the County and Health Department strategic plans

Issues

- **Opportunities**
 - Durham County invested in this customer service initiative to provide the foundation needed to enhance its *Perfect Service* training, the County’s customer service module.
 - The eight employees that attended the two Disney Institute sessions are designated as Perfect Service Champions (PSC) and are assisting in the development of a “Train the Trainer” session, enabling other County employees to conduct *Perfect Service* training within their Departments and throughout the County.
 - The County provided funding for participants to attend the Disney Institute program

Implication(s)

- **Outcomes**
 - The PSC group has begun meeting, including with the County Manager, and have assisted in finalizing external and internal surveys to be administered County-wide this fall. The team has also begun developing timelines to initiate training modules.
- **Service delivery**
 - The *Perfect Service* initiative will focus on providing good care to customers with a focus on courteous and efficient services. In addition, the PSC group will be looking at other initiatives such as access to service areas, signage, brochures detailing County services, etc.

9 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- **Staffing**
 - Jim Harris, DCHD Dental Division Director, participated in the Disney Institute event with members from the County's Human Resources Department, Emergency Medical Services, Tax Department and County Manager's office.
- **Other**
 - The *Perfect Service* initiative will be ready for a pilot by the fall of 2012 in the County Register of Deeds and Tax offices and will then roll out to all County departments by the summer, 2013.

Next Steps / Mitigation Strategies

- The PSC group will meet bi-weekly through 2013 to develop and carry out the Train-the-Trainers program.

Division / Program: Nutrition Division / DINE for Life Participation at Summer Community Events

Program description

- Let's Move Durham/Walk A Mile with A Child Initiative, June 2. DINE nutritionists staffed a booth on healthy snacks.
- Bull City Open Streets, June 9. DINE nutritionists staffed a booth on "Rethink Your Drink".

Statement of goals

- To provide opportunities for Durham County residents and especially those who are eligible for SNAP benefits to receive nutrition education in community settings.
- To represent the Health Department and the DINE for Life program at community events that promote healthy eating, increased physical activity, and wellness for Durham County residents.

Issues

- Community events may reach residents who do not participate in the DINE program at their schools.
- For those children who receive DINE programming, these events reinforce the healthy eating and physical activity messages and concepts learned during the school year.

Implication(s)

- **Outcomes**
 - 50 participants visited the Let's Move Nutrition booth and 68 people visited the Bull City Open Streets booth.
- **Service delivery**
 - The Let's Move Durham healthy snack booth provided nutrition education information and a healthy food taste test of trail mix.
 - The Bull City Open Streets Rethink your Drink booth provided an interactive display on the sugar content of common beverages, nutrition education materials, and a cooking magazine for children.
- **Staffing**
 - DINE for Life Nutritionists staffed both events.

Next Steps / Mitigation Strategies

- The DINE program will continue to respond to requests for community events.

Division / Program: Environmental Health/General Inspections

Program description

- The Environmental Health Division, General Inspections section participated in a bed bug presentation sponsored by the City of Durham Neighborhood Improvement Services (NIS). The training included bed bug expert, Dr. Kim “Woogie” Jung, Dr. Mike Waldvogel from NCSU extension services and Madyln Morreale from legal aid. The presenters provided information and perspective of the problem and methodologies for successful management.

Statement of goals

- Encourage implementation of an education and pest management protocol by NIS for bed bug complaints
- Use protocol to reduce in the number of bed bug complaints that are referred to NIS for follow-up

Issues

- **Opportunities**
 - Partnership - Environmental Health has experience in bedbug control plan development for permitted lodging establishments. NIS code enforcement officers have experienced a rise in complaints similar to what Environmental Health has experienced in permitted lodging establishments during the past few years. The City’s NIS code enforcement officers do not have the training or skills to address the resurgence of bedbugs in response to these complaints.
 - The same State bedbug expert, Dr. Kim “Woogie” Jung that Environmental Health has used in the past was enlisted to help train and develop specific guidelines to help NIS address bed bug complaints.
 - Legal aid provides limited resourced for tenants and some targeted pest management training for property managers.
- **Challenges**
 - Providing effective guidance to rental property management for the creation of a proactive integrated pest control management system that provides a measurable reduction in bed bug complaints and also educates the tenants in how they are a part of the solution.

Implication(s)

- **Outcomes**
 - NIS is developing a complaint management protocol regarding bed bugs at rental properties.
 - Environmental Health provided NIS and legal aid protocols for bed bug management and offered assistance in training of NIS inspectors in pest complaint investigation techniques.
- **Service Delivery**
 - Environmental Health will provide NIS with field assistance upon request during NIS inspections to train them in bedbug investigation techniques.
- ,
 - Successful implementation of an education and pest management protocol should reduce the amount of time NIS staff spend investigating complaints.
 - Environmental Health staff will provide assistance as requested during several NIS inspections.
- **Revenue** - No effect on revenue is anticipated.

Next Steps / Mitigation Strategies

- Continue to nurture the collaborative relationship between NIS and Environmental Health.

Division/Program: Environmental Health / Public Health
Preparedness (Off-site training)

Program Description:

- Matt Leicester, Local Public Health Coordinator, recently attended “Healthcare Leadership for Mass Casualty Incidents”, a week-long training course funded by FEMA at the Center for Domestic Preparedness in Anniston, AL

Statement of Goals:

- Prepare leaders within the healthcare community for the challenges they will face in a mass casualty incident while emphasizing how their jobs help support and enhance the functions of leaders in related disciplines.
- Use a mass casualty incident, defined as any incident that has the ability to exceed the resources available within a given area, to provide the optimal learning opportunity

Issues:

- **Challenges**
 - Historically, a mass casualty incident creates a substantial burden, both physically and emotionally within a community. Resources become scarce, and the tragedy itself can be devastating to the people and infrastructure of the community.
 - The challenge has always been to enhance the cooperation and infrastructure between local public health, hospitals, and EMS during a mass casualty incident.
- **Opportunities**
 - Met with other healthcare officials from public health, EMS, and hospitals across the country to share information regarding best practices.
 - Participated in lecture-based and tabletop and functional exercises.
 - Assigned roles within the Incident Command System (ICS) for public health, EMS, hospital command center, and facilities and security. Each agency is given tasks during the exercises that both simulate normal daily operations, as well as fit together in a larger mass casualty scenario.

