

A Regular Meeting of the Durham County Board of Health, held December 10, 2015 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison; DDS; Rosemary Jackson, MD, MPH, CCHP; Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS Dale Stewart, OD, Commissioner Brenda Howerton and Arthur Ferguson, BS

Excused Absence: Heidi Carter, MSPH

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Dr. Miriam McIntosh, Mel Downey-Piper, Eric Nickens, Michele Easterling, Will Sutton, Martha Jones, Olatubosun Aloba, Jodie Weiner, Veronica Floyd, Jameshia Dixon, Chasity Newkirk and Chelsea Hawkins.

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

Dr. Levbarg asked the Board to reflect for a minute on December 2nd, where 16 people were killed and many more wounded in San Bernadino, California. Dr. Levbarg stated "This incidence of gun violence is deeply personal, as it took place at a health department celebration. One of the two shooters was an environmental health specialist. Another environmental health specialist shielded a co-worker and lost his life, while saving hers. The shock waves of these revelations have been experienced across our nation, and perhaps most profoundly by the public health community. To quote my friend Len Gilstrap, Environmental Health Supervisor in Carteret County-'Who could have even thought this could happen to us? Let us be aware and continue to do the great work we do.'"

Dr. Levbarg asked the board to join with her in a moment of silence to express the sorrow for the victims and condolences to their loved ones - a moment of peace and healing.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following changes:

- Budget Amendment (1)—add to new business
- HUD Smoke-free rule comments-add to new business

Dr. Levbarg requested to add update from Personnel Committee to committee reports

Dr. Jackson made a motion to accept the additions to the agenda. Mr. Dedrick seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Commissioner Howerton made a motion to approve the minutes for November 12, 2015. Dr. Stewart seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: Mr. Mark Fogel, Vice-Chair on the Environmental Affairs Board (EAB) provided a brief overview of the official duties of the Environmental Affairs Board.

He stated the official duties of the EAB are:

1. To advise the City and County on environmental policy;
2. To perform such other duties as may be assigned to it from time to time by the City and/or County;

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3. To educate the public and local officials on environmental issues;
4. To perform special studies and project requested by the City and/or County on environmental questions;
5. To facilitate citizen participation in local government's consideration of matters involving the environment;
6. To promote intergovernmental and public/private cooperation and coordination; and
7. To adopt Rules and Procedure, consistent with this Agreement, for the orderly dispatch of its business.

Mr. Fogel extended an invitation to assist/advise the Board on any matters related to the environment

The EAB meets on the first Wednesday of the month at 6pm in the Committee Room on the second floor of City Hall. All meetings are open to the public and anyone may attend.

STAFF/PROGRAM RECOGNITIONS:

Division Directors introduced staff members and highlighted their recent accomplishments:

Veronica Floyd, BS, Processing Assistant, TB Clinic, Administration Division

This past summer, she received a Bachelor of Science degree in Health & Human Service Management with a concentration in Family and Child Services. Two weeks ago, she had the opportunity to accompany staff members from Alliance Behavioral Healthcare to the National Federation of Families for Children's Mental Health Conference held in Washington D.C. The conference provided information on how to communicate and advocate for families that are dealing with mental health challenges. She is also a part of the "Connect" and "Becoming" programs through Alliance Behavioral Health. She provides help and support to the peer support group, which encourages young people to not allow stigma to be placed on them because they have mental health challenges, and to encourage them to love themselves. She is very thankful and grateful to have the opportunity to gain the knowledge needed to help improve the lives of the residents of Durham County.

Chasity Newkirk, MPH, MCHES, Health Educator, Health Promotion and Chelsea Hawkins, MPH, MCHES, Health Educator, Health Promotion, Health Education Division

Although not a requirement in health education, the Division celebrates staff who have achieved the Certified Health Education Specialist (CHES) credential because it shows that the individual meets certain competencies and is motivated within his or her field. Those with CHES credentials have met required academic qualifications, passed a competency exam and satisfied the continuing education requirement to maintain the national credential.

In 2013, the National Commission for Health Education Credentialing introduced the Master Certified Health Education Specialist (MCHES). The MCHES designation is for advanced-level practitioners who have met academic qualifications and worked in the field for at least five years, passed the higher level competency-based exam and satisfy the continuing education requirements. **Chasity Newkirk and Chelsea Hawkins** are both health education specialists with a Master of Public Health.

Newkirk and Ms. Hawkins received their MCHES designation in May 2015 and November 2015, respectively. Currently, there are over 900 active health educators in the United States that hold this distinguished, advanced-level credential. Ms. Newkirk and Ms. Hawkins are the first two individuals in Division of Health Education to receive the MCHES designation.

Jennifer “Jenny” Mauch, BSN, RN, Public Health Nurse Supervisor, School Health Elementary/CHAPP, Community Health Division, enhanced her skill sets in professional nursing practice by earning a Bachelor of Science in Nursing (BSN) degree from American Sentinel University on November 15, 2015.

Ms. Mauch acquired additional leadership skills and clinical knowledge that will enhance her provision of health services for the community’s public school students. Earning a BSN supports the continued advancement of competence in her current public health position, and will complement public health and community collaborations that focus on the health and academic success of students attending Durham Public Schools.

Jodie Weiner, MSN, RN, NCSN, Public Health Nurse Specialist and Martha Jones BSN, RN, Public Health Nurse Specialist-School Health Program, Community Health Division work in the Child Health Assessment and Prevention Program (CHAPP) which is a public health, child health service delivery program located in five (5) Durham Public Schools’ elementary schools. CHAPP provides comprehensive well-child and developmental assessments for students and siblings ages birth to 18 years.

The credentialing process for the Child Health Enhanced Role Nurse Training Program focuses on the Bright Futures evidence-based recommendations as the clinical framework, and consists of 21 distance learning sessions, two weeks of on-site didactic training, separated by a 12 week, 60+ hour clinical practicum. On November 18, 2015, after 4 months of intensive instruction and training, Ms. Weiner and Ms. Jones successfully completed the final written examination and the clinical check-off by faculty, and will be officially credentialed as Child Health Enhanced Role Registered Nurses in December 2015.

Olatubosun “Ola” Aloba, BSN, MSN, PhD has been a Women’s Health Nurse Practitioner in the Family Planning Clinic since June 22, 2015. On November 30, 2015, she received her PhD in Nursing from Rutgers University. She received a Robert Wood Johnson Foundation fellowship four years ago to complete her degree. As a Robert Wood Johnson Scholar, Dr. Aloba wrote her dissertation on risky sexual behavior in the immigrant Nigerian population. Recently, she said that it is fitting that she concentrated on a public health issue (condom use) and now works in public health. She is a valuable addition to the Family Planning Clinic staff, and her knowledge and experience will greatly benefit our patients.

The Board applauded those recognized.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

During the October meeting, the Board of Health voted to support the department’s requests to Duke University Health System and Lincoln Community Health Center to work with staff to design and produce HIPAA compliant community level reports that will better inform staff of community needs and program effectiveness. This work will be done in collaboration with Duke Center for Community and Population Health Improvement and the City of Durham Neighborhood Improvement Services. Dr. Ebony Boulware and Mr. John Killeen were invited to this meeting to provide an overview of their programs and the collaborative opportunities for DCoDPH

- **CENTER FOR COMMUNITY AND POPULATION HEALTH IMPROVEMENT** (*Activity 41.2*)

Prior to the meeting the Board received the following information as an introduction to Dr. Boulware: “At Duke, Dr. Boulware is Professor of Medicine, Professor in the Department of Community and Family Medicine, Affiliate of the Center for Biobehavioral Health Disparities Research, Chief, Division of General Internal Medicine in the Department of Medicine, Associate Dean for Clinical and Translational Science, and Director, Duke Clinical and Translational Science Award.”

“Dr. Boulware is a general internist and clinical researcher devoted to improving quality and equity in the health care and health of people affected by chronic illnesses such as chronic kidney disease, hypertension, and cardiovascular disease. She has studied the influence of medical, social, community, and health system factors on these conditions. She seeks to improve health through practical approaches and pragmatic interventions that are informed by patient and community needs.”

Dr. Boulware presented the following information via handout titled “Duke Center for Community and Population Health Improvement Overview.” The Duke Center for Community and Population Health Improvement is a multi-disciplinary center that leverages academic, health system, and community partnerships to improve community and population health. Recently established in 2015, the Center builds from a long-standing history of community engaged programs and partnerships at Duke to (1) establish shared priorities for improving regional health among partners, (2) create a relevant research and academic agenda to address community and population health needs, and (3) enhance capacity within Duke and the community to improve health through multi-sector community engagement. The Center conducts research and pragmatic programs to understand and address key biomedical, behavioral, and contextual health determinants to improve community and population health and well-being.

Key Programs. Through four key programs, the Center tackles numerous health conditions affecting persons across the life course, while focusing on those needs viewed as most pressing by the community.

1. Multi-sector Community Stakeholder Engagement Program. This program engages a range of leaders including those from Durham City and County Government, Public Health, Commerce, Justice, Safety and Social Services, and the Arts to advance shared missions around community and population health. Leaders meet quarterly to discuss ongoing local and regional initiatives, addressing common goals and establishing common agendas that can work synergistically to improve health. Through an annual Health Summit, groups from all sectors gather to establish annual priorities to partner and address health priorities.

2. Community Engaged Population Studies Program. This research program seeks to identify, measure, and address determinants of poor health and to establish the effectiveness and sustainability of pragmatic programs to improve and sustain community and population health and health equity. Though multiple externally funded projects, academic researchers with expertise in a broad range of methodologies, including clinical epidemiology, geospatial science, biomedical informatics, implementation science, social science, health policy, and precision medicine approaches work in concert to address high priority health needs, established through partnerships with the community. Community engagement undergirds the research program, which features (1) a standing network of established community leaders representing local non-profit organizations, local health sector leaders (including City and

County Public Health agencies), local health systems, patients, and their families, (2) a standing community advisory board, (3) a program of ongoing colloquia to bring researchers together with community members to collaboratively engage in research, and (4) Duke-sponsored education and match-making programs to enhance researcher readiness to engaged with community members and to enhance community readiness for research.

3. Policy and Practice Action Program. This program leverages Duke leadership in population management programs sponsored by North Carolina Medicaid as well as Duke engagement in accountable care shared savings programs to identify opportunities to implement established interventions into policy supported initiatives. It also conducts funded (e.g., through foundations or government) demonstration projects to establish novel models of care for future adoption.

