

A Regular Meeting of the Durham County Board of Health, held November 14, 2013 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Heidi Carter, MSPH; Stephen Dedrick, R.Ph, MS; and Michael Case, MPA;

Excused Absences: Nancy Short, DrPH, MBA, RN; Jill Bryant, O.D.F.A.A.O; Commissioner Brenda Howerton; F. Vincent Allison, DDS; and Bergen Watterson, MSCP, BA;

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Melissa Downey-Piper, Dr. James Harris, Dr. Miriam McIntosh, Eric Nickens, Hattie Wood, Marcia Johnson, Will Sutton, Andrew Brown, UNC graduate student and Micah Armani one other Duke student.

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

Chairman Miller recognized and welcomed Andre Brown, PhD student from UNC; Micah Armani, undergraduate student from Duke University; and another undergraduate student from Duke University.

#### **DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO**

**AGENDA:** The following additions were made to the agenda.

Chairman Miller requested items #8-Old Business move up on the agenda to item #6 and item# 9 New Business move up on the agenda to item #7.

Ms. Harris requested the following additions to the agenda:

##### **Administrative Reports:**

- Update: Suspected Meningitis Case
- Patagonia Health Presentation
- Public Health Vacancy Report
- Update: Organizational Chart

##### **Old Business:**

- Adjustment: Home Health Sale Proceed Expenses
- Discussion: Update Board of Health Policies

##### **New Business:**

- E-Cigarettes
- Public Health Commission Clarification of Smoke-Free Rules; final vote Dec 4.
- Letter of Support: Church-based intervention to improve HPV knowledge and HPV vaccination uptake among boys and girls

Ms. Carter made a motion to accept the adjustments/additions to the agenda. Mr. Dedrick seconded the motion and the motion was unanimously approved.

#### **REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Dr. Levbarg made a motion to approve the minutes for October 10, 2013 meeting. Mr. Dedrick seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:** Ms. Harris introduced Will Sutton, the new Finance Officer. Mr. Sutton joined the team on November 11<sup>th</sup>. Mr. Sutton has an undergraduate degree in accounting and a MBA. Mr. Sutton has worked in the banking industry, in the Durham County Finance Department and, most recently, in Durham County SAP Shared Services as a financial analyst. Ms. Harris stated that she received high compliments about his abilities and his desire to learn as much as he can and to share his knowledge. Ms. Harris stated during the

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interview process, Mr. Sutton spoke of his love for training, working with staff and having written procedures. Ms. Harris stated that we are excited to have Mr. Sutton as part of our team.

**OLD BUSINESS:**

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

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

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

**Purpose:**

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

**Policy/Procedure:**

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

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

It shall be the responsibility of the Health Director to review the information; and, if necessary consult with the County Attorney’s Office (or independent counsel) to determine the appropriateness of the distribution.

It shall be the responsibility of the Health Director to disseminate the information if deemed appropriate. In the event the information is deemed inappropriate for dissemination the Health Director will inform the Board member and the Board Chairperson of this determination including any feedback from the County Attorney’s Office (or independent Counsel).

Upon receipt of any e-mail from the Health Director it should be indicated in the body of the e-mail that the document is “for information purposes only” and that “any consideration of the merits or deliberation on matters contained within the e-mail will take place at duly scheduled meeting of the Board”.

Under no circumstances should any Board member communicate with another Board member to discuss the substance of information contained in an e-mail or deliberate on any issue of public concern raised in an e-mail unless the communication is purely administrative (i.e. establishing a meeting time etc.).

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

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

**Comments/Questions:**

**Dr. Levbarg:** I have a concern about the following statement “ under no circumstances should any Board member communicate with another Board member to discuss the substance of information contained in an e-mail or deliberate on any issue of public concern raised in an e-mail unless the communication is purely administrative (i.e. establishing a meeting time etc).” Dr. Levbarg stated I understand about the deliberating but does that mean that individuals can’t e-mail or call individuals?

**Ms. Harris:** What we are trying to avoid here is a violation of open meeting law.

**Dr. Levbarg:** What I thought, what the rule was - is it has to do something with numbers?

**Ms. Harris:** Yes, it does.

**Dr. Levbarg:** That’s if four of us were having dinner and two more came along, subsequently, it’s a meeting no matter what we are talking about. What I am not clear on is if one of us wanted to contact an individual whether that is considered a violation of the public meeting rule?

**Ms. Harris:** I think the numbers are the critical component. This was something that Attorney Wardell put in, so I will highlight that section and ask his intent and communicate that to the Board.

**Dr. Levbarg:** Otherwise I think it really, more than adequately represents what we were trying to say. To me, that one little piece was sort of confusing.

**Ms. Carter:** I agree.

**Chairman Miller:** That was the same thing I was confused about or needed clarification. In subcommittees, you may need to e-mail a question to one individual to clarify or to proceed with something and that would be a factor in some of the subcommittees.

**Dr. Levbarg:** That is a good point. Where do subcommittees muddy the water here?

**Ms. Harris:** You have to really be careful when you start e-mailing and asking for decisions in the e-mail. The network may end up growing. A one on one conversation should be fine. I will note that clarification is needed regarding how the proposed policy relates to the work of subcommittees.