Implications:

- **Outcomes**
 - This course allowed Matt to gain additional knowledge and skills to improve our ability to handle mass casualty incidents, as he was tasked as the incident commander for public health in both small and large scale exercises.
 - After a rough first day of exercises, Matt regrouped the public health players and the group excelled in the final day of exercises. They were able to identify the root of the scenario an hour early and began making follow up contingency plans.
 - The public health group received high praise from the FEMA facilitators for their teamwork, efficiency, and skill during the exercise.
- **Service Delivery**
 - Service will be greatly improved if, and when, the need ever arises for public health to combat a mass casualty incident.

12 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- We will be more skilled and efficient in our operations which will help to reduce further loss of life and return our community back to normal as quickly as possible.
- **Staffing**
 - There are no staffing impacts.
- **Revenue**
 - This course has no impact on revenue, and has zero cost to the health department.
 - FEMA covered 100% of the expenses associated with this course including transportation and meals.

Next Steps/Mitigation Strategies

- Consider sending Leadership Team members and, potentially, some supervisors to this course to gain a better understanding of mass casualty incident management and a better understanding of ICS and its function.

Division / Program: Environmental Health / General Inspections/NoroVirus

Program description:

- General Inspections section has a supporting role in the response to Noro virus outbreak reports in long term care facilities and retirement communities. There is a need to be proactive in order to contain the spread of this highly contagious illness.

Statement of goals:

- Develop, assemble, and deliver a standardized Noro-kit to onsite long term care facilities and retirement communities.

Issues

- **Opportunities**
 - Collaboration with Communicable Disease Nurses to develop kit
 - Improvement in response time by facility management to Noro virus outbreaks significantly reduces the duration and number of people experiencing the Noro virus illness.
- **Challenges**
 - Reducing the delay in reporting to the department is critical in establishing effective control protocols for this illness.

Implication(s)

- **Outcomes**
 - Delayed or improperly applied control protocols can extend the duration and resurgence of this illness for several weeks. Immediate and proper management can potentially contain this illness within a week.
- **Service Delivery**
 - Our customer service is enhanced with this preplanning.
- **Staffing**
 - Staff time invested is part of our educational mission and supply cost is minimal.
- **Revenue**
 - No effect on revenue is anticipated

Next Steps / Mitigation Strategies

- Distribute a Noro-kit to each of the long term care facilities and retirement communities.

Division/Program: Health Education / Health Promotion and Wellness

Brief program description

- The Health Education Division has taken the lead on awareness and education about the Board of Health Smoking Rule adopted by County Ordinance.

Statement of goals

- Provide education and cessation classes as outlined in the Smoking Rule

Issues

- **Opportunities**
 - It is a good time for those who have considered quitting smoking to take advantage of the resources that are available
 - This is also a good time to share information dealing with the health, environmental and financial aspects related to smoking
- **Challenges**
 - The Rule is misinterpreted by smokers and sometimes fuel the argument about discrimination

Implication (s)

- **Outcomes**
 - A 2006 surgeon general's report confirmed that secondhand smoking can kill. A subsequent report in 2010 concluded that there is no safe level of exposure to secondhand smoke.
 - Durham again, has taken the lead in protecting the health of the public from exposure to second hand smoke before statewide policy or law is enacted.
 - Tobacco use is a controllable risk factor for many chronic diseases. Tobacco use reduction not only impacts the individual but the community as a whole.
- **Service delivery**
 - 38 worksite and community presentations and webinars reaching 775 participants about the Smoking Rule
 - Monthly offerings of the Fresh Start quit smoking program since February 2012. This program is usually offered quarterly
 - The development of educational and promotional materials for public dissemination
 - One targeted personal interest newspaper article in the Herald Sun resulted in 12 registrations for the July 2012 Fresh Start quit smoking class offered by the agency
 - Media efforts that have included business cards, flyers, posters, bus ads, billboards, radio PSAs, newspaper articles and numerous television interviews.

Next Step/Mitigation Strategies

- Health Education staff members will continue to offer education, cessation support and resources to Durham County residents.

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides timely information to the public on key health issues.

Statement of goals

- Increase the public's awareness and understanding of important health information and the Health Department's programs and services availability

14 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- Increase the public's utilization of Health Department programs and services.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Health Department can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Health Department for their viewers/readers.
- **Challenges**
 - Prioritizing the topics to publicize
 - Responding back to media inquiries for follow-up in a timely manner, although with dedicated staff to this issue, this challenge is now an opportunity.

Implication(s)

- **Outcomes**
 - Information and communications about health issues and Department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the Department has substantially increased
 - Media personnel from other agencies have complimented the Department on the quality of media coverage, particularly for coverage about the Smoking Rule.
- **Service delivery**
 - Two nurses were interviewed on NBC 17, My Carolina Today, for immunization requirements for children starting back to school.
 - For the Board of Health Smoking Rule, arrangements were made for media interviews with the Health Director, WRAL interviewed staff on their morning show, press releases were printed in the News and Observer, the Herald Sun, the Independent Weekly; television coverage by WRAL-twice, NBC 17-three times, News 14 Carolina -twice, ABC 11; radio coverage by WUNC-FM. The kick-off celebration event was publicized and held on August 1 at the American Tobacco Campus with television and newspaper coverage.
 - Wrote a featured article on the Smoking Rule for the National Association of Local Boards of Health conference, held in Atlanta in August.
 - Two press releases on safety and health issues related to summer heat were distributed.
 - A press release on National HIV testing day was distributed.
- **Staffing**
 - The Information and Communications Manager joined the Health Department in April 2012. He collaborated with numerous Health Department staff to initiate, organize and deliver information and communications to the public and our partners.

Next Steps / Mitigation Strategies

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

OLD BUSINESS:

- **Smoke-Free Initiative Update** (*Activity 34.5*) (Gayle Harris/Attorney Bryan Wardell)

Attorney Wardell has received questions/comments regarding the smoking rule. Attorney Wardell expects a flurry of activity surrounding the new smoking rule for the first six months and requested the Board be available

15 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

to answer questions/comments from the public. The department will continue to inform the community that the enforcement of the smoking rule is a health department function and Health Education will continue to educate the community. There is a meeting scheduled on Monday August 13, 2012 with the City Manager and County Manager to further discuss the implementation process for the smoking rule. The City has distributed & posted 268 signs out of the 1,000 provided.

