

A Regular Meeting of the Durham County Board of Health, held February 12, 2015 with the following members present:

James Miller, DVM; Stephen Dedrick, R.Ph, MS; Teme Levbarg, PhD, MSW; Heidi Carter, MSPH; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Commissioner Brenda Howerton, F; Vincent Allison; DDS; Arthur Ferguson, BS and Mary Braithwaite, MD.

Excused Absence: Dale Stewart, OD

Others present: Gayle Harris, , Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, Dr. Miriam McIntosh, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Michele Easterling, Marcia Johnson, Hattie Wood, Will Sutton, Attorney Bryan Wardell, Erik Landfried, Mark Dessauer, Kimberly Barrier, Morgan Medders, Kelly Warnock, Rachael Elledge, Odessa Wingate and Macie Ashby.

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

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following additions/adjustments were requested to be made to the agenda.

- Move New Business after Public Comments
- Ratification: Sliding Fee Scale
- Update: Legislative Agenda Item - G.S.115c-81-Basic Education Program
- Public Health Video—Building Healthier Lives In North Carolina

Dr. Fuchs made a motion to accept the additions/adjustments to the agenda. Dr. Levbarg seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Levbarg made a motion to approve the minutes for January 8, 2015. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

NEW BUSINESS:

- **Complete Streets Presentation:** *(Activity 41.2)*

Ms. Harris stated that Erik Landfried approached her several weeks ago about the importance of pushing forward on the Complete Streets agenda for our community. He was seeking endorsement to make this a priority for our community. She introduced Erik Landfried and Mark Dessauer.

Mr. Dessauer, Director of Communications, Blue Cross/Blue Shield of North Carolina Foundation and a Durham resident who has worked for the last 12 years on a Robert Wood Johnson Foundation program called “Active Living by Design” began the presentation.

Mr. Dessauer: One of the things studies and research have shown is how to change the environment to increase physical activity of residents. Complete Streets is one of the recommended strategies. Complete Streets means that streets are designed for everyone to access (pedestrians, public transportation, drivers, cyclists, etc.). The most important part about this strategy is as you design a complete street the process brings all stakeholders together in the design process. Complete Streets is a national movement that has been going on for over five years. The results of processes that allow everybody to be engaged demonstrate increased

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safety with less accidents, less intersection between someone trying to bike, a pedestrian walking and the cars that are there, fewer traffic related fatalities, improved health outcomes. There are a lot of people age 0-18 who don't have access to a car and a lot of people who can't afford cars. If you are on the streets with one source of transportation, you are locking out a lot of people. We have been very fortunate with all the development growth in Durham. With the increase in population growth and the infill of development, you will see more people walking and not everybody driving those two miles to get to the grocery store. This is not just a local change but a national development. Smart Growth America has a national Complete Streets Coalition that has been developed for the last five years. NC DOT adopted a Complete Streets statewide policy in 2009 and more than ten cities in the state have implemented it. Charlotte has one of the best programs in the country. They have been nationally recognized and have had conferences there to show off how they are redesigning their streets. Mr. Landfried is going to talk about what we have right now in Durham and what we need to have.

Mr. Landfried: In Durham we have some good streets. For example Main Street over Campus Drive was redesigned two years ago with Complete Streets in mind. It was converted from a four lane section to a three lane section with bike lanes, sidewalks on both sides of the street, a Bull City Connector bus shelter for people who take the bus is located in front of the wall. Most of our streets are designed for cars and trucks to travel at high speeds. When they travel at high speeds that's when you get fatalities or serious injuries. There have been more pedestrian crashes per capita involving children in Durham than any other community in North Carolina. Those crashes have grown by 58% over the last five years and 60% of the pedestrian crash victims in Durham are African-American. Now Durham citizens are demanding better outcomes and that's part of what our group is here to do. We want better outcomes. Some recent street projects, including ones along Anderson Street and West Club Boulevard have had to be redesigned because they did not adequately consider all users. Streets continue to be built or paved without consideration from the community. The street design leads to higher vehicle speeds and unsafe communities.

Mr. Dessauer: Three Durham cyclists were killed in a span of six weeks and a year before that a friend and cyclist was killed on Hillandale Road. With the growth in the city, we're seeing more cars and more people who want to bike. What's out there intersects and this is something that we don't want to see more of. This is not just about cyclists. This is about pedestrians as well as cyclists and anybody else that wants to access our streets. We are building a coalition. We are going out into the community speaking with groups in an effort to get people to get on board with asking that we make the streets safer for everyone across all of Durham whether you're riding, biking, in transit or in a car. This is not just about a car. This is for everybody and allowing people to use the streets effectively, efficiently, and most of all safely.

Mr. Landfried: The group is calling for City Council, County Commissioners and city and county staff to prioritize Complete Streets in Durham and ensure they are implemented through policies, plans, public processes, staffing and funding.

Mr. Dessauer: We believe that Complete Streets are an essential part of City's economic health. We are here to ask for support, signing on, being a signatory on the document, and perhaps sending someone to join the group in requesting City Council and County Commissioners to prioritize the Complete Streets agenda.

A copy of the PowerPoint Presentation is attached to the minutes.)

Comments/Questions:

Commissioner Howerton: I appreciate the report that you are sharing but one of things that I know that I have heard a lot about is “what are you training cyclists not to do”. There are some things that cyclists do that put themselves in danger.

Mr. Dessauer: I agree completely but when cyclists are on a street like Hillandale and there’s not space to bike on, they are in the middle of the road. State law says you are a vehicle. This is where having protected spaces or set aside spaces that people can say, “Okay, I am going to stay here in this space and be safe. This is my zone.” That’s what Complete Streets does. It allows zones for everyone and that allows cyclists to be in a zone instead of in the middle of everywhere.

Mr. Landfried: Right, education and enforcement are very important. This approach talks a little bit more about engineering and the infrastructure of building streets to make them safe. If you build them to be safe, people’s behaviors change to reflect the environment they’re in and that’s what we are seeing nationally and internationally.

Mr. Dedrick: So talk a little bit more about the process. What are you seeking to do and when? I guess money is a limiting step. When the renovations are done, do you fix them at that point or do you prioritize the most dangerous areas? How does it work?

Mr. Dessauer: Well, we are not the City but that’s one way to do it and that’s how a lot of the changes that exist now in Durham occurred. Main Street is an example. When they did the bridge replacement, they decided to replace the sewer lines, repave the street and add bike lanes. So a lot of these things happen as a part of development and at other times when there are opportunities that come up. The prioritization, outside of the Transportation Department and Public Works, requires leadership from City Council and County Commissioners that would make Complete Streets a priority providing training, guidelines and the resources.

Commissioner Howerton: Are you the president of the Bike Committee?

Mr. Dessauer: I am the chair.

Dr. Allison: I have a question and this may be playing the devil’s advocate. When you go into a project and you actually see the number of lanes for automobiles, do you see a problem with increased congestion because you are reducing the number of lanes?

Mr. Dessauer: That’s often a common fear but when you see traffic moving more efficiently it doesn’t mean traffic would be moving faster but it does mean there will not be huge backups. Let’s go back to the Main Street example. If you build a street that’s four lanes wide, people are going to speed as fast as possible down it. Studies support this fact. If you narrow it, people drive slower and more efficiently. It has been shown through studies.

Dr. Allison: The only reason I am bringing it up is because I can imagine there will be push back and if you have some studies to support the changes, you can fight that push back.

Chairman Miller: It makes sense. It sure seems like it falls in place with a Healthier Durham to try to have easier access for pedestrians and bikes and also for the safety of it...less accidents. Is the way that we can help with the Complete Streets Coalition by having one of the Board members join or be a part of it somehow? Is there a certain frequency you meet? How is it laid out?

Mr. Landfried: We will eventually have those meetings but we are going to schedule times to meet with the County Commissioners and City Council and spend time together before we meet with them. We would love for you to join us then. In the meantime, we’d like for you to do whatever is the easier for your Board be it creating a resolution or taking a vote saying ‘we support the coalition’. . Also, you can join us as we present to the officials. That’s where we would like to take this. We don’t have regular meetings yet.

Commissioner Howerton: Do you have a budget?

Mr. Landfried: No, we don’t.

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Commissioner Howerton: Do you have a budget as far as how much it's going to cost?

Mr. Landfried: No, not as of yet.

Mr. Dessauer: It's according to how it's prioritized and this is something that is worked out with Public Works and Transportation.

Ms. Carter: I apologize if you have already covered this but is the strategy for Complete Streets already built into some City/County long range plan...did you mention that already? .

Mr. Landfried: The comprehensive plan says we would like for this to be implemented but there is nothing at the council level or commissioner level that says that we would like to adopt a Complete Street policy and direct the City or County Manager to take "xyz" steps to update, plan, and provide guidelines.

Ms. Carter: Basically they are supposed to be doing it already which is the point.