4. Education and Teaching. The Center seeks to build a pipeline of academic and community leaders in community and population health research through an advanced seminar series featuring lectures from senior scholars at Duke focused on methods for conducting community engaged population studies, research works in progress, and invited speakers. Attendees include students, residents, clinical and research fellows, and faculty members conducting community engaged population studies.

She also provided a brief PowerPoint presentation.

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

Comments/Questions:

Commissioner Howerton: Thank you for the partnership with the health department that is vital to our community. We have areas that have some real health issues; so, thank you for partnering.

Dr. Levbarg: It seems to me that you are in a really good position for collecting some amazing data that would be pretty helpful in generating some more grants and programs. That's the roadmap correct?

Dr. Boulware: The roadmap serves several purposes. We not only need to look at the biomedical determinants but the social determinants of health and well-being and how we use the data to maximize and standardize current efforts. We need to use these joint efforts to get more grant funding for more innovation and partnered efforts to move forward with the agenda.

Dr. Levbarg: Well for as long as I can remember we have been pushing you to focus on social determinants and help make a difference in public health.

Dr. Boulware: And you know the academic health systems have been a little late to the game. We are very excited that we have tremendous leadership that is very positive and shows a real commitment in having us engaged in this manner. The timing is just perfectly right. Obviously you have been at this stage for a long time, we're really happy to continue to partner and move forward.

Ms. Harris: We will keep the Board posted on our progress.

• **NEIGHBORHOOD COMPASS (Activity 41.2)**

Mr. John Killeen, manager of the City's Neighborhood Compass program provided information on how health data could be displayed, demonstrated the Neighborhood Compass software and discussed how it is used in other communities.

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

Comments/Questions:

Commissioner Howerton: I just have one question. I see 2013 as the date of the data. How frequently is the information updated? How current is the information?

Mr. Killeen: I'm so glad to be able to talk about that because that is one of my pet peeves. Now it's a little limited but we are working on it but going forward it will be a lot more data on the platform.

Chairman Miller: That's an overwhelming amount of information that will be accessible. It looks like there are a lot of levels that you can view to get what you need without being overwhelmed.

Dr. Stewart: Are you reporting other people's data only or you generating from your own data too?

Mr. Killeen: That's another great question. What we have right now is operational data from City and County and from some state agencies.

Dr. Stewart: So some of it is other people data?

Mr. Killeen: Yes, but I'm not selecting it.

Dr. Stewart: Will you be able to do that in the future?

Mr. Killeen: Yes, when we have the capacity to do it. I think that would be one of great value. For instance with Durham One Call, there are a lot of people calling into the number. The call results suggest that there is a lot of information that people are sharing in the City but there are also some things about neighborhoods that we don't know that neighborhoods value. It would really be important I think over time to get survey information about it. Maybe we could use the City survey information... In this next couple months, for the first time, we are going to look at that by the neighborhoods. It's probably not going to be a big enough sample for us to report through the compass. It will probably be something that would have to be extrapolated. We should have about 400 responses but in time we would have enough of a sample that we could report.

Dr. Stewart: So you could look at trends over time?

Mr. Killeen: Yes.

• **1ST QUARTER FINANCIAL REPORT (*Activity 39.2*)**

Mr. Will Sutton, Public Health Finance Officer provided the Board an overview on the 1st Quarter FY16 Financial Report.

Highlights of Presentation:

County Percentages

FY	Approved	County	Other	% County
2016	22,134,505	16,126,822	6,007,683	73%
2015	21,841,914	15,719,673	6,122,241	72%
2014	20,876,989	15,023,563	5,853,426	72%
2013	20,238,782	14,320,756	5,918,026	71%
2012	19,472,515	13,894,698	5,577,817	71%
2011	20,067,588	13,843,485	6,224,103	69%
2010	19,963,743	13,889,882	6,073,861	70%
10 yr. average 71% 2008 74% Highest 2011 69% Lowest				

1st QTR Expenditures (5 Year Comparison)

FY12	21%
FY13	24%
FY14	25%
FY15	25%
FY16	26%

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25% Point in time -5 Year average 24%

1st QTR Revenues (5 Year Comparison)

FY12 11%

FY13 13%

FY14 15%

FY15 16%

FY16 18%

25% Point in time – 5 Year Average 15%

Revenue Type Comparison 1st QTR

Grants Increase 41,787

Medicaid Increase 35,572

Svc Charges Increase 896

Other Increase 106,190

Other increase 106,250 Meaningful Use (21,250 x 5)

Funding Points

1. **Medicaid Cost Settlement**

FY	Total	Remaining
FY11	1,301,737	36,338
FY12	1,247,326	29,201
FY13	1,688,752	168,785 (all revenue – usually 74%)
FY14	No Settlement Info Received (50% Interim Settlement notification 9/15/15)	
FY15	Started Preparing	

2. **Tooth Ferry** – Still moving forward with one RFP. 475,000 + additional Equipment.

Grant for diesel emission reduction through the Department of Environmental Quality for \$115K

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

• **MANAGING FOR RESULTS**

County Manager Wendell Davis provided the Board with a brief overview on managing for results.

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

Chairman Miller made a Motion to adjourn into closed session pursuant To N.C.G.S. 143-381.11 (A) (3) to discuss a personnel matter.

Dr. Allison made a motion to reconvene into regular session. Dr. Jackson seconded the motion and the motion was unanimously approved.

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

The Durham County Board of Health received a copy of the November 2015 vacancy report which included a cumulative total of 15 positions vacant. There were no questions from the Board.

(A copy of December 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 November 2015 prior to the meeting. There were no questions from the Board.

(A copy of December 2015 NOV report is attached to the minutes.)

- **HEALTH DIRECTOR'S REPORT**

Division / Program: Nutrition / DINE/ Cooking Matters at the Store Program

(Accreditation Activity 10.2 - The local health department shall carryout 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

- Cooking Matters at the Store is a nationally recognized program that teaches people how to shop healthy on a budget through guided grocery store tours. Durham County Department of Public Health became a satellite partner of the Interfaith Food Shuttle (which administrates the Cooking Matters at the Store Program) this summer.
- In response to community interest, guided grocery store tours will be offered on a monthly basis by a nutritionist from the DINE team, in conjunction with staff from the Durham Diabetes Coalition (DDC).

Statement of goals

- To increase knowledge of how to identify healthy foods at a grocery store on a budget.
- To provide an evidence-based nutrition program to community members on a fixed food budget.
- To develop partnerships with outside agencies to increase our reach.

Issues

- **Opportunities**
 - This program provides a service to community members who have voiced the desire to learn how healthy foods can be purchased on a fixed income.
 - Cooking Matters at the Store partners with Food Lion, which is a grocery chain located in many of the neighborhoods where the DINE program conducts nutrition education programs.
 - This program is of interest to many partners of the Health Department, thus increasing our ability to advertise and reach more people.
 - Cooking Matters provides free education materials, grocery bags and gift cards to Food Lion to participants on the tour.
 - Save-a-Lot and Compare Foods have agreed to partner and provide gift cards to community members who take the tour.
- **Challenges**
 - At this time the ability to offer the tour to Spanish speaking community members is limited due to the limited availability of certified Spanish interpreters at the Health Department for community event interpretation.

Implication(s)

- **Outcomes**
 - Positive feedback was received on post-tour surveys about new information learned on the tours.
 - Both tours provided so far have had 90% participation.

Service delivery

- The DINE Healthy Environments team collaborated with Health Educators and the communications specialist from the DDC to design flyers, advertise and recruit participants.
- DINE Nutritionists led two grocery store tours in collaboration with DDC staff at two different Food Lions in North Durham. Eighteen unique participants have so far attended the tours.

- **Staffing**
 - Tours are staffed by DINE nutritionists and DDC Health Educators. The DDC communications specialist takes photos and helps advertise the tours.
 - Tours are organized by a DINE nutritionist who is the liaison to the Inter Faith Food Shuttle and does all ordering of gift cards, materials, and communication with grocery store management.
- **Revenue**
 - No revenue is generated through this outreach.

Next Steps / Mitigation Strategies

- Two tours are scheduled in December 2015.
- One grocery store tour has been scheduled per month for 2016.
- Tours will be continuously advertised at health fairs, community classes and workshops, and through community partnerships such as EDCI, Durham Public Schools, Daycares, etc.
- The DINE program is investigating opportunities to partner with other grocery stores such as Los Primos, Kroger, and others to expand our reach.
- Explore strategies to increase programs in Spanish.

Division / Program: Nutrition Division / Clinical Nutrition / Collaboration with Autism Society of North Carolina

(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

- A registered dietitian (RD) from DCoDPH Clinical Nutrition program has partnered with the Autism Society of North Carolina (ASNC) to present educational workshops that provide nutrition guidance to parents of children with autism and professionals working with clients with autism.
- Workshops are presented in English and Spanish. The Hispanic Affairs Liaison for ASNC translates presentation slides and provides real time interpretation.

Statement of goals

- To improve the health of children with autism in our community through nutrition education and medical nutrition therapy.

Issues

- **Opportunities**
 - Recent prevalence data from the Centers for Disease Control and Prevention National Health Information Survey published November 2015 suggests an autism prevalence of 1 in 45 children age 3 to 17 years. Compared to typically developing children, children with autism are five times more likely to be picky eaters which can lead to nutritional deficiencies. Up to 70% of children with autism have gastrointestinal issues such as diarrhea, constipation, stomach pain, or reflux.
 - A DCoDPH RD has been asked to present the workshop “Nutrition on the Spectrum” to parents and professionals in 4 different cities across the state over the past 2 years.
 - Each workshop is an opportunity to bring practical nutrition information to families and professionals across the state.

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- Each workshop has resulted in new referrals to the Nutrition Clinic with families coming to DCoDPH for services.
- **Challenges**
 - Creating an accurate but easy to understand presentation for the Spanish speaking audiences is challenging. Eliminating the use of English colloquialisms, using culturally relevant examples, and ensuring correct translation of complicated nutrition concepts is difficult.

