

Health Director's Report October 8, 2015

Staff Recognition

Kelly Warnock, MPH, RD, LDN, Nutrition Communications and Health Promotion Program Manager was awarded the GlaxoSmithKline 2015 Child Health Recognition Award - Public Health Staff Recognition category for her outstanding leadership and work in the promotion and implementation of services, environmental changes and policies that are helping to improve the food and nutrition environment in Durham County. Kelly is our "go-to" person at the DCoDPH and in many cases for Durham County overall when issues and projects are related to food policy and programs aimed at making the healthy choice the easier choice. Kelly uses evidenced and practiced based programs/strategies and relies on strong partnerships in her work. Her innovative, creative, and successful approaches are helping improve the lives of younger children and their families in Durham County. Kelly received the award including a check for \$1,000 at the GSK Child Health Recognition Award luncheon on September 16 at the 2015 Fall Educational Conference of the North Carolina Public Health Association held in Winston Salem. Activities that Kelly has either led or been extensively involved in related to food policy and/or food security in Durham include:

- Veggie Van;
- Double Buck program (doubles SNAP benefits up to \$10 at farmer's markets and other sites for purchase of fresh fruits and vegetables);
- Veggie Rx (prescriptions for purchase of fresh fruits and vegetables for Centering Pregnancy patients); and
- Corner Store initiatives (working with store owners to add new healthy items like fruits and vegetables to the stores' inventory; display posters and environmental cues related to healthy foods throughout the store; and/or create healthy checkout aisle(s) in which all of the foods and beverages in the aisle are healthy).

Division / Program: Community Health /Maternity Clinic

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

Program description

- Centering Pregnancy is a method of providing prenatal care in a group setting. In the Maternal Health Clinic these groups are led by Certified Nurse Midwives employed by Duke, and a Public Health Nurse coordinates the program.
- Each healthcare site that provides Centering must receive approval from the Centering Healthcare Institute (CHI) each year in order to purchase supplies and use the Centering name.

Statement of goals

- Utilize an evidence-based prenatal model in providing care to women who request it.

- Obtain site approval from CHI.

Issues

- **Challenges**
 - The midwife who was collecting data and writing the yearly report for the Approval Request left her position around the time it was due.
- **Opportunities**
 - CHI gave the Maternal Health Centering Program an extension on the deadline for submission of the yearly report.

Implication(s)

- **Outcomes**
 - Continued site approval was granted by CHI on 8/28/15 and this department was notified on 9/2/15.
- **Service delivery**
 - Durham County Department of Public Health Maternity Clinic is still an approved Centering Site and can continue to use this evidence-based curriculum to provide prenatal care to a portion of the patient population.
- **Staffing**
 - A decrease of Certified Nurse Midwives on staff at Duke will affect our number of Centering groups
 - Public Health will start 12 new Centering groups this year instead of the 16 planned.
- **Revenue**
 - This should have no impact on revenue.

Next Steps / Mitigation Strategies

- Maternity Clinic nurses and midwives are continuing to recruit patients for Centering, and they will widen the gestational age range for each group in order to fit in as many patients wanting to try Centering as possible.

Division / Program: Nutrition Division/Clinical Nutrition/Counseling the Teen Patient
(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

- Durham County's Department of Public Health (DCoDPH) provides medical nutrition therapy (MNT) to adolescent clients. Over the past three years there has been an increase in both the number of obese adolescent patients referred and the number seen in the Nutrition Clinic.

Statement of goals

- Counseling the adolescent patient necessitates use of creative ways to encourage young people to adopt healthy habits. Registered Dietitians (RD) in the Nutrition Clinic strive to

provide MNT that will motivate both the adolescent and his/her caregivers to make lasting behavior changes with regard to food intake and exercise.