Chairman Miller: So basically you are saying this is what we want to do but we want to take it to this point.

Mr. Dessauer: If you look at what's going on at Club Boulevard. People are upset because everyone was not a part of the planning process and this would open up the planning process to everybody. We can create the best plan but plans can sit on shelves. What's really nice is we are asking for prioritization and leadership. You are all such important leaders and we are the City of Medicine and the City of Great Health.

Commissioner Howerton: Am I hearing you say from the Planning Department you want it to go to a higher level of priority?

Mr. Dessauer: Yes, and that it's on the radar of our City leaders. That it is something that's valued for the future, too. As, the city grows in population and density, we want the streets able to support physical activity.

Mr. Landfried: Charlotte started with a quality statement that was written by the City Council. The City Council actually adopted a policy that stated that when we build streets or redevelop streets they will all be Complete Streets whether it's a new development, a city street or whatever they may be. That policy statement directed the staff to implement updates to plans and design guidelines that actually govern how they design the streets. After they updated their street design guidelines, they came up with a transportation plan where that looked at all the different transportation elements in the City and prioritized some of those and they became Complete Streets.

Commissioner Howerton: I think this should also be presented to Joint City and County Planning Committee because that committee votes on what gets moved to the top priority.

Dr. Levbarg: So if we were to support this with a resolution or with a vote and you know then that we as the Board of Health are supportive, would there then be a connector for you to get back to say this is when we are going to the County Commissioners?

Mr. Dessauer: Yes, there would be connectors - by e-mails updates, by developing a website and having a very transparent process, by having a staff member or someone to be the contact. We would also connect when there is an opportunity to present or to prep for a meeting.

Ms. Carter: Do you all have a resolution that we can use as a sample if we are interested in having one or might you have a resolution and we can sign it?

Mr. Landfried: Yes we have a resolution...a request letter that is part of your packet.

A Letter Requesting the Implementation of Complete Streets in Durham
All Durham streets should be safe for everyone regardless of whether they are walking, biking, taking transit, or in a car. All Durham streets should be Complete Streets and designed for everyone from small children to senior citizens, from runners to wheelchair users to use and enjoy. We call on the City Council, County Commissioners, and City/County staff to prioritize

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Complete Streets in Durham and ensure they will be implemented via necessary policies, plans, public processes, staff, and funding.

Durham has made great strides towards becoming a safer and more liveable city for all its citizens. This includes the recent addition of several miles of new sidewalk and bike lanes, road diets such as the one on Main Street, and traffic calming infrastructure such as speed humps. Yet, even recent projects aimed at improving safety and access for nonmotorized users in Durham, including ones along Anderson Street and West Club Boulevard, have had to be redesigned because they did not adequately consider all users.

The majority of Durham's streets are still primarily designed to allow motorized traffic to travel at high speeds, leading to too many fatalities and severe injuries for all users. There have been more pedestrian crashes involving children in Durham than in any other community in North Carolina on a per capita basis. 60% of pedestrian crash victims in Durham are African American. We do not accept that these tragedies are inevitable.

A Complete Streets approach considers the needs of all users by engaging with multiple stakeholders throughout the process of designing a new or retrofitted street, regardless of whether these streets are built by the City, NCDOT, or a private developer. Benefits of a fully implemented Complete Streets strategy can include:

- Fewer traffic related fatalities and severe injuries
- Improved health outcomes by encouraging active modes of transportation
- A more equitable community by allowing those without cars to participate more fully in the economic and social life of the city
- Better access to key destinations throughout Durham such as schools and businesses
- A more sustainable city

Smart Growth America's National Complete Streets Coalition provides policy guidelines and best practices for implementing Complete Streets. In North Carolina, the City of Charlotte has become a leader in the implementation of a Complete Streets approach at the municipal level. The North Carolina Department of Transportation adopted a Complete Streets policy in 2009 and a comprehensive set of design guidelines in 2012. These national and local resources should be consulted to develop similar policies, guidelines, and processes in Durham.

We seek a city where children can safely bike or walk to school, where persons with disabilities can comfortably navigate streets on their own, and where transportation is no longer a barrier to the enjoyment of all this city can offer. We know you share this vision. By prioritizing Complete Streets, you are ensuring that all of Durham's streets can be navigated with dignity and confidence by all users. Please implement Complete Streets in Durham immediately.

Ms. Carter made a motion that the Board of Health sign on to this letter requesting Complete Streets in Durham by way of the coalition. Dr. Levbarg seconded the motion and motion was approved with Commissioner Howerton abstaining.

NIH AZ GS Study: (Activity 29.1)

Dr. Sena provided the Board with an overview on a new research study sponsored by the National Institutes of Health to be conducted in the DCoDPH STD Clinic by UNC-CH research staff, titled "DMID 14-0014 - A Randomized, Open-label Phase 2 Study to Evaluate the Efficacy and Safety of a Single Dose of Oral AZD0914 Compared to Intramuscular Ceftriaxone in the Treatment of Male and Female Subjects with Uncomplicated Gonorrhea."

Summary Information:

Uncomplicated gonorrhea is currently the second most common bacterial sexually transmitted infection (STI) worldwide and, accordingly, is a serious public health problem. *Neisseria gonorrhoeae* has demonstrated the ability to develop resistance to antimicrobial treatment used for management of uncomplicated gonorrhea. The CDC released its report Antibiotic Resistance Threats in the United States, 2013, which ranks drug-resistant *N. gonorrhoeae* as an “Urgent Threat.” Resistance of *N. gonorrhoeae* to macrolides (including azithromycin), cefixime, and ceftriaxone (used in most STD clinics) and subsequent clinical failures have been reported. The availability of an effective and well-tolerated oral agent able to be administered alone or in combination for treatment of uncomplicated gonococcal infection caused by isolates with resistance to currently available first-line agents would satisfy an unmet need and potentially reduce the dissemination of multidrug-resistant *N. gonorrhoeae*.

AZD0914 is a spiropyrimidinetrione antibiotic with a novel mode of action being developed to help fill this need. AZD0914 has recently completed a Phase 1 multipart study (NCT01929629) in healthy adult volunteers. AZD0914 was well tolerated with transient taste disturbance and headache being the most commonly reported adverse events. The planned Phase 2 study will examine the efficacy of treating uncomplicated gonorrhea with 2 different doses of AZD0914 compared to treatment with single dose ceftriaxone. The primary endpoint will be the bacterial eradication, as measured by conversion from positive *N. gonorrhoeae* baseline urethral or cervical culture to negative at 6±2 days after treatment.

The study will recruit men and women ≥ 18 years of age with presumptive or confirmed gonorrhea, or sexual contact with a person with gonorrhea in the past 2 weeks. Study participants will have additional specimens for gonorrhea testing, and will be randomized to receive either ceftriaxone or study drug. Subjects will be followed for adverse events, and asked to return for a test of cure.

The resources to be requested from DCoDPH include:

- 1) referral from STD clinicians regarding potentially eligible patients with gonorrhea or contact to gonorrhea;
- 2) phlebotomy assistance;
- 3) space for recruitment, enrollment, follow-up, storage of study drug, and gonorrhea cultures.

There were no questions or concerns from the Board.

• **BUDGET RATIFICATION:**

The Department of Public Health requested approval to recognize funds in the amount of \$52,157.00 from NC DHHS, Division of Public Health for Title X and TANF Out-Of- Wedlock Birth Prevention Program in Durham County. These funds are to be used for Family Planning services according to Title X requirements and to implement strategies devised to serve the community’s needs relative to the prevention of out of wedlock births among TANF-eligible clients and among those at risk of becoming eligible as a result of unintended pregnancies.

Commissioner Howerton made a motion to approve budget ratification in the amount of \$52,152. Dr. Fuchs seconded the motion and the motion was unanimously approved.

• **BUDGET AMENDMENT:**

The Department of Public Health requested approval to recognize funds in the amount of \$6,869 from NC DHHS, Division of Public Health. This funding is to provide pregnancy care management services to uninsured

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pregnant and postpartum women ineligible for Medicaid, do not have Medicaid presumptive eligibility coverage or who have completed their Medicaid Presumptive Eligibility period, and have no other coverage for pregnancy care management services.

Mr. Dedrick made a motion to approve budget amendment in the amount of \$6,869. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **REVISED SLIDING FEE SCALE RATIFICATION:**

Dr. Fuchs made a motion to accept the revised Title X Sliding Fee Schedule effective February 1, 2015. Mr. Dedrick seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **HUB FARM PRESENTATION** (*Activity 12.3*)

Ms Kelly Warnock, Program Manager Nutrition Division and Odessa Wingate, Northern High School Student provided the Board with an overview on the HUB Farm sidewalk advocacy project.

Objectives:

- Describe the state of sidewalks, cross walks and speed zone signage surrounding the hub farm.
- Summarize the concerns of students, teachers and community members about the current conditions.
- Describe how youth can assist in public health projects through advocacy work.
- Request support in advocating for better sidewalks, cross walks and school speed zone signage on Milton Road between Eno Valley Elementary School and Northern High School.