Implication(s)

- **Outcomes**
 - 95 parents and professionals have attended workshops in the last year and have gained knowledge of nutrition specific to autism.
 - 54 children with autism were seen in the Nutrition Clinic or at home visits in FY 2014-2015.
- **Service delivery**
 - The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH. Home visits are scheduled for children as needed so that all children can benefit from nutrition services.
 - Targeted medical nutrition therapy for children of all ages is available in the Nutrition Clinic and in the home by RDs specializing in pediatric nutrition. Referral sources for the services include the following: pediatricians, schools, parents, social workers, early intervention case managers and therapists, pediatric and family-focused community agencies.
- **Revenue**
 - MNT is a billable service and is covered for children with Medicaid up to age 21. The DCoDPH is a provider for BCBS, Duke Select/Basic, and Medicaid. Clients not covered under any plan are covered under a Special Nutrition Grant from the NC Department of Public Health.

Next Steps / Mitigation Strategies

- Clinical nutrition program will continue outreach to families and professionals in the community and around the state to ensure children with autism receive appropriate nutrition services.

Division / Program: Public Health /DINE/Trimming the Fat, Keeping the Flavor on WNCN TV's *My Carolina Today*

(Accreditation Activity 10.2 - The local health department shall carryout 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 is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- A DINE nutritionist presented a healthy eating segment on *My Carolina Today* as part of the ongoing monthly collaboration between the Durham County Department of Public Health and WNCN TV.

Statement of goals

- To provide people with recipes and practical tips to help maintain a healthy lifestyle over the holidays.

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- To help SNAP-Ed recipients and others gain skills that support healthy eating and regular physical activity while enjoying traditional holiday activities.

Issues

- **Opportunities**
 - The ongoing partnership with WNCN TV provides the Durham County Department of Public Health an opportunity to expand its reach throughout the county and into surrounding areas.
 - Showcasing healthy eating as part of a television show that also features more traditional and less healthy foods helps to make the healthy approach more mainstream and “normal” for viewers.
- **Challenges**
 - Estimating the actual reach that a live telecast has in the Durham County community is a very inexact science.

Implication(s)

- **Outcomes**
 - The segment (<http://wncn.com/2015/11/09/durham-county-healthy-thanksgiving-ideas/>) aired on November 9, 2015.
 - Viewership was estimated at 70,000.
- **Service delivery**
 - DINE Nutritionist used food displays and taste tests to demonstrate ways to prepare healthy, flavorful sides and desserts for Thanksgiving. Recipes were Green Bean Salad, Collard Greens, and Lite Sweet Potato Pie.
- **Staffing**
 - One DINE nutritionist wrote the script, prepared the recipe cards and food, and presented the show.
- **Revenue**
 - No revenue is generated through this outreach.

Next Steps / Mitigation Strategies

- DINE will continue building a relationship with *My Carolina Today* and WNCN TV to expand the reach of DINE and the Durham County Department of Public Health.

Division / Program: Dental Division: Software Update and Tooth Ferry Interconnectivity

(Accreditation Activity 3.2– Assure competent public and personal healthcare workforce)

Program description

- Dentrux is the Division’s practice management software (both clinical and business practice). It required an update to 8.0.05.
- The Tooth Ferry underwent a day of testing wireless connectivity options to improve workflow processes in the field. This included being able to take and bring up digital x-rays while off-site.

Statement of goals

- To improve wireless connectivity on the mobile dental unit while at various DPS Elementary School sites.

Issues

- **Opportunities**
 - The upgrade to Dentrux software was necessary to maintain overall efficiencies in utilizing the programs.
 - The wireless connectivity on the Tooth Ferry would not only permit providers to take digital x-rays, but they would have

access to Dentrix in real time, thus completing notes, treatment plans, etc. while off-site – as opposed to having to transfer paper notes upon arrival back at the Department (from Durham Public School site).

- **Challenges**

- The process to upgrade Dentrix required installation on each laptop/desktop. This is time consuming, and changes can require edits to group policy.
- Interconnectivity aboard the Tooth Ferry has been an on-going process, initially attempted in 2012, and has not met with much success.

Implication(s)

- **Outcomes**

- The Dentrix upgrade was completed.
- The tests for a new interconnectivity process on the Tooth Ferry has been successful, utilizing Verizon Hot Spot and dashboard antenna. The team was able to take x-rays and access Dentrix in real time by remoting into off-site application – as opposed to utilizing wireless option at specific Durham Public School sites.

- **Service delivery**

- Clinic and Tooth Ferry patients will benefit from the Division's upgrades to technology.

- **Staffing**

- The Tooth Ferry Coordinator and Dental Assistant worked with staff from Henry Schein Practice Solutions and members of the County's IT Department.

- **Revenue**

- TBD (interconnectivity options).

Next Steps / Mitigation Strategies

- The upgrades to the dental software programs are complete. The next steps in the interconnectivity project will require purchase of equipment and two digital x-ray sensors. The IT Department will look into utilizing Citrix as a host – with providers being able to remote in to the platform to bring up programs in real time.

Division / Program: Community Health Division/Communicable Disease Program

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

Program description

- Investigate and report all communicable diseases and conditions as required by local and state public health laws, in accordance with the recommendations of the N.C. Communicable Disease Branch and the centers for Disease Control and Prevention

Statement of goals

- To conduct a thorough investigation of one confirmed elementary and one confirmed high school Pertussis case in the school system
- To provide post- exposure antimicrobial prophylaxis (PEP) treatment to all high risk close contacts to the Pertussis cases
- To refer symptomatic contacts to their healthcare provider for appropriate testing and treatment

Issues

- **Opportunities**
 - Provide adequate staff to promptly investigate Pertussis cases
 - Provide information and education on recommended immunizations on the current recommendations of the Advisory Committee Immunization Practice (ACIP)
 - Ensure appropriate control measures are implemented to prevent disease transmission
- **Challenges**
 - Assure appropriate testing, control measures and treatment has been provided to the confirmed Pertussis cases.
 - Appropriately manage the contacts to the confirmed Pertussis cases by the determination of time of the last exposure, type of contact, risk status and symptom review

Implication(s)

- **Outcomes**
 - 57 total contacts (children and teachers) identified;
 - High school -(8 students, 3teachers) Elementary school- (8students, 2 teachers)
 - 21 contacts were no risk
 - 9 contacts identified and referred to their primary care provider (PCP) for testing and evaluation for Pertussis. High school- (4 students); Elementary school- (3 students, 2 teachers)
 - 10 contacts identified received prescriptions for post-exposure prophylaxis (PEP). High school (7 students); Elementary school (1student, 2 teachers)
 - 17 contacts were sent letters due to inability to reach them via phone.
 - The two lab confirmed Pertussis cases were siblings. They were tested and treated by their pediatrician, and the parents were treated with PEP medication by their primary care physician.
- **Service delivery**
 - The DCoDPH medical providers wrote prescriptions for 6 contacts to receive PEP medication at the DCoDPH pharmacy.
 - DCoDPH medical providers called 4 prescriptions for PEP medications to the contact's requested pharmacies
- **Staffing**
 - A total of 10 staff from different programs in the Community Health Division of DCoDPH participated in the Pertussis investigation and the provision of PEP treatment.
- **Revenue**
 - No revenue
- **Other**
 - N/A

Next Steps / Mitigation Strategies

- The Communicable Disease program will continue to investigate and report all communicable diseases and conditions as required by local and state public health laws, in accordance with the recommendations of the NC Communicable Disease Branch and the Centers for Disease Control and Prevention

Division / Program: Community Health Division/School Health Program

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- School Nurses are instrumental in the identification and referral to community resources for student health concerns/problems, and are responsible and accountable for the assessment of, and planning for safe and effective medical and nursing management of students with chronic health conditions.
- School Nurse Services benefit schools, families, the health care system and the community at large through increased student attendance, improved teacher productivity and reduced health care costs.

Statement of goals

- To present information to the Durham County Board of County Commissioners (BOCC) that supports the costs-benefits of school health services delivered by full time Registered Nurses in Durham Public Schools.

Issues

- **Opportunities**
 - On November 2, 2015, the Durham County BOCC received information regarding the benefits of public health school nurse services to facilitate an understanding of:
 - The types of medical/nursing concerns and issues managed by school health nurses,
 - The costs/benefits of school health nursing and
 - The importance of the National Association of School Nurses (NASN) recommended Nurse: Student ratio of 1:750.
- **Challenges**
 - Forty-seven (47) Durham Public Schools do not have an assigned full time school nurse.
 - The Nurse: Student ratio for Durham County is 1:1225.
 - Current nurse services provided by public health school nurses average 1 to 2 days each week despite the increasing acuity of student health concerns/issues.

Implication(s)

- **Outcomes**
 - Information provided to, and the discussion with Durham County Board of County Commissioners increased their understanding of public health nursing services and the costs-benefits of public health nurse services.

Next Steps / Mitigation Strategies

- Continue to collect data to support the NASN recommended Nurse: Student ratio of 1:750.
- Advocate for additional public health school nurse positions.

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**
 - For the month of November, three (3) general public health media releases or advisories were been disseminated. Staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 16 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 this month's *My Carolina Today* segment and Partnership for a Healthy Durham column in the Herald-Sun, Durham Diabetes Coalition American Diabetes Month activities, an update on flu season update, 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.

COMMITTEE REPORTS:

• **NOMINATION COMMITTEE RECOMMENDATION**

The committee recommended Dr. Jim Miller as Chair and Dr. Vincent Allison as Vice-Chair. Dr. Jim Miller and Dr. Vincent Allison agreed to accept the positions if elected.

16 A Regular Meeting of the Durham County Board of Health, held December 10, 2015.

Dr. Stewart made a motion to appoint Dr. Jim Miller, Chair and Dr. Vincent Allison, Vice-Chair of the Board of Health for FY 2016. The board voted unanimously to support the recommendation from the committee.

With the election of a new Vice-Chair Dr. Levbarg, former Vice-Chair requested to continue to lead the Personnel Committee since the work was near completion with the new Vice-Chair, Dr. Allison as a member of the committee. Her request was supported by the Board.

- **PERSONNEL COMMITTEE UPDATE (*Activity 37.2*)**

Dr. Levbarg stated that the 2015 Health Director's Survey has been sent out and need to be completed by Wednesday, January 6, 2016. After the survey is completed and the results are tallied, Dr. Levbarg will meet with Ms. Harris and the committee to discuss the survey results and make a recommendation to the Board.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

- **BUDGET AMENDMENT:**

The health department requested approval to recognize funds in the amount of \$20,000 from the Health and Human Services Division of Public Health to plan and provide capacity building activities which will lead to improved birth outcomes, improved overall health status of children ages 0-5, and a lowering of the infant mortality rate in the Durham community.