**Dr. Levbarg:** The issue is that e-mail is a public record and so therefore, phone calls would be one thing and e-mails would be another. Maybe that’s why this is in the document. It would be nice to have clarification.

**Ms. Harris:** We will clarify and bring this back for action in December.

- **ADJUSTMENT: HOMEHEALTH SALES PROCEEDS**  
*(Activity 39.1)*

Ms. Harris stated that at the last Board meeting the Board discussed adding AV equipment to two of the conference rooms that were not equipped. The Board agreed that the cost couldn’t exceed \$20,000. Ms. Harris stated that she received an estimate of \$76,000 the next day. Eric Ireland met with the vendor and a representative from County Engineering to review items included in the pricing in order to reduce the quote. A revised estimate of \$27,664.17 for the two rooms was received. Ms. Harris stated that this is about \$14,000 per room. The rooms would have 64-inch monitors. Staff would need to bring laptops in to connect to the monitors. Ms. Harris stated that we also discussed paying for

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accommodations for a staff member with a disability. We included \$12,000 in the request. After meeting with Deputy County Manager Marqueta Welton, we agreed on accommodations that could be paid out of the current budget. The new total for this request would be \$110,016

Dr. Levbarg made a motion to approve the additional costs and change to the request with the total cost not to exceed \$110,016. Ms. Carter seconded the motion and the motion was unanimously approved.

**Comments/Questions:**

**Chairman Miller:** How long will it take for the rooms to be completed?

**Ms. Harris:** It has taken the contractor a month to do the subdivided auditorium on the 2<sup>nd</sup> floor. It may take a month or so to complete the project. It will probably be after the 1<sup>st</sup> of the year.

- **UPDATE BOARD OF HEALTH POLICIES (Activity 36.1)**

Ms. Harris referred the Board to their Board of Health Handbook for hard copies of the policies that need to be reviewed and approved at the Board meeting in December 2013. Ms. Harris stated that the policies could be sent electronically in track changes” mode, if the Board so desires.

**Comments/Questions:**

**Mr. Case:** I’d like to see it electronically and to be able to track changes.

**Ms. Harris:** We will make that a priority for next week so that the Board will have a month to review and edit the documents.

**Dr. Levbarg:** The other thing in doing it that way, those who are not here tonight, we can bring them in with the process.

The policies will be sent to all Board members electronically in “track changes” mode during the week of November 18<sup>th</sup>. Board members will make edits and return the documents electronically to Ms. McClain prior to the next meeting. The edits will be compiled for discussion at the December meeting.

**NEW BUSINESS:**

- **BUDGET AMENDMENT**

The Durham County Department of Public Health requests Board approval to recognize additional grant in the amount of \$220,355 from the Division of Social Services, North Carolina Department of Health and Human Services for DINE for Life program expansion. The FY13-14 budget included \$372,610 for the DINE program; additional funds were requested and received with a new grant total of \$592,965. Program expansion will include the addition of two nutritionist position for work in child care and on strategies and programs that have an environmental focus. The additional funds will be added to the FY13-14 Nutrition Division Budget.

- **BUDGET RATIFICATION**

The Durham County Department of Public Health requests Board approval to recognize funds in the amount of \$3,994 from the NC Department of Health and Human Services Division of Public Health to develop and implement policy and systems and environmental change interventions that improve local food systems, increase food security, promote active living through planning, reduce and prevent tobacco use, and prevent chronic diseases, violence and injury.

Ms. Carter made a motion to approve budget amendment in the amount of \$220,355 and budget ratification in the amount of \$3,994 Mr. Dedrick seconded the motion and the motion was unanimously approved.

- **E-CIGARETTES**

Ms. Harris stated that after one of the subcommittee meetings Dr. Daniel shared an article with her about e-cigarettes and suggested that it be shared and discussed at a board meeting since 1) we have implemented the smoking rule in Durham and 2) there is more information in print media. Ms. Harris stated that Dr. Levbarg also mentioned at the last meeting that she saw e-cigarette displays in Costco that could be purchased by vendors to sell in smaller stores.

Ms. Harris provided the Board information from ChangeLab Solutions a resource on the National County and City Health Officials (NACCHO) website titled “Electronic Cigarettes: How They Are – and Could Be - Regulated.” Ms. Harris stated that the document provides information about the federal law, what’s happening in other areas, State and local laws and policy options for State and Local Government. Ms. Harris stated that there is an algorithm that looks at local regulation of electronic smoking device use based on whether there is a local smoke-free air law in place.

Ms. Harris stated that she wanted the Board to have this information as a starting point for the conversation but don’t think the Board will resolve anything here tonight. Ms. Harris stated that Commissioner Reckhow sent an e-mail asking if the Board would be discussing and taking a position on e-cigarettes. Commissioner Reckhow asked to be kept apprised of the discussion and any action taken by the Board. Ms. Harris stated that the County Human Resource Department is revising their policies. Included in the revisions is a draft smoking policy which prohibits the use of e-cigarettes on county properties and makes all Durham County properties tobacco-free. Ms. Harris stated that the County Human Resource Department asked for feedback on the draft policy. Ms. Harris stated that the Board needs to decide how to handle e-cigarettes, if a subcommittee will look into it. Ms. Harris stated that she will continue to provide information to the Board.

