

A Regular Meeting of the Durham County Board of Health, held June 11, 2015 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; Commissioner Brenda Howerton; Arthur Ferguson, BS; Mary Braithwaite, MD; Stephen Dedrick, R.Ph, MS; F. Vincent Allison; DDS and Dale Stewart, OD

Excused Absence: Heidi Carter, MSPH; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN;

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Marcia Johnson, Hattie Wood, Mel Downey-Piper, Attorney Bryan Wardell, Donna Murphy, Earline Parker, Jacqueline Melvin and Elise Berkland.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:04pm with a quorum present.

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

- Old Business moved up to come after Staff Recognition
- New Business moved up to come after Old Business

Mr. Dedrick made a motion to accept the addition/adjustment 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 May 14, 2015. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Ms. Harris introduced Deborah Wallington, the new billing and coding manager. Ms. Wallington started at the department on June 1, 2015.

Ms. Hattie Wood, Director of Community Health/Nursing Director recognized Ms. Jacqueline Melvin, Community Disease Control Specialist and HIV Counselor, who was honored at the NC Red Ribbon Community Awards Gala on May 30, 2015. The gala was sponsored by the Community AIDS Fund, a non-profit organization whose mission is to empower communities to lead the response to the HIV epidemic by increasing individual, community and statewide capacity to bring an end to HIV in North Carolina. Ms. Melvin, who has a long history of dedicated service in the community and the state as an advocate for persons living with HIV/AIDS, was recognized by the Community AIDS Fund by having an award named in her honor, the Jacquie Melvin "Client Voice: Changing Policy" Award. The award is now presented annually to a person who moves within and beyond his/her local community to change HIV/AIDS policies. At this year's Gala, Ms. Melvin had the pleasure of presenting the award to this year's recipient.

Commissioner Howerton recognized the Child Health Assessment and Prevention Program (CHAPP) for the clinic services they are providing in the school system.

The Board applauded those recognized.

OLD BUSINESS:

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

Ms. Harris stated that she left two voice messages for Senator Woodard to thank him for his support to change the statutes so that contraceptive methods could be provided in school-based clinics and to inquire about what the department could do to keep the school-based health initiative alive. Ms. Harris stated that she had not heard from Senator Woodard at the time of this meeting. Ms. Harris stated that she will continue to try to reach him to see what is needed or if we have to start the process again in 2017. Ms. Harris stated that she will keep the Board posted on next steps.

- **BUDGET UPDATE (Activity 39.3)**

Ms. Harris stated that she entertained many e-mails about the current year medical expenses for inmates. Currently, charges are under the CAP of \$450,000 for offsite medical expenses. Ms. Harris stated that there were a few additional reductions to some line items (training related travel, fuel) in the FY 15-16 budget. Ms. Harris stated that we didn't get funding to support the portion of Durham Diabetes Coalition covered by grant funding from Centers for Medicare and Medicaid that will end June 30th. However, she has spoken with county leadership regarding funding alternatives.

- **FOLLOW-UP E-CIGARETTES (Activity 34.5)**

Ms. Harris stated that the Board received a copy of the recommended changes to the Smoking Rule reviewed by Attorney Wardell.

Attorney Wardell stated that all the suggested changes/additions were incorporated in the existing rule. Attorney Wardell stated that the changes are identified in blue. Attorney Wardell stated that there were a few minor changes made to the signature page to comply with the State Statutes. *(Copy of the existing Smoking Rule w/changes in blue is attached to the minutes.)*

COMMENTS/QUESTIONS:

Dr. Miller: Is there a symbol for e-cigarettes.

Attorney Wardell: Yes. I believe there is. There is a universal symbol for it.

Dr. Miller: So why haven't we done anything with the signage?

Ms. Harris: We have delayed changing the signage until the Board reaches a decision regarding e-cigarettes. Attorney Wardell, what is the process for making this change?

Attorney Wardell: So my suggestion is: present it as information, review it; approve it at the next meeting and then get it on the County Commissioners next meeting agenda. I am happy to entertain any questions.

Dr. Miller: I think one thing that is running around in my mind about the e-cigarettes is about the vapor or what comes off the device or what's blown out of the device. How is that characterized and how hazardous is it?

Ms. Harris: At the last meeting, we distributed a CDC document that had summary information of all of the science and other points about e-cigarettes.

Dr. Miller: I think that my hold up at the beginning was about that.

Attorney Wardell: So from a scientific standpoint it's not settled. Basically, e-cigarettes have some level of nicotine content. Since they have some level of nicotine content, I think the position is that e-cigarettes are a public health issue; but from a scientific standpoint there is no hard evidence, I would say, as to how much of a danger they are. We do know there is a danger culturally, the culture of smoking. We know that more

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young people are using e-cigarettes but we don't know if e-cigarettes are a gateway to the use of a regular tobacco product.

NEXT STEPS:

1. Staff is to send a copy of the amended Smoking Rule to the Board members that were absent.
2. At the next meeting, the Board is to vote on adding new language to the existing Smoking Rule.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The department requested approval to recognize funds in the amount of \$39,000 from the Epidemiology/PH Preparedness & Response Branch of NC DHHS, Division of Public Health to support the enhancement of public health's emergency preparedness planning and operational readiness for Ebola Virus Disease (EVD).

Exposure to Ebola poses a real threat to North Carolina. Public Health Preparedness and Response has identified systematic approaches to strategically assist the public health authority with the reduction of threats, responsiveness to travelers' needs, and a response system to better protect those potentially exposed individuals and the state of North Carolina.

Dr. Levbarg made a motion to approve the budget amendment in the amount of \$39,000. Commissioner Howerton seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **ENVIRONMENTAL HEALTH END OF THE YEAR PRESENTATION (Activity 9.1)**

Mr. Chris Salter, Director of Environmental Health provided an overview of the history of Environmental Health, statistical data General Inspections & Onsite Water Protection and information on the current staffing and employee retention in the Division.

(A copy of the PowerPoint presentation is attached to the minutes)

QUESTIONS/COMMENTS:

Subject: Tattoo Parlors

Dr. Levbarg: What is the general code for tattoo parlors?

Ms. Salter: There is no permit or anything for the tattoo parlor. The artist is permitted and that station has to be correct. Permitting is tied to things like their autoclave records. Even though everyone in the business may use the same autoclave, that's part of this artist's inspection. So if we go there and they aren't maintaining the autoclave records and they don't show us the log, we can revoke the permit.

Subject: Date Marked Foods

Mr. Ferguson: You said chicken salad was exempt from if purchased from Costco but if the restaurant buys it do they have to date it?

Ms. Salter: No they don't, that's what I'm saying. The chicken salad, if you make it from scratch...egg salad, anything you make from scratch in the restaurant has to be "date marked" but if they buy it already prepared from a commissary or factory, it is potentially hazardous but it's been acidified or they have added salt or sugar to minimize the available water content. This create an environment that reduces the opportunity for bacteria to thrive. Therefore the risk is not a high enough to require them to "date mark" it.

Subject: Food Prep-Food Trucks

Attorney Wardell: I have a question. I want to go back to the food trucks. Did you say they can't do any food prep in the truck?

Mr. Salter: They can do minor preparations. For example, if they are serving spring rolls on the truck, they can't chop up the ingredients that go into the middle and make them up on the truck. They have to do that in the commissary.

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They can pre-make them and store them on the truck at the appropriate temperature. When they get ready serve them, they can drop them in the pot to cook them on the truck. It's minor food prep - nothing major.

Subject: Barriers with Employing Interns

Dr. Levbarg: And the interns can't be authorized until they take the CIT; is that correct?

Mr. Salter: Right... and employed for two years

Dr. Miller: Do the interns get credit for those years worked?

Mr. Salter: The formula used by HR starts the employee at the beginning of the range, the base pay, and gives 2.5% each year of experience not to include the two years as an intern. So, if I have ten years of experience and for two of the years I was an intern, I only have eight years that will count when determining my salary.

Subject: Food Trucks

Dr. Miller: I want to go back to the food trucks. They are permitted here in Durham but then they operate their businesses in Orange County, Person County. Should there be an agreement or something between the counties to give you the right to keep track of the food truck?

Mr. Salter: That's being discussed quite a bit but right now we are not authorized to cross the county line. I am authorized to work in Durham County. I can't go across the county line and do anything.