Summary Information:

Students walk daily from Northern High School to the hub farm, soccer fields, and library, often having to walk in the road. Currently the sidewalks on Milton Road between Eno Valley Elementary School are not continuous. There are also no crosswalks and school speed zone signs are sparse. According to NC DOT, 7500 cars drive along this stretch of Milton Road every day. The traffic along Milton is especially heavy along 7-9 am and 2-5 pm, when the majority of students are walking along the road. Furthermore, an EMS station is located along this stretch and ambulances often drive past the students at high speeds.

Odessa Wingate and Macie Ashby, Northern High School students surveyed the community, students and teachers to determine their safety concerns. Surveys showed overwhelmingly that the lack of sidewalks/crosswalks stopped people from walking and biking along Milton Road and national and local data revealed:

- According to the Centers for Disease Control, each year 6,000 pedestrians are killed and 90,000 are injured. One in five is a child. This averages to one crash-related pedestrian death every 2 hours, and a pedestrian injury every 8 minutes.
- According to NCDOT, in 2012, pedestrian crashes in Durham City increased to 149 (with 4 fatalities) from 96 in 2008. In the past three months alone, there were multiple fatalities and injuries due to bike/car and pedestrian/car crashes.
- Beyond just being a safety concern, putting sidewalks along Milton road could improve the health of DPS students. In the United States,

only 13% of children walk to school today compared with 66% in 1970. 75% of Durham high school students report not getting the recommended amount of physical activity. Meanwhile, 25% of DPS high school students report being overweight or obese. Department of Health and Human Services states “walking to school would add 24 of the recommended 60 minutes of physical activity into most students’ day.” This could have huge health impacts.

Ms. Warnock stated that working with Odessa and Macie on this project was a great benefit to DCoDPH. The use of youth advocates gave public health a new energy and voice that often moved the project further and faster than it would move otherwise. The youth were also given wonderful real-world experience and connections.

Ms. Warnock asked the Board to be an advocate for the process to continue and move forward for better sidewalks, cross walks and school speed zone signage on Milton Road between Eno Valley Elementary School and Northern High School.

(A copy of the SS Advocate Plan is attached to the minutes.)

- **NUTRITION DIVISION PRESENTATION (Activity 10.2)**

Ms. Kimberly Barrier, Nutritionist; Ms. Morgan Medders, Nutritionist; Ms. Kelly Warnock, Program Manager and Ms. Rachael Elledge, Program Manager provided the Board an overview on the programs/services provided by the Nutrition Division.

Summary Information:

The Nutrition Division of the Durham County Department of Public Health provides clinical and school and population based services. Services are funded through county, grants, fees for service, and third party payer reimbursements. The Division is divided into three sections: The DINE for Life Program, Communications/Health Promotion, and Clinical Services. Descriptions of the sections are provided below.

DINE Team

- DINE serves the adult Durham community as well as the schools with a community team composed of two part-time Nutritionists and a school team composed of one Adolescent Nutritionist and three full-time and two part-time elementary school nutritionists. Additional groups are served through summer programming.
- The goal of the program is to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the USDA food guidance.
- Because of SNAP-Ed funding requirements, all teams serve populations that are composed of at least 50% SNAP-Ed recipients.
- DINE services including nutrition lessons, cooking classes or demonstrations, directly reached 4637 individuals, many of them multiple times, for a total of 21,396 contacts in the last program year. In addition, through health fairs, displays, tabling events, DINE reached many thousands more.
- Members of the DINE team collaborate with a number of community groups to extend the reach of their messages.

DINE Community Program

- This program serves adults and offers services in sites including homeless shelters, food pantries, Head Start centers, Durham Housing Authority sites, faith-based organizations and community centers.
- Programming includes nutrition education and culinary workshops, health fairs, grocery store tours, cooking demonstrations on topics

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including healthy eating on a budget, heart health, healthy weight, label reading, and food safety.

- Additional outreach is done through the quarterly Alive! Newsletter, which is sent to all 17,848 SNAP-recipient households in Durham County, bus ads, and the Durham Moms Know Best Facebook page, along with other displays.

DINE Adolescent Nutrition Education Program

- Middle school is the primary setting for the adolescent program.
- Nutrition education is nutrition and culinary skills-based and generally done in after-school programming through a program called Junior Iron Chef Durham (JICD). Students learn basic nutrition and apply what they've learned in cooking healthy foods. The culmination of many JICD series is a "Battle" in which two teams compete in front of judges to cook the best healthy, tasty dish.
- Adolescent programming also takes place in sites like public libraries and Boys and Girls Clubs and occasionally in high schools.

DINE Elementary School Program

- Elementary program is traditionally classroom based, with an eight-lesson series curriculum classes including lessons, hands-on activities and games, taste tests, lesson-specific handouts for parents and students, and incentives to reinforce lesson messages.
- Enhanced programming includes cooking-based nutrition education, school garden programming (including work with the DPS Hub Farm), and work with school wellness committees.
- In cooking-based nutrition education students receive nutrition education and then apply it in a cooking activity that teaches a particular skill like measuring or cutting and allows students to taste healthy foods that they have prepared themselves.

DINE Outcomes—see separate handout

Communication and Health Promotion

- Nutrition Communications and health promotion team consists of three positions: a program manager, and two nutrition specialists funded by the DINE grant. Current initiatives of this team include:
- Division Communications. In the past year, this team has produced 14 newspaper articles, 3 TV news stories, and one radio interview.
- Managing the DCoDPH nutrition interns. This academic year, the division accepted 11 interns from schools including NCCU, Duke, and UNC.
- Leads faith-based and worksite wellness initiatives that do not qualify for DINE programming, including DCoDPH's WOW! Program.
- Involved in the formation of Durham's food policy council, Durham Farm and Food Network. The first community forum for the council attracted over 100 community organizations and residents. Assist with grant writing, leadership and outreach.

DINE Healthy Environments Program.

- The focus of this program is to improve Durham's food environment through increasing access to healthy foods and marketing healthy foods.
- DCoDPH continues to support and assist Veggie Van in its outreach, education and marketing. With financial support from the county, Veggie Van will expand to four new sites this fiscal year. Will launch the Veggie Prescription Program on Feb 13, 2015.
- DCoDPH continues to support Double Bucks, a program that doubles SNAP dollars at farmers markets and mobile markets. Assisting with grant writing, marketing and outreach. Trying to

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expand program to mobile markets like Grocers on Wheels.
Working with DATA to increase access to the farmers markets.

- DCoDPH continues to work with grocery stores and corner stores to make the healthy choice the easy choice. Currently we are partnering with Los Primos, Save a Lot, and Express Mart. We are organizing a county-wide coalition and trying to engage community members in these efforts.

DINE in Childcare

- DINE in Childcare is a new SNAP ED funded position that has been vacant for one year. The program will run in 14 childcare centers and homes in the East Durham Children's Initiative zone. The program will be based on the NAP SACC model, which aims at improving preschool children's the nutrition and physical activity through policy, systems and environmental changes.

Clinical Nutrition Services:

Individual Medical Nutrition Therapy (MNT)

- Nutrition assessment and counselling on topics such as weight management, inappropriate growth in children, diabetes and gestational diabetes, cardiovascular disease, and obesity.
- Studies have shown that medical nutrition therapy can result in significant health benefits and cost savings, improve feelings of self-worth, lessen depression, and foster positive changes in family's diet and lifestyle.
- 2015 recommended fee for 1 hour of initial MNT is approximately \$140.00. DCoDPH provides an opportunity for people uninsured or underinsured to obtain MNT services. The Nutrition clinic bills third parties, such as BC/BS, Duke Select/Basic, and Medicaid. RD's will soon be billable providers for Medicare Part B. If adults lack insurance, payment for service is calculated based on a sliding scale.
- DCoDPH was awarded funding from the North Carolina Department of Health and Human Services to provide MNT services to children who have no payer source, removing a barrier to care. In special circumstances, the funds allow for home visits.

Group Diabetes Self-Management Program (DSME)

- The Nutrition Division offers a Diabetes Self- Management Training Program for Durham county residents and employees who have type-2 diabetes. The American Diabetes Association recognized DSME program facilitates diabetes self-care by providing participants with the knowledge and skills needed to manage their disease. Participants receive individual counseling and attend group classes for a total of 10 hours of program education. Interactive instruction is given on nutrition and fitness, weight control, lab values, medications, and prevention of diabetes related health concerns. The overall objective of diabetes self-management education is to support: self-care, active collaboration with the health care team, improved health status, and improved quality of life.
- DSMT participant's average HgbA1c decreased by 2% points from 10.33 to 8.43

Nutrition Counseling- DCoDPH Clinics

- Nutritionists collaborate with DCoDPH clinics to identify DCoDPH customers who may be in need of nutrition services. DCoDPH nutritionists provide nutrition counselling in the Pregnancy/Postpartum/Family Planning Clinics, Centering Classes, Dental Clinic, and the Early Intervention Clinic.