**Comments/Questions:**

**Mr. Case:** Has anybody asked the County Attorney whether or not current regulation is broad enough to stretch? Or are we going back to drawing board?

**Ms. Harris:** I sent him an e-mail. He has not responded yet. This is something that he will have to weigh in on and I think the FDA has ruled that this is a tobacco product or it can be regulated as a tobacco product.

**Chairman Miller:** As Michael said “do they have authority?” I didn’t see where they said they didn’t. OK. Now I see it, in April 2011 they announced plans to make a rule.

**Ms. Carter:** Is there some change by the General Assembly that doesn’t allow us to enact a local ordinance more striate than the State?

**Ms. Harris:** It didn’t impact Boards of Health. **Ms. Carter:** Can I ask another question? These are nicotine delivery devices but they don’t have smoke right? So in having the no smoking ordinance we are trying to address two issues a) second hand smoking dangers and b) the general health dangers of people smoking. With “b” it would really just be addressing the personal habits of individuals, right, if there is no second hand smoke? I guess that is what my question would be.

**Chairman Miller:** Not if the vapor has something in it. I would like to know more about that and I would also like to understand more about how it can or can’t be sold to minors. The further reason we did the smoking rule was for second hand smoke for those who don’t smoke and also to try to help those who do smoke live healthier and have a better quality of life and decrease the impact on the health system.

**Ms. Harris:** If you look on the second page under “limiting use and exposure” it says “bystanders could be exposed to those chemicals if they inhale e-cigarette vapors exhaled by someone else. Local government can

limit potential exposure.” Ms. Harris stated that we will continue to gather materials and bring them to the Board for review and directions regarding next steps.

**Dr. Levbarg:** It is interesting to me that if you look at the list of which states limited the use in public places and which states limited it to minors; there is some intersection but not a lot. So it makes me wonder I’m guessing there are a lot of places that limiting it to minors was the only piece that some of these places could get through. It would be interesting to see what some of their policies are.

**Ms. Harris:** We can try to pull some of those.

**Dr. Levbarg:** I can inquiry about Spokane, Washington.

**Ms. Carter:** The Board of Education recently updated our Tobacco-free policy to include e-cigarettes mostly because of the concern of marketing to minors.

- **PUBLIC HEALTH COMMISSION CLARIFICATION OF SMOKE-FREE RULES; FINAL VOTE DEC 4**

Dr. Levbarg discussed a letter sent by Chris Hoke, JD, Attorney for NC Division of Public Health. The Commission on Public Health held a public hearing in October on the proposed language to clarify the definition of “enclosed areas” as it pertains to the smoke-free restaurants and bars. The Battleground Restaurant Group in Raleigh testified that the proposed clarification language did not meet the intent of the legislation and submitted alternate language for consideration. The proposed alternate language would allow smoking in areas that most of us consider being indoors. The request is that organizations and individuals, who support strong smoke-free laws like this Board and Health Department, submit comments in support for the NC DPH proposed rule by December 2, 2013. It is critical that we are heard because the sweaky wheel of Battleground Restaurant is being listened to.

Ms. Harris stated that she included actual clarification of the definition and the letter of support on the back of the memo in the Board packet.

**Comments/Questions:**

**Chairman Miller:** What does the definition allow them to do? I read something in there where 21,000 restaurants supported the proposal.

**Dr. Levbarg:** Correct and that’s what our Legislature is real excited about.

**Mr. Case:** But there is not a new proposal, this is the proposal. It hasn’t been substituted by anything else as a result of that meeting.

**Dr. Levbarg:** But it’s gone to committees to rethink.

**Mr. Case:** But it also has gone to committees to look at. So if we are addressing this one particular area and one particular alternative that isn’t yet a proposed rule.

**Dr. Levbarg:** It’s to clarify.

**Mr. Case:** I agree it’s to clarify. It’s that other groups substitute that we are arguing about but that hasn’t been enacted by anybody anywhere.

**Dr. Levbarg:** No, but that is what is being deliberated

**Chairman Miller:** They are trying to add clarification terms regarding that rule.

**Dr. Levbarg:** That would weaken the entire piece because the group as I understand it basically they want to allow smoking in restaurants. I haven’t seen the supporting letter from the alliance.

**Chairman Miller:** It seems even the Battleground representative none of them clarify what...

**Dr. Levbarg:** No.

**Ms. Harris:** If you look at the next to the last paragraph in the letter it talks specifically about the clarifications. I know that Sally Herndon’s team reached out to all of the Environmental Health staff to try to get the wording so that it would be as specific as possible, so that everybody knew what the intent was.

**Ms. Carter:** So we want to consider signing onto the NC Alliance for Health's letter?

**Dr. Levbarg:** I think it's an easy way for us to be heard.

**Mr. Case:** For clarification, what are we supporting?

**Dr. Levbarg:** We are essentially supporting what they have already agreed upon.

Ms. Carter made a motion to sign onto the letter to support the adoption of the proposed rules clarifying the definition of "enclosed area" as it pertains to North Carolina's smoke-free restaurants and bars law. Mr. Case seconded the motion and the motion was unanimously approved.

Ms. McClain will send the document indicating the Board's support to the address provided.