Commissioner Howerton: So if they are permitted in Raleigh.....

Mr. Salter: If you are permitted in Raleigh or Wake County or wherever, the state says you are legal to operate anywhere in the state. However, you are supposed to notify the county where you are operating and they do have the right to go out to a mobile food unit and inspect it. If the unit is operating in Durham County and permitted in Wake, I can go on it and inspect it

Commissioner Howerton: How are the fees split?

Mr. Salter: We get a percentage back each time we do an inspection. The state charges \$200 per year for a permit and we receive a \$125.

Dr. Levbarg: So regarding giving the credit for the intern years, is that something that the Board can do something about?

Ms. Harris: On Tuesday I had a person in my office from Human Resources to discuss other compensation issues. I called Mr. Salter to get clarification about the issue concerning the intern status. The person with whom I was speaking said that the current process didn't seem right and that he would look into it. Let me see what happens with that. If we don't get a positive resolution, we can certainly send correspondence from the Board to the County Manager requesting that the issue be addressed.

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

The Durham County Board of Health received a copy of the May 2015 vacancy report which included a cumulative total of 37.0 FTEs for the year (21 positions vacant as of May 31, 2015).

(A copy of May 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 May 2015 prior to the meeting. *(A copy of May 2015 NOV report is attached to the minutes.)*

Health Director's Report

June 11, 2015

May 2015 Activities

Division / Program: Community Health / Maternal Health

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

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Program description

- The North Carolina Breastfeeding Coalition (NCBC) was awarded a grant by NACCHO and the CDC to support African-American moms in Durham to increase their breastfeeding rates. It is called “The 4th Trimester Project”.
- A breastfeeding peer counselor hired and trained by NCBC started to participate in the department’s English-language Centering Pregnancy groups beginning June 1.

Statement of goals

- To increase the rate of breastfeeding among African American women receiving prenatal care at Durham County Department of Public Health (DCoPH).

Issues

- **Opportunities**
 - The majority of the women in the English-speaking Centering Pregnancy groups are African American.
 - The Centering Pregnancy model promotes breastfeeding and this initiative aligns with the model.
 - The trained peer counselor will attend at least two sessions of every English-speaking group to provide education on breastfeeding. She then will provide additional support through phone calls, home visits and a bimonthly support group to any of these moms who want it after they deliver.
 - The bimonthly support group will also be open to breastfeeding women in Durham who did not take part in Centering Pregnancy groups.
- **Challenges**
 - African American women are generally less likely to initiate breastfeeding than women from other racial groups.

Implication(s)

- **Outcomes**
 - The breastfeeding peer counselor was introduced to staff and the first Centering Pregnancy group on April 14.
 - The project began on June 1.
- **Service delivery**
 - The peer counselor is someone with a lot of personal experience with breastfeeding. She is working toward becoming a certified lactation consultant.

Next Steps / Mitigation Strategies

- The NCBC grantees will be deciding on an appropriate time and place to hold the bimonthly support groups.
- A lactation clinic may also be offered in Durham which will provide free lactation consultant services for Medicaid and self-pay patients. Currently, the nearest lactation clinic is in Chapel Hill.

Division / Program: Dental Division: Staff Development Opportunities and Division Planning Utilizing Facilitation through Alliance Behavioral Health

(Accreditation Activity 13.1-The Department shall broaden existing partnerships by cultivating innovative and new community contracts such as business and industries, healthcare practitioners , faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.)

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Program description

- The Dental Division has been working with Alliance Behavioral Healthcare to provide applicable training for staff in mental health/communication issues. In May, Alliance's Community Relations Director facilitated a session with the Division, focused on SWOT Analysis (Strength, Weaknesses, Opportunities, and Threats).

Statement of goals

- To provide staff training opportunities facilitated by Alliance
- To examine ways to use internal strengths to enhance dental services

Issues

- **Opportunities**
 - The session facilitated by Alliance offered the chance for the team to offer honest feedback on its strengths and weaknesses, and look for opportunities to improve services.
- **Challenges**
 - One of the biggest challenges was to set time limits for individual feedback and to find common ground on issues – and with which to stand with their colleagues.

Implication(s)

- **Outcomes**
 - The entire team participated fully and identified many strengths (the team, quality of services, diversity of staff, ultimate goal to help each other, well-trained, Tooth Ferry provides unique service), weaknesses, opportunities (relationships with community partners, links to UNC Dental, training, PH Leaders Academy) and threats.
- **Service delivery**
 - The session provided the team with the realization that the Division has the internal capacity and expertise to enhance service delivery.
 - The Division has made a list of items and has begun working on them. There was consensus that this session should not just be a list of ideas that sit on paper. In fact, one change has already been implemented (process for shifting patients from one treatment column to another).
- **Staffing**
 - All Dental Division staff members participated in the session.

Next Steps / Mitigation Strategies

- Due to the effectiveness of the session, future meetings are being scheduled, and team members are working on specific initiatives that were identified.

Division / Program: Nutrition Division / Clinical Nutrition Team/Staff Training in Diabetes Self Management Education (DSME)

(Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.)

Program description

- DCoPH's Nutrition Division received a \$3,000.00 award of additional funds to support the diabetes education program. These funds, received from the North Carolina Diabetes Education Recognition Program, were ear-marked for staff training.

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- The money allowed for attendance by Nutrition Clinic Registered Dietitians (RDs) to two national level training events.

Statement of goals

- To deliver disease prevention and treatment service which is based on the most up-to-date, evidenced-based recommendations
- To support staff training by subject matter experts at the national level is ideal

Issues

- **Opportunities**
 - On April 24, a clinical dietitian attended the America Association of Diabetes Educators (AADE) conference in Dulles, Virginia - "Building your Diabetes Education Program". The all-day conference addressed maintaining national standards for diabetes self-management education.
 - May 20-24, a clinical dietitian attended the America Diabetes Association (ADA) annual clinical conference in Orlando, Florida- "Beyond the Numbers". The purpose of the ADA annual clinical conference is to provide leading-edge treatment updates and information in clinical diabetes management.
- **Challenges**
 - The \$3,000.00 support was received in mid-April 2015 and had to be spent by May 31, 2015. Quick planning had to occur to ensure effective use of the funds within the given time frame.

Implications

- **Outcomes**
 - Information gained from the AADE conference will ensure maintenance of national standards for diabetes self-management by the DCoPH DSME program. National standards allow for accreditation of DSME programs and accredited programs can bill for services through CMS (Centers for Medicare and Medicaid Services) and private insurance carriers. Knowledge gained regarding billing for nutrition services will improve reimbursement revenue for DCoPH and increase sustainability of services.
 - Education offered at the ADA annual clinical conference drew attendees from around the world. As the nation's premier clinical diabetes meeting, attendees heard cutting-edge research translated into clinical practice. Clinical knowledge gained at the conference will improve effectiveness of Medical Nutrition Therapy (MNT) and DSME provided to DCoPH Nutrition clinic clients. Much of the research presented at the conference stressed the importance of exercise and fitness as an integral aspect of treatment for diabetes, diabetes prevention, and diabetes related co-morbidities such as hypertension and hypercholesterolemia. The message was "exercise is key!" Improving a patient's fitness level decreases complications of many diseases.
- **Service delivery**
 - The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoPH. Home visits are scheduled as needed.
 - DSME classes are offered monthly.
- **Staffing**
 - The DCoPH Clinical Nutrition staff includes 6 Registered Dietitians who are able to provide nutrition services- MNT, DSME, and nutrition consultation.

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- **Revenue**
 - MNT and DSME are billable services and fees are based on a sliding scale fee. Medicaid, Medicare Part B and other 3rd party reimbursement sources are billed as applicable.

Next Steps / Mitigation Strategies

- The Nutrition Clinic will continue to address identified health risks in Durham County such as diabetes and pre-diabetes by providing disease prevention and treatment methods based on the most up-to-date research and evidenced-based approaches. Emphasis on exercise and physical fitness will be an integral part of treatment and education plans for all clients. Maximizing reimbursement for MNT and DSME through nationally accredited programming and informed billing practices will continue to be a priority for the Nutrition Clinic.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham/Hub Farm Collaborations

(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 educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying DPS schools (those with 50% or more of their students receiving free/reduced lunch).
- On April 21st, first grade students from R.N.Harris Elementary school took a field trip to the DPS Hub Farm to learn more about the ecology of plants and how these plants (fruits and vegetables) provide the body important nutrients for good health.