Mr. Dedrick made a motion to approve the budget amendment in the amount of \$20,000. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **HUD SMOKE-FREE RULE COMMENTS (*Activity 40.2*)**

Ms. Harris stated that there is a public comment period for the proposed US Department of Housing Urban Development (HUD) Smoke-Free Rule which will make all indoor areas in public housing smoke-free with an exterior ban of smoking within 25 feet of the buildings. A template for the proposed comments was provided by the NC Tobacco Prevention and Control Branch. Durham County specific language was added by department staff.

DRAFT--HUD SMOKE-FREE RULE COMMENTS

Posted on 11/17/15 in the Federal Register. Due date January 19 at 11:59 pm

(<http://www.regulations.gov/#!docketDetail;D=HUD-2015-0101>)

Summary Statement. The Durham County Department of Public Health is pleased to provide these comments in **strong support** of the U.S.

Department of Housing and Urban Development (HUD) proposed rule to make all indoor public housing in the U.S. smoke-free, including a 25' barrier. In addition, the Durham County Department of Public Health proposes two recommendations to strengthen the rule, including that: 1) the smoke-free provisions include electronic nicotine delivery systems (ENDS) and hookah pipes and devices; and 2) that the rule applies to all multi-unit housing properties that accepts funding from HUD (instead of just public housing). Housing partners that have gone smoke-free in North Carolina report cost savings from turnover and cleaning costs, as well as some benefits in terms of insurance costs. See attachment for data and documentation.

Durham County is the sixth largest county in North Carolina and its economy was built on the tobacco industry. Over the years, however, Durham County, the Department of Public Health and the Board of Health have been leaders in protecting the public's health by actively supporting and creating smoke-free and tobacco-free policies. Durham is known as the City of Medicine because of the booming healthcare industry and research facilities. Most recently, Durham County was a national winner of the Robert Wood Johnson Foundation's Culture of Health Prize. We pride ourselves in advocating for the health of our residents and setting policies that prevent poor health outcomes.

In 1993, North Carolina enacted legislation that prohibited smoking in all state owned, maintained, or occupied buildings and vehicles. This state law preempted local municipalities from passing policies that were stricter than what the state covered. However, local municipalities were given a three-month window in which they could pass additional local smoke-free air laws in facilities that were not owned, leased, or occupied by local government. During this window, Durham County adopted an ordinance prohibiting smoking in various public places, such as child care facilities, malls, elevators, grocery stores, and public forms of transportation (Smoking Pollution Control Ordinance of 1993). In 2009, state legislators passed a new law (HB2) to additionally ban smoking in restaurants and bars and to partially rescind preemption, allowing local counties and municipalities to craft policies that make other areas either smoke-free or tobacco free. In 2012, Durham County passed one of the most progressive Board of Health Smoking rules in the country. The Rule went into effect in August 2012, and it currently prohibits smoking in the following areas: city and county government property, including sidewalks that abut this property; city and county parks, trails, and athletic fields; and the Durham Station Transportation Center and city and county bus stops (including a 100 foot radius around every bus stop, except for private property). In September 2015, the Durham County Board of Health voted to include e-cigarettes as products prohibited in areas covered by the Rule, which will go into effect January 1, 2016.

For the last two years, Durham County Government has supported a full-time health education specialist position to educate the community and staff about the Board of Health Smoking Rule, provide tobacco cessation classes and work to promote other smoke-free policies. One area of focus is making multi-unit housing, including HUD and Durham Housing Authority properties to be smoke-free in order to protect the health of the public. A few months ago, a forum was convened for multi-unit housing owners in Durham and nearby counties to learn more about smoke-free policies. Most residents want to live in smoke-free environments and many property owners are also in favor of these policies.

As of the last HUD RCR report (June 30, 2015), there were a total of 1,578 households containing 3,607 total persons residing in the housing authority's public housing properties. Across all units operated by the housing authority, 58.76% of households included children. Across all household members in Durham Housing Authority public housing units 15.6% are aged zero to five and 32.4% are aged 6 to 17. Almost 10% of all residents across the housing authority were age 62 or older and are considered seniors while 42.3% of all residents were aged 18 to 61. Durham Housing Authority provides housing to many vulnerable individuals, including a large proportion of children and the elderly.

These families and individuals have the right to live in smoke-free environments and have the best possible health outcomes.

Tobacco use is the leading preventable cause of death in North Carolina and the nation. It is responsible for 1 out of 5 deaths in our state. Excess health care costs in NC attributable to tobacco use are now at \$3.8 billion annually, with over \$931 million of that cost covered by the state Medicaid program.

Secondhand smoke is a serious health risk in the United States. According to the 2006 Surgeon General's Report entitled *The Health Consequences of Involuntary Exposure to Tobacco Smoke*: Secondhand smoke **causes premature death and disease** in children and in adults who do not smoke. Exposed children have increased risk for: sudden infant death syndrome (SIDS); acute respiratory infections; ear problems; and more severe asthma. Parents' smoking impacts their children by causing respiratory symptoms and slowing lung growth. Exposing adults to secondhand smoke causes coronary heart disease; lung cancer; and immediate adverse effects on the cardiovascular system. The 2014 Surgeon General's report entitled *The Health Consequences of Smoking – 50 Years of Progress* adds that secondhand smoke also causes stroke. Further, the scientific evidence indicates that there is **no risk-free level of exposure** to secondhand smoke. Many **millions** of Americans, both children and adults, **are still exposed to secondhand smoke** in their homes and workplaces despite substantial progress in tobacco control. Finally, the Surgeon General (2006) concludes that **eliminating indoor smoking fully protects** nonsmokers from exposure to secondhand smoke. **Separating smokers** from nonsmokers, cleaning the air, and ventilating buildings **cannot eliminate exposure** to secondhand smoke.

More than 1 in 3 nonsmokers who live in rental housing in the U.S. are exposed to secondhand smoke, and 2 out of 5 children (including **7 out of 10** African American children) are exposed to secondhand smoke in some area of their lives. (CDC 2015 *Vital Signs* report).

The purpose for this rule is clear when examining the data from **North Carolina**:

Exposure to secondhand smoke in the home continues to be a problem in North Carolina, where in 2014 the Behavioral Risk Factor Surveillance System (BRFSS) showed that 12.9% of adults reported someone smoking in their home when they were there every week. In 2014, 10.4% of adults reported tobacco smoke drifting into their home or apartment every week from someone else's cigarette, cigar or pipe. Young people in North Carolina also report exposure to secondhand smoke in the home. In 2013 13.6% of High School students and 9.3% of Middle School students reported being exposed to secondhand smoke in the home (NC Youth Tobacco Survey).

In Durham County, 14.6% of adults reported that they are current smokers (NC Office of State Budget and Management, 2014; NC State Center for Health Statistics, 2013). However, 19% of high school students in Durham Public Schools reported current tobacco use, compared with 13% in NC and 9.3% nationally (Partnership for a Healthy Durham, 2013; CDC, 2013a; CDC, 2014). Preventing youth tobacco use is critical because tobacco use is established primarily during adolescence, and youth are heavily influenced by the presence of tobacco use in their physical and social environment (CDC, 2015a). In the Durham County community health assessment, 52% of residents stated that they had been exposed to secondhand smoke (2014).

Electronic Cigarettes

While NC youth have decreased their use of combustible cigarettes, they have increased their use of electronic cigarettes (e-cigarettes). In fact, the proportion of NC high school students who reported using e-cigarettes on

one day out of the last 30 increased from 1.7 percent to 7.7 percent in two years (DHHS, 2014).

The **cost of health problems due to secondhand smoke** exposure in North Carolina was documented and published in the *NC Medical Journal* January/February 2011, and estimated to be \$293,304,430 in 2009 inflation-adjusted dollars. The majority of the individuals affected by secondhand smoke were children, but the greatest costs were for cardiovascular conditions.

In North Carolina, the 2014 prevalence of smoking was 19% overall, and as high as 31.3% among the lowest income residents, yet most of these smokers want to quit. In fact, according the CDC Behavioral Risk Factor Surveillance System, 65.6% of these lowest income residents reported trying to quit in 2014.

North Carolina partners, led by the NC Alliance for Health and the Justus-Warren Heart Disease and Stroke Prevention Task Force, have had considerable success in incrementally eliminating secondhand smoke exposure in all public schools, acute care and behavioral health hospitals, prisons, and in many local government buildings and grounds. North Carolina's biggest success in changing social norms around smoking in public places came with the passage of a law in 2009 to ban smoking in all restaurants and bars. Eliminating indoor smoking in NC restaurants and bars (effective 2010-present) has been successful in that:

- The average weekly emergency room visits by North Carolinians experiencing heart attacks declined by 21% during the first year the Smoke-Free Restaurants and Bars Law was implemented.
- There was an 89% improvement in air quality inside restaurants and bars, according to study results released by the N.C. Division of Public Health in April 2010.
- North Carolina workers reporting exposure to secondhand smoke at work in the past seven days has been reduced from 14.6% in 2008 to 7.8% in 2010 (a 49% reduction) (NC BRFSS).
- The risk of having an emergency visit for asthma decreased by seven percent when emergency department visit rates were compared before the law in 2008 and 2009 to after the law took into effect in 2010 and 2011.
- Finally, the new law prompted many North Carolina smokers to seek help to quit smoking. QuitlineNC had its highest call volume up until that time in 2010, following implementation of the smoke-free restaurants and bars law. Going smoke-free is an evidence based way to help tobacco users who want to quit. All NC smoke-free policies have had success by building relationships with and helping tobacco users who want to quit. This is true of residents in multi-unit housing as well. Mary, Celestine, and William are residents in NC multi-unit housing properties that went smoke-free. Each of them saw this as a way to help them quit. See their stories at <http://www.smokefreehousingnc.com/resources/sample-documents-fact-sheets#.VI3gAPmrSUK>
- For more information, go to:
<http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/>
- <http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/docs/ComprehensiveEvaluationoftheSmokefreeRestaurantandBarsLaw-FINALAPPROVED-Update-0414.pdf>

As mentioned earlier, in 2012 the Durham County Board of Health Smoking Rule was implemented and in January 2016 will be expanded to electronic cigarettes.

The Durham County Department of Public Health strongly supports these provisions in the rule:

The Smoke-free provision covers all indoor areas including living units, common areas and administrative buildings.

