

A Regular Meeting of the Durham County Board of Health, was held April 14, 2016 with the following members present:

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

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, Willa Allen; Alyson Bancroft; Amanda Kong; Alexandria Combs; Christina Villella, Dirk Davis and Eric McClenny

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

Chairman Miller welcomed the new Board Member, Spence Curtis. Mr. Curtis is filling the engineer position. Mr. Curtis has experience as a Commissioner and forty years of experience in environmental safety as an engineer.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following addition:

- Renewal Jail Medical Contract

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Mr. Dedrick made a motion to approve the minutes for March 10, 2016. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Dr. Miller made a motion to adjourn into closed session pursuant to **N.C.G.S. 143-318.11(A)(1) TO PREVENT THE DISCLOSURE OF PROTECTED HEALTH INFORMATION PURSUANT TO HIPAA.**

Mr. Dedrick made a motion to reconvene into the regular meeting. Mr. Ferguson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

Dr. Fuchs introduced Eric McClenny a Masters in Nursing Administration Student at UNC-CH – spending his residency with Dr. Fuchs and will finish his program in July. Mr. McClenny is also a Nurse Manager at Duke University Hospital for the Cardiothoracic Step Down Unit.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **UNC CAPSTONE MASTER'S TEAM (Activity 34.2)**

The UNC MPH Capstone Team provided an overview of the project: "Assessing the Implementation of the BOH Smoking Rule" that the team has been working on since August 2015. As part of the assessment, the team first conducted a literature review of best practices for smoke-free air (SFA) policies at the local government level to ensure Durham's policy can attain the positive impact other SFA policies have achieved. The team then conducted a variety of stakeholder interviews to gather information

2 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

about how the BOH Smoking Rule was passed, how exactly it was implemented, and how this Rule compares to other local SFA policies in NC. The team developed a formative research report based on the literature review and stakeholder interviews (disseminated to the BOH in January 2016). The team then developed and conducted surveys and focus groups with Durham County and City government employees and the general public (both English- and Spanish-speaking persons) to assess their knowledge of the Rule, how and where they found out about the Rule, and their personal experiences or observations of the implementation of the Rule.

Finally, based on the initial formative research in combination with the results of the surveys and focus groups, the team developed and shared with the Board final recommendations for the Durham County Smoking Rule as follows:

Recommendation 1:

Implement continuous education for the public about the BOH Smoking Rule

- Knowledge and awareness of Rule
- Social norms

Actions:

- Improve signage
- Designate and utilize smoking response teams to educate the public in areas where noncompliance is an issue
- Implement additional on-going education activities
- Re-brand policy language and/or communications materials that the places covered by the Rule include “all public places”

Recommendation 2:

Implement continuous education and enforcement for Durham County and City of Durham government employees about the BOH Smoking Rule

- Affects employee workplace
- Employees encouraged to educate

Actions:

- Implement activities to educate employees about the Rule
- Empower employees to educate the public
- Update BOH Smoking Rule to include provision that employees are subject to employer administrative policies related to the Rule
- Strengthen workplace-based enforcement mechanisms

Recommendation 3:

Designate enforcement officials & implement protocol for reporting violations and issuing citations

- Support for enforcement among employees and public
- Basis in literature

Actions:

- Grant the public health director authority to designate multiple government employees as enforcement officials
- Create the protocol and the actual forms for enforcement officials to report violations and issue citations
- Create a mobile-friendly website where the public can report violations

Recommendation 4:

Increase resources for & access to tobacco treatment services

- Requests for support to quit smoking
- Tobacco treatment as a best practice
- Unfeasibility of designated smoking areas

Actions:

- Increase funding for tobacco treatment services
- Increase access to tobacco treatment services for the public
- Increase access to tobacco treatment services for Durham

3 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

County and City of Durham employees

- Provide all treatment materials in English and Spanish

Recommendation 5:

Prohibit the use of e-cigarette devices in restaurants and bars

- E-cigarette smoke: nicotine, tobacco-specific nitrosamines, metals, particulate matter, volatile organic compounds
- UNC study: e-liquids may have potential to impair lung function
- Unregulated product
- Restaurants and bars highly frequented by employees and variety of patrons
- G.S. 130A-498: localities can have stricter SFA policies in some governmental and public places – does not include e-cigarettes
- G.S. 14-313: preempts localities from regulating sale, distribution, display, promotion
- Neither of these prohibit or preempt local governments from regulating the USE of e-cigarette products
- BOH has general rulemaking authority to “protect and promote the public health”
- Orange County as model and partner

(A link to PowerPoint presentation is attached to the minutes.)

<https://drive.google.com/open?id=0B-SuMrgldtFWelpPZG1XakVvTW8>

QUESTIONS/COMMENTS:

Dr. Levbarg: Can we get clarification about one thing, the second set of actions “Update BOH Smoking Rule to include provision that employees are subject to employer administrative policies related to the Rule”; we can interpret a lot of things, what do you mean by that?

UNC Capstone Team: The rule ask that all government employees have to abide by whatever workplace policies and we are envisioning you as the court; how does City/County government negate the policies saying that we expect all to abide by the rule and these are the consequences if you don’t abide by the rule while you’re on government property and so writing that in specifically will guide where you are as a City/County government employee... fall under a policy related to that.

Dr. Levbarg: So implied in here is some sort of punitive action?

UNC Capstone Team: So I don’t think punitive in a sense but that there should be an acknowledgement that there may be repercussions...So we heard from employees saying “If I’m late for work or if I’m tardy all the time based upon the workplace policy I can be written up by my supervisor” and that might be an effective way to get City/County employees throughout the departments to comply with the rule. So they saw it as adding it into the different policy or make it a part of an existing policy.

Dr. Levbarg: That makes sense to me but it is so wide open that....

UNC Capstone Team: We can separate that out.

Dr. Stewart: Did you come up with a better signage for the vaping or no vaping and the symbol of the e-cigarette is not so clear either. Have you looked at that?