- **Strategic Plan (Activity 15.1)** (Gayle Harris)

The Board requested to table the discussion on the draft strategic plan until the next board meeting. Rosalyn McClain will send another copy of the draft strategic plan by e-mail to the board. All comments are due by September 6, 2012. Ms McLaurin will send out an e-mail to the board members that are not present today informing them on the agreed upon plan for next steps.

- **Animal Control (Activity 39.2)** (Gayle Harris)

Ms. Harris stated that Animal Control moved to the Sheriff's Department effective July 1, 2012. Not all of the Animal Control Officers transferred to the department to become Animal Service Officers. Consequently, Sheriff Andrews did not believe that he had enough staff to do home confinement and the associated monitoring for provoked animal bites to owners or other residents of the home as established by Health Department policy. (Note: To control rabies, by law the Health Director determines where dogs, cats, or ferrets will be confined for ten days following bite to humans.) Because of the staff shortage, a new Health Department policy was developed for a period of July 1-August 31, 2012 that home confinement would not be an option and all dogs, cats or ferrets reported to have bitten a human would have to be confined at the shelter or a licensed veterinarian for the confinement period. A list of veterinarians who agreed to confine animals for observation in their facility was developed. A follow-up meeting with representatives from the Sheriff's Department will be scheduled.

NEW BUSINESS:

- **Reflections-Board of Health Training-August 7, 2012**

The board felt the training was very useful. The training focused on the roles and responsibilities of the board members. The link to the Local Boards of Health Training

(http://www.sph.unc.edu/nciph/introduction_to_public_health.html)

will be sent to the board members that were not present at the training.

- **Letters of Support** (Gayle Harris)

Ms. Harris apprised the Board on the following letters of support written since the last meeting.

- NC Communicable Disease Branch-Viral Hepatitis Prevention and Surveillance.
- SAMHSA-Carolinas Comprehensive Substance Abuse Service Project
- Healing with CAARE-Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS
- Duke Translational Medicine Institute-CDC REACH Demonstration Project (deepen efforts to address health disparities)

- **STD Clinic Studies** (Dr. Arlene Sena)

Dr. Sena apprised the Board on the following STD clinic studies focusing on:

- Diagnostic test for Gonorrhea and Chlamydia patients: The study will enroll approximately 75 men to do routine swabs to help validate the new testing process. The study will last for six weeks and each participant will receive \$75.00.

16 A Regular Meeting of the Durham County Board of Health, held August 9, 2012.

- Diagnostic Test - Roch Assay – a novel base application test for Chlamydia: The study will enroll approximately 300 asymptomatic women to do vaginal/cervical swabs. The study will last for six months and each participant will receive \$30.00.

- **RFP for Electronic Health Record: Performance Bond** (Gayle Harris)

Commissioner Howerton made a motion to require a performance bond for the RFP for Electronic Health Records. Mr. Dedrick seconded the motion and the motion was approved.

- **Family Planning Title X Funds** (Gayle Harris)

Staff from Women's and Children's Health Section of NC Division of Public Health notified local health departments of an undetermined amount of a reduction in Title X funding due to a reduction in federal funding. The reduction resulted from two NC based Planned Parenthood Organizations receiving Title X funds directly from the federal government. The health department requests approval to subsidize the shortfall in Title X funds from the state with either Medicaid Cost Settlement funds or Home Health proceeds in order to continue the Family Planning services at the current level.

Dr. Allison made a motion to subsidize the shortfall amount in Title X funding with either Medicaid Cost Settlement or HomeHealth funds. Dr. Daniel seconded the motion and the motion was approved.

- **Budget Amendment** (Gayle Harris)

The health department requests approval to recognize funds in the amount of \$24,000 from the Community Transformation Grant Project to support implementation of Smoke Free Rule Campaign. Funds will be used for media advertising and education.

Dr. Allison made a motion to approve Community Transformation Grant funds in the amount of \$24,000. Commissioner Howerton seconded the motion and the motion was approved.

- **Fresh Fruits and Vegetable 2012 Farm Bill** (Sue McLaurin)

Ms. McLaurin apprised the board of the Farm Bill supporting fresh fruits and vegetables for low-income elementary children program. The board has been asked to support the program by writing into a special organization that has already collected endorsements from several organizations (Academy of Dietitians, American Heart Association, American Public Health Association, and North Carolina Public Health Association). The board has until August 20, 2012 to respond with their support/endorsement of the program.

Ms. McLaurin made a motion to send a letter of support to continue fresh fruits and vegetables for low-income elementary children. Commissioner Howerton seconded the motion and the motion was approved.

INFORMAL DISCUSSION:

Agenda Items for next BOH Meeting

- Medicaid Cost Report and Fee Setting Process
- Community Health Assessment: Action Plan approval (Note: Copies of all action plans were provided for review prior to the next meeting)
- Weight of the Nation Update
- Strategic Plan
- Quality Improvement Project
- End of Year Financial Report

17 A Regular Meeting of the Durham County Board of Health, held
August 9, 2012.

Commissioner Howerton made a motion to adjourn the meeting at 7:20pm. Mr. Dedrick seconded the motion and the motion was approved.

