

Health Director's Report January 8, 2015

Staff Recognition-

Please join me in welcoming Joanne Pierce as our newest Deputy Public Health Director! Joanne joined our organization on December 15th so that she could work with Becky Freeman the last two weeks in the month.

Joanne received both her Bachelor's Degree in Psychology and Master's Degree in Public Health from Howard University and her second Master's Degree in Counseling from Trinity University. Her work experiences include: Health Promotion Coordinator, Americgroup Corporation, Inc. – a Managed Care Organization; Community Developer, Prince George's County Health Department (Maryland); Program Manager, Epilepsy Foundation National Office (Maryland); Regional Program Manager, Texas Regional Office, National Center for Missing Exploited Children; Director, State Office of Minority Health, Texas Health & Human Services Commission; and Executive Director, Office of Minority Health & Health Disparities, NC DHHS Division of Public Health. Joanne's experiences make her an excellent addition to our Leadership Team.

Division / Program: Administration / Information and Communications

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize

- Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - As of December 23rd, two (2) media advisories/releases had been disseminated and staff responded to three (3) direct (unsolicited) inquiries from reporters. Thus far, total of four (4) media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including our monthly [My Carolina Today segment](#) and restaurant inspection scores. (**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**)
 - On December 10th, the department hosted a film production team working with the North Carolina Association of Local Health Directors. The team is producing a video targeted towards lawmakers and key stakeholders regarding the importance and impact of local health departments in North Carolina. In addition to hired talent, three of the department’s staff members played key roles in “providing care” to the actors in various settings. The video is tentatively scheduled to debut at the State Health Director’s Conference in January 2015. (**Accreditation Activity 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
 - On December 16th, the department’s Communications Manager participated in a countywide Ebola tabletop exercise, designed to identify strengths and weakness in an Ebola or other disease response of this magnitude. (**Accreditation Activity 6.2- Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan**)
 - The department’s Communications Manager has worked diligently over the past few months to plan and develop the Fiscal Year 2014 Annual Report, which was completed on December 23rd. The report, *Creating a Culture of Health in Durham*, highlights key department activities and stories from the field. A limited number of printed copies will be provided to the County Manager, Board of Health, Board of County Commissioners, Durham City Council, and other key community stakeholders in January. An online version for the public will also be made available at that time. (**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**)

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: Community Health Division / Communicable Disease Surveillance
(Accreditation Activity 10.4- Promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations. Accreditation Activity 17.3- Monitor compliance with communicable disease control laws and rules.)

Program description

- In October 2014, the Centers for Disease Control and Prevention (CDC) implemented active monitoring of all travelers arriving in the United States from West African countries affected by Ebola (Sierra Leone, Liberia, Guinea, Mali). These travelers now arrive in the US at one of five designated airports where they are screened by Customs and Border Protection staff. Travelers without fever or illness are allowed to complete travel to their final destination within the country, then are actively monitored throughout the incubation period (usually 21 days) by state and local public health officials.
- The DCoDPH Communicable Disease (CD) nursing staff monitors all travelers arriving in Durham County from the identified countries in accordance with guidance from the CDC and in consultation with NC Division of Public Health, Communicable Disease Branch.

Statement of goals

- To actively monitor travelers from designated West African countries to Durham County for signs and symptoms that may indicate Ebola infection and activate response protocols as indicated.