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.
- To encourage increased daily consumption of fruits and vegetables.
- To increase students' basic culinary skills and self-efficacy
- To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families

Issues

- **Opportunities**
 - First grade students in North Carolina take an Ecology science unit in which they learn about how plants grow.
 - Durham Public Schools has a Hub Farm. It is a working farm/learning lab for DPS students to visit.
 - DINE nutritionists are not able to reach all grade levels at each school, so this was an opportunity to extend the program's reach to an additional grade level.
- **Challenges**
 - The Hub Farm is located in Northern Durham which requires schools to fund bus transportation for the field trip.
 - The Hub Farm has very limited shelter at this time. Therefore, predicted inclement weather requires a cancellation or rescheduling of a planned field trip.

Implication(s)

- **Service delivery**
 - The DINE nutritionist helped the 1st grade teachers at R.N. Harris Elementary School plan a field trip to the DPS Hub Farm. The field trip provided the students a hands-on experience investigating how plants grow and how those plants, specifically vegetables, help us grow and stay healthy.
 - All three 1st grade classes from R.N. Harris traveled to the farm. (60 students and 3 teachers participated.) The students spent the morning rotating through three hands-on activities:
 - Cooking from the garden: Making a Salad and learning about the Fruit and Vegetable Food Groups
 - How Does the Garden Grow: Learning about what plants need to grow, and harvesting salad greens
 - What's on the Farm: Planting a part of the garden/ exploring the other wildlife on the farm
 - Each student was given a recipe card for the "Rainbow Salad" that they made at the Hub Farm.
- **Staffing**
 - Three DINE nutritionists and two Duke Nutrition intern students staffed the "Cooking from the Garden" activity. Two members of the Hub Farm staffed the other rotations for the students.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The event was a great success. Many of the students expressed how much they loved being at the farm, what a great place it was. The students liked the salad they made on the field trip and stated they would make it again at home.
- The DINE team and the Hub Farm have developed a great working relationship reaching DPS youth with field trips from which the students learn how we go from seed to table for good health. DINE will partner again with the Hub Farm and DPS to provide similar experiences at the Hub Farm for DPS summer camp students and is planning more Hub Farm nutrition field trips for DPS students during the 2015-2016 school year.

Division / Program: Nutrition / DINE/ Double Bucks at the Farmers' Markets

(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 educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- The Durham Farmers' Market (DFM) and South Durham Farmers' Market (SDFM) accept SNAP/EBT and run a "Double Bucks" (DB) program, doubling SNAP benefits up to \$10. The Nutrition Division's DINE Healthy Environments Program assists the farmers' markets with promotion and marketing initiatives for DB.
- In May of 2015, a postcard advertising DB was sent to approximately 18,000 households that receive SNAP in Durham County. The direct mailer included a map to the farmers markets as well as an additional incentive of a free reusable grocery bag for shoppers who brought the card to the market. It was paid for with the DINE SNAP Ed grant.

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Statement of goals

- To increase knowledge and awareness of the DB program at Durham's farmers' markets and encourage SNAP participants to shop there.
- To reduce the cost burden of purchasing fresh foods and increase food security among lower income shoppers in Durham.
- To encourage fruit and vegetable consumption, healthier eating habits and lifestyles.

Issues

- **Opportunities**
 - The DB program reduces low income residents' barriers to shopping at the farmers' markets by providing a financial incentive. The DFM is located in a central area downtown, with over 6,000 SNAP recipients living within 3 miles of the market, and is accessible by several bus lines. The SDFM has over five hundred SNAP recipients living within 3 miles of the market, and is also accessible by bus.
 - If the direct mailer proves to be an effective method of advertising, it can be used for other public health programs.
- **Challenges**
 - The bus stops closest to the markets may not be convenient for all shoppers, particularly those with limited physical abilities.
 - The markets have limited operating hours and days.
 - The markets sell mostly fresh unprocessed foods, which may be overwhelming to shoppers with limited cooking and food preparation skills.

Implication(s)

- **Outcomes**
 - The markets saw a 50% increase in EBT customers in the two weeks they were open since the mailer was sent and had many new customers bring in the mailer. (~95 customers total; ~45 new customers).
 - About 40 customers are shopping every week at the markets using DB.
- **Service delivery**
 - Marketing for the DB program will continue throughout the summer in the form of bus ads and flyer distribution by the Healthy Environments nutritionist.
 - DFM is surveying DB customers to determine the most effective promotion method.
- **Staffing**
 - A DCoPH Nutrition Specialist and Nutrition Program Manager are involved with promotion, marketing, evaluation and grant writing for Double Bucks.
- **Revenue**
 - No revenue is directly generated through this outreach. However, farmers' markets have a multiplier effect on the local economy, with \$1.60 going back into the local economy for every \$1 that is spent at the market. (See link below.) (<http://raleighdowntowner.com/RaleighDowntowner-Vol5-Iss7.pdf>)

Next Steps / Mitigation Strategies

- The DFM plans to add a \$2 incentive to each \$4 WIC (Women's Infant Children) voucher spent at the market this summer.

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- The FY15-16 DINE grant includes funding for another direct mail advertisement for DB to be sent out in May 2016. DCoPH staff and Partnership for a Healthy Durham members are assisting a local mobile market raise money to start a DB program.

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 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**

- 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**

- During the month of May, no general public health media advisories/releases were disseminated. However, staff responded to four (4) direct (unsolicited) inquiries from reporters and initiated 1 (one) story pitch, resulting in placement for a future show segment. A total of 18 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 this month's *My Carolina Today* segment on keeping food safe for upcoming holiday and summer cookouts, the start of pool season and increased volume for pool inspectors⁽¹⁾, increased awareness of ticks during the

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summer months, safety advice for swimmers, the department's involvement with Durham Public Schools promoting a healthier community, Memorial Day schedule changes, 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)

- The Communications/PR Manager and Public Health Director attended a FrameWorks Institute workshop on May 5, convened by the North Carolina Public Health Association on Reframing Public Health Issues: An Upstream Approach to Communications. This full-day session focused on skill and strategy building and applied practice training, designed to help communicators “reframe” public conversations about social issues, including those dealt with by public health agencies on a daily basis.

(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)

- The Communications/PR Manager attended the first in a series of monthly planning meetings on May 27, in preparation for the department's Strategic National Stockpile (SNS) Exercise scheduled for October 2015. Communications with other county communications officials, as well as city and other agencies, will be critical in the event of an actual emergency requiring SNS resources. Therefore, it is also one of several areas within the county's SNS plan that will be evaluated during this upcoming exercise. **(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)**

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 continuation of the *What's the 411* series, The Durham Diabetes Coalition partnered with Healing with CAARE, Inc. and held a diabetes foot care workshop entitled, *What's the 411: Diabetes Foot Care* to address key topics concerning proper diabetic foot care. Dr. Michael Kerzner, Dept. of Orthopedic Surgery/Duke University was the guest speaker.

Statement of goals

- To raise awareness about the importance of diabetes foot care
- To increase awareness of various lower extremity complications related to uncontrolled diabetes
- To build rapport between the clinical providers and community residents

Issues

• **Opportunities**

- Reoccurring community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment
- Previous participants from *What's the 411: Diabetes Medications* were invited
- Vendor participation allowed for community resources to be shared with participants
- Incentives (i.e., free diabetic shoes, mirrors, socks, lotion and lunch) allowed for increased registration and support for diabetic foot care needs

• **Challenges**

- Planned for increased time for questions for participants, however, speaker was limited on time.
- Had to turn away DDC patients due to reaching registration and room capacity
- Parking to accommodate large number of attendees
- Room reservation was overbooked forcing re-booking into smaller conference room, which also made seating challenging.
- Limited number of shoe sizes for diabetic shoe distribution; 50% inventory left over
- Staff members manually organized registrations which was difficult to keep updated and accurate
- Did not consider space for wheelchairs and walkers

Implication(s)

• **Outcomes**

- Total of 152 participants registered; twenty-one (21) placed on waiting list
- Total of ninety-seven (97) registrants attended;
- 83.1% strongly agreed the presenter was knowledgeable; 16.9% agreed
- 82.3% strongly agreed the format of the presentation was good; 17.7% agreed
- 67.7% strongly felt there was enough time for questions; 24.4% agreed, 1.1% neutral and 6.8% disagreed
- 71.4% strongly agreed that they learned things that they did not know about diabetes foot care; 27.5% agreed; 1.1% strongly disagreed
- Ninety-seven (97) bag lunches were given away
- Approximately forty (40) out of eighty-three (84) pairs of diabetic shoes were given away
- Ninety-seven (97) DDC gift bags were given away which had diabetic lotion, a foot mirror, a pair of casual socks, and foot care brochures
- Approximately ten (10) pair of diabetic socks were given away

• **Service delivery**

- DDC utilized social media (Facebook and Twitter) and its website to promote and provide type 2 diabetes information and update the community on coalition activities.
- A press release and media advisory were sent out informing the public about the upcoming events
- Flyers were distributed to local partners during various community meetings
- The workshop was held in the Conference Room C in the Human Services Building

• **Staffing**

- One (1) DDC Health Education Specialist from the neighborhood intervention team planned, recruited and organized the event. Fellow DDC Health Education Specialists,

14 A Regular Meeting of the Durham County Board of Health, held June 11, 2015.

Health Promotion and Wellness team, interns and volunteers helped with the event.