Sue McLaurin, M. Ed., PT-Chairman

Gayle B. Harris, MPH, Health Director

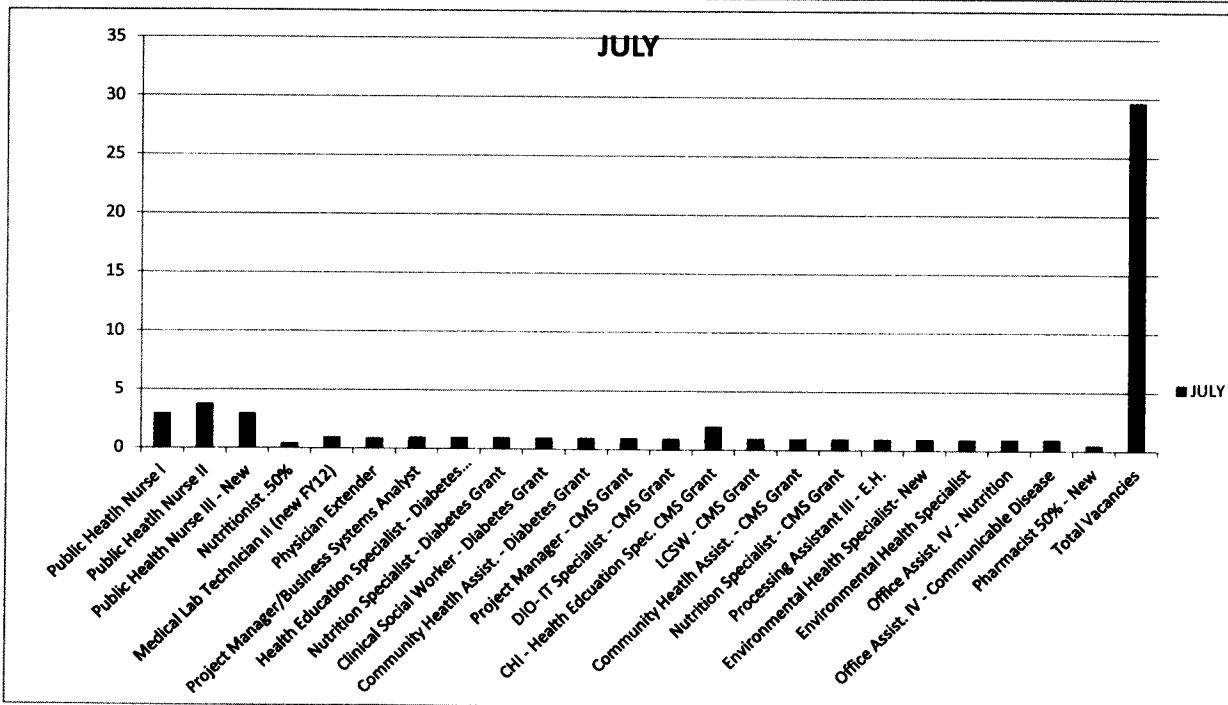
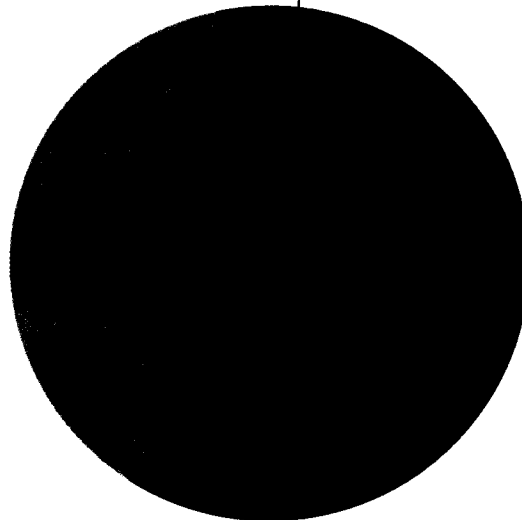
Public Health Vacancy Report

	JULY		
Public Health Nurse I	3	New Positions	16.5
Public Health Nurse II	3.8	Resignations	11.18
Public Health Nurse III - New	3	Reclass	1
Nutritionist .50%	0.48	Termination	1
Medical Lab Technician II (new FY12)	1		
Physician Extender	0.9		
Project Manager/Business Systems Analyst	1	Total	29.68
Health Education Specialist - Diabetes Grant	1		
Nutrition Specialist - Diabetes Grant	1		
Clinical Social Worker - Diabetes Grant	1		
Community Health Assist. - Diabetes Grant	1		
Project Manager - CMS Grant	1		
DIO- IT Specialist - CMS Grant	1		
CHI - Health Education Spec. CMS Grant	2		
LCSW - CMS Grant	1		
Community Health Assist. - CMS Grant	1		
Nutrition Specialist - CMS Grant	1		
Processing Assistant III - E.H.	1		
Environmental Health Specialist- New	1		
Environmental Health Specialist	1		
Office Assist. IV - Nutrition	1		
Office Assist. IV - Communicable Disease	1		
Pharmacist 50% - New	0.5		
Total Vacancies	29.68	Total FTEs 209.76	

Vacancy Reasons

Vacancy Reasons

Reclass 3%
Termination 3%



Public Health Resignation Report

Position #	Classification	Resignation Date	Reason for Leaving	Employee's Area of Responsibility
40000968	Office Assistant IV	6/8/2012	Career advancement within the county; also stated increase in pay at new job.	Nutrition Division Office Assistant
40005378	Nutritionist - .48%	Oct-11	Internal Promotion	Nutritionist
40001156	Environmental Health Specialist	5/29/2012	Care for Child at home	Registered Environmental Health Specialist - Food & Lodging Program
40001161	Processing Assistant III	6/11/2012	Internal Promotion	Environmental Health clerical support
40001035	PHN I	6/9/2012	Terminated	TB Clinic
40001036	PHN I	12/26/2011	Promoted within agency	Communicable Disease Nurse - TB Clinic
40001050	PHI I	7/9/2012	Transferred within agency	Family Planning Clinic Staff Nurse
40001087	PHN II	3/9/2012	Transferred within agency	Communicable Disease Surveillance Nurse
40001028	PHN II	7/23/2012	Internal Promotion	Elementary School Nurse
40001133	PHN II	5/23/2012	Family transfer	Middle/High School Nurse
40001088	PHN II - .8	6/11/2012	Transferred within agency	Nurse in the Pregnancy Care Management Program
40001046	Physician Extender I . - 9%	3/20/2012	Higher salary, better staffing	Family Planning Clinic Nurse Practitioner
40001025	Office Assistant IV	7/25/2012	Higher salary	Communicable Disease Administrative Support - TB Clinic



Durham County's Benchmark Process



**Durham County Government
Human Resources**

1



Purpose

This presentation is designed to familiarize you with the Benchmark Process and provide you with a brief history regarding employee compensation.

2

Background

- Salary Compression Issues
- Employee movement through the salary range
- Competitive Salaries
- High Turnover in certain classifications
- Reward for meritorious performance (unfunded)
- 1/3 Classification Audit

3

Approach

- HR staff conducted a series of roundtable meetings with departments to address compensation concerns and explore options.
- Outcomes:
 - Defined a process to attract qualified applicants and retain employees
 - Outlined a process for maintaining a competitive pay structure

4



Approach

☐ Outcomes (Cont.):

- Defined a process to ensure employees were compensated appropriately.
- Determined the organizations/jurisdictions that the County should survey for salary comparisons.