Issues

- **Opportunities**
 - Provide direct contact and active daily monitoring (within 24 hours or less of notification by the state)) for every traveler arriving in Durham County from West African countries affected by Ebola
 - Interact directly with travelers from another country/culture
 - Participate with public health professionals in other jurisdictions to ensure seamless monitoring of all affected travelers
- **Challenges**
 - Identifying enough nursing staff to provide daily traveler monitoring, that may include weekends and holidays, in addition to all their usual duties and responsibilities within the health department
 - Ensuring that all written materials provided to travelers reflect current guidance from CDC
 - Maintaining a state of constant preparedness in order to respond to quickly and appropriately to an emerging situation

- Communicating and coordinating appropriate response plans with all local partners

Implication(s)

- **Outcomes**

- To date, active monitoring has been /is being provided to 11 travelers by specially trained DCoDPH nurses (10 travelers assessed as Low Risk; one traveler assessed as Some Risk). *CDC Risk Levels for Travelers, November 28, 2014--*
<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>
- Three travelers from other jurisdictions have been monitored by DCoDPH nurses while in Durham County.
- Each nurse participating in this monitoring has been trained in the proper use of Personal Protective Equipment (PPE) for use in this response as needed.

- **Service delivery**

- Receive advance notice from state public health of all travelers who will be arriving in Durham County from affected West African countries
- Contact each newly arrived traveler by phone to conduct a risk assessment and confirm contact information
- Conduct a face-to-face visit with each traveler to explain the monitoring program, issue control measures, provide a monitoring log with instructions for use
- Monitor each traveler on a daily basis daily for a designated time period (determined by date of last exposure)
- Continue monitoring of travelers who travel outside of Durham County on an overnight basis for any length of time
- Coordinate immediate medical evaluation for any traveler who might develop fever and /or symptoms suggestive of Ebola

- **Staffing**

- Five DCoDPH nurses have been specially trained to provide active monitoring (4 CD nurses, 1 school nurse)

- **Other**

- There is a slight cost involved to print and assemble packets of information which provided to each traveler.
- Travel costs are incurred for face-to-face visits with each traveler.
- Overtime costs and/or comp time are incurred for nurses who are required to conduct active monitoring of travelers on weekends and holidays.
- PPE and other equipment (i.e. thermometers) have been purchased and provided to each nurse who conducts traveler monitoring.

Next Steps / Mitigation Strategies

- Continue regular communication and collaboration with state public health to ensure active monitoring is provided to all travelers arriving in Durham County.
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Division / Program: Community Health Division / Breast and Cervical Cancer Control Program (BCCCP)

(Accreditation Activity 10.3- Employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description

- BCCCP provides screening for breast and cervical cancer to underserved women who are at or below 250% of the poverty level and who are uninsured or underinsured (insurance does not pay for screening).
- Women diagnosed with breast or cervical cancer because of the screenings provided under BCCCP are financially eligible for BCCCP Medicaid to pay for treatment if their immigration status allows.

Statement of goals

- To decrease the incidence of breast and cervical cancer
- To decrease the mortality from breast and cervical cancer through early detection

Issues

- **Opportunities**
 - A nurse practitioner in Adult Health, devotes one day a week to screening women for BCCCP and providing the follow-up.
 - The first BCCCP clinic since October 2013 was held here on October 23, 2014.
 - Additional BCCCP patient slots were added to a contract with CAARE to allow additional BCCCP screenings during Department staff vacancies.
- **Challenges**
 - Staff vacancies contributed to the lapse in services delivery
 - With the Affordable Care Act, fewer women in the community will be eligible for this program.
 - Undocumented women who are diagnosed with breast or cervical cancer through BCCCP are ineligible for BCCCP Medicaid.

Implication(s)

- **Outcomes**
 - It has been difficult to fill all available appointments.
- **Service delivery**
 - Recruited women from Adult Health, Family Planning, and Central Registration.
 - Provided appointments at the Department of Social Services Grandparents Conference.
 - Provided screenings to twenty-two women from this department. Some afternoon appointments were added for the patients' convenience.
 - Continued the contract with the non-profit organization CAARE allowing them to screen women through BCCCP.
- **Staffing**
 - A mid-level provider performs the screening, and a processing assistant registers the patients, makes appointments, and organizes results.

- **Revenue**
 - The county is funded by the state \$255 per patient screened up to 114 patients per fiscal year. This is a little more than the county pays contractors for the mammograms and Pap tests, but the county must pay for any covered follow-up services needed to complete a diagnosis.