- **Revenue**
 - None
- **Other**
 - Eighty-four (84) pairs of diabetic shoes were donated by Healing with CAARE, Inc.
 - Lunch was sponsored by Duke Translational Medicine Institute

Next Steps / Mitigation Strategies

- Host another workshop focused on diabetes kidney health on Tuesday, July 21
- Continue to recruit participants in DDC target neighborhoods
- Mail flyers earlier to DDC patients to allow for an advanced opportunity to register
- Grant registration priority to the waiting list of attendees from last workshop
- Identify adequate space to accommodate attendees
- Continue to diversify guest speakers to reach various minority groups i.e., Latino population
- Explore alternative methods to register participants and manage registrations

Division / Program: Health Education / Health Promotion and Wellness

(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

- Printed educational materials were published in the Durham Herald Sun newspaper and the Spanish language newspaper Que Pasa, that advertised the Durham County Board of Health (BOH) Smoking Rule, promoted the NC Quitline, and provided education regarding cigarette related litter
- The Herald Sun campaign also included information about smoking related illnesses, e-cigarette information, and information on cessation classes offered by DCoDPH

Statement of goals

- To increase public awareness of BOH Smoking Rule
- To increase public knowledge of e-cigarette
- To increase public awareness of environmental effects of cigarette litter
- To increase public knowledge of illnesses related to cigarette use
- To increase smoking cessation class participation and promotion of the NC Quitline

Issues

- **Opportunities**
 - Use local print media to increase knowledge of BOH Smoking Rule
 - Use local Spanish language print media to increase knowledge of BOH smoking rule among Durham's Spanish speaking population
 - DCoDPH has not previously dedicated a wrapper focused on these topics

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- **Challenges**
 - There were challenges with timing regarding the contracting and invoicing process with Que Pasa.

Implication(s)

- **Outcomes**
 - Approximately 42,000 wrappers in the Herald Sun were distributed
 - Approximately 18,029 editions of the Que Pasa ad were distributed each week for 4 weeks
 - As a result of the Herald Sun ad, DCoDPH has been asked to conduct a smoking cessation class at Northgate Mall, which has recently become an entirely smoke-free property
- **Service delivery**
 - The Herald Sun ran two editions of the wrapper on Saturday and Sunday May 16 and 17
 - Que Pasa ran four ads on consecutive Thursdays- May 7, 14, 21, and 28
- **Staffing**
 - Michael Scott supplied the content and the newspapers provided the design.
- **Revenue**
 - None generated for these activities.

Next Steps / Mitigation Strategies

- Continue to explore ways to reach different demographics in Durham County impacted by the BOH Smoking Rule
- Track whether calls to the NC Quitline increase from Durham and if cessation participants learned of the classes through the wrapper.

Division / Program: Health Education

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

Program description

- Matter of Balance is an eight-week evidence-based program designed to reduce the fear of falling and increase the activity levels of older adults who have this concern. The program is led by two trained facilitators

Statement of goals

- To reduce fears and falls in older adults
- To increase physical activity, strength and balance
- To increase participants awareness and management of their environment to reduce fall related risks

Issues

- **Opportunities**
 - DCoDPH has six facilitators trained in Matter of Balance
 - The first offering of the program was to the Durham Center for Senior Life (DCSL)
 - DCSL hosted the program providing the space at no charge and snacks for the participants.
 - The program materials were made available through the Healthy Communities grant.
- **Challenges**
 - DCSL was eager to offer the program, but that was not adequate time for participant recruitment (less than two weeks)

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- DCSL preferred to handle the registrations and the facilitators were unaware of how many participants were registered.
- Inclement weather resulted in the canceling and rescheduling of two of the eight sessions.
- The sessions were held in an open area near a fitness center. Other programs and participants passed through the area which was distracting to participants.

Implication(s)

- **Outcomes**
 - Ten participants registered for MOB; the minimum needed to hold the class is eight.
 - 50% of the group completed five or more sessions.
 - From the first session survey, 60% (n=8) indicated the desire for starting exercise.
 - From the last session survey 100% (n=4) indicated they have been exercising three or more times per week.
 - Marked improvements were noted from at least three of the participants during the eight weeks, with one stating she had difficulty tying her shoes, but since performing her exercises she can now complete the task.
- **Service delivery**
 - Flyers were developed by DCoDPH staff and given to the Senior Center to hang and share with potential participants.
- **Staffing**
 - MOB at the Senior Center was facilitated by two health educators.

Next Steps / Mitigation Strategies

- A Matter of Balance program will be added to the menu of offerings and shared with the public.
- The program will be piloted with at least one faith-based organization within the next six months.

AGENDA ITEMS JUNE 2015 MEETING


- Board Training
- Follow-up e-cigarettes and Board of Health Smoking Rule

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- New Board Member appointment
- NALBOH--Chairman Miller and Attorney Bryan Wardell will attend
- Executive Staff will review/discuss options regarding updating the Strategic Plan
- Follow-up w/BOCC--Rescind the preemption of Tobacco Regulation including e-cigarettes and restore tobacco regulation to local control
- Distributed copies of Community Health Assessment Executive Summary

Commissioner Howerton made a motion to adjourn the regular meeting at 7:30pm. Mr. Dedrick seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

Durham County Board of Health Rule

Regulation of Smoking in Prescribed Public Areas.

Section I. Findings and Purpose

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), tobacco use and secondhand smoke exposure are leading preventable causes of illness and premature death in North Carolina and the nation; and

WHEREAS, Healthy North Carolina 2020 Tobacco Use Objectives are 1) decrease the percentage of adults who are current smokers, 2) decrease the percentage of high school students reporting current use of any tobacco product, and 3) decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days; and

WHEREAS, the CDC advises that all individuals with coronary heart disease or known risk factors for coronary heart disease should avoid all indoor environments that permit smoking; and

WHEREAS, tobacco is a recognized carcinogen in humans, and health risks associated with the use of tobacco products include myocardial infarction, stroke, and adverse reproductive outcomes; and

WHEREAS, in 2006, a report issued by the United States Surgeon General stated that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke and that secondhand smoke has been proven to cause cancer, heart disease, and asthma attacks in both smokers and nonsmokers; and

WHEREAS, the 2006 Surgeon General's Report also determined that children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma; and that smoking by parents causes respiratory symptoms and slows lung growth in their children; and

WHEREAS, research indicates that, during active smoking, outdoor levels of secondhand smoke may be as high as indoor levels and may pose a health risk for people in close proximity (such as sitting next to someone on a park bench, or children accompanying a smoking parent or guardian); and

WHEREAS, the CDC reports that smoking and smokeless tobacco use are frequently initiated and established during adolescence, that most people who begin smoking during adolescence are addicted by the age of 20, and that adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers; and

WHEREAS, everyday an estimated 3,900 young people between 12 and 17 years of age try their first cigarette and an estimated 1,000 youth become daily cigarette smokers; and

WHEREAS, children model adult behavior and benefit from positive models of non-smoking behavior and positive reinforcement of healthy lifestyle messages through exposure to smoke free public areas; and

WHEREAS, environmental organizations, including Keep America Beautiful, the Ocean Conservancy, and NC Big Sweep, consistently report cigarette butts as a leading cause of litter; and