5



New Compensation Plan Components

- ☐ Pay Plan Maintenance
- ☐ Compensation at Hire
- ☐ Movement through the Range
- ☐ Performance Bonus

6



Defined Market

- | | |
|--|-----------------------|
| <input type="checkbox"/> City of Durham | City of Greensboro |
| <input type="checkbox"/> City of Raleigh | City of Winston-Salem |
| <input type="checkbox"/> County of Buncombe | County of Cumberland |
| <input type="checkbox"/> County of Forsyth | County of Guilford |
| <input type="checkbox"/> County of Mecklenburg | County of New Hanover |
| <input type="checkbox"/> County of Orange | County of Wake |

7



Job Families

- ☐ All classifications are assigned to a job family based on internal relationships, complexity, education and skills requirements. (Occupational Series)
- ☐ At least one classification from each job family is included in the benchmark survey.

8



Sample Job Family

Job Family	Jurisdiction Title	Current Salary Grade
Nursing	PUBLIC HEALTH NURSE I	35
Nursing	PHYSICAL THERAPIST I	37
Nursing	PUBLIC HEALTH NURSE II	37
Nursing	PUBLIC HEALTH NURSE III	38
Nursing	INDUSTRIAL HYGIENIST CONSULTANT	40

9



Pay Plan Maintenance (Benchmark Study)

- ☐ Conduct annual classification and compensation survey (Benchmark Study)
- ☐ Adjusting Salary Ranges
- ☐ Adjusting Salary Grades

10

Benchmark Guidelines

- ☐ If the benchmark classification surveyed is 2.5% or more behind the average market range minimum, the classifications in the job families are adjusted.
- ☐ Employees whose salary falls below the new minimum rate of the new grade will be moved to the minimum rate.
- ☐ No grade adjustments or salary adjustments are recommended for benchmark classifications less than 2.5% behind.

11

Classification Listing

Classification	Grade	Min	Max
PROPERTY CONTROL CLERK	26	27,119	46,687
PROPERTY CONTROL OFFICER	27	28,491	49,052
PUB HEALTH NURSING SUPV I	39	51,534	88,718
PUB HEALTH NURSING SUPV II	41	56,885	97,930
PUBLIC HEALTH EDUCATION SPEC	33	38,319	65,968
PUBLIC HEALTH EDUCATOR I	31	34,714	59,763
PUBLIC HEALTH EDUCATOR II	35	42,298	72,816
PUBLIC HEALTH EDUCATOR III	39	51,534	88,718
PUBLIC HEALTH NURSE I	35	42,298	72,816
PUBLIC HEALTH NURSE II	37	46,687	80,374
PUBLIC HEALTH NURSE III	38	49,052	84,444

12

Salary Schedule

30	33,043	44,964	56,885	1,270.89	1,729.39	2,187.89	16.95	23.06	29.17
31	34,714	47,238	59,763	1,335.14	1,816.85	2,298.57	17.80	24.22	30.65
32	36,472	49,631	62,791	1,402.77	1,908.90	2,415.03	18.70	25.45	32.20
33	38,319	52,144	65,968	1,473.82	2,005.53	2,537.24	19.65	26.74	33.83
34	40,261	54,784	69,307	1,548.49	2,107.07	2,665.66	20.65	28.09	35.54
35	42,298	57,557	72,816	1,626.84	2,213.73	2,800.61	21.69	29.52	37.34
36	44,439	60,471	76,502	1,709.19	2,325.80	2,942.40	22.79	31.01	39.23
37	46,687	63,531	80,374	1,795.66	2,443.48	3,091.30	23.94	32.58	41.22
38	49,052	66,748	84,444	1,886.60	2,567.23	3,247.85	25.15	34.23	43.30
39	51,534	70,126	88,718	1,982.09	2,697.17	3,412.25	26.43	35.96	45.50

13

Example of Benchmark Results for Public Health Nurse Classification

Location	Jurisdiction Title	Minimum	Midpoint	Maximum	# Of Staff	Actual/Average Salary
City of Durham	No Match					
City of Greensboro	No Match					
City of Raleigh	Nurse	\$42,743		\$70,206	1	\$61,307
City of Winston-Salem	No Match					
County of Buncombe	Public Health Nurse II	\$46,282		\$70,752	38	\$56,760
County of Cumberland	Public Health Nurse I	\$42,399	\$56,178	\$71,357	8	\$45,658
County of Forsyth	No Match	\$41,146	\$51,432	\$66,862	47	\$47,660
County of Guilford	Nurse Specialist I	\$47,789	\$64,515	\$81,241	38	\$52,716
County of Mecklenburg	Nurse	\$42,014	\$52,518	\$93,404	3	\$55,941
County of New Hanover	Public Health Nurse - Zone 1	\$48,942		\$75,109	37	\$47,492
County of Orange	Public Health Nurse I	\$44,781	\$58,184	\$71,588	4	\$47,606
County of Wake	Nurse	\$42,300	\$57,250	\$72,200	117	\$56,943
	Average	\$44,266	\$56,680	\$74,746	293	\$52,454

14

Grade Adjustment

Location	Jurisdiction Title	Minimum	Midpoint	Maximum	# Of Staff	Average Salary
County of Orange	Public Health Nurse I	\$44,781	\$58,184	\$71,588	4	\$47,806
County of Wake	Nurse	\$42,300	\$57,250	\$72,200	117	\$56,943
	Average	\$44,266	\$56,680	\$74,746	293	\$52,454
Durham County	Public Health Nurse I (Gr. 35)	\$42,296	\$57,557	\$72,816	13	\$54,763
	Compared	-4.65%	1.52%	-2.65%		4.22%
Recommended:	Grade 36	\$44,439	\$60,471	\$76,502		
	Compared	0.39%	6.27%	2.29%		

15

Recommendation

Job Family	Jurisdiction Title	Current Salary Grade	Recommendation	Proposed Grade	Market Average Salary %
Nursing	PUBLIC HEALTH NURSE I	35	Move 1 Grade	36	4.22
Nursing	PHYSICAL THERAPIST I	37		38	
Nursing	PUBLIC HEALTH NURSE II	37		38	
Nursing	PUBLIC HEALTH NURSE III	38		39	
Nursing	INDUSTRIAL HYGIENIST CONSULTANT	40		41	

16

Separations and Reasons July 1, 2011 – July 1, 2012

Dismissal	5
Resignation	19
RIF	4
Service Retirement	6
TOTAL	34

17

Separation by Classification

Classification	Number
DENTAL VAN COORDINATOR/DRIVER	1
ENVIRONMENTAL HEALTH SPEC	1
HUMAN SERVICES COORD II	1
HUMAN SERVICES COORD III	1
NUTRITION SPECIALIST	1
OFFICE ASSISTANT IV	1
PHYSICIAN EXTENDER II	1
PHYSICIAN EXTENDER III	1
PUBLIC HEALTH EDUCATOR II	1
PUBLIC HEALTH NURSE III	1
SPANISH INTERPRETER	1