Next Steps / Mitigation Strategies

- Will expand recruitment efforts to women in the target ages of 40 to 64 by reaching out to all departmental divisions and by contacting Department of Social Services Adult Services.

Division / Program: Nutrition & Health Education Divisions / Durham Diabetes Coalition Mini Grant program

(Accreditation Activity 12.1– Participate in a collaborative process to identify strategies for addressing community health problems.)

Program description

- The Durham Diabetes Coalition Project administers a mini grant program.
- Funds for the mini grants are provided by the DDC and supported by Bristol Myers Squibb Foundation grant funds.

Statement of goals

- To make funding available for activities that promote healthy living with diabetes in Durham County.

Issues

- **Opportunities**
 - Durham County individuals, non-profits, not-for-profits, faith-based and community organizations may apply for the mini grants.
 - The focus of the grants are healthy living with diabetes, including better blood pressure control, better diet, weight loss, physical activity, and self-management which allows a variety of possible grant activities.
- **Challenges**
 - Administrative time for DCoDPH staff for processing and oversight of the mini grants can be significant at times.
 - Some grant recipients are not as experienced with the grant process/requirements and need more technical assistance and attention to make sure all required documentation is complete prior to receiving funds and at the end of the contractual period.

Implication(s)

- **Outcomes**
 - Ten mini grants have been award to the following organizations:
 - Ebenezer Missionary Baptist Church (has received 2 mini grants)
 - Church of Apostolic Revival
 - Durham Farmer’s Market

- Food Prosperity Council
 - Mt. Level Community Haven
 - North Carolina Central University
 - Senior PharmAssist
 - East Durham's Children Initiative
 - Mrs. Jennie's Place
- Total mini grant funds dispersed: \$17,500 (\$1,000 in FY13-14; \$16,500 first 6 months of FY14-15)
- Grant activities include: Zumba classes, community gardens, fitness campaigns that include purchase of exercise equipment, cooking classes, screenings and community health awareness events, supplies to support regular blood sugar monitoring, and a college weight loss program and planning for a food policy council in Durham County.
- **Service delivery**
 - Applicants apply for the mini grants through the DDC website.
 - Applicants are encouraged to attend a webinar presented by DCoDPH Health Education staff about grant writing prior to submitting their mini grant application.
 - There are two funding cycles for the mini grants—July and January.
 - Mini grants awards can range from \$500 - \$2,500. An organization can only receive a mini grant award twice and then they would not be eligible for additional awards.
 - The DCoDPH DDC staff receive the applications, review them, forward the applications with any concerns, comments to the DDC Finance Committee.
 - The DDC Finance Committee selects the applications to fund and presents these to the DDC Community Advisory Board (CAB). The CAB makes the final decision on the recipients of the mini grant awards.
 - Awardees receive funding through a Durham County non-profit grant agreement and attend a pre-award orientation that outlines documentation and monitoring expectations for the award.
 - Grant related activities must be completed within one year of the date on the grant agreement and annual evaluation data must be provided to demonstrate the successfulness/completion of the project.
- **Staffing**
 - DCoDPH staff administer the program including the processing of the applications, contracts, and monitoring projects.

Next Steps / Mitigation Strategies

- The next funding cycle for DDC mini grants is January 2015.
 - DDC mini grants will be budgeted in FY15-16. After this time, Bristol Myers Squibb funds will no longer be available for the DDC mini grants.
 - Planning for future DDC activities after the initial grant funding ends in June, 2016, will include discussions on the effectiveness and feasibility of continuing a type of mini grant program.
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Division / Program: Nutrition Division / DINE--Cooking Event at Forest View Elementary
(Accreditation Activity 10.2 -Carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and education materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families. Forest View is an elementary school participating in the DINE program.
- Forest View Elementary kindergarten and first grade students participated in a hands-on cooking event led by a DINE nutritionist.