Issues

- **Opportunities**
 - According to the CDC in an August 2015 posting, approximately 17% (or 12.7 million) of children and adolescents aged 2-19 are obese. In 2011-2012, 8.4% of 2-5 year olds had obesity compared with 20.5% of 12-19 year olds.
 - In 2011-2012 according to the CDC, the prevalence of obesity among children and adolescents was higher among Hispanics (22.4%) and non-Hispanic blacks (20.2%) than among non-Hispanic whites (14.1%). The majority of clients served in the Nutrition Clinic are non-white.
 - According to the National Survey of Children's Health, 19.3% of North Carolina youth are obese, compared with 14.8% nationally. This ranks North Carolina the 5th most obese state in the nation for your ages 10-17. (The Burden of Obesity in North Carolina – Eat Smart Move More)
- **Challenges**
 - Childhood obesity has both immediate and long-term effects on health and well-being. Obese youth are more likely to have risk factors for cardiovascular disease, are more likely to have pre-diabetes and are at greater risk for bone and joint problems, sleep apnea, as well as, social and psychological problems such as stigmatization and poor self-esteem. Adolescents who are obese are likely to be obese as adults and are therefore, more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.
 - Teens most often cannot succeed at weight loss alone. They need supportive adults in their lives who create healthy home environments and who serve as good role models. Therefore, MNT must be aimed at not only the patient, but also, the caregiver.
 - It is more difficult to schedule appointments for the adolescent patient who is in school all day and often has after school commitments and homework.

Implication(s)

- **Outcomes**
 - The majority of adolescents seen in the Nutrition Clinic return for follow up appointments. Of those who return, 90% show positive outcomes including one or more of the following: weight loss or maintenance, increased intake of fruit, vegetables, lean protein, whole grains and low fat dairy products and/or increased exercise and sleep.
- **Service Delivery**
 - The Nutrition Clinic is open during business hours at DCoDPH. RDs offer individualized nutrition instruction and work to utilize a broad range of modalities that address the unique learning style of the adolescent.
- **Staffing**
 - The DCoDPH Clinical Nutrition staff is composed of Registered Dietitians and Licensed Dietitians/Nutritionists who are credentialed providers for billable medical nutrition therapy services.
 - A bilingual RD and processing assistant are available in the Nutrition Division from

8:30am-5:00pm Monday through Friday.

- **Revenue**

- Fees for medical nutrition therapy are based on a sliding fee scale. Medicaid and third party reimbursement sources are billed when applicable.
- A Special Nutrition Grant is available to all children under age 21 who do not have third party coverage.

Next Steps / Mitigation Strategies

- The DCoDPH's Nutrition Clinic will continue to provide nutrition services to adolescents and individualize treatment to meet the particular needs of the patient.
- Future creative steps to engage adolescents and ensure behavior change and healthy eating could include the following:
 - Adolescents are more likely to eat foods that they have helped to prepare. Ideally, cooking classes would be offered to those DPS Middle and High School students not served by the DINE program.
 - Adolescents are greatly influenced by their peer group. Group classes geared towards obese adolescents may improve the patient's willingness to participate.

Division / Program: Nutrition / Partnership for a Healthy Durham/Grocers on Wheels Launches Double Bucks

(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

- Grocers on Wheels (GOW), a mobile market that sells primarily North Carolina produced fruits, vegetables, meats, cheese and eggs, is piloting a Double Bucks program in which it is doubling SNAP (food stamps) benefits up to \$10 every time customers shop. GOW visits three low income senior housing sites once a month to decrease financial and transportation barriers seniors have when accessing healthy food.

Statement of goals

- To increase intake of healthy food including fresh fruits and vegetables and reduce the risk of diet related chronic diseases.
- To increase food security and access to healthy foods.

Issues

- **Opportunities**

- This project is in partnership with GOW, the Partnership for a Healthy Durham Obesity and Chronic Illness Subcommittee, DCoDPH's DINE program, and NC State's More in My Basket SNAP Outreach program.

- GOW's Double Bucks program reduces transportation and cost barriers to eating healthy foods. GOW works hard to supply what the customers want to eat. GOW sold out of almost every item at its first market.
- DINE staff provide cooking demonstrations during the market, teaching people healthy ways to use the food sold.
- NC State SNAP Outreach workers are available on site to sign people up for SNAP benefits.
- **Challenges**
 - Funding for the program is limited to \$5,000 provided by a Partnership for a Healthy Durham RWJF mini-grant.
 - GOW is run by one individual and does not have much capacity to expand the program at this time.
 - The price markup on fresh food needs to be very small in order to make it economically feasible for low income people to shop at the market; this in turn makes it difficult to create an economically feasible business selling healthy foods in low income communities.
 - As with all new programs, there were many lessons learned on opening day. All partners involved in the project provided feedback and modifications have been made to improve the program.