UNC Capstone Team: We didn’t particularly look at signage but we did talk to our preceptors a little bit about that and they will have someone that will be looking into that...it’s something, I think would be stricter by having a primary person to look at the different signage because these products are so new. I think the thing that we did take away from this is that the “no smoking” signs need to be bigger and more visible so that they are in places that people can see.

Dr. Stewart: A work in progress. Do most people recognize e-cigarettes when they see ‘no smoking’ as included or not or you’re not sure?

UNC Capstone Team: Some of the smoking signs have been pretty interesting so we were very excited to know that within the municipalities actually knew about the rule and what it included....and I think on that

4 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

note with the beacon community, it's really strong right now and like Orange County they had trouble with people showing up to their Board of Health meeting against the rule that they are proposing because part of that is because of the consequences and we do know that e-cigarettes are probably less harmful than traditional cigarettes so a lot of people will not consider using e-cigarettes by smoking because it produces the smoke or the vapor comes out of it so you have to be careful if you want to include it under smoking.

Dr. Levbarg: One other question that I had was about what we did in terms of e-cigarettes does not in fact include restaurants or bars?

Attorney Wardell: No

Dr. Levbarg: No. So that is certainly a significant thing for us look at.

Attorney Wardell: So we didn't include restaurants and bars because typically the state has regulated them. So with the open areas now.....so we didn't, it's possible, but those are regulated by the state.

Chairman Miller: Is there any talk of them doing that?

Attorney Wardell: So I think the reason the state hasn't done anything is because of all information about second hand smoke being an actual problem because it's a lot of that right now and because it's sort of new.

Dr. Allison: Now with that being said, the way the statutes are written in North Carolina, the Board of Health can make a board of health rule that can't be preempted by the state. Am I actually reading that right? So even if they made a rule that we couldn't regulate e-cigarettes; actually that is against the current statute that says "the local board of health has the authority to make local board of health rules in the best interest of the public's health."

Attorney Wardell: No. The state can in fact make the rules that effect local areas.

Dr. Allison: So if we made a rule they can in fact come back and disembark that rule?

Attorney Wardell: Absolutely.

Dr. Levbarg: It seems to me that there has been a lot of turnaround where it use to be the norm that we would have the ability to write a rule that was as stringent or more stringent than what it states but it seems to me that what has happened a lot and has been turned upside down to say that we can't do anything that has more teeth or more stronger than what the state has decided in this area.

Chairman Miller: It seems to me when we worked on the rule we had a subcommittee....we had a committee to navigate that. I think that this is important to merit that consideration again.

Dr. Levbarg: We can only look at the bars and restaurant piece?

Chairman Miller: Well there is five level of recommendations so to try to cover this as a board I don't know if this.....

Dr. Allison: Gayle aren't some of these recommendations are already what we are looking at to include in the rule...we are kind of working on some of this stuff already....especially the signage.

Ms. Harris: We are working on the signage but some of the changes to the Rule were not included.

Chairman Miller: I guess I'm looking for advice or suggestions from our Board members.

Dr. Fuchs: There are a lot of specific recommendations and I appreciate that and think we should give them thought or consideration; so if one of the ways for us to do that is to develop a smaller group to see what else could be or should be considered I would make a motion to form a subcommittee to review and consider these recommendations.

Commissioner Howerton: I will second that motion and I have a question before we vote. Which one of the recommendations could be done just locally and not have to be approved by the state? That would be a question?

Ms. Harris & Attorney Wardell: All of them.

Commissioner Howerton: All of them could be done locally and not need to be approved by the state.

5 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Ms. Harris: Yes.

Attorney Wardell: Even regulations of bars and restaurants but typically that is done by the state, that may generate a red flag, and the state may lobby and come in and...

Commissioner Howerton: No red flags.

Attorney Wardell: We can do parts.

UNC Capstone Students: And the reason why the state is not regulating them now is because again the definition of smoking doesn't include e-cigarettes.

Commissioner Howerton: Don't we have a lot of rural counties that would be totally against this?

UNC Capstone Students: Yes.

Commissioner Howerton: So when you talk about state rules, we don't even want to get into that conversation.

Chairman Miller: So if I heard correctly we have a motion on the floor to form a committee to evaluate the recommendations and I also understood that Brenda seconded it.

Commissioner Howerton: Yes, I did.

Chairman Miller: So if there is no further discussion all in favor say I, Any opposed? The motion was unanimously approved.

Dr. Miller asked for volunteers to serve on an ad hoc committee to evaluate the recommendations presented by the UNC Capstone Team. Dr. Fuchs, Art Ferguson and Commissioner Howerton volunteered to serve on the committee.

Chairman Miller thanked the students for their work over the past year stating that their work will make the Board's job easier.

Dr. Levbarg: You know one thing I am thinking about know is whether this Board could do a presentation about what we have done and what we are doing, whether that might be something that we could do a presentation at NALBOH.

Chairman Miller: We can follow-up.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The Durham County Board of Health received a copy of the vacancy report for March 2016 prior to the meeting. There were 18 vacant positions. There were no questions from the Board.

(A copy of the Vacancy report is attached to the minutes.)

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

The Durham County Board of Health received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of March 2016 prior to the meeting. There were no questions from the Board.

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

Health Director's Report

Division / Program: Dental Division: Screening Group of High School Students

(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- The Dental Division screened a group of (uninsured) Jordan High School students after they did not receive services as planned from another mobile unit that visited the school.
- Some of the students were in need of treatment.

6 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Statement of goals

- To screen students in an effort to identify any urgent treatment needs.
- To offer parents information on the Dental Clinic as an option for treatment.

Issues

• **Opportunities**

- Although the Division only provides screening at DPS elementary schools, an exception was made to screen at Jordan as the Tooth Ferry was in the midst of repairs, and staff had availability.
- The dental team provided students' with information on the Department's Dental Clinic.
- The screening offered the chance for the Division to collaborate with our School Health program, and with cooperation from Jordan High School.
- Future discussions with DPS staff will note this incident for school consideration when inviting mobile dental units to their sites.