Partnerships and Community Collaboration

- School Health Clinics, CC4C, EDCI, Universities – UNC, NCCU, Duke, Meredith, UNC-G
- LATCH, Duke Perinatal Clinic, Head Start, Women Infant's and Children's program (WIC), Lincoln Community Health Center,

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Duke Children's Primary Care, North Carolina Public Health Foundation- DSMT program, North Carolina Board of Nutrition and Dietetics; International Board of Certified Lactation Consultants; Advisory Board, YMCA of Triangle, Diabetes Prevention; Local Interagency Coordinating Council, Autism Society of North Carolina; Academy of Nutrition and Dietetics

Planned Initiatives/Changes in FY 15-16

- Continue to maximize collaboration with community partners.
- Maximize reimbursement opportunities for MNT, including Medicaid, Medicare Part B and third party insurances.

(A copy of the PowerPoint Presentation and DINE Elementary Program Outcome Highlights handout is attached to the minutes.)

STAFF/PROGRAM RECOGNITION:

Ms. Harris introduced Dr. Mary Braithwaite, a pediatrician, as our newest member of the Board. Dr. Braithwaite will serve in the physician position on the Board of Health. The Board welcomed Dr. Braithwaite.

- **UPDATE ON LEGISLATIVE AGENDA ITEM-G.S.115C-81 (e1) (9) of Article 8: GENERAL EDUCATION: (Activity 40.2)**

Ms. Harris updated the Board on efforts to get state legislators to vote on allowing physicians/providers who practice in school-based clinics to be able to provide contraceptive methods to the teenagers when they request them. The County Commissioners approved the item as part of their legislative agenda. Dr. Levbarg was present at the meeting. Ms. Harris stated that she met with the Board of County Commissioners and the Durham legislative delegation on January 23, 2015. Representative Michaux and McKissick said that they would draft the language for the bill but they wanted more support for the proposed bill. There are twenty-five counties that have school-based health clinics and they are rural, urban, small and large counties. Ms. Harris will discuss the proposed change on a conference call with the leadership of North Carolina School-Based Health Alliance. The item is on the February 18th agenda for North Carolina Association of Local Health Directors' Policy and Finance Committee next week. If the committee votes to support the action the full association will vote on the recommendation on February 19th. Ms. Harris stated that we have received a lot of positive feedback on the item.

The Board viewed the new Public Health Video, "Building Healthier Lives in North Carolina", produced by the Public Health Association and North Carolina Association of Local Health Directors.

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

The Durham County Board of Health received a copy of the January 2015 vacancy report which included a total of 23.0 FTEs (2 new positions, 12 resignations, 2 transfer, 1 retirement, 1 dismissal and 5 promotions). *(A copy of January 2015 vacancy report is attached to the minutes)*

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for January 2015. The report documented notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems." *(A copy of the January 2015 NOV report is attached to the minutes)*

**Health Director's Report
February 12, 2015
January 2015 Activities**

Division / Program: Nutrition Division / DINE for Life Website
(Accreditation Activity 10.2 – the local health department shall 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

- The DINE website, www.DINEforLIFE.org, houses information about the DINE nutrition education program and provides resources to parents and other nutrition educators.

Statement of goals

- To inform people about the DINE program.
- To provide nutrition resources to parents and teachers.
- To share high quality nutrition education lessons and materials to other nutrition educators.

Issues

- **Opportunities**
 - ❖ The DINE website is an effective way to share what is going on in the DINE program and to provide high quality nutrition resources to parents, teachers, and adults.
 - ❖ It is also an effective way to recruit potential new participants for the DINE program.
 - ❖ When “Nutrition Programs Durham NC” is researched online, the DINE website is one of the top five websites that comes up.
- **Challenges**
 - Maintaining the website (i.e., updating the site and troubleshooting website issues) is very time-consuming.

Implication(s)

- **Outcomes**
 - ❖ In December 2014, the DINE website has had 167 visitors with the majority of the people visiting the “elementary curriculum” web page.
 - ❖ Multiple emails come each year to the DCoDPH about the DINE website and the materials that are posted there. This is an indication that people are using the site.
 - ❖ When “Elementary school nutrition curriculum” is googled, www.dineforlife.org is the 6th website that comes up.
- **Service delivery**
 - ❖ The DINE website is hosted through yola.com.
 - ❖ The website is updated regularly and provides program spotlights which are monthly reports about DINE program events.
- **Staffing**
 - ❖ A DINE nutritionist manages and updates the website.

Next Steps / Mitigation Strategies

- Continue to regularly update DINE website.
- Explore connecting the DINE website with social media.
- Continue to create new resources to share with users.

Division / Program: Community Health Division/Communicable Disease Program

(Accreditation Activity: Activity 7.2: The local health department shall conduct communicable disease investigations, follow-up, documentation, and reporting activities.

Program description

- The effectiveness of this year’s influenza vaccine is 23% against the predominant strain of influenza A viruses (H3N2). There has

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been a noticeable increase in reports of influenza-associated deaths and outbreaks of influenza at long-term care (LTC) facilities in Durham County during this flu season as compared to last season.

Year	Outbreaks in LTC facilities
2014	None reported
2015	5 (to date)

Statement of goals

- To conduct a thorough investigation of any reported outbreak of influenza-like illness in a long-term care facility.
- To implement control measures promptly to protect the health of those at the affected facility and the health of the community at large.

Issues

- **Opportunities**
 - ❖ Promptly investigate reported outbreaks of influenza-like illness in LTC facilities, and other settings, in Durham County; conduct an on-site inspection of the facility, if indicated.
 - ❖ Ensure appropriate control measures are implemented in the outbreak setting to prevent disease transmission among residents and staff, and to prevent the spread of illness into the community.
 - ❖ Provide timely and accurate information regarding transmission, treatment, and prevention of influenza, to all involved at the facility, including residents, staff, healthcare providers, family, and others as indicated.
 - ❖ Provide information and prevention messages re: seasonal influenza to the media and community at large in order to ensure the health of the community.
- **Challenges**
 - ❖ To quickly obtain accurate information from the facility, such as a line listing of those ill, number of ill residents and staff, number vaccinated, number hospitalized (if any), onset of symptoms, testing conducted, treatment provided, etc, to ensure correct response.
 - ❖ To effectively implement and ensure compliance with control measures, such as suspending activities among the residents, restricting visitors, suspending new admissions and transfers, and others measures as indicated. (These control measures can have an adverse affect on older residents, who may become more confused and depressed with the decreased level of interaction and activity).
 - ❖ To provide the most current influenza guidance from the state and CDC, given the rapidly changing situation nationwide.
 - ❖ To ensure effective use of the limited number of CD nurses on hand to investigate all reported outbreaks, given the ongoing responsibilities of the lead CD nurse to investigate all reports of other diseases, especially those that involve large contact investigations (i.e.: pertussis), and to oversee and conduct the active monitoring of all travelers who arrive in Durham County from West African countries affected with Ebola.

Implication(s)

- **Outcomes**
 - ❖ Five reported outbreaks of influenza-like illness in LTC facilities, to date.
- **Service delivery**
 - ❖ Conduct on-site assessment of the situation at each affected LTC facility, depending on availability and time constraints of the lead CD nurse.

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- ❖ Provide daily contact with each affected facility during the course of the outbreak to obtain a situation update, to provide needed information and guidance, and to ensure control measures are being implemented.
- ❖ Provide follow-up after the outbreak has resolved to ensure no other incidences of illness have emerged.
- **Staffing**
 - ❖ One CD nurse is responsible for investigating all reported outbreaks, regardless of disease type, and for conducting on-site visits to affected facilities and settings.
 - ❖ Assistance is provided from other CD nursing staff, depending on availability to do so.

Next Steps/Mitigation Strategies

- Continue to investigate all reported cases and outbreaks of communicable diseases, including influenza, in healthcare facilities in the county.
- Reported to NC Division of Public Health, as required, once the outbreak has resolved and the investigation has been closed.
- Continue implemented targeted cross-training of the CD nursing staff in an attempt to increase the capacity of the CD Program to respond to large-scale outbreaks and other CD events of significance in the county and state.

Division / Program: Increasing Utilization of UNC School of Dentistry (Hygiene Students)

(Accreditation Activity 22.3: The local health department shall serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.)

Program description:

- The Dental Division's clinic utilizes contracted faculty from the University of North Carolina, School of Pediatric Dentistry, as well as residents and dental students to provide dental services.
- The Division and School of Pediatric Dentistry have begun dialog to discern if additional residents and students might rotate in the clinic.
- Beginning in January, the clinic will host two three-week rotations with hygiene students from the School of Pediatric Dentistry. One student will go through a rotation at a time.