Implication(s)

- **Outcomes**
 - The program launched in September. On the first market day, over 50 low income seniors took advantage of the Double Bucks program and 11 signed up for SNAP, thus increasing their household food resources.
 - The opening day of the market was advertised in the Durham Herald Sun, written about in a column in the Durham News and made the nightly news.
- **Staffing**
 - Durham Diabetes Coalition staff are assisting with advertising and implementing the program.
 - One Nutrition Program Manager has assisted with grant writing and program implementation.
 - The DINE Healthy Environments Nutritionist is providing cooking demonstrations and taste tests at the market.
- **Revenue**
 - No revenue is generated through this outreach for DCoDPH.

Next Steps / Mitigation Strategies

- Continue to assist GOW with marketing and implementing Double Bucks program.
 - Continue to solicit feedback from customers and partners and use this feedback to improve the project.
 - Continue to search for more funding to continue GOW's Double Bucks program beyond the RWJF mini-grant.
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Division / Program: Nutrition Division / DINE/Recovery Celebration Event
(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 Recovery Celebration, an event for people in recovery or interested in recovery, and for friends and family members of someone in recovery, took place at the Criminal Justice Resource Center on Saturday, September 19.
- The event included many celebratory activities including musical performances, Zumba demonstrations, dancing, testimonials, and cooking demos – all in celebration of recovering from addictions.
- Durham’s Innovative Nutrition Education (DINE) program is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE was asked to provide cooking demonstrations and nutrition education as part of the Recovery Celebration.

Statement of goals

- To provide nutrition information and resources to a limited-resource population.
- To provide tips about healthy eating on a budget.
- To provide a simple healthy taste test to encourage food preparation at home.

Issues

- **Opportunities**
 - The Recovery Celebration provided an avenue for DINE to reach people in need to inform them about local resources such as Double Bucks that can assist them in obtaining fruits and vegetables, to provide education in basic nutrition skills, and to provide a healthy taste test as an example of what people can easily make on their own.
- **Challenges**
 - While the program was filled with energy and encouragement, DINE’s part in the program was challenging to execute given the set up and environment of the event. The time, set-up, and flow of the event did not match the description given during the planning phase.
 - The setup of the program made it difficult for DINE Nutritionists to be heard.

Implication(s)

- **Outcomes**
 - DINE nutritionists reached about 300 participants during the Recovery Celebration.
- **Service delivery**
 - The population addressed by the Recovery Celebration is an appropriate one for DINE nutritionists to address. Please see Next Steps/Mitigation Strategies for ideas about how DINE can do this better at future Recovery Celebrations.
- **Staffing**
 - Three DINE nutritionists prepped for the event and staffed it.
- **Revenue**

- None

Next Steps / Mitigation Strategies

- Attempting to do direct group nutrition education in a setting in which multiple events are going on is not effective. For future Recovery Celebration events DINE will have to take a different approach.
 - A better approach may be to staff a table with the following:
 - Information on food and nutrition resources and programs available to limited income Durham residents with the opportunity for Recovery Celebration participants to speak one-on-one with nutritionist at the table to address specific questions.
 - Cooking demonstrations scheduled at one or two times during the day and available to those who choose to come to the table to watch. These would also allow opportunities for discussion and Q&A.
 - Taste tests of foods prepared at the cooking demonstrations.
 - The DINE coordinator of this event will have an advance discussion with the CJRC staff member planning this event to discuss the best way to provide a quiet enough environment that participants and DINE nutritionists can hear each other.
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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**
 - As of September 24, three general public health media releases or advisories have been disseminated. Staff also responded to two direct (unsolicited) inquiries from reporters. A total of 20 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 and issues including the first mobile market accepting Double Bucks visiting an underserved Durham neighborhood, immunization deadline for seventh grade students, Durham Knows campaign kickoff, 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)

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/GIS Mapping

(Accreditation Activity 13.1: The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.

Program description

- In January 2015, six local health departments (LHDs) in the central Piedmont region of North Carolina (Alamance, Caswell, Chatham, Durham, Guilford & Orange) applied for the GIS Local Surveillance for Heart Disease, Stroke, and Other Chronic Diseases project, which is a collaborative project between the US Centers for Disease Control and Prevention (CDC), the University of Michigan (UM), and the National Association of Chronic Disease Directors.
- The purpose of the grant was to form a regional collaboration and improve the link between public health mapping and public health policy in the central North Carolina region. North Carolina was one of two sites selected nationally.

- All six NC counties received extensive training on ArcMap and technical assistance to create local maps.