The Surgeon General's 2006 Report makes it clear that there is no risk-free level of exposure to secondhand smoke.

No exemptions or grandfathering

As secondhand smoke is a serious risk factor and all families have the right to clean indoor air.

25-foot barrier is smoke-free including balconies and patios

As secondhand smoke can drift from these places into homes where it puts frail elderly, infants, and other nonsmokers at risk for involuntary exposure.

Lease as enforcement mechanism

As this is a fair way to enforce the policy.

In addition, North Carolina's state and local tobacco control partners have considerable experience implementing smoke-free and tobacco-free policies in community settings and in multi-unit housing settings. Based on this experience, we strongly recommend that the rule add:

I. That the smoke-free provisions include electronic nicotine delivery systems (ENDS) and hookah pipes and devices.

The CDC has concluded in a Letter of Evidence posted on the NC Tobacco Prevention and Control and QuitlineNC websites that:

- The health effects of ENDS may not be limited to users and may impact by-standers.
- ENDS aerosol is not "water vapor." It contains nicotine and can contain additional toxins, and thus is not as safe as clean air.
- Although some ENDS have been shown to emit volatile organic compounds and dangerous toxins such as acetaldehydes, including acrolein, these are generally emitted at much lower levels than by cigarettes. However, because there are hundreds of manufacturers and no manufacturing standards, there is no way to ensure that all ENDS have acceptably low levels of toxicants.
- Some ENDS can be modified to deliver marijuana and other psychoactive substances.
- Therefore, air containing ENDS aerosol is less safe than clean air, and ENDS 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.
- ENDS use can result in accidents and other potential health hazards. CDC recently reported that the number of calls to poison centers in the 50 states, the District of Columbia, and U.S. territories involving e-cigarettes rose from one per month in September 2010 to 215 per month in February 2014, and 51.1% of these e-cigarette-related poisonings were among young children ages 0–5. In the U.S., e-cigarettes account for a small proportion of total tobacco product sales, but were involved in nearly 42% of combined monthly cigarette and e-cigarette poison center calls in February 2014. In North Carolina, Poison Control Center calls related to e-cigarettes or nicotine liquid rose from 8 in 2011 to 131 in 2015 as of October 31st of this year.
- Air containing ENDS aerosol is less safe than clean air, and ENDS 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 ENDS aerosol—remains the standard to protect health.
- Hookah smoke contains high levels of nicotine, carbon monoxide, carcinogens, hydrocarbons, heavy metals and fine particles, which

are higher levels than cigarettes. (Bacha, 2007; Shihadeh, 2003). The risks of hookah are documented to be similar risks to cigarette smoking, including lung cancer (Akl et al., 2010); respiratory illness (Maziak et al., 2004; Akl et al., 2010); and low birth weight & respiratory problems among infants (Nuewayhid et al., 1998; Akl et al., 2010).

Including a ban on the use of ENDS in this rule would be consistent with a 2015 report from the National Institute for Occupational Safety and Health (NIOSH) recommending that all workplaces have tobacco-free rules that include a ban on the use of ENDS.

Forty -two NC communities (as of November 2015) have successfully added a ban on ENDS to their existing smoke-free regulations, and additional communities (counties and municipalities) are considering such regulations.

II. That the rule applies to all multi-unit housing properties that accept funding from HUD (instead of just public housing).

The provisions should apply equally to all housing properties that accept funding from HUD in order to protect as many people as possible from involuntary exposure to tobacco smoke or to electronic nicotine delivery systems aerosol. We have seen significant success in North Carolina with HUD-subsidized privately owned housing going smoke-free. Making the rule apply to all HUD-funded housing, instead of just public housing, would ease concerns that the residents of public housing are being singled out for regulation. Furthermore, given that many public housing properties are in the process of converting to being privately owned, yet still HUD-subsidized, passing a broader rule would ensure that the residents of these properties will continue to be protected even if the housing they live in is no longer considered "public housing".

In a study published online by NC authors Anna Stein, JD, MPH et. al. in the American Journal of Health Promotion (August 2015) entitled "The Experience with Smoke-Free Policies in Affordable Housing in North Carolina: A Statewide Survey", it was found that housing operators' concerns about enforcement, legal issues, and loss of market share are largely unfounded according to the experiences of privately owned, government-subsidized smoke-free properties in North Carolina. Specifically, the study found:

- Staff time devoted to the issue of smoke exposure remained the same or decreased in the large majority of properties after they implemented smoke-free policies,
- Properties reported on average 3 violations in the first 12 months of implantation, and lease terminations due to enforcement of the smoke-free policy were rare
- There was no significant difference in the average occupancy rate for properties implementing smoke-free regulations compared with properties that allowed smoking.
- Turnover costs for units where residents had smoked were on average \$347.74 higher than those units where there had not been smoking.
- Smoking related fires occurred at 2.8% of smoking-allowed properties and 1.2% of smoke-free properties in the last 36 months, and costs for these fires varied widely.

North Carolina's Housing Finance Agency included in its proposed 2015 Qualified Allocation Plan (QAP) a threshold requirement that properties receiving low income tax credits be smoke-free. This

proposal was supported by the NC Alliance for Health and comments from housing developers were favorable at the public hearing on the QAP. The smoke-free requirement was included in the final plan for 2015. Thus, smoke-free rules are becoming part of the culture for privately owned, government-subsidized housing in North Carolina.

The Tobacco Control Managers of the NC Division of Public Health, housed in all ten of the state's public health regions, are ready to assist with successful implementation of this rule by:

- I. Working with public housing managers to engage and educate residents and resident councils on the dangers of secondhand smoke and the benefits of the policy;
- II. Providing housing authority staff with technical assistance, including:
 - a. Training and education for property managers on implementation of smoke-free housing policies;
 - b. Planning timelines and communication with residents to get the best outcomes and strong compliance;
 - c. Choosing the location of designated smoking areas, if necessary, that will accommodate smokers without exposing non-smokers to secondhand smoke;
 - d. Using communication techniques to build support for the policy at the outset and for the duration using existing channels such as newsletters and resident meetings.
 - e. Assistance with signage development, including information on clear language and visuals, location, and other features of signage that have proven most effective in other North Carolina smoke-free policy implementation efforts. TPCB will work with PHA managers to explore ways to save money on signage through contracts with sign manufacturers that may offer bulk rates;
 - f. Protocols to ensure managers follow through consistently on complaints; if complaints are routinely addressed, compliance is better;
 - g. Providing a system that empowers residents to report violations in a safe way, such as signage that includes a telephone number and/or website or email address to register complaints about smoking in the public housing properties.
- III. Providing Information to residents and housing authority staff about evidence-based, low-cost or no-cost tobacco cessation assistance, including:
 - a. QuitlineNC is available at 1-800-QuitNow (1-800-784-8669) and offers the following services:
 - i. Counseling services to help smokers/tobacco users quit 7 Days a week, 24 Hours a Day
 - ii. A free two-week starter kit of nicotine replacement therapy to those with no health insurance, or with Medicaid or Medicare, who register with QuitlineNC.
 - b. Quitline materials are available at <http://www.quitlinenc.com/>
 - c. The NC Medicaid and Medicare Programs also offer tobacco cessation as follows:
 - i. NC Medicaid promotes QuitlineNC and reimburses for FDA-approved tobacco treatment medications with a co-pay if the physician provides a prescription. NC Medicaid does not reimburse for group counseling.
 - ii. Medicare covers up to 8 face-to-face visits in a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner. Most Medicare Part D plans cover prescription tobacco treatment medications such as Chantix or Nicotrol Inhaler or Nasal Spray.

- d. There are community-based programs in North Carolina that are exploring options for group cessation sessions, as these may be feasible and even desirable in housing facilities, especially for senior housing and other populations that may have limited mobility. Durham County currently offers free local cessation programs since studies show that multiple approaches such as the use of nicotine replacement therapy (NRT), support lines and group cessation increases the quit rate and helps individuals maintain status as a non-smoker.

Ms. Harris stated that she will send an electronic copy in a "track changes" mode to board members. The board agreed to send edits/comments back to Rosalyn McClain by December 31, 2015. A revised copy of the document will be provided in the board packet for the January meeting. The public comment period deadline is January 19, 2016.

- **AGENDA ITEMS JANUARY 2016 MEETING**

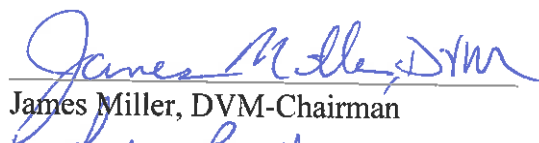
Ms. Harris presented several options for agenda items for the next meeting. The Board selected the following items:

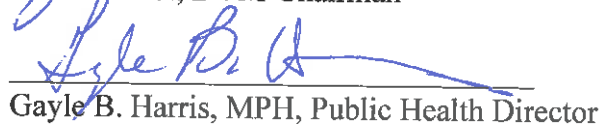
- HUD Smoke-Free Rule Comments
- Strategic Plan Update

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- NC Secretary of Health and Human Services Rick Brajer visited the health department on November 30, 2015.