• **Challenges**

- Scheduling appointments for the students in a timely manner is a challenge as the clinic is booked through the summer and the Tooth Ferry does not provide treatment to Middle or High Schools.
- The *Smile, NC* mobile van was scheduled to visit the school to treat these specific students but then cancelled.
- Coordinating with the school took some time as staff were confused as to why this group of students was not treated by the *Smile, NC* van, etc.

Implication(s)

• **Outcomes**

- Twenty (20) students received screenings.
- Students were given Dental Clinic information to contact for an appointment.

• **Service delivery**

- Dental Screening at Jordan High School.

• **Staffing**

- Tooth Ferry Coordinator and PH Hygienist worked with School Health and Jordan High School staff with support (as needed) from Division and Dental Practice Directors.

• **Revenue**

- N/A

Next Steps / Mitigation Strategies

- Students have the option to complete treatment at the clinic. In addition, Division Director will follow-up with Dr. Rick Lemke (DPS) on this incident.

Division / Program: Nutrition / DINE / Culinary-Based Nutrition Education with Foreign Language Program at Holt Elementary (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.)

7 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- DINE nutritionists teach a series nutrition curriculum in thirteen elementary schools in Durham.
- Cooking-based nutrition education is provided by the DINE program to students at Holt Elementary School.
- During the 2015-2016 school year at Holt Elementary, the DINE nutritionist collaborated with the foreign language teachers to provide additional integrated educational opportunities.

Statement of goals

- To increase the nutrition awareness and basic cooking skills of elementary school students in Durham.
- To provide hands-on learning that integrates nutrition and health information with other school subjects.

Issues

- **Opportunities**
 - Holt Elementary is a magnet school with a focus on global studies and foreign language. Starting in Kindergarten, students receive daily foreign language lessons, learning either Mandarin Chinese or Spanish. Additionally, each grade level studies an area of the world throughout the school year, across academic subjects.
 - This presented an opportunity to integrate nutrition and health education with the educational standards and goals of other classroom subjects. Specifically, the DINE nutritionist partnered with the two foreign language instructors at Holt to lead cooking classes that blended food and nutrition with global studies.
 - Collaborating this way allowed more teachers in the classroom to work with the students in small groups, creating a better learning environment.
- **Challenges**
 - Scheduling was a challenge, since these classes had to accommodate both regular and foreign language classroom schedules.

Implication(s)

- **Outcomes**
 - Cooking-based nutrition education sessions were provided to the five first grade classes at Holt in November 2015, and to the six second grade classes in February 2016. Additionally, two first grade classes that receive Chinese lessons also received these special sessions in March 2016.
 - The one-hour, hands-on classes (13 sessions in total) reached 222 unduplicated students (260 students, including duplication).
 - One instructor stated in an email after the classes: “One more time MUCHAS GRACIAS!!! It was so exciting to be able to cook with my students a traditional food from Colombia. It was a great idea to integrate the Nutritionist role with the global theme our students are learning about. Some of them have already told me they cooked Arepas with their families, they enjoyed and learned a lot from the activity. Without your support this would have not been possible. Thank you so much! Hope to do another project with you in the future!”
- **Service delivery**
 - The sessions included a brief lesson about nutrition, facts about the country of focus (either Colombia or China), cultural and

8 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

culinary customs of the country, and foreign language practice (either Spanish or Chinese).

- The nutritionist gave an explanation of the recipe and cooking techniques, also discussing and demonstrating food safety techniques. The students then worked together to prepare a recipe (Arepas or Veggie Dumplings). After cooking, the students ate together and were given a copy of the recipe.
- **Staffing**
 - The educational sessions were provided by a DINE nutritionist, in collaboration with the two foreign language DPS teachers at Holt Elementary, with help from the classroom teachers and school volunteers.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The DINE program will continue providing its nutrition education program at Holt Elementary School and will continue to seek collaborations and integration with other school subjects, including the foreign language and global studies programs.

Division / Program: Nutrition/Health Promotion / DINE in Childcare (Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description:

- DINE in Childcare presented Eat Right Grow Strong: Nutrition and Physical Activity for Young Children at a conference sponsored by the Child Care Services Association (CCSA).
- DINE in Childcare strengthens the quality of nutrition and physical activity practices in child care settings.
- Child Care Services Association (CCSA) is a nationally recognized nonprofit working to ensure affordable, accessible, high quality child care for all families through research, services and advocacy.
- Advancing Skills and Knowledge (ASK) Conference is a yearly statewide early childhood conference for early childhood professionals given by CCSA.

Statement of goals

- To increase childcare directors and staff knowledge about childhood obesity and its effects on the healthy development of young children.
- To help child care directors and staff learn how to incorporate proper nutrition and physical activity into all aspects of child care.

Issues

- **Opportunities**
 - DCoDPH Nutritionist had the opportunity to collaborate with CCSA.
 - DINE in Childcare Nutritionist had the opportunity to speak with early childhood educators all over the state about the unique role that they play in the development of healthy eating and physical activities in their centers. Many attendees were childcare providers in Durham and thus this was a wonderful opportunity to advertise the DINE in Childcare program.

9 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Implication(s)

- **Outcomes**
 - Over 20 childcare providers learned about the DINE in Childcare program, about the need for proactive measures in child nutrition and physical activity, and about how they can model ways to support nutrition and physical activity in the classroom. Providers were very engaged and asked great questions during the presentation.
 - Received positive feedback from evaluations
 - ❖ Presenter was very engaging, taught me that I need to eat more healthier
 - ❖ She helped me to understand how important it is to stay in shape
 - ❖ I stayed willing to learn more
- **Staffing**
 - DINE in Childcare Nutritionist

Next Steps / Mitigation Strategies

- Follow up with CCSA for future collaboration efforts.