Statement of goals

- To collaborate across LHDs with a comprehensive structure and intentionality around public health mapping
- To build capacity to use GIS (mapping) more effectively for surveillance and prevention of chronic disease and other health conditions
- To take advantage of existing data partnerships and strengthening new ones
- To serve as a catalyst to significantly improve the visibility and network of public health mapping across the state.

Issues

- **Opportunities**
 - The Durham team went through several online learning modules and the core team (two individuals) attended two, 2-day workshops to develop and practice mapping skills
 - Created coordinated processes across the collaborative for accessing data; received geo-coded death vital records data for all six counties from the State Center for Health Statistics
 - The lead trainer is now working with Patagonia to give them technical assistance with the GIS app they are creating for Durham County
 - Three more staff have the ability and software to create maps for the department; there is also a stronger relationship between the City and County staff who create maps
- **Challenges**
 - Accessing the ESRI ArcMap educational licenses was challenging for Durham staff. One month after licenses were installed, staff received new computers and software had to be reinstalled which delayed making maps for the project.
 - Durham hosted a two-day regional training and had to install the software on 16 laptops, which was labor intensive for County staff
 - It is a large time investment to learn the software and create maps.

Implication(s)

- **Outcomes**
 - The Durham County Mapping Team created three final maps: 1) all syphilis tests conducted by the health department in the last fiscal in addition to positive results (internal map); 2) life expectancy in Durham County by zip code; 3) heart disease and diabetes mortality (2009-2013) by Census block group and median household income
 - The life expectancy map was shared in the Durham Herald Sun
 - Received geocoded mortality data for Durham County
- **Service delivery**
 - Staff received trainings
- **Staffing**

- The Durham GIS Team was led by Mel Downey-Piper and Willa Allen in Health Education and also included Marissa Mortiboy, Annette Johnson and John Killeen (City of Durham).

Next Steps / Mitigation Strategies

- The Team will continue to work together and create maps. The grant has ended, but CDC staff will continue to provide technical assistance.
- Determine the cost of extending the licenses after they end this year
- There may be opportunities to publish some of Durham County's maps through the funders in a section of the Highlights Document, the Chronic Disease GIS Exchange, and GIS Snapshots.

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

- A support group for diabetics and loved ones of diabetics has been held monthly since June 2015.

Statement of goals

- To provide continued support and education to participants of Chronic Disease Self-Management (CDSMP) and Diabetes Self-Management (DSMP) classes once the classes have concluded
- To provide a space and an opportunity for diabetics to learn from and support one another
- To provide education and guidance to diabetics about diabetes management

Issues

- **Opportunities**
 - Local radio stations have provided free advertising
 - Holding the group in the library allows for an easily accessible and free meeting space
 - Recruiting participants from past DSMP workshops has proven successful.
- **Challenges**
 - Recruiting enough participants to make it effective while not recruiting too many, which would make the support group format difficult, has been challenging.
 - Sessions have been held in the evenings, which will prove challenging in the winter. A new time will need to be identified, which means that currently circulating flyers and advertisements will need to be updated.

Implication(s) n=27 (duplicated)

- **Outcomes**
 - On average, six participants attend weekly.
 - Participants express appreciation for the group and say how much it has helped them.

- Multiple participants have told friends and family about the group in order to increase the size and reach.
- **Service delivery**
 - The group is held every first Tuesday from 6-7 pm in the Main Library
 - Recruitment was conducted by calling past DSMP participants, distributing flyers, and promoting the event through social media.
- **Staffing**
 - 1 DDC Health Education Specialist planned, recruited and organized the event. At the August 2015 group a DDC dietician attended to talk to the participants about healthy food choices.

Next Steps / Mitigation Strategies

- As participants have expressed concern about the fact that it will be dark at 6 pm soon, a new time will need to be decided upon.
- A new location will be chosen, most likely DCoDPH, as the main library is frequently booked up far in advance.

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

- A walking group for county employees has been held weekly at 1 pm on Thursdays since June 2015.

Statement of goals

- To provide a time for Durham County (DCo) employees to go on guided walks and utilize their Choose to Move benefit.
- To help make walking a regular occurrence and identify safe routes around Durham.
- To foster relationships between divisions and departments within DCo.

Issues

- **Opportunities**
 - Employees are able to use 30 minutes each day to participate in exercise.
 - Walking requires little advance planning: employees can walk without changing clothes or even shoes.
 - The cooler weather will hopefully attract more participants.
- **Challenges**
 - Walking groups have not been well attended. Starting the group during the heat of the summer proved challenging, as few people wanted to walk in the midday heat – and sometimes it was simply too hot to walk outside.
 - The health educator leading the way had to miss one walk each month to attend a meeting, making it sometimes confusing for participants.