Statement of goals:

- To increase access to dental care for children in Durham County.
- To provide hygiene students with a meaningful clinical experience.

Issues

- **Opportunities**
 - Scheduling the right amount of patients and time for the students, as they tend to require longer appointments.
 - To serve 4-5 additional hygiene patients per day in the dental clinic.
 - To aid future hygienists who will be entering the field in the coming year.
- **Challenges**
 - Scheduling the right amount of patients and time for the students, as they tend to require longer appointments.
 - Ensuring the attending faculty have time to check the patients, while maintaining the clinic schedule.
 - Making one of the Department's hygienists available to assist in setting the student up, and answering any of their questions.

Implication(s)

- **Outcomes**
 - Each student has been scheduled up to five patients per day.
 - The Division has scheduled time for one of our hygienists to work side-by-side with hygiene student, while seeing their compliment of patients.
- **Service delivery** Parents are being informed that appointments will run longer as a hygiene student is assisting with their child's treatment.
- **Staffing** – no changes to staff.

Next Steps / Mitigation Strategies

- Evaluate the impact of having two hygiene rotations in the clinic
- Review the proposal from UNC that will add an additional resident rotation in the clinic

Division / Program: Administration / Communications and Public Relations

Program description

- The Communications and Public Relations 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 communications and public relations, 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 public health 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**
 - ❖ Communication surrounding various 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**
 - ❖ For the month, four (4) media advisories/releases were disseminated and staff responded to three (3) direct (unsolicited) inquiries from reporters. A total of ten (14) 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, a county legislative agenda request to allow school-based clinics to make birth control available, the impact of influenza on Durham, the opening Give Kids A Smile registration, diabetes self-management, Veggie Van expansion, Radon Awareness Month, fitness tips for the new year, 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 January 21, the communication manager attended the North Carolina Association of Local Health Directors (NCALHD) annual awards luncheon, where the video entitled “Building Healthier Lives in North Carolina” made its official debut. In addition to hired talent, three of the department’s staff members (Tasha Allen – OBCM, Rachel Elledge – Nutrition, Yvonne Upshur – Maternity) played key roles in “providing care” to the actors in various settings. The communications manager also served in a consulting role for the NCALHD project. (**Accreditation Activity 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
 - ❖ On December 16, 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 Fiscal Year 2014 Annual Report, is now available online to the public. The report, *Creating a Culture of Health in Durham*, highlights key department activities and stories from the field. (**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.

Division / Program: Health Education/Durham Diabetes Coalition
(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- In observance of Diabetes Awareness Month, the Durham Diabetes Coalition held a diabetes medication workshop to address key topics concerning medication management for diabetics. Dr. Bryan

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Batch, MD, Duke Endocrinology was the guest speaker who presented on the topic.

Statement of goals

- To raise awareness about the importance of diabetes medication management
- To increase understanding of the relationship between medication adherence and blood sugar management
- To increase awareness of different categories of diabetes medications available
- To build rapport between the clinical providers and community residents

Issues

• **Opportunities**

- Multidisciplinary team worked together to provide the workshop
- Used reoccurring community health education sessions to distribute flyers
- Used previous Chronic Disease and Diabetes Self-Management Program class rosters to invite participants to attend the workshop. Knowing the same class facilitator would be present at workshop increased registrations.
- Advertising at larger events leading up to medication workshop allowed for wider distribution of flyers

• **Challenges**

- Participants requested more time for questions during future workshops
- Some participants had difficulty hearing the speaker. (Microphone will be needed next time.)
- One of the projectors was not working; resorted to using one screen for participants to view presentation.

Implication(s)

• **Outcomes**

- ❖ Total of thirty-one (31) registrants attended
- ❖ 100% strongly felt the presenter was knowledgeable
- ❖ 100% strongly felt the format of the presentation was good
- ❖ 80% strongly felt there was enough time for questions; 12% agreed, 4% neutral and 4% disagreed
- ❖ 75% strongly agreed that they learned things that they did not know about diabetes medications; 24% agreed.

• **Service delivery**

- ❖ The workshop was held in the Conference Room A in the Health and Human Services Building.

• **Staffing**

- ❖ 1 Health Educator funded by the Durham Diabetes Coalition

Next Steps / Mitigation Strategies

- Host another workshop in April that will be focused on diabetes foot care.
- Use feedback from evaluations to plan the next workshop.
- Invite workshop participants to future events.

Division / Program: Health Education

(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)

Program description

- In observance World AIDS Day, the HIV Committee of the Partnership for a Healthy Durham and DCoDPH partnered with NC Central University to host two World AIDS Day events at the Human Services Building and the B.N. Duke Auditorium at NC Central University on December 1, 2014. The World AIDS Day event at the Human Services building was scheduled from 5-6pm and the World AIDS Day event at NC Central University was scheduled from 7-9pm.

Statement of goals

- To raise awareness about HIV/AIDS and the many people impacted by the disease.
- To address and reduce the stigma of HIV/AIDS.
- To support the millions living with HIV/AIDS worldwide and remember those that have died from HIV/AIDS.
- To improve education about HIV/AIDS.
- To remind people that HIV/AIDS is an ever present problem that affects everyone.

Issues

- **Opportunities**
 - ❖ Collaboration among agencies in the HIV Committee (Duke ID, UNC, Planned Parenthood, EI Clinic, El Centro Hispano, and Triangle Empowerment Center) along with NC Central University.
 - ❖ Provided the opportunity for two new guest speakers to share their personal testimony about living with HIV/AIDS to the Durham community.
- **Challenges**
 - ❖ A former supporter did not provide funds for activities this year.
 - ❖ Due to building policy, the inflated mylar balloons were not allowed inside for storage before the event. They had to be stored in a car before the event which caused some to deflate enough that they were not usable for the balloon send-off in remembrance of those we lost to HIV/AIDS.

Implication(s)

- **Outcomes**
 - ❖ A total of 37 community members were present at the World AIDS Day event at the Human Services building.
 - ❖ Free screenings (HIV, Syphilis, and Hepatitis C) and condoms were provided along with community information and resources at the World AIDS Day event at NC Central University.
 - ❖ Twenty (20) participants received a HIV, Syphilis, and Hepatitis C screening at the World AIDS Day event at NC Central University.
- **Service delivery**
 - ❖ Used the Partnership for a Healthy Durham website, NCCU e-mail blasts, and organizational e-mail blasts for agencies within the HIV Committee, to promote and provide event information.
- **Staffing**
 - ❖ The HIV Committee formed a World AIDS Day sub-committee that ultimately led the event planning and staffed the event held at the Human Services building. Project SAFE and NCCU Student Health Counseling led the event planning and staffed the event held at NC Central University.

Next Steps / Mitigation Strategies

- Start planning for 2015 World AIDS Day event early in the year.
- Bring the community back into planning the World AIDS Day event.
- Become more creative in our approach to host a World AIDS Day event that greatly piques the interest of the Durham community.

Division / Program: Health Education Division / Durham County Sheriff's Office Health Fair

(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public)

Program description

- The Durham County Sheriff's Office Health Fair was held on Wednesday, November 5, 2014 at the Durham County Detention Facility from 11:30pm-2:30pm. Health Education staff participated in this event.

Statement of goals

- Increase awareness of communicable and chronic disease in the Durham community
- Link the staff at the Durham County Courthouse (DCC) and Durham County Detention Facility (DCDF) with health resources in the community
- Increase the rapport between the staff at the DCDF and DCoDPH

Issues

- **Opportunities**
 - The health fair was held during lunch hours to allow staff to participate.
 - The person in charge of the Basic Detention Officer Training (BDOT) required all trainees to come to the health fair. Other staff were not required to attend but many of the officers came to the health fair.
- **Challenges**
 - The health fair was initially scheduled for the second floor conference room to attract people going to and from the break room. Due to the BDOT being held in the second floor conference room, the health fair was moved to the first floor in the administrative office area so the trainees would not become distracted by others attending the event.
 - The number of participants may have been impacted due to the location change.
 - The screening team was unable to provide testing for HIV and STIs because there was not a confidential location available in the administrative area.

Implication(s)

- **Outcomes**
 - ❖ A total of 35 participants attended and completed a survey at the event about the services received and any additional services/organizations they wished to see at the event in the future.
 - ❖ Free blood pressure screenings were provided by CAARE, Inc.
 - ❖ Five gun locks were distributed by the Durham Gun Safety Team
 - ❖ Additional information about the services provided by these groups was distributed.

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- **Service delivery**
 - ❖ Flyers were developed and distributed throughout the courthouse and detention facility.
- **Staffing**
 - ❖ The Health Education Enhanced Jail Testing team led the event planning and staffed the event.
 - ❖ Staff from the health education division, CAARE, Inc., Duke Trauma Center, and Durham Gun Safety Team participated in the event.