Division / Program: Nutrition Division / DINE/ Partnering with Durham Parks and Recreation

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The Holton Career and Resource Center is a Durham Public Schools facility that houses Durham Parks and Recreation services.
- DINE nutritionists partnered with Durham Parks and Recreation's Mature Adults program at Holton to bring a series of 4 classes to the Mature Adults Program participants in March, April, May, and June 2016.

Statement of goals

- To increase the nutrition knowledge of the Mature Adults program participants by providing nutrition and health information, budgeting techniques, and recipes.
- To encourage simple behavior changes towards healthier food selection, cooking, and eating habits.

Issues

- **Opportunities**
 - The partnership with Durham Parks and Recreation allows DINE nutritionists the opportunity to expand their reach to SNAP participants.
 - Durham Parks and Recreation offers a Chair Exercise class and holds a free Farmer's Market for Mature Adults participants. There is an hour of time between the exercise class and the Farmer's Market when participants are waiting for the Farmer's Market to begin but are not otherwise engaged in any activities.
 - The Nutrition Class is held during the hour in which participants are waiting for the Farmer's Market to begin.

10 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Implication(s)

- **Outcomes**
 - The first class was held on March 17th for 36 participants.
 - Lesson: MyPlate
 - Taste Test: 15 minute soup
 - Handouts: One great plate, Recipe
 - Educational Reinforcement: Wooden spoon
 - Three more classes are scheduled; one each in April, May, and June 2016.
- **Service delivery**
 - Each session covers topics relevant to the adult SNAP eligible participant.
 - Recipes and taste tests include talking points about the nutritional benefits of the ingredients, ways to tailor the recipe to the participant's liking, and budgeting tips.
- **Staffing**
 - The classes are staffed by a DINE Community Nutritionist and a DINE Healthy Environments Nutritionist.

Next Steps / Mitigation Strategies

- DINE staff will continue to be available to partner with Durham Parks and Recreation in order to bring more events like this to other DPR sites with DINE eligible participants.

Division / Program: Community Health Division/Parenting Program-Triple P

(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

- The Triple P – Positive Parenting Program is widely regarded as one of the world's most effective evidence-based parenting programs. The program has been strategically designed to allow a public health, population approach to parenting support.
- Triple P is designed to provide parents with skills to raise confident, healthy children, in addition to building strong or stronger, family relationships.
- Christian Adams, BSW, MSW, Triple P Coordinator for Durham County Public Health, was interviewed March 14, 2016 on a *My Carolina Talk* segment in honor of Parent Awareness Month.

Statement of goals

- To provide an awareness and initial understanding to Durham and surrounding counties of the clinical and practical benefits of the Triple P Parenting Program.
- Provide information for parents and other caregivers to access an additional evidence-based parenting program to promote education and resources for the development of effective parenting skills.

Issues

- **Opportunities**
 - To provide a forum to showcase this evidence based, population-based approach to parenting throughout the Durham and surrounding counties.
 - To demonstrate Durham County Department of Public Health's ongoing commitment to making meaningful changes in family resilience, family functioning and emotional and behavioral outcomes for children throughout the Durham community.

11 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

- **Challenges**

- Destigmatizing requests from parents for assistance is one challenge faced by Triple P. The Durham County Triple P Coordinator developed, and will soon implement the Stay Positive media campaign. Accredited Triple P providers will educate parents, and provide Triple P materials to raise awareness of individual parenting issues. Banners, public service announcements, parent newspapers, Facebook, Twitter and local websites are strategies used to promote this media campaign.

Implication(s)

- **Outcomes**

- The March 2016 Triple P segment on the *My Carolina Talk* television show generated interest from parents and providers in the community at large. The program coordinator received several requests for additional information on program interventions and service delivery.

- **Service delivery**

- Durham County's Triple P Coordinator will continue to work closely with Durham County Public Health's Information and Communications Manager to continue implementation of the Triple P Stay Positive Media campaign.

- **Staffing**

- Durham County's Triple P Coordinator

Next Steps / Mitigation Strategies

- Durham County Triple P will continue to support accredited Triple P practitioners who have regular interactions with parents. Accredited family workers, licensed social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy continue to use program resources to support parents' learning and use of Triple P strategies.

Division / Program: Community Health /Family Planning 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

- The Family Planning Clinic provides comprehensive contraception to the women of Durham County surrounding counties.
- Clinic hours are extended on Tuesday evening to try to attract more teens who are in need of birth control.
- SHIFT NC (formerly Adolescent Pregnancy Prevention Coalition) received a 5 year grant from the CDC to help publicly funded agencies to adopt best practices in teen health.

Statement of goals

- To increase the number of teens seen in the Family Planning Clinic
- To increase use of reliable methods of birth control.
- To decrease teen pregnancy rates.

Issues

- **Challenges**

- Few teens are seen in the Family Planning Clinic
- There is 2 to 3 month wait for appointments for new patients. That may be true also for teens unless the charge nurse or supervisor is contacted by intake.

12 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

- **Opportunities**
 - SHIFT NC is conducting a needs assessment for the Family Planning Clinic, Lincoln, and Planned Parenthood to address the barriers to teens utilizing needed services.

Implication(s)

- **Outcomes**
 - Following an extensive assessment, SHIFT NC will make recommendations to department leadership about barriers to services for teens and opportunities to increase and improve services to teens.
 - There may be money in the CDC grant to help fund some of the recommendations.
- **Service delivery**
 - Following the implementation of the recommendations and those changes that are initiated by staff as a result of this process, the Family Planning Clinic should be more attractive to teens who are in need of contraception.
 - Changes may include open-access scheduling and a different intake process.
- **Staffing**
 - There is no plan for staffing change at this time, but a detailed analysis may result in a change in staffing patterns.
- **Revenue**
 - This may some increase in revenue if the teens seen are covered by Medicaid.

Next Steps / Mitigation Strategies

- Family Planning Clinic staff will provide the requested baseline statistical data. Nurses, providers, and aides will gladly receive the training, technical assistance, and coaching provided by the SHIFT NC staff in order to create a more teen-friendly environment, increase the number of teens seen, and decrease the teen pregnancy rate in the county.