18

Separation by Classification

Classification	Number
PATIENT RELATIONS REP. IV	2
PUBLIC HEALTH EDUCATION SPEC	2
PUBLIC HEALTH NURSING SUPERVISOR I	2
PROCESSING ASSISTANT III	3
PUBLIC HEALTH NURSE I	7
PUBLIC HEALTH NURSE II	7
TOTAL	34

19

List of Current Vacant Positions

Job Title	Count	FTE
Clinical Social Worker	2	2.00
Community Health Assistant	2	2.00
Environmental Health Specialist	2	2.00
Nutrition Specialist	2	2.00
Office Assistant IV	1	1.00
Pharmacist I	1	.50
Physician Extender I	1	.90
Processing Assistant III	1	1.00
Public Health Education Specialist	3	3.00
Public Health Nurse I	4	3.85
Public Health Nurse II	5	4.65
Public Health Nurse III	3	3.00
Senior Systems Analyst	1	1.00
Total	28	26.90

20



QUESTIONS ???

21



THE END

22

Department of Public Health FY 11-12 Quarterly Activity Summary

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	39,942	12,855	12,521	7,253	6,973	39,602	99%
# of treatments/encounters	160,494	37,363	39,356	47,713	47,239	171,671	107%
# of educational presentations	19,639	4,016	5,143	6,108	4,091	19,358	99%
# of participants	78,376	10,597	19,007	45,897	16,248	91,749	117%
TOTAL SERVICES	220,075	54,234	57,020	61,074	74,551	230,631	105%

DIVISION: DENTAL HEALTH

OBJECTIVE #1: Promote Wellness in All Children in Durham Through Monitoring and Case Finding and Providing Education & Treatment

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
Educational Services	40	14	1	13	20		
Children	1400	365	60	747	438		
Adults	400	65	6	93	45		
DPS Children Screened	8500	1877	4972	433	134		
With need for treatment	600	137	304	40	16		
Head Start Screened	350	380	0	40	0		
With need for treatment	30	31	0	2	0		
Early Head Start Exam/Fluoride	65	15	0	0	0		
Mobile Dental Van Encounters	1500	342	256	458	368		
Mobile Dental Van Procedures *	5500	1412	883	1340	1098		
Clinic Encounters	4500	1043	1236	1517	1431		
Clinic Procedures *	22000	5205	6310	6402	5904		
Broken Appointment % in Clinic	28	31	30	26	28		
Interpreter Utilized in Clinic	2400	613	768	847	793		

* does not include parental consent , consultation, etc. treatment complete notes, etc.

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	8500	2257	4972	473	134	7836	92%
# of encounters	6065	1400	1492	1975	1799	6666	110%
# of presentations	40	14	1	13	20	48	120%
# of participants for presentations	1800	430	66	840	483	1819	101%

DIVISION: ENVIRONMENTAL HEALTH FY 2012
OBJECTIVE #6 Prevent and Control Communicable Diseases

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected Number
Food, Lodging & Instit. Inspec.	3,300	820	654	787	724	2,985	90%
F,L & Inst. Compliance Visits	1,600	392	319	316	381	1,408	88%
Lead Invest./Visits	15	6	4	8	1	19	127%
Swimming Pool Insp./Visits	490	121	24	47	241	433	88%
Well Site Consult.	400	128	105	115	90	438	110%
Site/Soil Eval. & Consult.	1,000	245	229	180	425	1,079	108%
Water Samples	150	39	43	50	37	169	113%
						-	
TOTALS	6,955	1,751	1,378	1,503	1,899	6,531	94%

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings							
# of treatments/encounters **	6,955	1,712	1,335	1,453	1,862	6,362	91%
# of educational presentations							#DIV/0!
# of participants	-	-	-	-	-	-	#DIV/0!

** Inspections & Complaints

DIVISION: HEALTH EDUCATION**OBJECTIVE #1 Decrease teen pregnancies**

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# educational presentations	150	15	7	10	12	44	29%
# participants	2,000	251	482	404	1,701	2,838	142%
						-	

OBJECTIVE # 2 Achieve a statistically significant reduction in Durham's infant mortality rate

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	90	31	28	30	32	121	134%
# participants	800	236	257	264	252	1,009	126%

OBJECTIVE # 3 Promote disease prevention and wellness through consultation and education

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	350	104	73	90	157	424	121%
# participants	15,000	1,947	1,265	833	2,543	6,588	44%

OBJECTIVE # 4 Reduce the incidence of domestic violence by education and referral

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	10	2	4	2	3	11	110%
# participants	350	185	39	24	86	334	95%

OBJECTIVE #5 Promote reproductive health and safety through school health education

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# educational presentations	130	46	77	97		220	169%
# participants	2,000	1,103	1,690	2,297		5,090	255%

OBJECTIVE # 6 Prevent the occurrence and secondary spread of infectious diseases

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	1,200	735	410	1,021	676	2,842	237%
# of educational presentations	100	29	58	71	515	673	673%
# participants	3,000	842	491	867	1,208	3,408	114%

OBJECTIVE #7 Provide Lead education screening to parents and children residing in neighborhoods identified with lead contaminations

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	400	-	173	6	222	401	100%
# of educational presentations	40	11	18	11	1	41	103%
# participants	100	317	279	326	1,512	2,434	2434%

OBJECTIVE #8 Create awareness of gun safety through education, consultation and referral.