WHEREAS, small children playing in city athletic fields and playgrounds are more likely to ingest cigarette butts if they are discarded and accessible; and in 2008, American Poison Control Centers received over 7,000 reports of children under the age of 6 being poisoned by contact with tobacco products; and

WHEREAS, the Durham County Health Department provides support to employees and residents who want to quit the use of tobacco products. Employees and residents are also encouraged to talk to their health care provider about quitting; ask about appropriate pharmacotherapy available through their health insurance plan or employee's insurer and to use the free quitting support services of the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-8669); and

WHEREAS, on January 2, 2010, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," North Carolina Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply to local government buildings, on local government grounds, in local vehicles, or in public places;" and

WHEREAS, pursuant to G.S. 130A-39(a), local boards of health have the responsibility to protect and promote the public's health and to adopt rules necessary for that purpose; and

WHEREAS, the Durham County Board of Health wishes to minimize the harmful effects of tobacco use among Durham County and the City of Durham employees and eliminate secondhand smoke exposure for employees and the public in certain buildings and grounds controlled by the county and city; and

WHEREAS, the Durham County Board of Health is committed to protecting the health of children and adults on city athletic fields and playgrounds by eliminating exposure to secondhand smoke and providing an environment that decreases the likelihood of children ingesting cigarette butts; and

WHEREAS, in 2015 the Centers for Disease Control and Prevention (CDC) stated that emitted e-cigarette aerosol is not just water vapor, but contains nicotine and can contain additional toxins, making it less safe than clean air and e-cigarette use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered to other psychoactive substances. Therefore, clean air—free of both smoke and e-cigarette aerosol—remains the standard to protect health; and

WHEREAS, because some e-cigarettes are designed to mimic smoking, allowing e-cigarette use in places where smoking is prohibited could complicate enforcement of smoke-free policies and renormalize tobacco use; and

WHEREAS, Durham County and the City of Durham government buildings, health care facilities and health care facility grounds in Durham County, hospitals and hospital grounds in Durham County, and Durham County Schools are currently operating under smoke-free or tobacco-free policies; and this Board finds and declares that, in order to protect the public health and welfare, it is in the best interest of the citizens of Durham County to expand these smoke-free policies by adopting a rule prohibiting smoking on Durham County grounds; on the City of Durham grounds; on the City of Durham's Park System; in City or County bus stops; in the Durham Station Transportation Center and grounds; at the Durham Train Station and on all sidewalks abutting Durham County grounds, the City of Durham grounds; any Public School; and hospital grounds;

NOW, THEREFORE, THE DURHAM COUNTY BOARD OF HEALTH ADOPTS THE FOLLOWING RULES:

Section II. Definitions

The following definitions are applicable to this rule.

1. "Bus Stop" – An designated area, whether enclosed or unenclosed, where buses stop for passengers to board or exit a bus. This term shall include areas at areas at bus stops and bus shelters, beginning at the bus stop sign and extending for a radius of one hundred (100) feet around the bus stop sign. This area expressly excludes any private property that might fall within the one hundred (100) foot radius of the bus stop sign.
2. "City of Durham Grounds" – An unenclosed area owned, leased, or occupied by the City of Durham.
3. "City of Durham Park System" – An enclosed or unenclosed area owned, leased, maintained, or occupied by the City of Durham that is part of the City of Durham Parks System including all city greenways and trails.
4. "City or County Bus Stops" - Any bus stop that is owned, leased, maintained or occupied by the City or County of Durham.
5. "Durham County Grounds" – An unenclosed area owned, leased, or occupied by Durham County.
6. "Durham Station Transportation Center" – The buildings and unenclosed areas owned, leased or occupied by the City of Durham that are used as the hub and home of local, regional, and intercity bus service.
7. "Enclosed Area" – An area with a roof or other overhead covering of any kind and walls or side coverings of any kind, regardless of the presence of openings for ingress and egress, on all sides or on all sides but one.
8. "Hospital grounds" - Any unenclosed area, which is owned, leased, or occupied by an institution that is licensed to administer medical treatment or the

primary function of which is to provide medical treatment in this State and which provides inpatient, outpatient, and emergency medical treatment.

9. "Sidewalk" - Any sidewalk that is owned, leased, maintained or occupied by the City or County of Durham and abuts Durham County grounds, the City of Durham Grounds, any public school or hospital grounds.

10. "Smoking". - The use or possession of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

11. "Tobacco Use" - The use of any product containing tobacco.

12. "No Smoking Symbol" - Symbol consisting of a pictorial representation of a burning cigarette enclosed in a circle with a bar across it.

13. "Human Services Facility and Campus" - The Durham County Human Services Building located at 414 E. Main Street, Durham North Carolina 27701 and all adjacent and affiliated buildings.

14. "Private Club" - A country club or an organization that maintains selective members, is operated by the membership, does not provide food or lodging for pay to anyone who is not a member or a member's guest, and is either incorporated as a nonprofit corporation in accordance with Chapter 55A of the General Statutes or is exempt from federal income tax under the internal revenue code as defined in G.S. 105-180.2(1).

15. "Tobacco Shop" - A business establishment, the main purpose of which is the sale of tobacco, tobacco products, and accessories for such products, that receive no less than seventy-five (75%) of its total annual revenues from the sale of tobacco, tobacco products, and accessories for such products, and does not serve food or alcohol on its premises.

16. "E-cigarettes" - Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substance, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah or under any other produce name or descriptor.

17. "Nicotine Replacement Products" - Any tobacco treatment product approved by the U.S. Food and Drug Administration for medical purposes. This includes gum, patches, lozenges, inhalers that are not considered tobacco products. These products are excluded from this Rule.

18. "Cigar Bar" - An establishment with a permit to sell alcoholic beverages pursuant to subdivision (1),(3),(5) or (10) of G.S. 18B-1001 that satisfies all of the following:

- a. Generates sixty percent (60%) or more of its quarterly gross revenue from the sale of alcoholic beverages and twenty-five percent (25%) or more of its quarterly gross revenue from the sale of cigars;
- b. Has a humidor on the premises; and
- c. Does not allow individuals under the age of 21 to enter the premises.

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Revenue generated from other tobacco sales, including cigarette vending machines, shall not be used to determine whether an establishment satisfies the definition of cigar bar.

Section III Smoking Prohibited.

Smoking, including e-cigarettes, is prohibited in/on all of the following:

- (a) City of Durham Grounds;
- (b) City of Durham Parks System including playgrounds and athletic fields;
- (c) City or County Bus Stops;
- (d) Durham County Grounds;
- (e) Durham Station Transportation Center (except as specifically designated);
- (f) Sidewalks as defined above;
- (g) Hospital Grounds;
- (h) Child Care Facilities;
- (i) Enclosed Shopping Malls;
- (j) Elevators;
- (k) Polling Places;
- (l) Public Restrooms;
- (m) Public Areas of Retail Stores;
- (n) Service Lines;
- (o) Public Transportation;
- (p) Public Areas of Galleries, Libraries and Museums;
- (q) Lobbies, Hallways and other Common Areas in Apartment Buildings, Condominiums, Retirement Facilities, Nursing Homes and Other Multi-Unit Residential Facilities;
- (r) Durham Train Station (except as specifically designated);
- (s) Durham County Trails and Parks.

Section IV All Tobacco Use Prohibited, including e-cigarettes.

All tobacco use is Prohibited on County of Durham Human Services Facilities and Campus.

Section V: Actions to Implement Required

The City or County shall:

(1) Educate the public about the rule and the reasons for the new rule prior to its implementation date through the news media, website, and educational media. This education shall include information on resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800.QUIT-NOW (1-800-784-8669)).

(2) Educate the employees of city and county facilities covered under this rule about this rule, the reasons for this rule, and how employees can assist with compliance

prior to its implementation date. The city and county shall also provide the city and county employees with resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800-QUIT-NOW (1-800-784-8669)).

(3) Post Signs that meet all the requirements of Section VI in the Durham Station Transportation Center; on the City of Durham Grounds; on Durham County Grounds; on City of Durham Parks System Grounds; on City or County bus stops; and on sidewalks.

(4) Remove all ashtrays and other smoking receptacles from the Durham Station Transportation Center; the City of Durham Grounds; Durham County grounds; the City of Durham Parks System Grounds; City or County bus stops; and sidewalks.