Dr. Levbarg made a motion to adjourn the regular meeting at 7:50pm. Dr. Jackson seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

New (2015) Duke Center for Community and Population Health Improvement

- Multi-disciplinary, leveraging academic, health system, and community partnerships
 - Multi-sector Community Stakeholder Engagement Program
 - Community Engaged Population Studies Program
 - Policy and Practice Action Program
 - Education and Training

New Duke Center for Community and Population Health Improvement

- **Constructive Engagement:** Continuous partnerships among stakeholders to target innovations appropriately, inform community, drive further innovation
- **Innovation:** Developing new models of care to achieve sustained population health
- **Inquiry:** Apply rigorous science to identify what works best and how to achieve value
- **Policy and Practice Influence:** Create evidence flow and dialog to influence local and national policy and practice
- **Inaugural PCORI Award \$250,000 (awarded October 2015):** 2 years of engagement with Durham patients, families, and community stakeholders to establish priorities for future research

Community Health Indicators/Health Compass Program

- Joint effort of Durham County Department of Public Health, City of Durham, Duke Health System and Lincoln Community Health Center
- Inform community health through surveillance reports on common chronic conditions of importance to community health
- Initial focus
 - Diabetes
 - Hypertension
 - Obesity
 - Asthma

Durham Neighborhood Compass
Durham County Board of Health
December 10, 2015
John Killeen



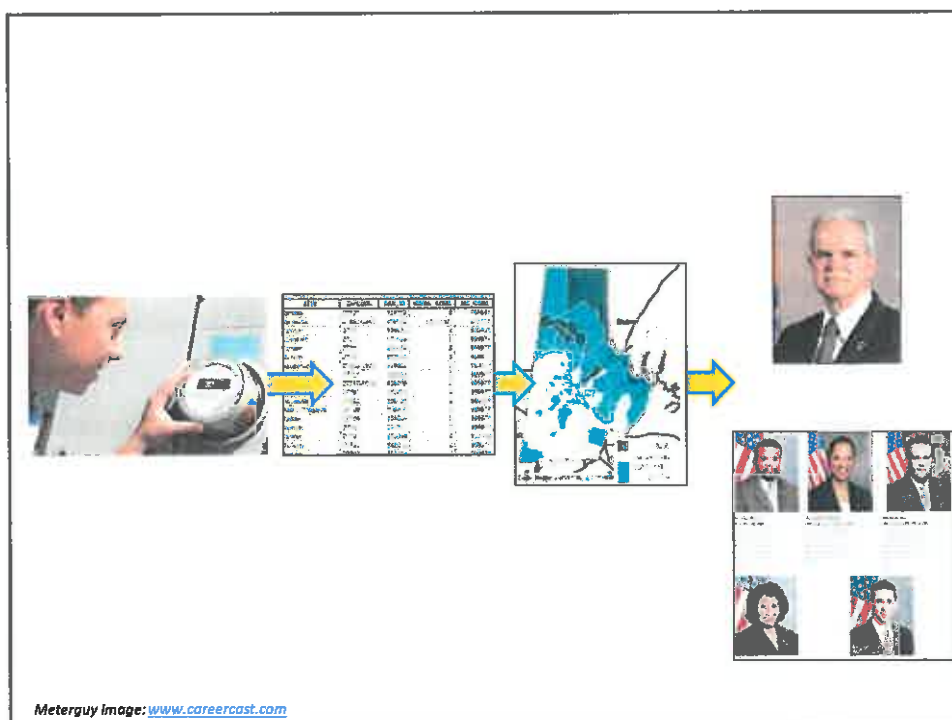
compass.durhamnc.gov

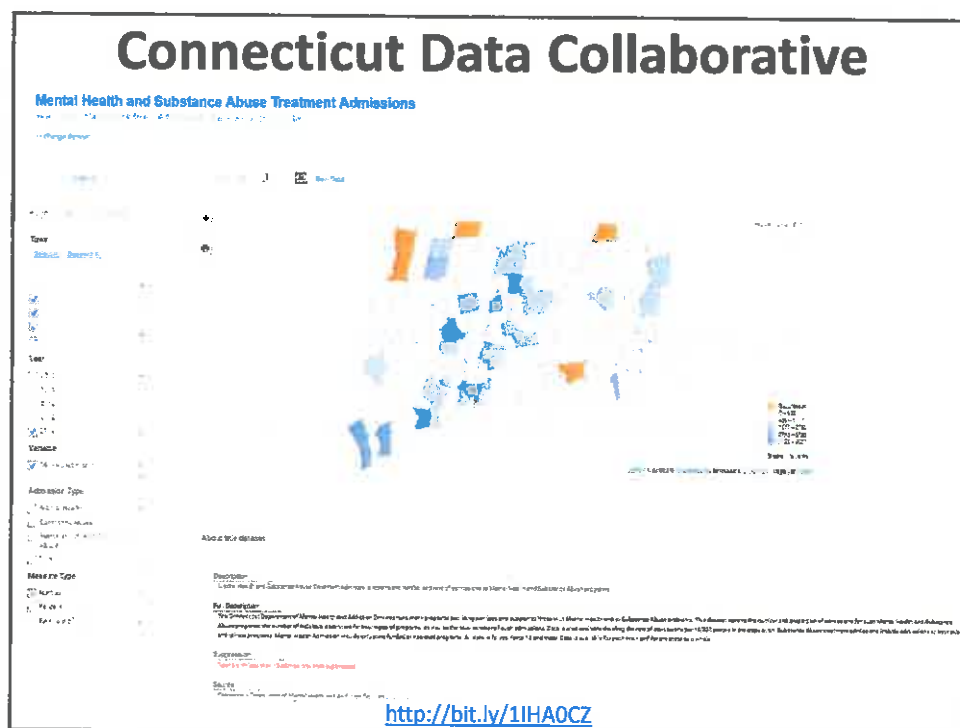
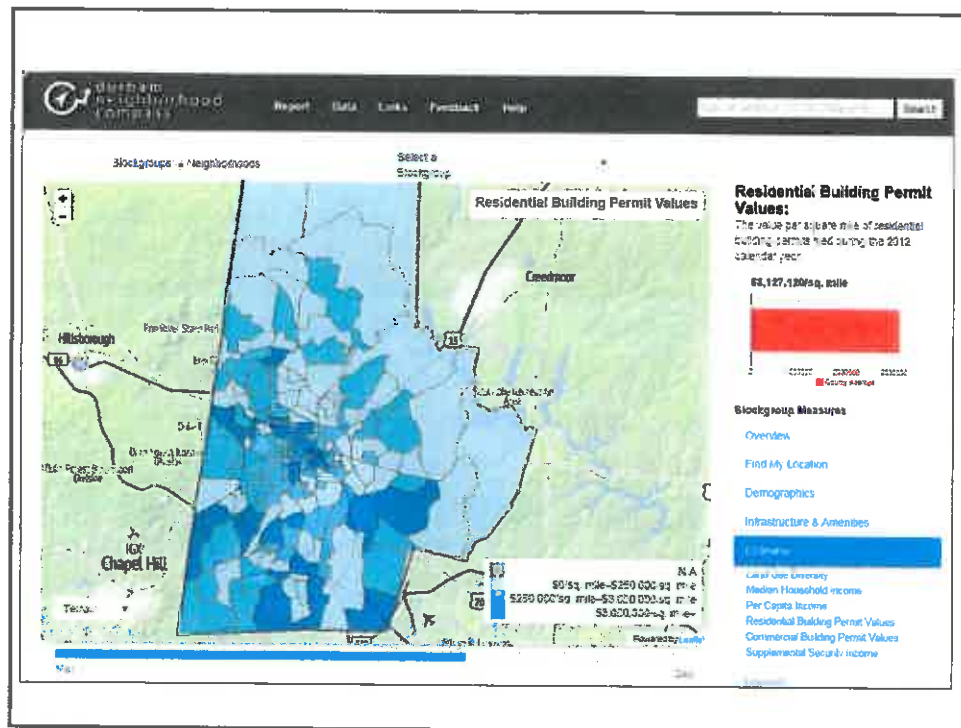
A Community Resource

From the **National Neighborhood Indicators Partnership:**

"Perhaps more important is the way they have used their data. NNIP partners operate very differently from traditional planners and researchers. Their theme is ***democratizing information***. They concentrate on facilitating the ***direct practical use of data by city and community leaders***, rather than preparing independent research reports on their own. And all have adopted as a primary purpose ***using information to build the capacities of institutions and residents in distressed urban neighborhoods.***"

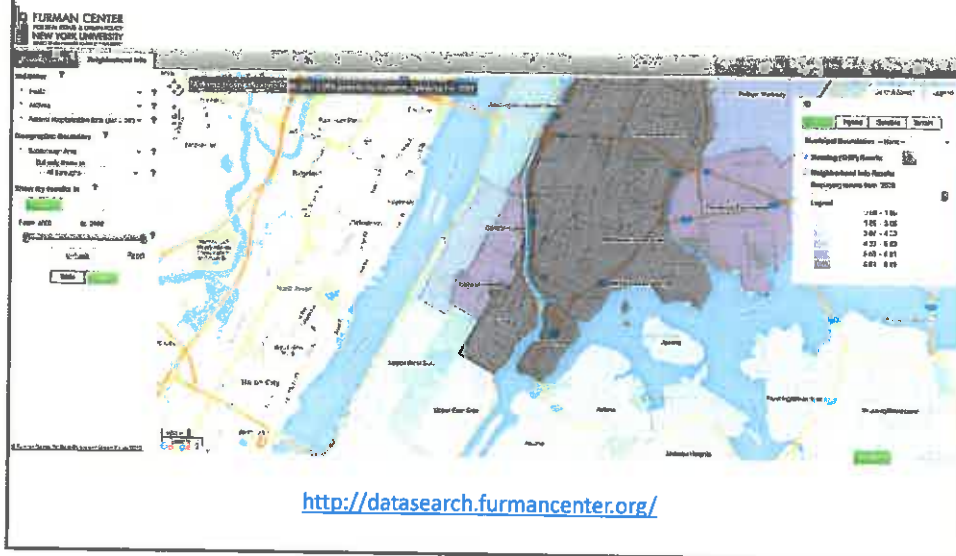
<http://neighborhoodindicators.org/about-nnip/nnip-concept>





Furman Center (NY)

Asthma hospitalizations per 1k people



Other examples

Not all include the essential spatial component...