- **LETTER OF SUPPORT: CHURCH-BASED INTERVENTION TO IMPROVE HPV KNOWLEDGE AND HPV VACCINATION UPTAKE AMONG BOYS AND GIRLS**

Ms. Harris shared with the Board a letter of support from Dr. Tamera Coyne-Beasley, Director of NC Child Health Research Network who is writing a grant proposal to work with African American churches around HPV knowledge and vaccine.

**Comments/Questions:**

**Ms. Carter:** Who would be providing the funds?

**Ms. Harris:** I think it is National Institutes Health.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **UPDATE: SUSPECTED MENINGITIS CASE ((Activity 7.2)**

Ms. Hattie Wood provided the Board with an update on the investigation, reporting, and follow-up on the death of a 5yr from probable meningitis.

Ms. Wood stated that the Communicable Disease (CD) Program received notification from the NC State Communicable Disease Branch (CDB) at 8:30am on November 13, 2013 of a pediatric death from suspected meningococcal meningitis.

The child was a 5 yr female in kindergarten at a local church based school. CD nurses began an immediate investigation. The Medical Director and Health Director were notified. The parents of the child were contacted to make sure all household contacts were prophylaxed. Local Public health Epidemiologist at Duke was contacted for documentation and lab work of suspected case. The Director of the school was notified of need for numbers and names of classmates. Nine students were in this classroom. A line listing was started. The Medical Director developed a letter and fact sheet on meningitis for the school to give to parents of children who attend the school. Parents of the kindergarten classmates were notified of need for their children to receive prophylaxis. All 9 students were prophylaxed at DCoDPH. DCoDPH Information and Communications Manager was notified and responded for the organization to the press and media.

Preliminary blood culture report is "no growth". Three additional school cafeteria contacts have been identified and are being prophylaxed. A total of 12 close contacts have been identified outside of the household.

- **PATAGONIA PRESENTATION (Activities 32.2 & 32.3)**

Ms. Marcia Johnson provided the Board with information on the progress made relative to the Patagonia Milestones-Phase I-Practice Management Implementation. *(A copy of the PowerPoint presentation is attached to the minutes)*

**Questions/Comments:**

**Dr. Levbarg:** I want to be sure I know what EMR is.

Ms. Johnson: That is the acronym for electronic medical record.

Dr. Levbarg: So once we have that then basically we are on board with the whole system?

**Ms. Harris:** We have some additional applications we want to develop and integrate GIS with the system. Applications for our off-site visiting teams will be done in Phase 3. Interfacing the software with other software (including the palm scanners and the Laboratory Information System in the lab) and creating a dashboard that will allow us to monitor revenues, patient numbers and other indicators will be completed in Phase 4.

**Dr. Levbarg:** So for the majority of staff when Phase 2 is finished, they are just letting go and then it is the fine tuning of all this other stuff.

**Ms. Harris:** Yes. Ms. Johnson said we are unlike other departments that Patagonia has worked with. We are larger than most and the other departments were not replacing an electronic medical record. We've had an electronic medical record. During this transition, staff have implemented some paper processes to use until the Go-Live date for the EMR.

**Mr. Dedrick:** How many staff have you trained?

**Ms. Johnson:** For the first round about 47. The nurses also need to be trained. I must say that the Patagonia Team did an exceptional job with that.

**Ms. Harris:** Ms. Johnson mentioned that we were imposing many changes on staff. They are also collecting money in the sub-lobbies now and patients are directed to different lobbies based on their needs and whether or not they have been here before. So when we can go through the department and there is not a revolt and people are still smiling, we know that things are okay. It is an amazing amount of change.

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

Ms. Harris provided the Board with a copy of the September 2013 vacancy report which includes information on the currently vacant positions (19.0 FTEs) (*4 new positions, 4 resignations, 1 transfer, 1 dismissal, 3 promotion/demotion, 4 retirements and 2 grants ended*). (*A copy of the vacancy report is attached to the minutes*)

- **UPDATE: ORGANIZATIONAL CHART** (*Activities 31.2 & 36.1*)

Ms. Harris provided the Board with a copy of the updated organizational chart to replace the chart in the Board Handbook (*A copy of the organizational chart is attached to the minutes*)

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

Mr. Ireland provided the Board with a monthly overview of the Environmental Health Onsite Water Protection Section NOV. The report documents notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems. No additional NOV's were added in the month of October 2013.

Mr. Ireland stated that the properties that need no further action taken will be removed from next report.

Mr. Ireland stated a meeting will be convened to begin to look at funding solutions to assist the eligible residents resolve malfunctioning septic system problems. (*A copy of the October 2013 report is attached to the minutes*)



- **HEALTH DIRECTOR'S REPORT**  
November 14, 2013

**Division / Program: Dental Division / Dental Screenings in Durham Public Schools**

**(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)**

**Program description**

- Per a memorandum of understanding with Durham Public Schools (DPS), the Dental Division conducts dental screenings for children in Kindergarten and 5<sup>th</sup> grades in all DPS elementary schools during the school year.
- At those schools to be visited by the Tooth Ferry mobile dental van later in the school year, the hygienist screens 1<sup>st</sup> – 4<sup>th</sup> graders as well.