(5) Have the person in charge of Durham County grounds; the City of Durham grounds; the City of Durham Parks System; City or County bus stops; the Durham Station Transportation Center; or sidewalks direct a person who is smoking in a prohibited area to cease and, if the person does not comply, contact the designated enforcement officer for the City and/or County of Durham.

Section VI. Signage

The signs required in Section V must:

(a) State in English that smoking, including e-cigarettes, is prohibited and include the "No Smoking" and "No E-cigarettes" symbol.

(b) Be of sufficient size to be clearly legible to a person of normal vision.

(c) Be posted on Durham County and the City of Durham grounds including the City of Durham Parks System in locations and at intervals reasonably calculated to inform the employees and the public of the prohibition.

(d) Be posted on sidewalks at intervals so as to reasonably inform the public of the prohibition.

(f) Be posted in the Durham Station Transportation Center and Train Station in locations and at intervals reasonably calculated to inform the public and employees of the prohibition.

(g) Be posted on city or county bus stops in areas visible to the public.

Section VII Compliance and Penalties

Violations by persons smoking in prohibited areas. Following oral or written notice by any duly appointed enforcement official, or his or her designee, failure to cease smoking constitutes an infraction punishable by a fine of not more than fifty dollars (\$50.00). A person duly authorized by the Board of County Commissioners or the City Council, shall be authorized to send a civil penalty citation to the violator by certified mail or personally deliver such citation to the violator stating the nature of the violation, the amount of the penalty, and directing that the violator pay the penalty to the County or City tax collectors office within 14 days of receipt of the citation. Conviction of an infraction under this section has no consequence other than payment of a penalty, and no court costs may be assessed.

Section VIII Public Education

Durham County and the City of Durham shall engage in a continuing program to explain and clarify the purposes and requirements of these rules to citizens affected by it and to city or county employees in their compliance with it. In doing so, the County and City may rely upon materials and information provided by the Durham County Health Department.

Section IX Exceptions

The following areas shall not be subject to the restrictions of this article.

- (1) Private residences.
- (2) Private vehicles
- (3) A tobacco shop if smoke from the business does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (4) All of the premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer.
- (5) A designated smoking guest room in a lodging establishment. No greater than twenty percent (20%) of a lodging establishment's guest rooms may be designated smoking guest rooms.
- (6) A cigar bar if smoke from the cigar does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (7) A private club as defined by State law.
- (8) A motion picture, television, theater, or other live production set. This exemption applies only to the actor or performer portraying the use of tobacco products during the production.

- (9) State and Federal facilities.

Section X Effective Date

These rules shall become effective upon adoption by the Durham County Board of Health and upon ~~adoption~~ approval of this Rule as by an ordinance of the Durham Board of County Commissioners.

ADOPTED by the Durham County Board of Health this ____ day of _____
20125

EFFECTIVE DATE:

SIGNED: _____

~~Adopted~~ Approved by the Durham County Board of Commissioners as ~~an~~ Ordinance
this ____ day of _____ 20125.

SIGNED:

Michael D. Page, Chairman
Durham County Board of Commissioners

DRAFT



DCo Environmental Health

FY14-15 EOY Update

June 11, 2015 / J. Christopher Salter

DCo ENV HLTH History

The program began in 1909 when the Board of Health for the city of Durham drafted a sanitary code covering the quality of milk and meat, as well as sanitary requirements for shops and soda fountains.



History continued.....F&L

Today's programs are state mandated across all of North Carolina's 100 counties

Example: G.S. 130A-248 Regulation of food and lodging establishments for the protection of public health is upheld in great part through the application and enforcement of the rules found in NC Administrative Code 15A NCAC 18A .2600 (commonly referred to as the "2600 rules").



Two Program Sections:

- General Inspections
- Onsite Water Protection



General Inspections

Food (types/difficulties: MFUs & caterers, *schedules*)
Lodging (hotels, motels, B&Bs, B&B Homes)
Institutions (nursing homes & hospitals)
Childcares (licensed)
Schools (public & private)
Tattoo Artists (artist, not establishment/what it means)
Residential Cares
Camps/Adult Daycare/Summer Feeding/etc.



NC FOOD CODE

- In September 2012 the 2600 rules were reduced from 26 to 18 pages. However, along with that change came the adoption, by reference, of the NC Food Code Manual. The NC Food Code consists of 8 chapters and more than 200 pages of very specific lines of code.



Food Code continued....

- The NC code frequently references the Code of Federal Regulations and local laws too. Inspections today are more detailed, thorough, and science based when compared to those prior to food code adoption. They are also much more time consuming and intense!



Examples:

- Date Marking (explain ready to eat food (RTEs) dating, exceptions, then use the appendix 3 and explain cheeses)
- Variances: approved modification or waiver of code requirements. **REQUIRE HACCP Plans (explain) & state approval**

Examples: Curing w/Pink Salt, smoking for preservation, aging, ROP, sous vide



How We Keep Up

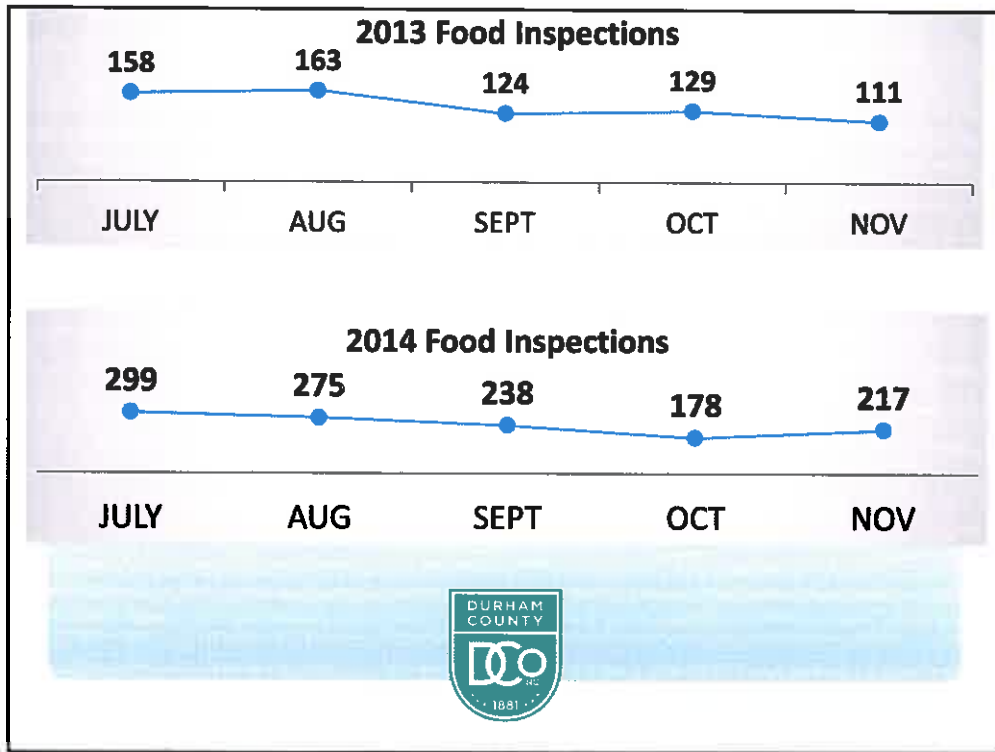
- Internal Groups & Committees
(refer to variance binder)
- Regular Sectional Meetings w/scenarios & discussions
- QA (ride-a-longs & documentation reviews)
- QI Project (empowerment of the people)



Continued.....

- In addition to the Team Lead reviews and coaching we have an overall status "Thermometer" posted in the office area
- We have developed and plan to start sending progress charts that show individual performances by each REHS but no ID






What this meant.....