Indianapolis

<http://www.savi.org/savi/>

San Antonio – NowDATA


<http://nowdata.cinow.info/indicators/?domain=health-and-safety>

Seattle/King County, WA

<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

San Francisco Health Improvement Partnership – Community Vital Signs

<http://www.sfhjp.org/index.php?module=Trackers&func=display&tid=2>



Public Health
100 Years of Service • 1913-2013


FY 2016
1ST
QUARTER

DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

FY 2016 BUDGET
GENERAL FUND AS OF 09/30/15

■ FY 16 Approved Budget 22,134,505	■ FY 16 Current Budget 22,422,949
■ County Funding 16,126,822	■ County Funding 16,368,466
■ Other Funding 6,007,683	■ Other Funding 6,054,483

■ County Percent 73%



1ST QUARTER EXPENDITURES
ENDING 9/30

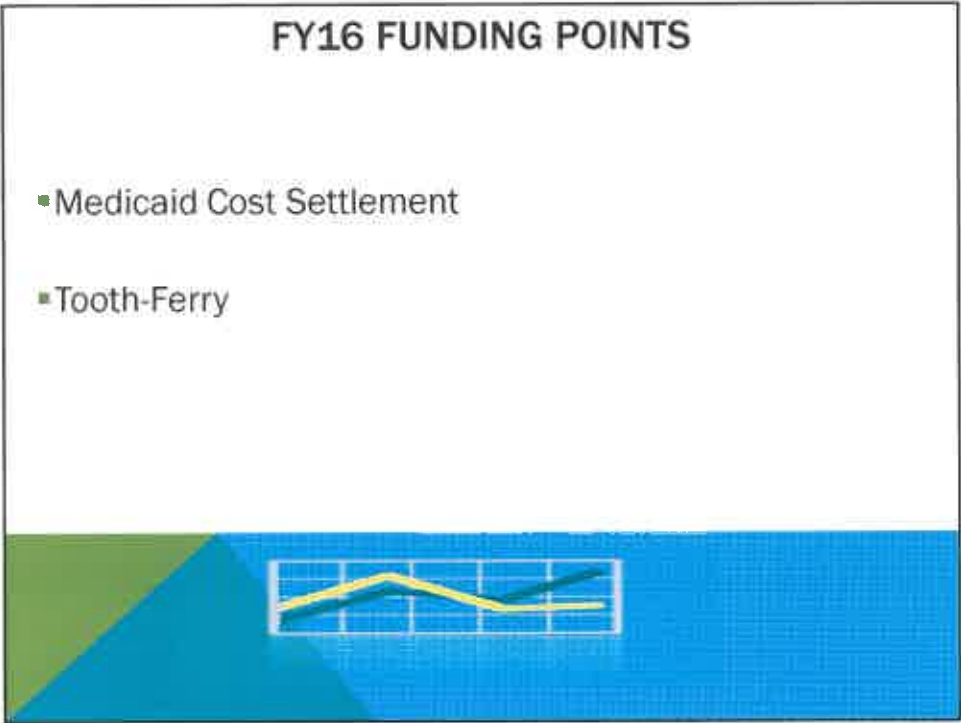
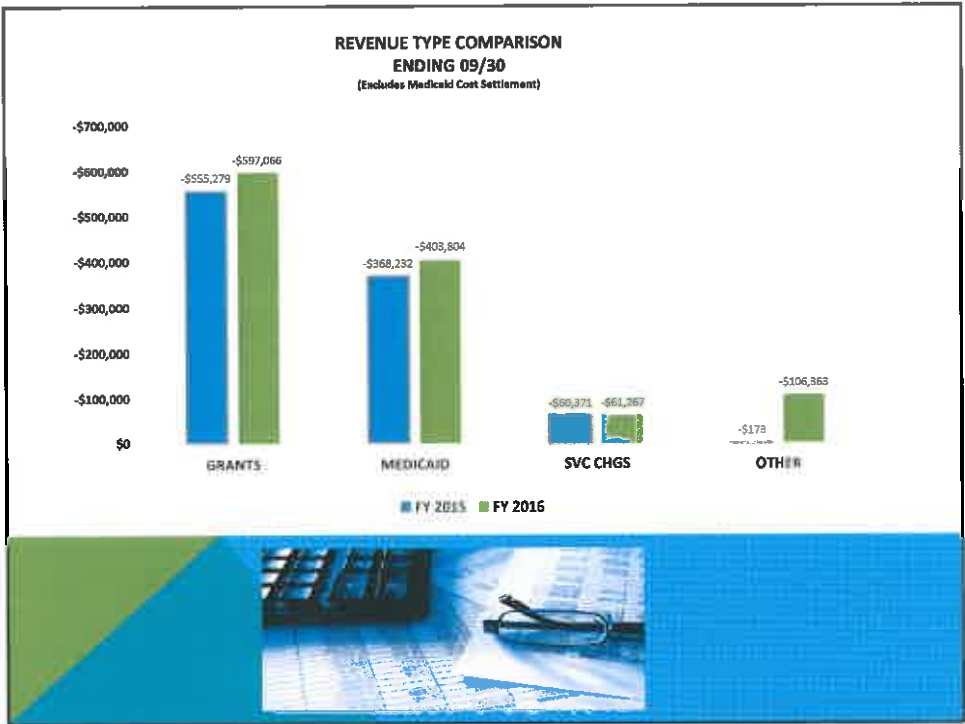
EXPENDITURES					
Fiscal Period	1st Qtr FY 12	1st Qtr FY 13	1st Qtr FY 14	1st Qtr FY 15	1st Qtr FY 16
Current Budget	19,605,946	20,637,475	21,491,527	22,558,407	22,422,948
Expenditures	4,125,035	5,012,297	5,272,059	5,628,523	5,800,123
Percentage	21%	24%	25%	25%	26%

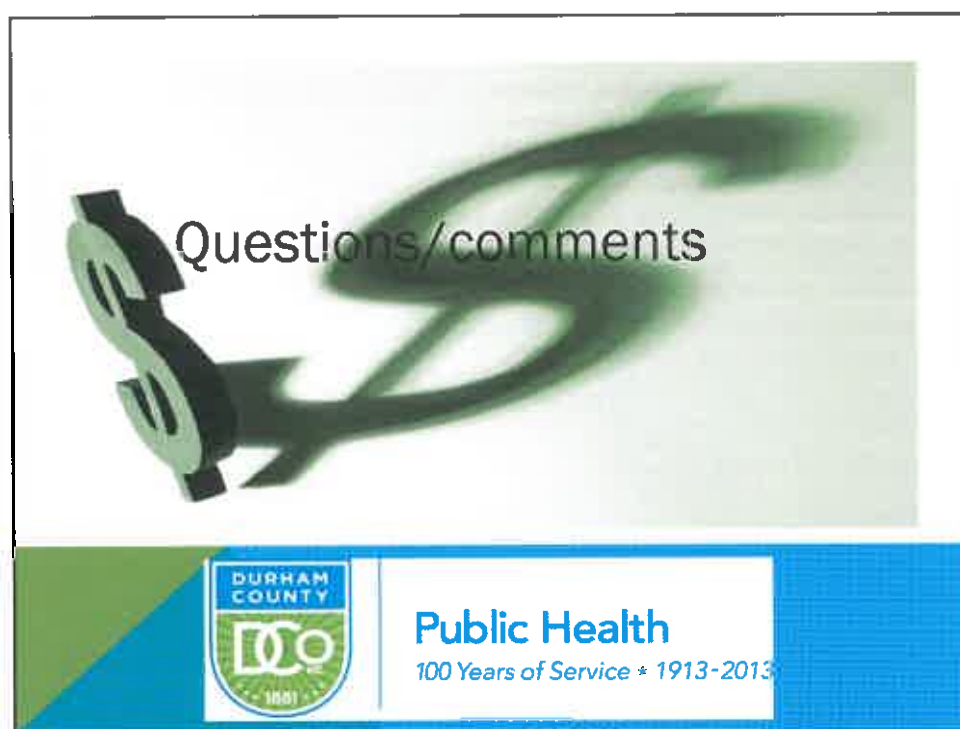
1ST QUARTER REVENUES
ENDING 9/30

REVENUES					
Fiscal Period	1st Qtr FY 12	1st Qtr FY 13	1st Qtr FY 14	1st Qtr FY 15*	1st Qtr FY 16**
Current Budget	5,619,207	6,078,237	5,864,069	6,275,894	6,054,483
Revenues	623,557	785,431	893,548	2,503,931	1,168,500
Percentage	11%	13%	15%	40%	19%

* Includes Medicaid Cost Settlement (Without Settlement Revenues 934,054; 15%)

** Includes Meaningful Use Funds (Without Meaningful Use Revenues: 1,065,250; 18%)





Managing for Results Model

Strategic Goals



- Community stakeholder engagement strategy
- Employee stakeholder engagement strategy
- Organizational learning through program reviews
- Benchmarking
- Accountability reporting to Commissioners, public and employees

- Real-time performance measures used to manage operations
- Process improvement
- Culture of innovation, leadership, collaboration and employee empowerment
- Improve processes, standards and accountability for employee performance



- Results-focused strategic planning
- Effective implementation framework with clear departmental integration
 - Operational plans align with Strategic Plan
 - Comprehensive internal and external communications strategies

- Investments based on Strategic Plan and key articulated priorities
- Program budgeting
- Performance measures and targets

Building on the foundation of exceptional customer service, driven by:

**Effective Communications
and Stakeholder Engagement
with Clear Roles**

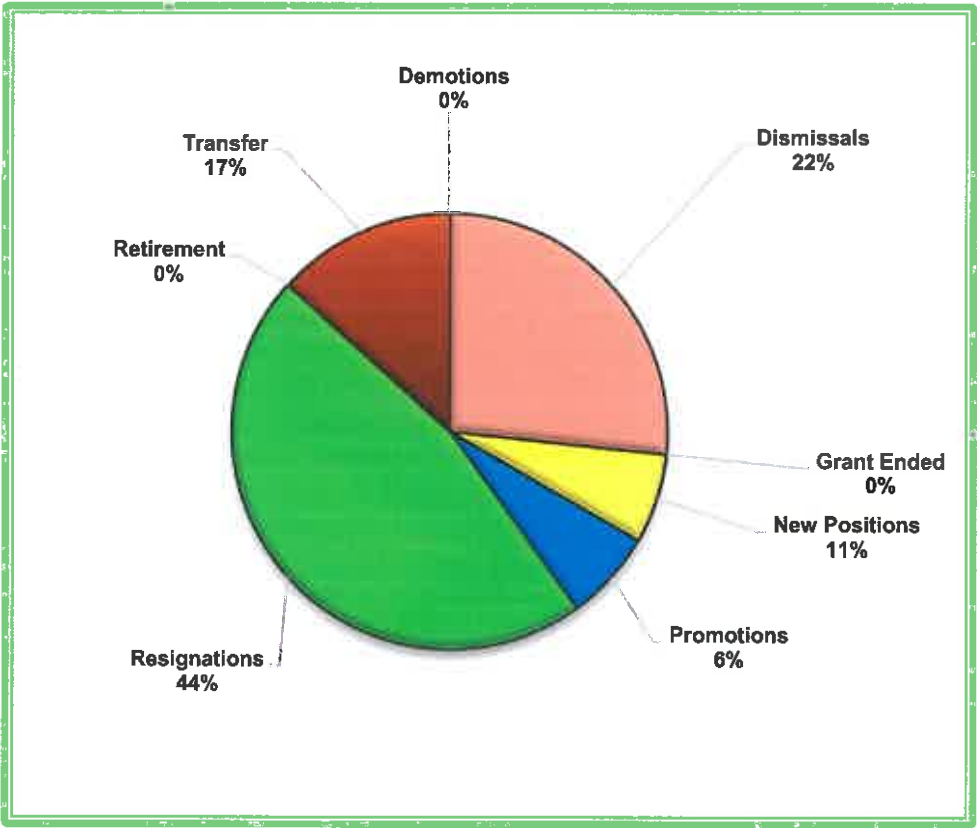
**Effective Partnerships
and Collaboration
that Add Value**