Next Steps / Mitigation Strategies

- Future health fairs will be held for staff who were not able to attend this event.
- Staff who were unable to attend the event will be linked to the resources from the health fair.
- Ensure there is a confidential space for HIV/STI testing next year.

1st QUARTER CUSTOMER SATISFACTION SURVEY RESULTS

The board received a copy of the 1st Quarter customer satisfaction results for Durham County Department of Public Health. From the 782 responses, 88% rated services as excellent or very good, 78% rated hours/days opened as excellent or very good, and 93% would recommend the service or event to others.

COMMITTEE REPORTS:

- **NOMINATION COMMITTEE**

Dr. Fuchs made a recommendation from the Nominating Committee that Chairman Miller and Vice-Chair Teme Levbarg continue as Chair and Vice-Chair of the Board of Health. Dr. Miller and Dr. Levbarg agreed to continue as Chair and Vice-Chair of the Board of Health. The Board voted unanimously for the recommendation from the committee.

FINANCE COMMITTEE

Dr. Fuchs, Mr. Dedrick and Mr. Ferguson agreed to serve on the Finance Committee. Vic-Chair Levbarg will serve as Chair of the Finance Committee and Chairman Miller will serve as Ex-Officio.

The Finance Committee will review FY 15-16 Department of Public Health Budget on Wednesday, February 25, 2015 at 5pm. Ms. McClain will send out budget materials by Monday, February 23, 2015 for the Board to review.

OLD BUSINESS:

- **REVIEW OPERATING PROCEDURE HANDBOOK:**
(Activity 34.1)

The Board received an updated FY 15 meeting schedule and a current Board member roster.

Dr. Levbarg made a motion to cancel the July 9, 2015 Board meeting to accommodate attendance of Ms. Harris at the National Association of County and City Health Officials (NACCHO) annual conference. Dr. Fuchs seconded the motion and the motion was unanimously approved.

AGENDA ITEMS MARCH 2015 MEETING

- FY 15-16 Budget Approval
- Centering Program Presentation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- Discussed Tooth Ferry replacement using FY12-13 cost settlement funds.

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February 12, 2015.

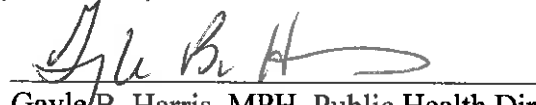
- Discussed Board of Health Orientation Training and Training on Board Chair/Vice-Chair responsibilities. Ms. Harris is to find out how do other boards function in terms of committee structure and activities.

Chairman Miller made a motion to adjourn into closed session pursuant to N.C.G.S. 143-381.11 (A) (3) to discuss the Health Director's 2015 Performance Evaluation. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Chairman Miller made a motion to reconvene into regular session Commissioner Howerton seconded the motion and the motion was unanimously approved.

Dr. Levbarg made a motion to adjourn the regular meeting at 7:45pm. Commissioner Howerton seconded the motion and the motion was unanimously approved.


Jim Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director



DURHAM COALITION FOR COMPLETE STREETS

**A coalition of residents and organizations advocating for a
Complete Streets approach in Durham**

February 12, 2015



WHAT ARE COMPLETE STREETS | Streets for everyone

DEFINITION

- They are designed and operated to enable safe access for all users.
- People of all ages and abilities are able to safely move along and across streets in a community, regardless of how they are traveling.
- A complete streets approach engages multiple stakeholders through the process of designing a new or retrofitted street.



BENEFITS OF COMPLETE STREETS | The approach strengthens our overall community

COMMUNITY-WIDE RESULTS

- Safer streets for everyone - children, families, cyclists and cars
- Fewer traffic-related fatalities and severe injuries
- Improved health outcomes by encouraging active modes of transportation
- A more equitable community by allowing those without cars to participate more fully in the economic and social life of the city
- Better access to key destinations throughout Durham including schools, churches, and businesses

NATIONAL AND STATE GUIDANCE | Strategies and techniques have been established across the country

WITH NATIONAL & STATE GUIDELINES

- Smart Growth America's National Complete Streets Coalition provides policy guidelines and best practices
- NCDOT adopted a Complete Streets policy in 2009
- More than 10 NC cities have already implemented a Complete Streets policy



NORTH CAROLINA EXAMPLE | The City of Charlotte has become a leader in the implementation of a Complete Streets approach at the municipal level

BEFORE



- 5 travel lanes
- No space for people on bikes
- Long distance to cross on foot

AFTER



- 3 travel lanes
- Bike lanes
- Short distance to cross on foot
- Landscaped median

DURHAM EXAMPLE | Main Street / Campus Drive was redesigned 2-years ago with Complete Streets in mind

BEFORE



- 4 travel lanes
- No room for people on bikes
- Sidewalk on one side only
- No safe place to cross on foot
- No pad or bus shelter

AFTER



- 3 travel lanes
- Bike lanes
- Sidewalks on both sides
- Pedestrian signal
- Bull City Connector shelter

DURHAM'S INCOMPLETE STREETS | Most of Durham's streets are still designed to allow cars, buses & trucks to travel at high speeds

SAFETY CONCERNS

- There have been more pedestrian crashes per capita involving children in Durham than any other community in North Carolina
- Pedestrian crashes have grown 58% in Durham over 5 years
- 60% of pedestrian crash victims in Durham are African-American

INCOMPLETE STREETS



DURHAM'S INCOMPLETE STREETS | Durham's citizens are demanding better outcomes

COMMUNITY CONCERNS

- Some recent street projects, including ones along Anderson Street and West Club Blvd, have had to be redesigned because they did not adequately consider all users
- Streets continue to be built or paved without consideration from the community, leading to higher vehicle speeds and unsafe communities

The Herald-Sun

Club Blvd. traffic plan riles cyclists



Anderson St. neckdowns poised for \$100k removal after bumpy road with bike/ped fans

SUPPORT COMPLETE STREETS IN DURHAM | We are building a coalition to advocate for a change in strategy

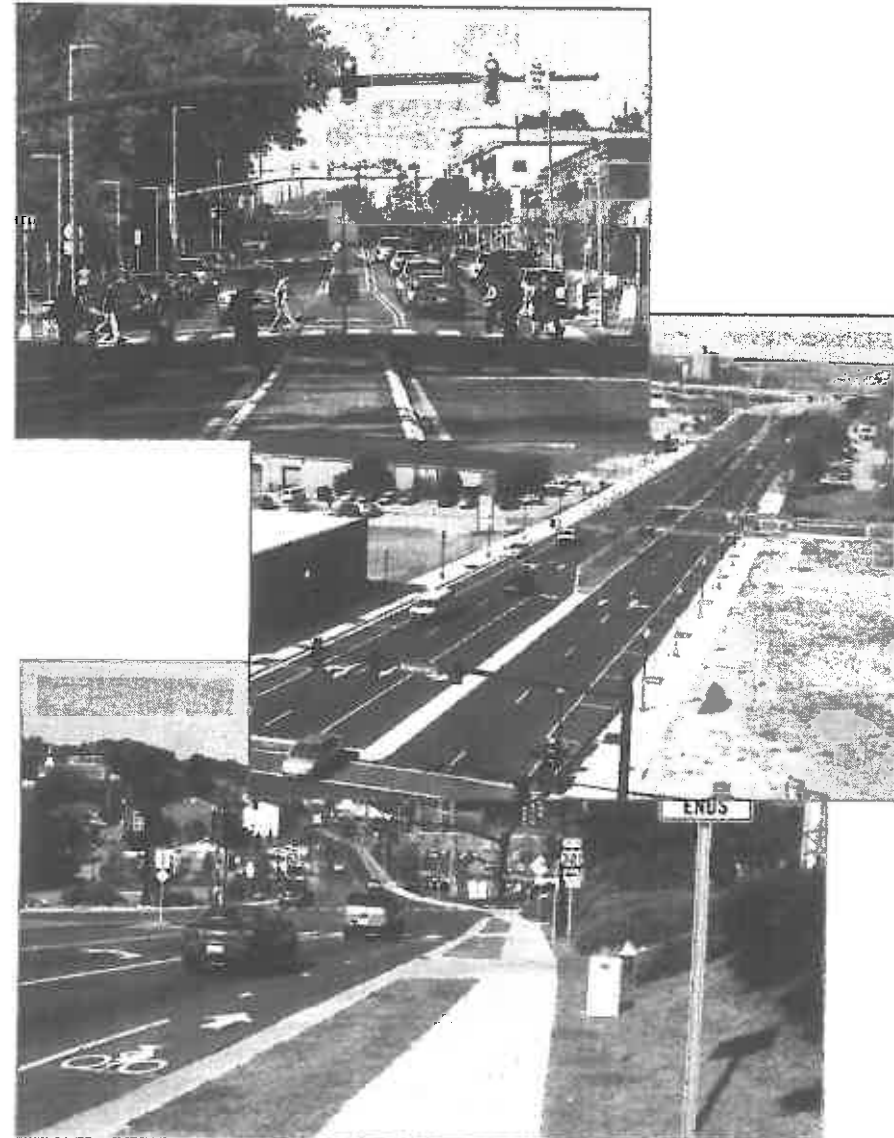
OUR GOAL

- All Durham streets should be safe for everyone, regardless of whether they are walking, biking, taking transit, or in a car

NEXT STEP

- We call on the City Council, County Commissioners and City/County staff to prioritize Complete Streets in Durham and ensure they will be implemented through policies, plans, public processes, staff and funding

WE ARE LOOKING FOR
ORGANIZATIONS TO JOIN US



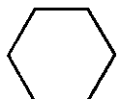
THE ISSUE: milton rd is an accident waiting to happen!