Division / Program: Administration / Communications and Public Relations

(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)

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.

13 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

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 March, three (3) general public health media releases or advisories were disseminated. Staff also responded to six (4) direct (unsolicited) inquiries from reporters. A total of 32 media pieces featuring or mentioning the Department aired (television and/or radio), were printed in the news, or were posted to the web by local media during the month. Topics and issues covered include:
 - ❖ Extensive coverage of National Nutrition Month activities⁽¹⁾
 - ❖ Release of the 2016 County Health Rankings;
 - ❖ A educational warning for Spring Break travelers regarding Zika-carrying mosquitoes and steps that can be taken to prevent contraction of the virus;
 - ❖ Coverage highlighting new syphilis case numbers across North Carolina, particularly counties with high numbers, which includes Durham;
 - ❖ A new, grant-funded program to increase Hepatitis C testing in Durham County;
 - ❖ Coverage of the Duke-Durham Health Summit;
 - ❖ March's *My Carolina Today* segment, focusing on staying fit during the holidays;
 - ❖ Partnership for a Healthy Durham column in the Herald-Sun, focusing on socioeconomic barriers relating to better health in Durham; and
 - ❖ Weekly restaurant inspection scores.

The Communications Team also released the March edition of Community Connections.

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 / Partnership for a Healthy Durham

(Accreditation Activity 1.2 – The local health department shall update community health assessment with an annual interim state of the county health report)

14 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Program description

The purpose of the State of the County (SOTCH) report is to provide updated information about priority health issues, identify emerging issues, and highlight new health initiatives in the county. The SOTCH is done in years between Community Health Assessments.

Statement of goals

- To update health statistics from the 2014 Community Health Assessment.
- To report on new initiatives to address health priorities.
- To measure progress on current health priorities.

Issues

- **Opportunities**
 - Update the community on initiatives and health statistics since the last Community Health Assessment.
 - Work with community partners and community members to continue the work to address health priorities in Durham.
- **Challenges**
 - Ensuring that data is shared with all areas of Durham County

Implication(s)

- **Outcomes**
 - The 2015 SOTCH is a 10 page document which updates statistics and progress made on the health priorities of Access to Care, HIV/STIs, Obesity and Chronic Illness, Substance Use/Mental Health, Education and Poverty.
- **Staffing**
 - The Health Education Director and Partnership for a Healthy Durham Coordinators facilitated the process and received support from Duke Medicine Division of Community Health and community partners.

Next Steps / Mitigation Strategies

- The 2015 SOTCH was submitted to the North Carolina Division of Public Health on March 7th
- The SOTCH was given to attendees at the March 18 Duke/Durham Health Summit.
- The report is available at www.healthydurham.org.
- The Partnership Coordinator will work with DCoDPH Communications staff to share the report in social and traditional media and the community.

COMMITTEE REPORTS:

- **AD HOC SUBCOMMITTEE-ENERGY DRINKS (Activity 40.2)**

Ms. Harris stated that a doodle poll to convene the committee was sent out to the committee members. A word document with web-links related to literature of Energy Drinks and the Risk Associated with Adolescents was also sent for the committee to review.

- **AD HOC SUBCOMMITTEE-CREDENTIALING BOARD PROCESS FOR COMMUNITY HEALTH WORKERS (Activity 41.2 & 41.3)**

Ms. Harris stated that a doodle poll will be sent out to convene the committee.

OLD BUSINESS:

- **UPDATE-NEW DENTAL VAN PROPOSAL (Activity 21.3)**

Jim Harris, Dental Division Director provided the Board an update on the formal evaluation of bids, in order to purchase a new mobile dental unit.

15 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

During the fall of 2015 the Board of County Commissioners approved a request to appropriate \$475,000 for the purchase a new mobile dental unit to replace the Tooth Ferry. In January 2016 an RFP for a new vehicle was issued, and bids were accepted through the month of February. Five proposals were received, with bids ranging in price from \$359,150 - \$589,397.

On April 1st an Evaluation Committee met, with members from the Dental Division, UNC School of Pediatric Dentistry, Durham County EMS, and the County's Fleet Manager. The committee selected the proposal of LifeLineMobile, from Columbus, Ohio. Their bid came in at \$449,773. An additional option the committee recommend purchasing is a GPS Truck Navigation with Rear Video Monitor at a cost of \$895. Depending on the payment option the County chooses, a finance charge of \$6,559.19 may apply. The total cost would be \$457,227.19.

LifeLineMobile has built mobile units for, and lists as references: Wilkes Public Health Dental Clinic (North Wilkesboro, NC), NC Baptist Men's Dental Program (Cary, NC), NC Dental Society (Cary, NC), Arkansas Children's Hospital, Cumberland Family Medical Center (Burkesville, KY), University of Kentucky School of Dentistry, International Community Health Services (Seattle, WA), and Amite County Medical Services (Liberty, MS).

The factors which led to the selection of the LifeLineMobile proposal included:

- The proposed unit would have a truck, not RV platform, which offers the following benefits:
 - a. The truck box has much more usable space;
 - b. The vehicle will be easier to drive and maneuver;
 - c. The vehicle will be easier to maintain – general maintenance can be done via County.
- Proposed vehicle walls will be more metal than wood, which makes the vehicle less “top heavy” and walls are well insulated.
- A singular roof is proposed with no joint lines or seams, minimizing any issues with roof leaks.
- The dental equipment to be installed is by ADEC, and is considered “top of the line.” LifeLineMobile has also proposed including Nomad handheld x-ray unit (recently approved in North Carolina) if the Division chooses to use this technology.

The base cost for the unit would be \$449,773. The Committee believes we should add on Rear Video monitor for \$895. Depending on payment option, there could be \$6,559.19 finance charge. This would bring maximum purchase price to \$457,227.19.