- Finding a time that appeals to participants has proved challenging: some prefer mornings, some prefer afternoons, and the health educator is only able to do one.

Implication(s) n=11 (duplicated)

- **Outcomes**
 - Participants express appreciation for the walks.
- **Service delivery**
 - The walking group meets outside the Health and Human Services building every Thursday at 1 pm.
- **Staffing**
 - 1 DDC Health Education Specialist leads the walks

Next Steps / Mitigation Strategies

- Recruitment efforts will be increased to attract people who might have been averse to walking in the heat, but may be amenable to walking in the cooler weather. If attendance does not increase in the fall, this opportunity may not be offered in the future.

Division / Program: Health Education: Department-wide walking challenge
(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 Orange County Health Department (OCHD) participated in an eight-week walking challenge this past spring. At the conclusion of the challenge, a competition between the Durham County Department of Public Health (DCoDPH) and OCHD was proposed on Facebook. DCoDPH accepted a fall walking challenge between the two health departments. Staff from both health departments decided to virtually walk the Appalachian Trail. In May 2015, grant funds were used to purchase 34 Fitbits to loan out to staff for the duration of the challenge. The challenge lasted for seven weeks between August and September 2015.

Statement of goals

- To motivate and excite employees, especially more sedentary individuals, to move more and improve health behaviors
- To increase use of Choose to Move program (30 minutes allotted for physical activity)
- To model a culture that embraces physical activity and change attitudes toward physical activity
- To develop a sustainable, replicable program for local health departments and worksites

Issues

- **Opportunities**
 - Collaboration with OCHD
 - Increase physical activity and improve health outcomes for staff

- Allow staff to try out Fitbit devices and use technology to track and motivate increased physical activity
- Positive media attention for both health departments
- Teambuilding and encouragement among health department staff
- Serve as a pilot for physical activity challenges among DCo staff
- **Challenges**
 - The amount of time and coordination needed to work with OCHD, receive and collect and track weekly steps from staff, send email updates to DCoDPH staff with weekly step winners and most improved steps and post updates to social media
 - Unforeseen issues that arose with Fitbits, calculating mileage, rules of the challenge and staff who did not submit steps

Implication(s)

- **Outcomes**
 - 52 staff participated in the challenge and 34 received loaner Fitbits
 - Durham County won the challenge by 358 miles
 - Staff walked just over 11,000 miles as a health department and made five trips up and down the Appalachian Trail
 - Fitbit recipients completed a pre and posttest survey:
 - 70% of participants reported that they increased their physical activity
 - 96% reported that were motivated to walk more
 - Participants who reported to be sedentary dropped from 30% to 11%
 - 50% reported they would purchase their own fitness bands and continue tracking their steps
 - Participant comments:
 - “The walking challenge has been really great for me. I have always struggled with exercise. I can’t really say why, but for some reason, the Fitbit is making the difference for me. I was getting so worried about giving my Fitbit back that my husband ordered one for me! I am excited to keep being more active and tracking with my very own Fitbit, but I can’t thank you enough for this walking challenge, the loan of the Fitbit, and your encouragement each week. I really feel like I have finally got an exercise plan that I can stick with.”
 - “It was great to challenge myself. I saw a lot of positive changes.”
 - “I thoroughly enjoyed the walking challenge. It boosted my moral and determination.”
 - “It was a lot of fun! I am so glad I got to participate! There were a few nights that I noticed I was low on steps, so I went out for a late evening walk!”
 - “This challenge really motivated me to get out and walk. I lost some inches. Yippee!”
 - “Loved this challenge! It was motivational and did not only impact my walking and daily decisions but has impacted my spouse to walk too!”
- **Service delivery**
 - Postings on the DCoDPH and Partnership for a Healthy Durham Facebook and Twitter pages detailing status of the challenge.
 - Internal communications to staff with weekly challenge updates.
- **Staffing**

- Two health educators and the communications manager from DCoDPH will coordinate, develop communications and post on social media for the walking challenge.

Next Steps / Mitigation Strategies

- Examine post-challenge feedback and apply changes to the next challenge.
- Use data to inform activities for DCo employees
- Plan a multi-health department challenge for the spring.