Statement of goals

- To provide a hands-on cooking experience for students to increase acceptance of healthy foods and willingness to try new foods.
- To empower students to gain skills they need to make foods at home.

Issues

- **Opportunities**
 - This program could be used to teach/enhance other school disciplines such as writing, math, and science.
- **Challenges**
 - Cooking with kindergartners and first graders requires lots of adult help. Recruiting enough adult volunteers was initially very difficult although the nutritionist was ultimately able to gather enough help.
 - The event was held outside, so was weather-dependent.
 - Teaching six to seven cooking classes in one day creates very challenging logistics, requiring very specific planning to coordinate class schedule, volunteers, ingredients, and dishwashing.

Implication(s)

- **Outcomes**
 - Thirteen kindergarten and first grade classes (about 280 students) each participated in 30-minute cooking experiences over two days.
 - The majority of students loved the recipe, even licking their plates clean.
 - A week after the event, about 3-4 students per class reported making the recipe at home over Thanksgiving.
- **Service delivery**
 - Each class was split into four cooking groups, each led by a parent, teacher, NCCU intern, or the nutritionist, to prepare and taste Ole Guacamole.
 - Classes were taught in the outside courtyard; seven classes on the first day; six, on second day
- **Staffing**
 - A DINE nutritionist and NCCU intern conducted the event at Forest View Elementary.

- Parent volunteers assisted with each class.

Next Steps / Mitigation Strategies

- Programs like this further enhance the school's acceptance of the DINE program, continue to encourage school participation in the DINE program, and boost students' excitement about nutrition and cooking.
- DINE nutritionists will continue to conduct cooking events at the school.
- DINE nutritionists will explore ways to integrate this approach with other classes and school activities.

Division / Program: Nutrition Division / DPS Hub Farm Youth Advocacy Interns **(Accreditation Activity 12.1 –Participate in a collaborative process to identify strategies for addressing community health problems)**

Program description

- The Durham Public Schools Hub Farm received a mini grant from the YMCA to pay youth interns to advocate for better sidewalks, signage, and cross walks between the Hub Farm and surrounding three schools.
- The DCoDPH Nutrition Communications and Health Promotion Team have been providing the interns and hub farm staff with technical assistance and training around communication best practices.

Statement of goals

- To create a safer route for DPS students at Eno Valley Elementary School, Carrington Middle School and Northern High School to access the DPS Hub Farm.
- To increase access of DPS students to healthy foods, nutrition education, and physical activity opportunities.

Issues

- **Opportunities**
 - This project provided two students with paying internships and experience in advocacy, public speaking, writing and media.
 - A developer gave the city/county planning department \$65,000 to build sidewalks around Northern High School.
 - On December 2, the youth interns presented their case to the DPS School Board. School Board Members were impressed with the presentation and asked them to present to Durham City Council.
 - The Durham Open Space and Trails Commission (DOST) and Bicycle and Pedestrian Advisory Commission (BPAC) are both supporting this project.
- **Challenges**
 - Funds for new sidewalk projects are limited.
 - The students are seniors and have many other time commitments and priorities outside of this project.

Implication(s)

- **Outcomes**
 - Teachers at Northern High School have reported they would use the DPS Hub Farm more often for educational purposes if there was a safer route for students to get to the farm.
- **Staffing**
 - Two DCoDPH Nutrition staff members have been working closely with the interns providing the technical assistance.

Next Steps / Mitigation Strategies

- The student interns will present to the City Council on December 18 and will continue to work with DOST and BPAC on this project.
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Division / Program: Nutrition Division / Clinical Nutrition—Lactation Support Service included in Video of Public Health Services

(Accreditation Activity 21.2 –Make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- The provision of lactation support was chosen for inclusion in the NCPHA’s statewide video to promote public health services.