While these figures showed a *tremendous improvement*, it only translates to 85% completion of mandated *food service* inspections for the year if monthly averages could remain constant (we know December numbers are traditionally lower)

(Do Not Recommend 100% Mandate)



Establishment Type	Establishment Required s	Establishment Required	Inspected	Percent
1 - Restaurant	670	2,167	1,457	67.24%
2 - Food Stands	206	498	356	71.49%
3 - Mobile Food	123	249	145	58.23%
4 - Push Carts	16	32	15	46.88%
5 - Private Lunchroom	5	20	16	80.00%
6 - Edu. Food Service	18	65	48	73.85%
9 - Elderly Nutrition	4	16	5	31.25%
11 - Public School Lunch	53	194	168	86.60%
12 - Elderly Nutrition	1	1	1	100%
15 - Commissary	1	4	4	100%
16 - Institutional Food	26	82	64	78.05%
30 - Meat Market	46	137	114	83.21%
Report Totals:	1,169	3,465	2,393	69.06%



- At the end of November we were on schedule to complete 85% of Food Service Inspections
 - By late May we were at 69%
- What happened?
- 

1. Holidays
2. Staff illness
3. In February we hired 2 interns
(explain why we waited until February to hire)

All three contributed to lower numbers



Establishment Type	Establishments	Required	Inspected	Percent
20 - Lodging	57	57	53	92.98%
21 - Bed & Break Home	4	4	3	75.00%
22 - Summer Camps	2	2	2	100.00%
23 - Bed & Breakfast Inn	2	4	4	100.00%
40 - Rest/Nursing Ho	23	46	32	69.57%
41 - Hospitals	4	8	5	62.50%
42 - Child Care	176	352	282	80.11%
43 - Residential Care	156	156	111	71.15%
44 - School Building	87	87	72	82.76%
45 - Local Confinement	2	2	2	100.00%
47 - Orphanage, Child	3	3	4	133.33%
48 - Adult Day Care	3	3	4	133.33%
61 - Tattoo Artists	30	30	18	60.00%
Report Totals:	549	754	592	78.51%



Visits, Re-inspections & Complaints

- Priority and Priority Foundation violations, Bs&Cs
- 6 point demerits/Provisional (greater than 30, less than 45)
- Complaints



Helping those we regulate

- Translation of educational documents, take translators in the field, use of language line
- Blast emails, mailings, handouts, signage
- Face to face consultations and coaching/meetings
- Educational in-services

MFU & Low Performers



What the section looks like

16 FTEs include the Division Director, Section Supervisor, 4 Program Specialists, and one administrative position. 2 of the 9 REHS positions whose primary role is to perform inspections were hired in February but are not yet authorized. One position has been vacant since mid-January.

CIT (required centralized intern training) was postponed making it fiscally irresponsible to hire interns too soon.



Hiring status

- Hired 2 interns in February/no REHS applied for the second advertisement
- One of the ladies we hired last year left within a few months after we had her trained and she acquired her authorizations
- We currently have no REHS candidate applications (CIT in August)



REHS Applicants

Over the past year we've had a **total of 3 REHS** applicants and one who didn't apply but expressed interest if salary requirements could be met

- One of 3 applicants was interviewed but called later to say he would turn down an offer due to pay scale
- The other 2 applicants declined to interview based on pay scale



Retention & Pay

- Through the ENV HLTH Supervisor ListServ we are polling several counties to obtain employee retention efforts
- One point of interest is that no other county polled so far withholds credit for years served as an intern. Durham does.

*That means 2 years as an intern = 5%
lower salary*



Onsite Water Protection

- Onsite Septic Systems
- Wells
- Swimming Pools
- Rolling View Monitoring (sampling 4 wks prior to MemDay ends Monday before Labor Day)
- Enforcement/NOVs



Section Staffing

The Onsite section consists of 7 FTEs: Section Supervisor, 2 Program Specialists, 3 REHS field staff, and 1 administrative position



Efforts to Date

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	% of Projected
Well Program Evaluations/visits	400	35	86	58	45%
Onsite program evaluation/visits	1,000	287	276	452	102%
Water Samples	150	24	42	43	73%



QA

Section supervisor provides review for all permit and denial letter documents prior to issuance by staff in an effort to increase QA and limit errors. This effort goes far above and beyond the 10% review expected by the state



QA continued....

This can be partially attributed to the hiring of two EHS Interns as field staff (experienced REHSs with Onsite authorizations have not applied when positions were advertised)



The last REHS hire took a Program Specialist position with another county after approximately 1 year of service with Durham



NOV List

- Monthly Report shows a lot of recent activity (compliance actions/corrections/repairs noted on 2nd sheet)
- Review of Person County relief program (very effective for them)
- Steve Reardon at Self-Help Credit Union has NOV list, identified possible parties that might need assistance, hopeful meeting with SHCU and DCo Finance to come



Tearing Down the Wall

More crossing of the line between the
2 sections



Other stuff....

- Environmental Health receives a *large volume of complaints and inquiries* that have nothing to do with ENV HLTH
- We always try to find a solution and work closely with other agencies and are frequently successful
- **Very time consuming proposition**

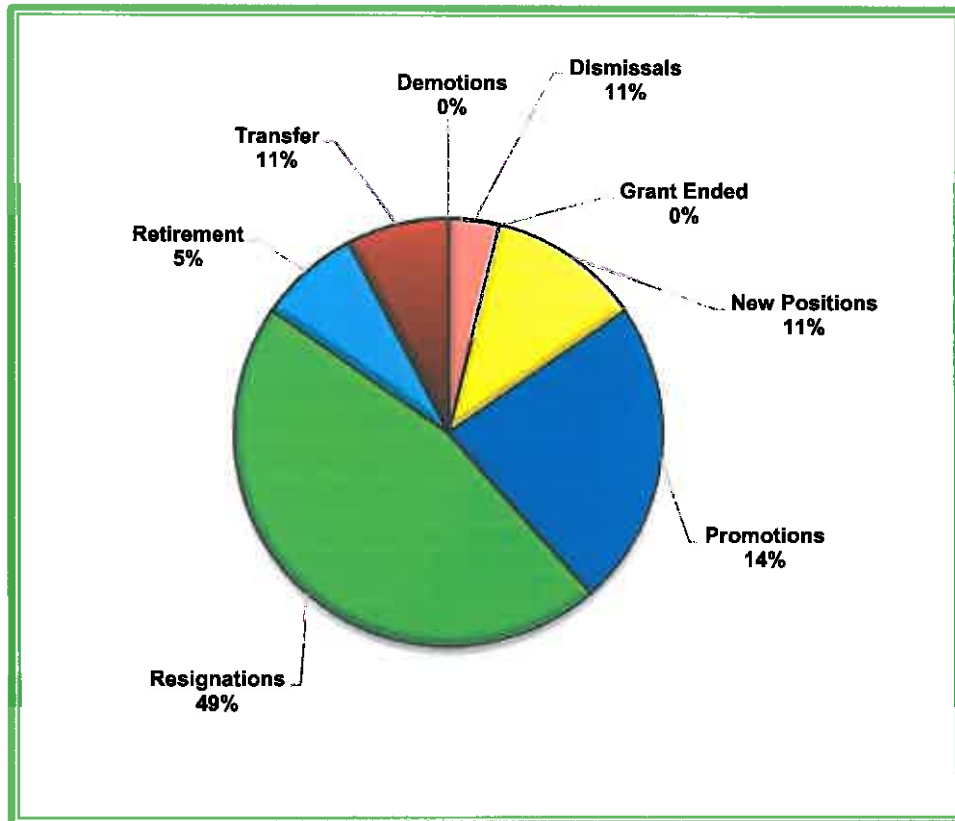


Questions?



PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 5/31/2015

<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	4	4	11%
Grant Ended	0	0	0	0%
New Positions	0	4	4	11%
Promotions	0	5	5	14%
Resignations	0	18	18	49%
Retirement	0	2	2	5%
Transfer	0	4	4	11%
	0	37	37	100%



*All positions have been filled from FY 13/14

**FY 14/15 vacancies are cumulative

1 position was added, 6 position(s) became vacant in May FY 14/15

21 positions were vacant out of 200 employees as of May 31, 2015

VACANT POSITIONS in FY 2014/2015

Month Ending: May 31, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14	1/5/15	
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15	8/29/14, 9/5/14, 4/17/15		VACANT
40008250	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40008251	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40007577	Clinical Social Wrk	8/4/14	8/7/14, 12/22/14	11/14/14, 1/2/15	4/27/15	
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/	8/1/14, 12/19, 1/30, 4/25, 5/30		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	3/2/15	
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	3/2/15	
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31	3/30/15	
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	4/13/15	
40005376	Nutritionist	11/23/14	12/15/14	1/30/15	3/16/15	
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, 3/30/15	1/30/15, 2/6/15, 5/15/15		VACANT
40006525	PH Epidemiologist	2/16/15	3/16/15	3/27/15		VACANT-reclass 2/16/15
40007626	Sr PH Nurse	2/18/15				VACANT
40001097	Social Worker II	2/27/15	3/9/15	3/13/15	5/26/15	
40004426	PH Educator	3/2/15	3/16/15	3/27/15		VACANT
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15		VACANT
40001035	Sr PH Nurse	3/27/15			5/11/15	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	?	VACANT
40001139	Sr PH Nurse	4/24/15				VACANT
40008575	Nutrition Specialist	5/1/15				VACANT
40000989	Office Assistant	5/6/15	5/11/15	5/15/15		VACANT
40001048	PH Nurse	5/8/15	3/9/15	3/27/15	6/22/15	VACANT
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15		VACANT
40001013	Sr Medical Lab Assist	5/18/15				VACANT
40001010	Processing Unit Supv	5/22/15				VACANT
40001960	Physician Extender	5/29/15	4/20/15	5/15/15	?	VACANT