Milton Rd is an activity center that lacks safe sidewalks, signs, and crosswalks.

Students are at risk and something must be done!

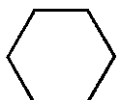


WHAT THE COMMUNITY SAYS



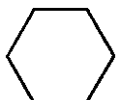
"Children during the school year, students are always walking, if (there's) an emergency vehicle coming, there's no place to pull-over."

(Community Response from the Milton Rd. Safety Survey)



"There are schools and a library in the area and few crosswalks, no sidewalks. It would be nice to park at one spot and walk to the other stops we make, but we drive everywhere because it's not safe."

(Community Response from the Milton Rd Safety Survey)



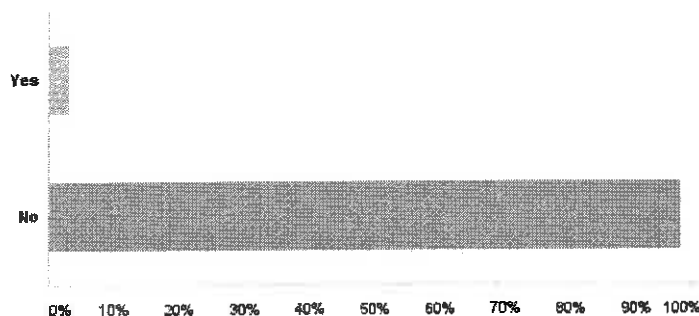
"The perfect storm— with close proximity of children and cars, it's an accident waiting to happen."

(Community Response from the Milton Rd. Safety Survey)

STATS AND FACTS

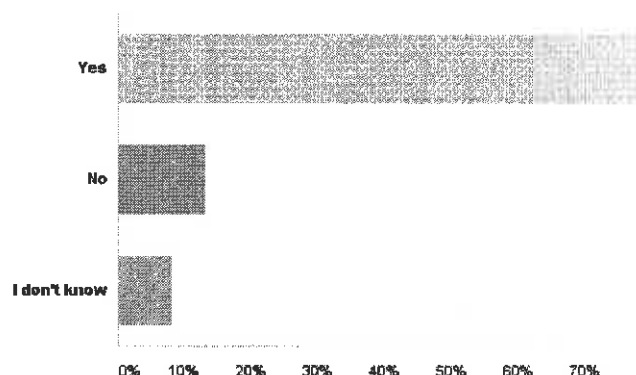
Q2 Is it safe for people to walk along Milton Rd.?

Answered: 31 Skipped: 1



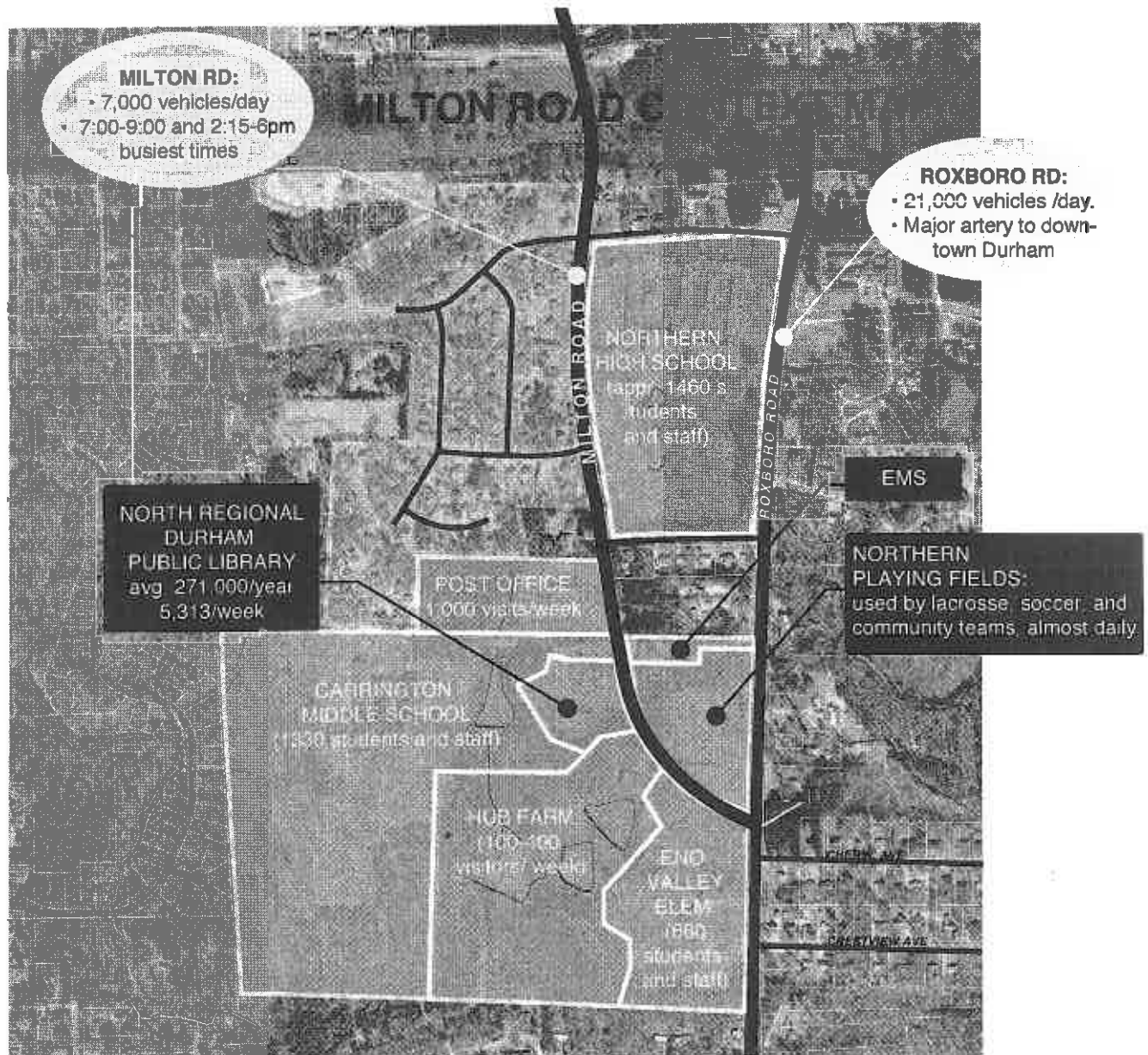
Q9 If there were bike lanes and more sidewalks, would you be more likely to bike and walk on Milton Road?

Answered: 61 Skipped: 5



In the US, 15 people are hit by a car every two hours.* In 2012, pedestrian crashes in Durham city increased to 149 (with 4 fatalities) from 96 in 2008. ** That's almost a 50% increase!

THE ASK!



THERE ARE \$65,000 IN DEVELOPMENT FEES EARMARKED FOR BUILDING SIDEWALKS IN THE VICINITY OF MILTON ROAD.

WE WANT:

- CONNECTED SIDEWALKS
- BETTER SIGNAGE
- LOWER SPEED LIMITS DURING SCHOOL HOURS
- CROSSWALKS

LET'S MAKE IT HAPPEN, TOGETHER!