Statement of goals

- To illustrate that lactation support is to be included as an integral part of service provision in public health across the state.

Issues

- **Opportunities**
 - Breastfeeding is recommended by all major medical organizations as the optimal way to feed infants because of its significant health advantages.
 - The benefits of offering breastfeeding support as a public health service can translate into lower health care costs. Public health agencies promote breast milk as the expected, optimal food for growth and development of infants.
 - Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.

Implication(s)

- **Outcomes**
 - The December 10th filming in the DCoDPH Maternal Health Clinic included a DCoDPH lactation consultant instructing a pregnant woman and her partner on the benefits of breastfeeding.
- **Service delivery**
 - Inclusion of breastfeeding support in public health promotion encourages a positive, accepting attitude toward women who are breastfeeding and/or expressing milk and empowers mothers with the ability to choose optimal health behaviors.

- The lactation support room in the new Human Services building is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child. This dedicated lactation room is equipped with a sink with hot water and soap, a diaper changing table, a rocking chair, and facilities for electrical breast pump use.
- **Staffing**
 - The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.
- **Revenue**
 - There may be opportunities to generate revenue by offering individual counseling on nutrition as it relates to lactation support. Fees for nutrition counseling are based on a sliding scale fee and Medicaid and other 3rd party reimbursement sources are billed if applicable.

Next Steps / Mitigation Strategies

- The video produced for the NCPHA will be used to promote public health statewide.
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Division / Program: Dental Division / Improving Access to Dental Care

(Accreditation Activity 21.3- Develop and implement strategies to increase use of public health programs and services.)

Program description

- The Dental Division has designed a new scheduling template to enhance the provision of dental services within the clinic. This new template was devised with input from the Director of Dental Practice, auxiliary staff, processing assistants, our interpreter, and contracted faculty from the University of North Carolina, School of Pediatric Dentistry.
- The Dental Division has also crafted new protocols to assess for dental emergencies, and to dialogue with concerned parents about the benefits of our also utilizing residents and dental students to provide services.

Statement of goals

- To increase access to dental care for children and OB populations in Durham County.
- To streamline services so that we can work more efficiently and even increase the numbers of patients we can see.
- To formalize the process for screening emergencies, and placing the final decision for scheduling such patients with the provider on duty.

Issues

- **Opportunities**
 - Serving patients in a timely manner through staggered start times, beginning the clinic earlier, and maximizing the use of UNC School of Pediatric Dentistry residents and students.
 - Treating up to two emergency appointments per day.

- **Challenges**
 - Arranging for consistent starting times, with providers arriving as scheduled, and the front desk opening early enough to ready patients for first appointments. (When the first patient is seen on time it permits for a better flow for that day.)
 - Opening up better dialogue with parents so they are assured their children are receiving quality care from 4th year dental students, senior pediatric dental residents, pediatric dentists, and general practitioners.

Implication(s)

- **Outcomes**
 - The new scheduling template includes the elimination of an “overbook” column as well as instituting an earlier starting time. The template includes staggering appointments for student dentists so they have adequate time to treat patients.
 - The Division has developed a new assessment form and protocols to schedule emergency patients.
 - Auxiliary staff are being trained in how to effectively speak with parents about the benefits of our utilizing resident dentists and students in the clinic.
- **Service delivery**
 - Patients are being encouraged to arrive fifteen minutes before their scheduled appointment.
 - The front desk has begun utilizing the new emergency assessment form.
 - Full implementation of the new scheduling template will begin by the spring.

Next Steps / Mitigation Strategies

- The Division will evaluate clinic flow when the scheduling template is fully integrated, and will discern effectiveness of new emergency protocols, etc.
- A team (composed of the Director of Dental Practice, auxiliary staff, processing assistants, our interpreter, and contracted faculty from the University of North Carolina, School of Pediatric Dentistry) will be convened in the summer, 2015, to monitor results and offer suggestions to improve practice.