**Statement of goals**

- To conduct annual dental screenings to obtain data that will serve as an indication of the prevalence of dental disease in school aged children within the county and to compare with other counties within the state.

**Issues**

- **Opportunities**
  - Annual dental screenings are required by the North Carolina General Assembly
  - The screenings serve as a positive dental experience for students and assists in collecting vital information to help improve children's dental health programs.
  - Those children without a dental home will have the opportunity to begin dental treatment when the Tooth Ferry returns to their school and have the option to complete their treatment plan in the clinic if needed.
  - The screenings provide education to the students and include oral health presentations at the school.
- **Challenges**
  - Entering data in the state-developed program has proven to be difficult; however, the Dental Division is finishing the report for the 2012-2013 so that Durham County's data are included in state reports
  - Some schools have been hesitant to supply classroom rosters and promote the screenings.

**Implication(s)**

- **Outcomes**
  - 319 children who had cavities were given a letter for their parents about the screening outcome and suggested they visit their dentist. Additionally, they were advised of the availability of dental services in the division clinic and on the Tooth Ferry if they did not have a dental home.
- **Service delivery**
  - The division screened 4,363 Kindergarten and 5<sup>th</sup> DPS students during 2012-13 school year. In addition to the screenings, the dental team provided 31 oral health presentations in the elementary schools.
- **Staffing**
  - The Division's hygienist provided the screenings and aided by a processing assistant from the Community Health Division.

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**Next Steps / Mitigation Strategies**

- The Division is currently working with Dr. Richard Lemke to address school issues and promote the services in the current school year.

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**Division / Program: Community Health Division / Immunization Program**

**(Accreditation Activity 10.3- The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)**

**Program description**

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

**Statement of goals**

- To administer influenza vaccine to all employees at the Durham County Department of Public Health on one designated day

**Issues**

- **Opportunities**
  - Employees in-house and readily available for vaccination
  - Immunization clinic nurses willing to administer vaccine to all employees in their respective work areas
  - Subtle competition among clinics to see which would have the highest level of employee participation
- **Challenges**
  - To dispel myths that some employees still have regarding flu vaccine
  - To effectively advertise the event in advance
  - To coordinate a vaccination time for each clinic and work area without interrupting patient services and work flow
  - To enter all employee vaccination data into the NC Immunization Registry within 24 hours after the event (as required by state regulations)

**Implication(s)**

- **Outcomes**
  - 78% of all employees were vaccinated on the designated day
- **Service delivery**
  - Flu vaccinations were administered to 149 employees throughout the health department
- **Staffing**
  - All 3 Immunization clinic nurses administered flu vaccinations on the designated day, with assistance from an administrative assistant

**Next Steps / Mitigation Strategies**

- Continue to encourage flu vaccine for those employees not yet vaccinated
- Continue to educate the staff to dispel myths regarding flu vaccine

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**Division / Program: Community Health Division / Tuberculosis Program**

**(Accreditation Activity 17.3- The local health department shall monitor compliance with communicable disease control laws and rules.)**

**Program description**

- Investigate and report all tuberculosis cases discovered in Durham County to state public health.
- Provide treatment for clients with both active and latent Tuberculosis (TB)
- Conduct outreach efforts to rapidly identify individuals who are high priority contacts to a confirmed case of tuberculosis.

**Statement of goals**

- To ensure compliance with all TB program performance measures and reporting requirements as specified in Division of Public Health Agreement Addendum # 551 TB Control

**Issues**

- **Opportunities**
  - On-site annual assessment of the TB program for calendar year 2012 was conducted by the state TB nurse consultant on October 8, 2013.
  - Participation in an annual assessment is always an excellent learning experience for the TB program staff
- **Challenges**
  - To achieve an overall compliance rate of 100% on 25 performance measures
  - To compile and coordinate all supporting documentation and data in advance of the visit (much of the data required is not easily retrievable from the current Insight electronic health record system)

**Implication(s)**

- **Outcomes**
  - Achieved a compliance rate of 100% in 23 of 25 performance measures
  - At the time of this compliance visit for calendar year 2012, improvements in service delivery were already in place that would have corrected the 2 deficiencies identified.
- **Staffing**
  - All 4 Tuberculosis program nurses met with the state consultant and participated in the annual assessment

**Next Steps / Mitigation Strategies**

- Changes in clinic procedure and workload distribution were initiated when two additional TB nurses were hired in early 2013
- Changes in clinic procedure designed to achieve 100% compliance in each performance measure were developed and in place at the time of the site visit.
- Clinic procedure will be further refined and enhanced as needed to ensure performance measures are achieved.