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	20	6	3	5	3	17	85%
# participants	700	670	335	20,158	116	21,279	3040%

HEALTH EDUCATION SUMMARY	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	1,600	735	583	1,027	898	3,243	203%
# of educational presentations	890	244	268	316	723	1,551	174%
# of participants	23,950	5,551	4,838	25,173	7,418	42,980	179%

DIVISION: Community Health
Program: Communicable Disease

Obj#4 Decrease Chronic Disease

Performance Indicators	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
BCCCP exams	136	35	30	39	7	111	82%
Refugee CD exams	162	34	59	53	39	185	114%
Tobacco use screening	2658	852	585	520	1263	3,220	121%

Obj#5 Dec Injury Domestic Violence

Performance Indicator	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
Monthly Screen women in clinics	3776	853	829	1,228	1266	4,176	111%

Obj#6: Prevent/Control comm disease

Performance Indicators	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
Outreach immunization clinics	31	0	4	1	2	7	23%
Immunizations given	8932	1,842	1,933	1,262	1095	6,132	69%
HIV Counseling & Testing	9827	2,306	2,444	2,418	2588	9,756	99%
STD patient visits	3897	896	1,077	1,195	1249	4,417	113%
TB PPDs given	1488	381	249	380	459	1,469	99%
TB CXR for infection and disease	450	98	72	58	88	316	70%
TB prevention	139	44	17	11	32	104	75%
Laboratory tests	43757	8,242	9,660	13,123	13777	44,802	102%
Prescriptions filled	22501	6,504	6,361	6,622	6675	26,162	116%

GENERAL HEALTH SUMMARY DATA	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
# of screenings	6,732	1,774	1,503	1,840	2,575	7,692	114%

DIVISION: Community Health

Program: Family Planning

OBJECTIVE #2 Decrease teen pregnancies by 5%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Teen Initial FP Visits	128	45	26	28	30	129	101%
Teen Annual FP Visits	88	27	14	15	15	71	81%
Other Teen FP Visits	391	82	94	94	92	362	93%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Adult Initial FP Visits	389	133	76	89	89	387	99%
Adult Annual FP Visits	1,653	524	377	339	366	1,606	97%
Other Adult FP Visits	2,906	707	724	788	676	2,895	100%

FAMILY PLANNING SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
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DIVISION: Community Health
Program: Jail Health

OBJECTIVE # 1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# Physical Assessments Provided to Youth Home Residents	156	23	24	44	46	137	88%
# of Mental Health encounters to Youth Home Residents	90	42	35	31	19	127	141%

OBJECTIVE # 3 Reduce Infant Mortality Rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of pregnant inmates	32	12	13	6	7	38	119%

OBJECTIVE # 6 Improve the health status and quality of life for adults with chronic health conditions

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# Sick Call Encounters	6,832	2,457	2,165	1,416	2,140	8,178	120%
# 14 Day Health Assessments	3,255	940	759	744	795	3,238	99%
# Mental Health Assessments	1,612	593	652	700	687	2,632	163%
# Dental Encounters (treatments)	608	83	46	61	74	264	43%

OBJECTIVE #4 Prevent the occurrence and secondary spread of infectious disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# PPD's Administered	2,300	753	699	729	683	2,864	125%

JAIL HEALTH SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of screenings	5,023	1,556	1,435	1,488	1,528	6,007	120%
# of treatments/encounters	7,562	2,594	2,259	1,514	2,240	8,607	114%

Division: Community Health
Program: Maternal Health

OBJECTIVE #3 Reduce infant mortality rate to 10.5 per 1000 live births

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of Clinic Visits	9263	2,140	2,084	2,122	2,244	8,590	93%
# New Non Hispanic Patients	707	169	176	168	180	693	98%
# New Hispanic Patients	687	146	149	208	182	685	100%
# of Teens Enrolled 1st Trimester	79	16	14	22	18	70	89%
# of Adults Enrolled 1st Trimester	703	181	201	191	218	791	113%

SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
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DIVISION: Community Health
Program: School Health

OBJECTIVE #1 Promote wellness in children through monitoring, case finding, education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Student Screenings with F/U Parameters	2,724	204	877	1,140	378	2,599	95%
Performance of Skilled Procedures for Students	228	39	89	89	62	279	122%
Case Management for Ill & At-Risk Children	15,279	2,822	4,008	4,767	2,974	14,571	95%
# of Educational Presentations for Students	180	5	52	85	34	176	98%
# of Attendees for Students Educa Presentations	9,184	103	1,920	3,034	1,417	6,474	70%
# of Educational Presentations for Adults	52	21	21	21	3	66	127%
# of Attendees for Adults Educa Presentations	1,227	319	305	386	19	1,029	84%

OBJECTIVE #2 Decrease teen pregnancies by 5%

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Individual student counseling	173	4	78	27	19	128	74%
# of Educational Presentations for Students	136	-	29	49	29	107	79%
# of Attendees for Students Educa Presentations	3,179	-	546	713	564	1,823	57%
# of Educational Presentations for Adults	2	-	2	1		3	150%
# of Attendees for Adults Educa Presentations	70	-	6	3		9	13%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Individual student counseling	195	15	71	38	15	139	71%
# of Educational Presentations for Students	67	-	21	15	8	44	66%
# of Attendees for Students Educ Presentations	404	-	194	161	112	467	116%

OBJECTIVE # 6 Improve health status and quality of life for adults with chronic disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Staff Screenings for Chronic Disease with F/U	189	66	233	288	200	787	416%
# of Educational Presentations for Adults	8	-			1	1	13%
# of Attendees for Adult Educ Presentations	68	-			5	5	7%

OBJECTIVE # 4 Prevent occurrence and spread of infectious disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Doses of Immunizations Administered	436	744				744	171%
# of Educational Presentations for Students	91	20		25	62	107	118%
# of Attendees for Students Educa Presentations	2,329	869		622	1,476	2,967	127%
# of Educational Presentations for Adults						-	#DIV/0!
# of Attendees for Adult Educa Presentations						-	#DIV/0!
Immunization Records Reviewed for Compliance	9,886	4,779	2,081	163	44	7,067	71%

SCHOOL NURSING SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of screenings	12,799	5,049	3,191	1,591	622	10,453	82%
# of treatments/encounters	16,311	3,624	4,246	4,921	3,070	15,861	97%
# of educational presentations	536	46	125	196	137	504	94%
# of participants	16,461	1,291	2,971	4,919	3,593	12,774	78%

DIVISION: Community Health

Program: Child Health SCSC

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	of Projected
Total New Referrals							
# Face-to-Face Contacts	91	91				91	100%
#Telephone Contacts	196	196				196	100%
# Active Cases	18	18				18	100%
SCSC SUMMARY DATA	Projected	1st Qtr				Total	of Projected
# of screenings							
# of treatments/encounters	287	287	-	-	-	287	100%
# Active Cases	18	18	-	-	-	18	100%
# Active Cases	18	18	-	-	-	18	100%

DIVISION: Community Health

Program: Child Health - CC4C

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# Total Active Medicaid Clients	2,724	681	570	651	750	2,652	97%
# Total Active Non-Medicaid Clients	224	56	49	55	39	199	89%
# Total Medicaid Referrals Assigned	440	110	75	76	74	335	76%
# Total Non-Medicaid Referrals Assigned	156	39	51	112	67	269	172%
# Total Encounters	1,806			1,108	1,355	2,463	136%