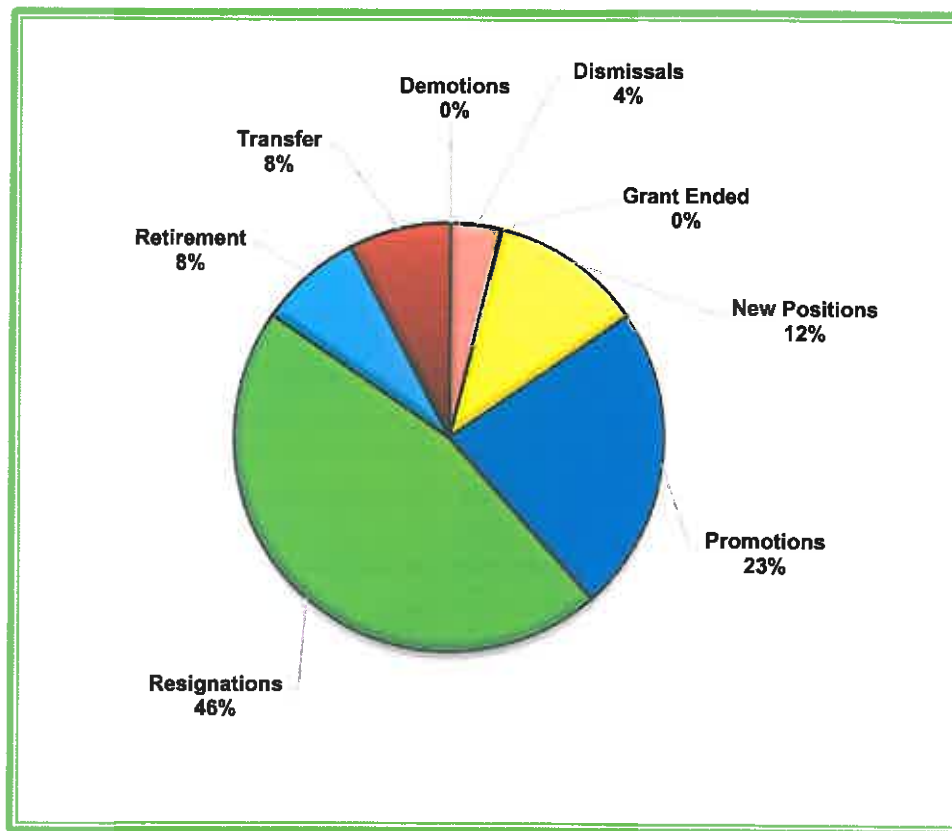
Review our presentation and video at: <http://www.thehubfarm.org/news/videos/>

Contact: dpshubfarm@gmail.com; thehubfarm.org



PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 1/31/2015

<u>Vacancy Reasons</u>	<u>FY 13/14 *</u>	<u>FY 14/15**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	0	1	1	4%
Grant Ended	0	0	0	0%
New Positions	1	2	3	12%
Promotions	1	5	6	23%
Resignations	0	12	12	46%
Retirement	1	1	2	8%
Transfer	0	2	2	8%
	3	23	26	100%



*3 vacancies existed from FY 13/14

**FY 14/15 vacancies are cumulative

1 position(s) became vacant in January FY 14/15

VACANT POSITIONS in FY 2014/2015

Month Ending: January 31, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007629	Sr PH Nurse	7/20/13	11/25/13 & 4/24/14	2/28/14 & 5/8/14	7/21/14	
40001120	Comm Hlth Assist	8/30/13	10/31/13	eliminated FY 14/15		VACANT
40001138	Sr PH Nurse	10/13/13	1/6/14, 8/11/14	2/7/14, 8/29/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40008050	Nutrition Specialist	12/19/13	1/13/14	4/25/14	9/1/14	
40008051	Nutrition Specialist	12/19/13	1/13/14, 6/30, 10/14	4/25/14, 8/15, 1/2/15		VACANT-Req to HR 1/6/14
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14	8/18/14	
40001057	Physician Extender	1/22/14	2/17/14, 4/21/14	4/4/14, 5/16/14	8/21/14	
40001031	Processing Assistant	2/21/14	6/30/14	7/11/14	11/2/14	
40000947	Processing Assistant	3/14/14	5/26/14	6/6/14	8/18/14	
40002020	Office Assistant	4/27/14	5/26/14	6/6/14	9/15/14	
40001042	Pharmacist	4/30/14	5/5/14	5/24/14	9/2/14	
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1	1/5/15	
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14	8/18/14	
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23	6/20/14, 7/18	8/18/14	
40001164	Env Health Specialist	6/20/14	7/7/14, 8/11	7/25/14, 8/22	11/10/14	
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14	1/5/15	
40006525	Med Lab Technician	7/25/14	8/4/14, 12/22/14	8/15/14, 1/23/15		VACANT
40007628	Sr PH Nurse	7/25/14	8/11/14, 1/12/15	8/29/14, 9/5/14, 1/23/15		VACANT
40008250	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14		VACANT
40008251	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14		VACANT
40007577	Clinical Social Wrk	8/4/14	8/7/14, 12/22/14	11/14/14, 1/2/15		VACANT
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16	8/1/14, 12/19, 1/30		VACANT
40007576	Comm Hlth Assist	8/13/14	8/29/14, 11/17/14	12/5/14		VACANT
40001140	Sr PH Nurse	8/15/14	8/25/14	9/28/14	12/8/14	
40005364	Nutrition Specialist	8/15/14	9/8/14, 10/12	9/26/14, 10/31	11/24/14	
40001099	Social Worker II	8/15/14	9/1/14	9/28/14		VACANT-Req to HR 8/21/14
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40007828	Info & Comm Spec	8/22/14	9/22/14, 10/27	11/28/14		VACANT
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31		VACANT
40007403	Sr PH Educator	9/2/14	8/25/14 internal	9/5/14	10/13/14	
40001013	Med Lab Assistant	9/11/14	9/22/14, 10/14/14	10/10/14, 10/31/14	1/5/15	
40007476	Clinical Social Wrk	10/10/14	10/13/14	11/14/14		VACANT
40007076	Info & Comm Spec	10/12/14	10/27/14	11/28/14		VACANT
40007477	Nutrition Specialist	11/4/14				VACANT
40005369	Nutrition Specialist	11/6/14	12/15/14	1/9/15		VACANT (Job Share - 48%)
40005376	Nutritionist	11/23/14	12/15/14	1/23/15		VACANT
40007961	Assist Health Director	12/31/14	8/4/14	9/5/14	12/15/14	
40001153	Env Health Specialist	1/15/15	1/12/15	1/30/15		VACANT

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
January 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	N		Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV forwarded to Coutny Attorney's office 8/14/2014.
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	N		No Subsurface Operator. NOV forwarded to County Attorney's office 8/14/2014.
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	Y	N		Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned.
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	N		Failing septic system. Non-repairable. Owner is attempting to gain access to municipal sewer line. City Council approved sewer connection on October 6 2014. Property owners are working with the City to facilitate the connection.
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y		Sewage discharging due to nonoperational lift pump. House is connected to municipal sewer but is outside the City limits. Forwarded to County Attorney's office 10/20/2014. 10 day demand letter mailed to owner by County Attorney's office 10/30/2014.
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	N		No subsurface wastewater system operator

11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	N		Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available.
11/10/2014	2810 Old Oxford Hwy	Surface discharge of effluent	12/10/2014	N	N		Surface discharge of effluent. Repair permit issued for a replacement system.
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2014	N	N		Discharging via a culvert pipe
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2014	N	N		Collapsed septic tank. Revised NOV 1/28/2015.
12/23/2014	1013 Variform	Effluent discharging to ground surface	1/23/2014	N	N		Failing LPP, Homeowner has contracted with McFarland as ORC. Will attempt change flow in order to eliminate failure. 1/28/2015
1/23/2014	402 Mare	Effluent discharging to ground surface	1/23/2014	N	N		Failing at the first dam.
1/23/2014	18 Thistle Trace	Effluent backing up	1/23/2014	N	N		Control panel does not work
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	N		Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sandfilter on property
12/12/2014	1313 Olive Branch	Surfacing effluent, system crosses property lines	1/12/2015	N	N		System is surfacing effluent, drainfield totally saturated. Also crosses property lines; repair permit issued and easement recorded, have had preconstruction.
12/11/2014	1723 Bahama	Cracked septic tank	1/11/2015	N	Y	12/16/2014	Tank has been replaced, 12/16/14
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected
12/10/2014	1044 Lakeside Dr	Washline discharge to ground surface	1/10/2015	N	Y	1/13/2015	Washing machine was connected to septic system, washline was abandoned.
12/18/2014	2109 Winkler Rd	Unpermitted expansion of bedrooms in house, building addition over septic tanks	1/18/2015	N	N		Building foundation is partially on septic tank, at some point a bedroom was added to the house; system is currently for 2 br. SFD. Expansion permit has been issued for 3br Controlled Demonstration Low Profile system
1/27/2015	6625 Russell Rd	Pump is not working	2/27/2015	N	N		Pump is not working, effluent is backing up and surfacing around the tank.
1/27/2015	6020 Burgundy	Break in the supply line	2/27/2015	N	N		There is a break in the supply line
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	N		Repair permit issued 1/13/15, no contact from owner since
1/27/2015	6206 Russell Rd	System crosses property lines, failing, not permitted, excavated original permitted system	2/27/2015	N	N		Application has been made for repair; repair permit issued 1/29/15

1/23/2015	3610 Bivins Rd	System crosses property lines, surfacing effluent	2/23/2015	N	N		LPP has had caps removed and is surfacing effluent at caps, system crosses onto 3602 Bivins Rd.
1/22/2015	4201 Redwood Rd	Non-permitted system installed	2/22/2015	N	N		Application has been made for permanent pump and haul.
2/2/2015	108 Thorngate	Sewer disconnection	3/2/2015	N	N		Sewer disconnected