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

**Program description**

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

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**Statement of goals**

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

**Issues**

- **Opportunities**
  - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
  - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
  - Prioritizing the topics to publicize
  - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

**Implication(s)**

- **Outcomes**
  - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
  - Visibility of public health information from the department has substantially increased.
- **Service delivery**
  - Disseminated three (3) media releases/advisories during the month of October, resulting in 31 unique media postings/airings (television), printed in the news, or posted to the web. These included pieces on the flu, food accessibility in northern Durham, and A Healthier Durham. (**Accreditation Activity 5.3- Health Alerts to Media; 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
  - Held Centennial Celebration with Bull City Play Streets joining the event. The event was cut short due to the inclement weather, but approximately 30 people browsed and engaged staff from various divisions and programs during the abbreviated event (one hour). The possibility of rescheduling this event for April 2014 is being investigated. This would mark the observance of Public Health Month and the end of our 100<sup>th</sup> year of service to Durham County. (**Accreditation Activity 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
  - The Durham County Department of Public Health hosted Take A Loved One to the Doctor Day on October 25. Several divisions and programs featured their services, in addition to subject matter experts on being interviewed on Foxy 107.1/104.3 and The Light 103.9. Additional details regarding the event can be found in a separate report on the Take A Loved One to the Doctor event. (**Accreditation Activity 9.1- Disseminate Health Issues Data, 10.2- Health Promotion –**

**Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)**

**Next Steps / Mitigation Strategies**

- Continue building/developing various communication channels as well as the Department of Public Health's delivery of information and communications.
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**Division / Program: Administration / Durham Diabetes Coalition (DDC)**  
**(Accreditation Activity 10.1- Health Promotion-Disease Prevention General Public)**

**Program Description: Take a Loved One to the Doctor Day: Health Redefined**

- Take a Loved One to the Doctor Day (TALOTTD) began as a targeted national campaign to raise health awareness in the African American community. In 2002, Tom Joyner's morning show and the U.S. Department of Health & Human Services Administration teamed to turn the one-day event into a year-round initiative to help people take a more proactive approach to their health.
- This is the second year the Durham Diabetes Coalition (DDC) has partnered with Radio One Raleigh to offer these services for the residents of Durham County.

**Statement of goals**

- To connect Durham County residents with resources needed to make a significant impact on individual health.
- To create and foster relationships with additional advocates and resources for healthcare in the community.

**Issues**

- **Opportunities**
  - Screen uninsured or underinsured Durham County residents at risk for type 2 diabetes, high blood pressure, HIV, hepatitis C and syphilis.
  - Form and foster partnerships with local providers and businesses that offer services for underserved Durham County residents.
  - Put Durham County residents in contact with resources available to them.
- **Challenges**
  - Awareness of the DDC and the program needs to be generated.
  - Buy in from local elected officials and well-known county residents.

**Implications**

- **Outcomes**
  - 140 people registered for the event, although many more participated without formally registering.
  - 100 people received free flu shots.
  - Relationships with new fitness and healthcare providers were developed.
  - 147 people participated in 14 cooking and fitness demonstrations.
  - 59 people had their A1C checked.

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- **Service delivery**
  - DDC utilized radio commercials, Twitter, regular Facebook posts and a paid boost of a Take a Loved One to the Doctor Facebook post to increase the number of views.
  - DDC, CAARE, UNC CAPS and the Department of Public Health provided screenings for diabetes, blood pressure and STIs.
  - More than 20 vendors offered information on everything from medical services to help navigating the Affordable Care Act.
- **Staffing**
  - DDC information and communications specialists and health education specialists led event planning, and they, along with the DDC clinical team, Radio One announcers and senior marketing manager and DCoDPH personnel staffed the event.
  - More than 20 vendors provided staffing for their respective exhibits.

**Next steps/Mitigation Strategies**

- Outreach to the providers and demonstration leaders will continue.
- Planning for next year's event will begin soon.

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**Division / Program: Health Education, Nutrition, Administration / Health Impact Assessment in Northern Durham Update (Accreditation Activity 11.2- Involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs.)**

**Program description**

- The Department is leading a multi-disciplinary team from several organizations in Durham in completing a Health Impact Assessment (HIA) to assess the health impact and feasibility of a farmers market in Northern Durham.
- Surveys are currently being disseminated to residents of Northern Durham (North of I-85) to assess their interest in a farmers market and assess the best location, time, day, etc., for a market.
- Vendors/growers are also being surveyed to assess their interest in selling at the market. Surveys will be open through December 1, 2013.

**Statement of goals**

- To assess the feasibility, location and day of week /time for a farmer's market/stand/CSA (community supported agriculture) in Northern Durham through the lens of a HIA
- To build internal expertise for conducting HIA and forge new partnerships

**Issues**

- **Opportunities**
  - UNC Center for Health Promotion and Disease Prevention will complete most of the evaluation for the project, lessening the workload for DCoDPH staff.
- **Challenges**
  - Getting enough community participation from only residents living north of I-85 may be challenging.
  - The surveys were printed so they can be read by a computer teleform program. This made them a little less user friendly than surveys DCoDPH usually disseminates in the community.

**Implication(s)**

- **Service delivery**
  - Paper copies of the survey are available at the North Regional Library in English and Spanish.
  - Online surveys are available. Links will be disseminated through the multiple venues including Durham Public Schools, neighborhood list serves, and worksite list serves.
  - A media advisory about the survey was picked up by the Durham Herald Sun.
  - We are partnering with the farmers market to disseminate the survey for vendors.
- **Staffing**
  - A Deputy Public Health Director, Health Education Director, Health Promotion Program Manager and Nutrition Communications /Health Promotion Program Manager are leading this effort.

**Next Steps / Mitigation Strategies**

- The survey will be open for one month. UNC will compile survey evaluation and provide a report.
- The HIA team will reconvene after receiving the report and determine next steps in this project.