CC4C SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	of Projected
# Screened	2,948	737	619	706	789	2,851	97%
# of treatments/encounters	1,806	-	-	1,108	1,355	2,463	136%

Division: Community Health
Program: Pregnancy Care Management

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# of PCM Visits	5,144	1,286	2,324	5,275	4684	13,569	264%
# of Patients Enrolled in PCM	644	161	204	198	185	748	116%

MATERNAL HEALTH SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# of treatments/encounters	5,144	1,447	2,528	5,473	4,869	14,317	278%

DIVISION: NUTRITION

FY11 July 1, 2011 - June 30, 2012

DIVISION SUMMARY

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr	4th Qtr	Total	% of Projected
Screening/surveys	1,400	519	218	114	259	1,110	79%
Encounters	600	64	74	82	67	287	48%
Group presentations	1,010	40	275	391	98	804	80%
# participants	24,420	800	5,581	7,512	1,771	15,664	64%
Consultations & public inquiries	600	125	185	282	191	783	131%
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	% of Projected
Screening/surveys	-	-	-	-	-	-	
Encounters	300	74	75	69	58	276	92%
Group presentations	10	2	-	-		2	20%
# participants	120	28	-	-		28	23%
Consultations & public inquiries	400	17	31	35	42	125	31%
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	% of Projected
Screening/surveys	-	-	-	-	-	-	
Encounters	-	4	-	8	8	20	
Group presentations	3	0	-	-	-		0%
# participants	50	0	-	-	-		0%
Consultations & public inquiries		3	-	-	-	3	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators		1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	% of Projected
Screening/surveys	300	228	-	14	168	410	137%
Encounters		-	-	-	-	-	
Group presentations	95	18	32	33	28	111	117%
# participants	1,300	723	1,285	2,236	2,233	6,477	498%
Consultations & public inquiries	40	0	23	15	13	51	128%
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators		1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	% of Projected
Screening/surveys		-	-	-	-	-	
Encounters	200	13	25	98	160	296	148%
Group presentations	20	8	7	5	13	33	165%
# participants	200	63	123	96	101	383	192%
Consultations & public inquiries	200	19	16	26	16	77	39%
SUMMARY DATA							
	Projected	1st Qtr	2nd Qtr.	3rd Qtr	4th Qtr	Total	% of Projected
Screenings/surveys	2,340	747	218	128	427	1,520	65%
# of treatments/encounters	2,340	319	275	615	555	1,918	82%
# of educational presentation	1,248	68	314	429	139	950	76%
# of participants	26,090	1,614	6,989	9,844	4,105	22,552	86%

DIVISION: NUTRITION

FY11 July 1, 2011 - June 30, 2012

Clinical Team

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters	600	64	74	82	67	287	48%
Group presentations	2	-	4	1	1	6	300%
# participants	30	-	59	20	30	109	363%
Consultations & public inquiries	750	79	123	206	134	542	72%
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters	300	74	75	69	58	276	92%
Group presentations	10	2	-	-		2	20%
# participants	120	28	-	-		28	23%
Consultations & public inquiries	400	17	31	35	42	125	31%
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters		4	-	8	8	20	
Group presentations							
# participants							
Consultations & public inquiries		3	-			3	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters							
Group presentations							
# participants							
Consultations & public inquiries							
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters	200	13	25	98	160	296	148%
Group presentations	20	8	7	5	13	33	165%
# participants	200	63	123	96	101	383	192%
Consultations & public inquiries	200	19	16	26	16	77	39%
SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screenings/surveys	-	-	-	-	-	-	
# of treatments/encounters	2,450	273	344	524	485	1,626	66%
# of educational presentations	32	10	11	6	14	41	128%
# of participants	350	91	182	116	131	520	149%

DIVISION: NUTRITION

FY11 July 1, 2011 - June 30, 2012

Community Team

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys	1,400	519	218	114	259	1,110	79%
Encounters							
Group presentations	1,000	36	270	389	97	792	79%
# participants	24,000	709	5,510	7,442	1,741	15,402	64%
Consultations & public inquiries	200	46	62	76	57	241	121%
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters						-	
Group presentations						-	
# participants						-	
Consultations & public inquiries						-	
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters						-	
Group presentations						-	
# participants						-	
Consultations & public inquiries						-	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys	300	228		14	168	410	137%
Encounters							
Group presentations	75	7	17	29	28	81	108%
# participants	1,000	366	753	2,154	2,233	5,506	551%
Consultations & public inquiries	40		17	15	13	45	113%
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters							
Group presentations							
# participants							
Consultations & public inquiries							
SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screenings/surveys	1,400	747	218	128	427	1,520	109%
# of treatments/encounters	240	46	79	91	70	286	119%
# of educational presentations	1,075	43	287	418	125	873	81%
# of participants	25,000	1,075	6,263	9,596	3,974	20,908	84%

DIVISION: NUTRITION
Communications Team

FY11 July 1, 2011 - June 30, 2012

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters							
Group presentations	20	2	1	1	-	4	20%
# participants	300	63	12	50	-	125	42%
Consultations & public inquiries						-	
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters						-	
Group presentations		-	-	-	-	-	
# participants		-	-	-	-	-	
Consultations & public inquiries						-	
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters						-	
Group presentations	3				-	-	0%
# participants	50				-	-	0%
Consultations & public inquiries						-	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys						-	
Encounters	300					-	
Group presentations	20	11	15	4		30	150%
# participants	300	357	532	82		971	324%
Consultations & public inquiries			6			6	
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screening/surveys							
Encounters							
Group presentations							
# participants							
Consultations & public inquiries							
SUMMARY DATA	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	% Projected
Screenings/surveys		-	-	-	-		
# of treatments/encounters	300	-	6	-	-	6	2%
# of educational presentations	43	13	16	5	-	34	79%
# of participants	650	420	544	132	-	1,096	169%

DIVISION: ADMINISTRATION
Objective #8: Develop Opportunities For Revenue Enhancement

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
Birth Certificates	5,208	1,344	1,276	1,298	1,342	3,918	75%
Death Certificates	2,976	665	733	811	670	2,209	74%

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# screenings							
# of treatments/encounters	8,184	2,009	2,009	2,109	2,012	8,139	99%
# of educational presentations						-	
# of participants						-	