The Division is awaiting response from NC Department of Environmental Quality on a grant we submitted for \$115,000 towards purchase of a new mobile unit.

The Durham County Department of Public Health recommended that the Board approve the purchase of the LifeLineMobile vehicle, and to forward the proposal to the Board of County Commissioners for final approval.

QUESTIONS/COMMENTS:

Dr. Fuchs: Is this the layout.

Mr. Harris: Yes.

Dr. Fuchs: Is the only sink in the restroom?

Dr. Allison: No, there is a sink in the operatory.

16 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Dr. Fuchs: Where is it?

Chairman Miller: Under the eyewash.

Dr. Fuchs: So you would use that sink as a hand-washing sink in your eyewash area?

Dr. Allison: Usually and I am guessing...Dr. McIntosh can tell you, in a situation like this, in these types of units you use hand-sanitizer for washing your hands that you would get for each operatory. Each time you come in an operatory, you have to wash your hands but in this situation it will probably be hand-sanitizer.

Dr. Levbarg: Jim, what will be the graphics on the side of the unit?

Mr. Harris: So we are actually going to talk with Durham School of the Arts to see what they can come up with.

Dr. Stewart: Do they use vinyl or are they going to paint it?

Mr. Harris: They use vinyl.

Dr. Levbarg: You said there are two additions 1) was the rear camera and that was a no brainer...what was the second.

Mr. Harris: The Finance Charge.

Dr. Stewart: What will happen to the old one?

Mr. Harris: Surplus.

Dr. Levbarg: Is this gas or diesel?

Mr. Harris: Diesel.

Dr. Allison made a motion to approve the purchase of the LifeLine Mobile vehicle proposal and forward the proposal to the Board of County Commissioners for final approval. Dr. Levbarg seconded the motion and the motion was unanimously approved.

• **PUBLIC HEALTH AND VIOLENCE PREVENTION
ACTIVITIES (Activity 14.1)**

Mr. Ireland, Deputy Health Director provided the Board with an update on the department's continued activities to work with the community to implement a public health model to address violence (shootings and homicides) in Durham.

- 1) Continued Meetings with Reinvestment Partners for the RWJ Planning Grant (Invest Health submission/personal statement) around Community Development and Violence, March 11, 2016
- 2) Monday, March 14th 2016, received notification from the National Cure Violence Office, Lori Toscano, Executive Director for National Programs, that Durham, NC has been selected as a Cure Violence Site. With On-Site Assessment to be scheduled with the National Office. It's usually a two-day process (data review/analysis with law enforcement or another partner that makes sense, discussion/Q&A with potential implementation team and/or partners, tour of potential target area(s) to determine staffing pattern, etc.). A conference call with Ms. Toscano will be set up to discuss the details of the visit/site assessment.
- 3) Cure Violence Presentation to The Durham Directors group on March 16th.
- 4) Meeting with Michelle Young Project Build, March 17th
- 5) Cure Violence Presentation to Criminal Justice Advisory Committee, March 22nd
- 6) Cure Violence Site Assessment Agenda received from Lori Toscano, April 12th.
- 7) Cure Violence presentation to Durham TRY, April 13th.
- 8) Will work with partners to develop potential site visit dates.
- 9) Breakfast meeting scheduled /April 15th with Mr. Jason R. Redmond, M. Ed of Beta Phi Social Action Committee,
- 10) Meeting scheduled with Major Adam O. Clayton, Durham County Sheriff's Office.

17 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

Next Steps:

- Arrange for a conference call with Lori Toscano to talk about the details
- Begin planning with partners for site visit using the Site Assessment Agenda.
- Provide Cure Violence Overview presentation to the Clerk to the Board of Commissioners for presentation on May 13th to the Crime Cabinet.

QUESTIONS/COMMENTS:

Commissioner Howerton: Could you say a little bit more about what does that mean; what the site visit and research...what is that going to do?

Mr. Ireland: Cure Violence is a public health violence reduction module that uses violence interrupters and outreach workers in the community defined by the Cure Violence Provider Office along with the National Office. The interrupters and outreach workers stay tuned to what's going on in the community and work in conjunction with local law enforcement relative to the potential for violence that may be occurring in specific target areas. The interrupters who are from that community or from that target area have the trust of the people in that area to interrupt the transmission of violence much like public health does for the interruption of the transmission of diseases. Using violence interrupters has not been done in Durham County. We are putting forth this effort because the violence interrupters and outreach workers worked so well in other areas across the country and other places around the world.

Commissioner Howerton: So if I pull up Cure Violence, I can read more about the program?

Mr. Ireland: Yes ma'am. Go to the National Cure Violence website. They have everything listed there.

Dr. Fuchs: Are you going to solicit other community partners that help in this process?

Mr. Ireland: That will probably will never stop. We will probably always reach out to other partners. One of things that I would like to see from this process is that all the organizations in Durham that are working on reducing violence work together. So we will always be reaching out to try to bring partners together. At Duke, I have reached out and talked to Kim Bailey and Claudia McCormick. They are really interested in working with us.

Dr. Allison: That will be good to stop the retaliation.

Ms. Harris: If I am remembering correctly, if there are people, who are victims of gun violence; hospital staff will call the outreach worker who will come to the hospital to connect with the person while he/she is in the hospital.

Mr. Ireland: Select hospital staff will also be trained as if they were outreach workers but they will proceed from a standpoint of working in the Emergency Department.

Ms. Harris: Do you have any more questions Commissioner Howerton?

Commissioner Howerton: No. I ask that you somehow make sure that if you are working within the county that we really know what you are working on so that we can speak about it in the community. So much is going on but we really can't give the community any information about it because we don't know or we don't know enough about it to talk intelligently about it, so then the community doesn't think you're doing anything.

Mr. Ireland: We have already presented it to the Mayor, Chief of Police and various groups within the City and County to continue to get buy-in into the program to retain sustainability.

Ms. Harris: This program is also part of our budget request.