**Core Values
and a High-Performance Culture**

**Results-Focused Leadership
and Governance**

PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 11/30/2015

<u>Vacancy Reasons</u>	<u>FY 14/15 *</u>	<u>FY 15/16**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	1	3	4	22%
Grant Ended	0	0	0	0%
New Positions	1	1	2	11%
Promotions	0	1	1	6%
Resignations	1	7	8	44%
Retirement	0	0	0	0%
Transfer	0	3	3	17%
	3	15	18	100%



*3 positions remain vacant from FY 14/15.
 **FY 15/16 vacancies are cumulative
 3 position(s) became vacant in November 15/16
 15 position(s) were vacant out of 216 permanent positions (totaling 212.52 FTEs) for November, 2015

total # of vacancies for Nov	15
total # of allocated positions	216
% of vacancies	7%

VACANT POSITIONS in FY 2015/2016
Month Ending: November 30, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15, 6/22, 7/10	8/29/14, 9/5/14, 4/17, 7/24/15	10/12/15	
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/6, 8/21	8/1/14, 12/19, 1/30, 4/25, 5/30, 9/18	11/9/15	
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30, 10/28	1/30/15, 2/6/15, 5/15, 11/6	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15, 8/24	3/27/2015, 9/4/15		VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31, 8/15/15	9/28/15	
40004426	PH Educator	3/2/15	3/16/15	3/27/15	7/6/15	
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15	8/3/15	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	
40001139	Sr PH Nurse	4/24/15	6/29/15	7/17/2015, 7/31, 8/15/15	11/9/15	
40008575	Nutrition Specialist	5/1/15	6/1/2015, 10/5, 10/29	6/12/15, 6/26, 10/24, 12/4		VACANT
40000989	Office Assistant	5/6/15	5/11/15	5/15/15	8/17/15	
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	
40001013	Sr Medical Lab Assist	5/18/15	6/1/2015, 7/15	6/12/2015, 7/31, 8/7	10/12/15	
40001010	IT Support Specialist	5/22/15	10/2/15	10/16/15		VACANT
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15	9/28/15	
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7	10/12/15	
40003879	PH Nurse Spec	7/24/15	7/20/2015, 8/28, 11/16	7/31/15, 8/7/15, 9/18, 12/9		VACANT
40001011	Medical Lab Supervisor	8/12/15	8/31/15	9/11/2015, 9/25		VACANT
40001084	Sr PH Nurse	9/4/15	8/17/15	8/28/15	11/23/15	
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15	10/12/15	10/23/2015, 11/13		VACANT
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15		VACANT
40003400	PH Nurse Program Mgr	9/25/15	10/5/15	10/16/2015, 12/4/15		VACANT
40001119	Physician Extender	10/1/15	11/2/15	11/28/15		VACANT
40001153	Env Health Specialist	10/15/15	10/12/2015, 10/28	10/23/2015, 11/6		VACANT
40007630	Sr PH Nurse	10/30/15	11/9/15	11/27/15		VACANT
40001009	Medical Lab Technician	11/6/15	11/16/15	11/27/15		VACANT
40001140	Sr PH Nurse	11/17/15				VACANT
40001083	Sr PH Nurse	11/20/15	10/26/15	11/6/15		VACANT

*New Position

Total # of vacancies as of November 30, 2015 = 15

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
November 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office.	Mobile home has no wastewater system. 9/14/2015 - Property is now bank owned, unoccupied, and listed for sale on Triangle MLS. Listing agent has been notified of violation. EH has notified County Attorney's Office of change.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	Y	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process.	4/20/2015- Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed. 5/20/15 - 10 day demand letter issued by County Attorney's Office.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014	Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office.
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected	4/20/2015 - House is unoccupied
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe.	3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources.
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. 10/13/2015 - NCDWR has issued an Authorization to Construct for a NPDES system (NCG551667).
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.
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.	
5/7/2015	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.	7/20/2015- Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP.

6/25/2015	5114 Leesville Rd	Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	7/25/2015	N	N		Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV.	
9/28/2015	6101 Cheek Rd	No Subsurface Operator	10/28/2015	N	N		EH has not received system management reports as required by rule.	
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	N	N		Municipal sewer is available.	
10/21/2015	2639 E Geer St	Straight pipe discharge, unpermitted repair work, setback violations, septic tank subject to vehicular traffic	11/21/2015	N	N		Municipal sewer is available.	
10/22/2015	3817 Cheek Rd	Unpermitted connection to Controlled Demonstration system and graywater straight pipe	11/22/2015	N	N		Residential care facility. Main house has a straight pipe discharging washing machine effluent to ground surface. Office building is served by a Controlled Demonstration System. This system now has a second, unpermitted inlet pipe of unknown origin plumbed into the septic tank.	11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Washline is being redirected to conventional system.
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
10/28/2015	1725 Infinity Rd	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
10/28/2015	3050 Ruth St	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
11/19/2015	102 Hardscrabble Ln	No Subsurface Operator	12/19/2015	N	N		EH has not received system management reports as required by rule.	
11/25/2015	518 Pleasant	Surfacing Effluent & Unpermitted Repair Work	12/26/2015	N	N		Failing Low Pressure Pipe system has been excavated without permit.	
11/30/2015	1912 Torredge	Surfacing Effluent	12/30/2015	N	N		System is discharging to ground surface.	
11/30/2015	6448 Guess Rd	Surfacing effluent	12/30/2015	N	N		Pressure manifold is damaged.	8/19/2015 - USPS returned NOV as non-deliverable. 11/30/2015 - NOV hand delivered.

**ENVIRONMENTAL HEALTH
Compliant NOV's**

November 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	Y	11/30/2015	Septic tank lid has collapsed. 5/19/2015 - Repair permit issued. ** Septic tank replaced**	
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	Y	11/30/2015	Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available. **11/30/2015 - Parcel is connected to municipal sewer. Building Inspections has parcel condition on permit for subsurface analysis due to tank placement.**	2/25/2015-Property has been sold and acquired by a real estate company. Agent has stated they will pursue connection to municipal sewer. 6/2/2015 - Sewer installation is in progress, owner is consulting with Building Inspections for guidance on septic tank abandonment procedures. House remains unoccupied. 7/31/2015 - House is now connected to sewer, awaiting response from City/County Building Inspections regarding septic tank abandonments.
10/28/2015	8307 N Roxboro Rd	No Subsurface Operator	11/27/2015	N	Y	11/27/2015	Little River Community Complex - EH has not received system management reports as required by rule. **11/30/2015 - Report has been received by Environmental Health.**	
10/28/2015	9008 Quail Roost Rd	No Subsurface Operator	11/27/2015	N	Y	11/9/2015	Mangum Elementary School - EH has not received system management reports as required by rule. **11/9/2015-EH has received operation and maintenance reports from the Certified Operator.**	
10/28/2015	3103 Page Rd	No Subsurface Operator	11/27/2015	N	Y	10/30/2015	EH has not received system management reports as required by rule. **10/30/2015 - EH has received operation and maintenance reports from the Certified Operator.**	

10/28/2015	1002 Andrews Chapel	No Subsurface Operator	11/27/2015	N	Y	10/29/2015	EH has not received system management reports as required by rule. **10/29/2015 - Owner notified EH that mobile home was destroyed by fire. System not in use.**	
6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	Y	10/23/2015	Existing system crosses property line and is discharging effluent to the ground surface. **10/23/2015-New septic system installed.**	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued. House is unoccupied.
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	Y	10/22/2015	Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sand filter on property. Unoccupied house.	4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	Y	9/29/2015	Surfacing effluent **9/29/15 - Root blockage repaired in existing system**	8/20/2015 - EH staff contacted owner. Owner stated that she will proceed with hiring a septic contractor. 9/10/2015 - EH staff
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2015	N	Y	9/23/2015	Collapsed septic tank. Revised NOV 1/28/2015. House is unoccupied, existing system is non-repairable, owner referred to NC Div. of Water Resources for an NPDES permit. **9/23/2015 Property has changed ownership. New owner has obtained an Improvement Permit for pretreated subsurface drip irrigation.**	
8/19/2015	6703 Isham Chambers Rd	No Subsurface Operator	9/19/2015	N	Y	9/15/2015	EH has not received system management reports as required by rule. **9/15/2015 - Owner has contracted with a certified operator.**	

8/19/2015	8116 Willardville Station Rd	No Subsurface Operator	9/19/2015	N	Y	9/2/2015	EH has not received system management reports as required by rule. **9/2/2015 - Owner has contracted with a certified operator.**	
8/20/2015	203 Epperson	No Subsurface Operator	9/20/2015	N	Y	8/26/2015	EH has not received system management reports as required by rule. **8/26/2015 - Owner has contracted with a certified operator.**	
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	Y	8/20/2015	Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned. **8/20/2015 - Septic tank lid was replaced by owner**	5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office. 7/14/2015 - EH contacted owner via telephone. Owner stated the original concrete lid for the tank is on the property and that he would reinstall it. EH
7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N	N	8/4/2015	House is unoccupied. Existing tank has collapsed, NCOWCICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuitable for repair. Owners referred to NCDWR. **8/4/2015 - Septic tank has been properly abandoned and house is vacant**	
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	Y	7/22/2015	Repair permit issued 1/13/15, no contact from owner since **7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**	

5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N	N/A	System not under DCoDPH Jurisdiction	Anonymous complaint received by EH regarding septic system failure at this address. System failure verified during site visit. **7/14/2015 - Staff discovered the system is a discharging sandfilter under NCDENR jurisdiction. NC Division of Water Resources was notified by letter.**	
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N	Y	8/24/2015	Effluent pump is malfunctioning and needs to be replaced. **8/24/2015- Proper pump was installed, system repairs have been completed and Leaks corrected. System is functioning properly.	
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N	Y	8/27/2015	System was partially destroyed by driveway construction. Repair permit for septic system issued same day as NOV. **8/27/2015- System repairs have been completed and confirmed by ENV HLTH. A pump final will follow but system has been properly installed/repaired.	