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**Division / Program: Nutrition Division / Clinical Nutrition—Provision of Nutrition Services thru Special Nutrition Addendum State Funds (Accreditation Activity 22.1- Link people to needed health care services)**

**Program description**

- On October 1, 2013 the Nutrition Division was reviewed and audited by Michelle Futrell, Nutrition Consultant, Children and Youth Branch, NC DPH. The purpose of the audit was to assess clinical nutrition services provided through the Special Nutrition Agreement Addendum.

**Statement of goals**

- To obtain a deficiency free site visit report for continuation of medical nutrition therapy for uninsured infants and children through state funding via the Special Nutrition Agreement Addendum.

**Issues**

- **Opportunities**
  - This state funding allows for the provision of medical nutrition therapy services to infants and children who might otherwise not have access to these services due to lack of insurance/ Medicaid coverage.
  - For example: 1. “Anna is 17. She wants to lose weight. Her pediatrician told her she is showing signs of pre diabetes. She’s motivated; she’s developed a plan. She and her pediatrician want her to have professional guidance from a registered dietitian. She has no health insurance.” 2. “Sam was born very premature. He has chronic medical conditions and developmental delays. He is not gaining weight well. As a result he is not progressing as well as expected with therapies. His pediatrician has referred him for nutrition intervention. He has no health insurance.”
  - Both Anna and Sam and dozens of other children ages birth – 21 years are receiving medical nutrition therapy from nutrition clinicians in the Nutrition Division through state funding.

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- **Challenges**
  - NC DPH assessment and approval of the clinical nutrition work for the Special Nutrition Agreement Addendum is necessary for continued state funding.

**Implication(s)**

- **Outcomes**
  - The review and chart audit of the clinical nutrition program proved that funds from the Special Nutrition Agreement Addendum are being appropriately and effectively used. In Ms. Futrell's words, "Congratulation on your excellent nutrition program as evidenced by the medical record review and site visit. You have a wonderful team of innovative and committed staff. Thank you for your hard work and dedication to the nutritional health and well-being of young people in Durham County."
- **Service delivery**
  - The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH. Home visits are scheduled for infants and young children as needed.
  - Targeted medical nutrition therapy for children of all ages in Nutrition Clinic and in the home by pediatric nutrition specialists is a service unique to Durham County and recognized throughout the State.
  - Referral sources for the services include the following: pediatricians, parents, social workers, Care Coordination for Children (CC4C), pediatric and family-focused community agencies, schools, Children's Developmental Services Agency, WIC, Duke intensive care nursery, Duke Special Infant Care Clinic, and pediatric physical, speech, feeding, and occupational therapists.
- **Staffing**
  - The Clinical Nutrition staff includes 5 Registered Dietitians and Licensed Dietitians/Nutritionists who are able to provide Medical Nutrition Therapy (MNT) and nutrition consultations.
  - At least one Registered Dietitian staffs the Nutrition Clinic, Monday through Friday, 8:30am- 5:00pm and on Tuesday until 7:00pm.
- **Revenue**
  - The Special Nutrition Agreement Addendum funds \$20,000 annually for direct service and consultations for children.

**Next Steps / Mitigation Strategies**

- Regular communications will continue between DCoDPH Clinical Nutrition team members and the State for the purpose of ensuring that state funds are being most appropriately and effectively utilized.
- The goal of the Nutrition Division is to continue to receive this state funding from NC DPH.

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**Division / Program: Environmental Health/ General Inspections**  
**(Accreditation Activity: 17.1-The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory programs.)**

**Program description:**

- The General Inspections objectives include the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other



institutions. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are supported by these efforts.

**Statement of goals:**

- Environmental Health inspections data has been a high level source of traffic to the County web site for the public for years. The County Information Services & Technology (IST) is preparing an open data project that is related to Goal 5 in our County strategic plan. Open data is data that can be freely used, reused and redistributed by anyone – subject only, at most, to the requirement to attribute and share alike. The project will address open data/government goals and the County vision for an open data county/city partnership.

**Issues:**

- **Opportunities**
  - Environmental Health inspection reports are currently available as a click through link on the county website or by request to Environmental Health staff. Making the inspection reports more readily available is a collaborative project underway with County ITS and a local hackers group called ‘Code for America’.
  - Environmental Health will provide County ITS access to the CDP software database information to enable its use in an application designed for mobile devices.
  - The information may also be shared with web restaurant review programs such as YELP.
- **Challenges**
  - Data collection is an important element of the Environmental Health programs and providing better efficiency and access for the public is evolving with technology.

**Implication(s)**

- **Outcomes**
  - Environmental Health inspection reports will be able to provide improved inspection information accessibility to the general dining public.
- **Service delivery**
  - Front desk staff is freed from some data requests and distribution.
  - Inspections information will be close to real time.
- **Revenue**
  - No significant revenue impact is anticipated.

**Next Steps / Mitigation Strategies**

- Continue to provide support for improved access to Environmental Health inspection reports and potentially expanding access to information from all of the inspections conducted by Environmental Health.