- **UPDATE-BUDGET MEETING COUNTY MANAGER:**

Mr. Harris stated that she, Eric Ireland, Joanne Pierce, Will Sutton and Chairman Miller met with the County Manager and budget staff to discuss the department's budget priorities that were requested. While a request was made for forty-seven school nurse positions the Manager will probably recommend a gradual addition of the positions.

Chairman Miller stated that the County Manager asked similar questions that were asked in the Finance Committee Meeting. Chairman Miller stated the meeting went very well.

Ms. Harris stated that the County Manager will present the budget to the County Commissioners on May 23, 2016.

- **PUBLIC COMMENTS—PROPOSAL USDA RULE: ENHANCING RETAILER STANDARDS IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

The Board received a revised copy of the Proposed USDA Rule: Enhancing Retailer Standards in the Supplemental Nutrition Assistance Program (SNAP). The revisions are underlined and in bold print in the document below.

Revised--Proposed USDA rule: Enhancing Retailer Standards in the Supplemental Nutrition Assistance Program (SNAP)

The Durham County Board of Health and the Durham County Department of Public Health applaud the USDA's efforts to improve access to healthy foods for SNAP recipients. Hundreds of North Carolina residents and thousands of SNAP recipients nationwide can now access healthy foods due to the USDA's Food Insecurity Nutrition Incentive Program. We are excited that the USDA continues to expand its food access work and is now looking at how small grocery and convenience stores can improve access with the rule to Enhance Retailer Eligibility Standards in SNAP.

The Durham County Department of Public Health has been partnering with small grocery and convenience stores for three years to increase access to healthy foods for our residents. Therefore the rule to Enhance Retailer Eligibility Standards in SNAP is of great interest to us. We embarked on this project because residents responding to our community health assessment surveys and focus groups continually rank improving access to healthy foods in their neighborhoods as a high priority.

In the last three years, we have learned of a number of barriers that small store owners have in stocking of healthier foods. First, it takes time and targeted marketing to change shopping behavior. To run a successful program, store owners need technical support and training to determine appropriate items to stock and to assist with marketing, product placement, and proper storage and handling of fresh product. This requires staffing and financial resources that small store owners typically cannot provide. Store owners also often need extra equipment to display and store the food. When stores add too many items too quickly without targeted marketing, the store owners tend to lose profits. We strongly suggest a staged roll out that includes financial and technical assistance for the stores be included as part of the proposed rule.

Furthermore, in order for healthy store initiatives to be successful, store owners need to have a source from which to purchase low cost healthy items so they can sell the items at a price patrons are willing to pay. Distribution and purchasing infrastructure does not yet exist throughout most of the country to support this effort. The stores we work with do not have storage space and thus cannot purchase food in bulk quantities, making it difficult to purchase items at a low enough cost. Again, a staged roll out that includes time to build the supply infrastructure is necessary.

Finally, the lack of storage space at many small stores makes it nearly impossible for them to stay fully stocked all week long. Requiring stores to keep at least six of each required item stocked at all times will be a great burden on the stores with which we work. We suggest that the number and amount of healthy foods required be variable based on the capacity of the store. **We also strongly suggest that only stores above a square footage threshold be required to abide by the rule; stores smaller than the square footage threshold should instead be incentivized if they abide by the guidelines. This would greatly reduce the burden on the store owners while likely still increasing access to healthy food. The Food Trust defines a corner store as having less than 2,000 square feet, four aisles or less and one cash register and we support this definition as a small store.**

The store owners we partner with are already working hard to increase access of healthy foods in our community. These same owners have expressed strong concern that the proposed ruling would create a financial burden for their stores. We fear this burden may be a disincentive for small grocery stores and convenience stores to accept SNAP, thus reducing the very access the ruling is trying to increase. The Durham County Board of Health and the Durham County Department of Public Health do not support the rule to Enhance Retailer Eligibility Standards in SNAP as it is written. **However we support a revision of the rule to include a staged roll out, financial and technical assistance for the stores, and exemptions for stores under a certain square footage threshold.** This will ensure a more successful implementation of the proposed rule and more positive outcomes for the retailers and communities affected.

Dr. Allison made a motion to accept the revised document and forward the comments by deadline of April 18th. Dr. Levbarq seconded the motion and the motion was unanimously approved.

- **NORTH CAROLINA HARM REDUCTION COALITION
RESOLUTION: LEGALIZING SYRINGE EXCHANGE
PROGRAMS IN NORTH CAROLINA**

At the last meeting Ms. Harris requested Board support for the North Carolina Harm Reduction Coalition's Resolution in Support of Legalizing Syringe Exchange Programs in North Carolina. At the last meeting, Melissa Martin, director of Allied Health Services said that legislation was passed in May of 2015 to legalize syringe exchange programs. While there are communities with syringe exchange programs, legislation is needed to legally establish syringe exchange programs. The Board was asked to approve and sign the resolution.

**Resolution in Support of Legalizing Syringe Exchange
Programs in North Carolina**

WHEREAS, North Carolina experienced a 565% increase in heroin deaths from 2010 to 2014; and,

WHEREAS, the increase in heroin use has been accompanied by a 187% increase in acute hepatitis C (HCV) cases in North Carolina from 2010 to 2014; and,

WHEREAS, according to the Centers for Disease Control, Viral Hepatitis Surveillance Report End-of-Year 2014 report, in 2014 North Carolina's acute HCV rate exceeded that of the US and injection drug use was by far the greatest risk factor for HCV acquisition; and,

WHEREAS, the lifetime cost of treating an HIV-positive person is estimated to be between \$385,200 and \$618,900iv, while hepatitis C costs \$100,000-\$500,000 to treat; and,

20 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

WHEREAS, drug therapy costs for HCV and HIV/AIDS represent the top two specialty drug classes by per member per year spent in 2014 for North Carolina Medicaid, which spent \$8,068,113 on HCV medications in 2013 and \$50,840,276 on HCV medications in 2014, an increase of 530%; and, **WHEREAS**, syringe exchange programs provide sterile syringes and other injection equipment, overdose prevention education and referrals to drug treatment and social services to people who inject drugs in exchange for used syringes; and,

WHEREAS, syringe exchange programs are proven to lower HIV transmission among injection drug users by up to 80% and HCV transmission among injection drug users by up to 50%, thereby saving millions of taxpayer dollars that would have gone to treating Medicaid recipients with HIV and HCV; and,

WHEREAS, studies show that syringe exchange programs can lead to a 66% drop in needle-stick injuries to law enforcement; and

WHEREAS, syringe exchange programs are proven to not increase or encourage drug use; and,

WHEREAS, syringe exchange programs lower crime by connecting community members with social services such as food, housing, addiction treatment and career development programs; and,

WHEREAS, syringe exchange program participants are five times more likely than nonparticipants to enter drug treatment programs.