*New Position Total # of vacancies as of May 31, 2015 = 21

Positions highlighted in yellow will be eliminated effective 7/1/15

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
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.	3/31/2015 - House remains unoccupied. 5/20/2015 - Existing septic tank under building addition was abandoned and inspected. Construction Authorization has been issued for the repair system.
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	
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	N		Surfacing effluent	
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	N		Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978.	
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	N		Surfacing effluent	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	N		Surfacing effluent, non-repairable lot. Owner directed to NC DWR.	5/7/2015 - Owner contacted EH and stated the house would be vacated on May 30th.
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	N		Surfacing effluent	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/29/2015	1324 Pennock	Surfacing effluent	5/29/2015	N	N		Lift station to municipal sewer is not functioning.	5/21/2015 - Lift station continues to discharge sewage.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	N		Effluent is discharging to the ground surface, sewage is backing up into the basement, septic tank has tree root intrusion. Non-repairable lot. Owners have applied to NC DWR for a discharge system permit.	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	N		Septic tank lid has collapsed. 5/19/2015 - Repair permit issued.	
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	N	N		Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system.	
5/19/2015	5111 Tallwood	Surfacing effluent	6/19/2015	N	N		Average daily wastewater flow is near the maximum design flow. Recommended installation of low flow fixtures, water conservation measures, and a site visit has been arranged with a certified septic installer to evaluate effluent distribution within the drainfield.	
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	N		Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned.	5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office.
5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N	N		Anonymous complaint received by EH regarding septic system failure at this address. System failure verified during site visit.	

ENVIRONMENTAL HEALTH
 Onsite Water Protection Notices of Violation
 Complaint Status-May 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
4/23/2015	3 Trappers Ct	Building setbacks	5/23/2015	N	Y	5/28/2015	Septic tank lies under gazebo, wash line box is under deck footing, wash line and portion of drainfield lie under garage. 4/30/15 Owner notified EH Division that she is proceeding with connection to sewer. 5/7/2015 Tap fee has been paid and a contractor has been hired by the owner to installer sewer connection. **5/28/2015 - Connected to municipal sewer. Septic tank and washer line were properly abandoned and inspected by EH.**
3/2/2015	501 Goodwin	System is under garage	4/3/2015	N	Y	5/28/2015	3/26/15 - Repair permit issued. **5/28/2015 - Repair system installed**
3/18/2015	12804 Summerwind	Surfacing effluent	4/20/2015	N	Y	5/21/2015	Surfacing effluent, needs repair **Failure abated after water use was reduced.**
12/23/2014	402 Mare	Effluent discharging to ground surface	1/23/2015	N	Y	5/13/2015	Failing at the first dam. **Drainfield Repaired 5/13/2015**
4/16/2015	1015 Junction	Surfacing effluent	5/18/2015	N	Y	5/7/2015	Backing up and surfacing over tank, also there is a wash line piped to the street. **New septic tank installed and straight pipe removed.**
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	Y	5/1/2015	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 County Attorney's office 8/14/2014. **5/1/2015 - Mobile home disconnected from barn/office system.**
3/24/2015	3207 Gibson	Effluent Backing Up	4/23/2015	N	Y	4/30/2015	Sewage backup. **Repaired 4/30/2015**
1/23/2015	3610 Bivins Rd	System crosses property lines, surfacing effluent	2/23/2015	N	Y	4/27/2015	LPP has had caps removed and is surfacing effluent at caps, system crosses onto 3602 Bivins Rd. 3/11/15 - Repair permit issued. **System replaced 4/27/2015**

1/27/2015	6021 Burgundy	Break in the supply line	2/27/2015	N	Y	4/27/2015	There is a break in the supply line. 4/27/15 Met with home owner septic contractor, probed out supply line, issue is unrelated. **Confirmed no break in supply line.**	
4/16/2015	9919 Wilkins	Surfacing effluent	5/18/2015	N	Y	4/27/2015	Surfacing effluent **Confirmed that issue was due to drainage and surface water, not sewage. 4/27/2015**	
12/12/2014	1313 Olive Branch	Surfacing effluent, system crosses property lines	1/12/2015	N	Y	4/21/2015	System is surfacing effluent, drainfield totally saturated. Also crosses property lines; repair permit issued and easement recorded, have had preconstruction. **Repair system installed**	
3/12/2015	3511 Duke Homestead	Surfacing effluent	4/13/2015	Y	Y	4/20/2015	4/20/2015 - Connected to sewer 5/29/2015 - Septic tank properly abandoned and inspected by EH.	
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y	4/20/2015	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. **Verified pump is functional 4/20/2015**	10 warning was issued. 2/29/15 - Tenant acquired new pump but has not yet installed.
3/25/2015	13110 Meadowridge	Pump is not working	4/23/2015	N	Y	4/9/2015	Sewage backup. **Pump repaired**	
2/2/2015	108 Thorngate	Sewer disconnection	3/2/2015	N	Y	4/1/2015	Sewer disconnected **City of Durham verified reconnection 4/1/2015**	
1/22/2015	4201 Redwood Rd	Non-permitted system installed	2/22/2015	N	Y	3/30/2015	Application has been made for permanent pump and haul. Permit issued 2/2/15 **PUMP & HAUL Operation Permit Issued 3/30/2015**	
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	Y	3/30/2015	No subsurface wastewater system operator. **Owner has hired a certified operator**	
2/10/2015	5517 Inverness	Effluent is surfacing over lpp	3/10/2015	N	Y	3/23/2015	Surfacing effluent, **Repaired 3/23/2015**	
2/10/2015	5438 Reese Rd	Effluent ponding over line 1 and clean out	3/10/2015	N	Y	3/10/2015	Surfacing effluent, **Repaired 3/10/2015**	
2/10/2015	115 Belk	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**	
2/10/2015	2602 Sherbrooke	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**	
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	Y	3/1/2015	No Subsurface Operator. NOV forwarded to County Attorney's office 8/14/2014. **Owner has hired a certified operator**	

12/23/2014	1013 Variform	Effluent discharging to ground surface	1/23/2014	N	Y	3/1/2015	Failing LPP, Homeowner has contracted with McFarland as ORC. Will attempt change flow in order to eliminate failure. 1/28/2015 **System is under active management by a certified operator**	
1/27/2015	6206 Russell Rd	System crosses property lines, failing, not permitted, excavated original permitted system	2/27/2015	N	Y	2/16/2015	Application has been made for repair; repair permit issued 1/29/15 ** REPAIR INSTALLED 2/16/2015**	
1/27/2015	6625 Russell Rd	Pump is not working	2/27/2015	N	Y	2/8/2015	Pump is not working, effluent is backing up and surfacing around the tank. ** MALFUNCTIONING CONTROL FLOAT REPLACED**	
12/23/2015	18 Thistle Trace	Effluent backing up	1/23/2015	N	Y	1/28/2015	Control panel does not work. **REPAIRED**	
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	Y	1/2/2015	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. **Connected to municipal sewer 1/2/15**	
3/26/2015	4609 Redwood	Building setbacks	4/26/2015	N	N		Septic tank lies under poured footing for house addition, as well as post for porch stairs, and violates setbacks to screened in porch footprint. ** 4/1/2015 Revisit by OSWP Supervisor, house footing is not on top of septic tank. None of the screen porch pillars are on septic tank. House addition approved by City/County Building Inspections department without EH approval. Owners notified of septic setback encroachment per guidance from NC DHHS Regional Specialist.**	Repair permit issued 3/26/15