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**Division / Program: Health Education / Roadmaps to Health Prize**  
**(Accreditation Activity: 12.3- The local health department shall participate in a collaborative process to implement population based programs to address community health problems.)**

**Program description**

- The Robert Wood Johnson Foundation (RWJF) offers a prize “to honor outstanding community efforts and partnerships that are helping people live healthier lives.” The prize is \$25,000, and RWJF publicizes success stories from the winning communities. Previous winners and current finalists can be found at: <http://www.countyhealthrankings.org/roadmaps/prize/prize-reviewers>
- In August, the Department of Public Health submitted the second essay and a short video describing health partnerships in Durham. A total of 53 communities were invited to apply during Phase II, and Durham was among 12 selected as finalists for the prize. The six prize recipients will be determined after individual site visits from RWJF.

**Statement of goals**

- To gain recognition for the effective community partnerships around health projects in Durham.
- To demonstrate the breadth and value of our health partnerships to the community during the RWJF site visit, December 9 and 10, 2013.

**Issues**

- **Opportunities**
  - A successful site visit will include many rich conversations between RWJF staff and Durham community members. We expect to benefit from these conversations whether or not we win the prize.
  - The prize, if won, would provide funds for public health efforts.
  - The prize, if won, would provide valuable publicity for the efforts of the Partnership for a Healthy Durham, Durham County Department of Public Health, and other organizations.
- **Challenges**
  - The communities chosen for the finalist round are all well-networked and effective health partnerships. North Carolina had two finalists: Durham County and Buncombe County.

**Implication(s)**

- **Outcomes**
  - If won, the prize would provide opportunities for publicity that would require planning, as well as funds that would need to be appropriately used.
- **Staffing**
  - Would depend on how prize funds were used
  - Health Education Director and Partnership for a Healthy Durham Coordinator would be involved in determining how the funds were used.

**Next Steps / Mitigation Strategies**

- Prize winners will be announced in June 2014.

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**Division / Program: Health Education / Durham County Gun Safety Team/ Suicide and Gun Safety Program**  
(Accreditation Activity: 28.1- Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.)

**Program description**

- Durham hosted the 2013 Conference for NC State Youth Council Teens on October 5<sup>th</sup> at Springhill Suites by Marriott. The conference provided “Interesting, Fun and Effective Activities to Influence Gun Safety Awareness and Suicide Prevention.” The Durham County Gun Safety Team, with representatives from public health, community, law enforcement, faith community, teen center and health care, collaborated with the Partnership for a Healthy Durham’s Substance Abuse/Mental Health committee to plan and host this statewide summit for teen leaders.

**Statement of goals**

- To reduce the incidence and prevalence of death and injury related to firearms through education and outreach on community preventive strategies working with teens statewide.
- To help reduce the morbidity related to suicide by recognizing the signs and symptoms and educating teens and adults to help prevent suicide.

**Issues**

- **Opportunities**
  - A program and infrastructure of speakers was built and can be implemented in schools locally and statewide.
  - Students learned different approaches to addressing and promoting change in their communities in the areas of gun safety and suicide prevention.
  - Youth leaders from across the state learned about the impact of peer pressure, bullying and depression; how to respond to a potential gun in their school, home or friend’s home; and about the short and long term effects of a gunshot wound. They also interacted with a young lady who had been affected by gun violence and law enforcement.
- **Challenges**
  - Limited funding

**Implication(s)**

- **Outcomes**
  - 70 teens and 12 advisors/parents attended the conference
  - A Gun Safety/Suicide Prevention Exhibit was provided
- **Service delivery**
  - Presenters involved were from law enforcement; a medical doctor and consultant from NC Injury and Prevention Branch, Executive Director for the North Carolinians Against Gun Violence Education Fund, Duke Trauma Center Clinical Operations Director and the Director of the Durham County Yellow Ribbon Program for suicide prevention.
- **Staffing**
  - The Durham County Gun Safety Team representatives planned, staffed and implemented the conference.
  - The Partnership for a Healthy Durham’s Substance Abuse/Mental Health representatives helped in the planning and also provided information bags.
- **Revenue**
  - NC Department of Administration- Youth Council Office covered food costs.

**Next Steps / Mitigation Strategies**

- Continue to work with The Partnership for Healthy Durham Mental Health and Substance Abuse Committee to integrate this conference in more communities in an effort to promote safety and awareness with gun safety and suicide prevention.

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- Work with Durham Public Schools on an intervention program or strategy for mental health that includes violence and suicide prevention.
- Compile pre and post-tests.

**COMMITTEE REPORTS:**

There were no committee reports.

- **AGENDA ITEMS-DECEMBER 2013 MEETING**

Update: BOH policies

Update: Strategic Plan Initiative

Options for a Consent Agenda

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

- Ribbon Cutting Ceremony-Saturday, Nov 16, 2013
- Civil Rights March, Saturday, Nov 16, 2013

Dr. Levbarg suggested that we consider branding the website using the statement on the exterior wall of the front entrance: “Durham’s Vitality is Built Upon the Health of Our Residents and the Capacity of Our Community to Foster and Enhance the Well-Being of Every Citizen”

Ms. Dedrick made a motion to adjourn the meeting. Mr. Case seconded the motion and the motion was unanimously approved.

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Jim Miller, DVM-Chairman

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Gayle B. Harris, MPH, Public Health Director