NOW, THEREFORE, BE IT RESOLVED THAT Durham County Board of Health supports legalizing syringe exchange programs in North Carolina in an effort to lower the transmission of blood borne disease, protect law enforcement from needle-stick injury, support the fiscal sustainability of North Carolina Medicaid, and connect people who use inject drugs to substance use treatment and social services.

Please print/type:

Organization: _____

Staff Signer: _____

Address: _____

City: _____

State: ____ Zip Code: _____

Phone: _____

Email: _____

i NC Injury Prevention Branch

ii NC Department of Health and Human Services surveillance data

iii <http://www.cdc.gov/hepatitis/statistics/index.htm>

iv Schackman, B.R., Gebo, K.A., & Walensky, R.P. et al. (November 2006). The lifetime cost of current Human Immunodeficiency Virus care in the United States. *Medical Care*, 44(11), 990-997.

v Mizuno, Y. et al. (2006). Correlates of health care utilization among HIV-seropositive injection drug users. *AIDS Care*, 18(5):417-25.

vi NC Department of Health and Human Services surveillance data

vii Des Jarlais, D.C., Arasteh, K., & Friedman, S. R. (2011). HIV among drug users at Beth Israel Medical Center, New York City, the first 25 years. *Substance Use & Misuse*, 46(2-3), 131-139.

viii Turner, K. et al. "The impact of needle and syringe provision and opiate substitution therapy on the incidence of hepatitis C virus in injecting drug users: pooling of UK evidence." *Addiction*, E-publication ahead of print, 2011.

x Groseclose, S.L. et al., "Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992-1993," *Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology*, vol. 10, no. 1, 1995, p. 82–89.

xi Institute of Medicine. Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence. Washington, D.C.: National Academies Press, 2006.

xii Center for Innovative Public Policies. Needle Exchange Programs: Is Baltimore a Bust? Tamarac, FL: CIPP; April 2001

xiii Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER., "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors," *Journal of Substance Abuse Treatment*, vol. 19, 2000, p. 247–252.

Dr. Allison made a motion to support the North Carolina Harm Reduction Coalition Resolution: Legalizing Syringe Exchange Programs in North Carolina. Mr. Curtis seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

- **14TH ANNUAL DUKE/DURHAM HEALTH SUMMIT
(Activity 41.2)**

Ms. Pierce provided the Board with an update on the recent 14th Annual Duke/Durham Health Summit that occurred on March 18, 2016.

This year's health summit's theme, *Collaborating across Durham to Achieve Health Equity*, focused on the engagement of multiple sectors to create a shared understanding of cross-sectoral relationships and roles as it relates to health equity. Health equity is defined as everyone having the opportunity to attain their highest level of health. Presenters included Dr. Eugene Washington (Duke University Health System), Gayle Harris (Durham County Department of Public Health), Amy Slonim (Robert Wood Johnson Foundation), Bay Love (Racial Equity Institute) and Sheila Craig (Texas Health and Human Services Commission).

Participants had opportunities for discussions across disciplines about their multi-sector impact on community health and how potential partnerships from other sectors can be enhanced to close gaps, improve service delivery, and address inequities expressed in systems and institutions to achieve health equity.

Approximately 320 attendees participated in the health summit representing over a dozen sectors and industries including academia, business, child welfare, criminal justice, education, employment, foundations, government (local, county, state and federal), health, housing, research, and technology. A significant percentage (31%) of participants completed the evaluation which revealed high satisfaction with the summit's content and desire to continue conversations about health and racial equity.

Durham County Department of Public Health offered three opportunities for up to 150 to participate in a 2-day racial equity workshop to occur on April 7-8, May 12-13, and June 23-24 presented by the Racial Equity Institute. The racial equity workshop is a deeper-level conversation that presents a historical, cultural, structural and institutional analysis. The interest to attend was overwhelming. Registration to attend the May and June sessions is ongoing until capacity is met.

The information for the Racial Equity Workshops will be sent out to the Board.

- **BUDGET RATIFICATION:**

Ms. Harris requested board approval to recognize \$21,250 from the Medicaid and Medicare Electronic Health Record (EHR) Meaningful Use Incentive Program for upgrading technology and related training.

The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services to provide incentive payments for implementing and demonstrating meaningful use of certified EHR technology. After implementing our EHR system called Patagonia, the Department of Public Health was able to certify and attest in FY2016 to qualify for program incentives. Upgrading technology will lead to improved overall health outcomes

Commissioner Howerton made a motion to approve the budget ratification in the amount of \$21,250. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **RENEWAL JAIL HEALTH CONTRACT (RFP):**

Ms. Harris: Correct Care Solutions (CCS) has provided medical services in the Durham County Detention Facility and Durham County Youth Home for twelve years. The current contract period is July 1, 2011 through June 30, 2016 with an annual agreement to continue the contract.

RFP 16-011: Comprehensive Health Care Services for the Durham County Detention Facility and the Durham County Youth Home was issued on January 24, 2016. A pre-bid meeting was held on February 3, 2016. Representatives from Correct Care Solutions, Southern Health Partners, and Transform Health Correctional Services participated in the meeting and facility tours.

Each of the three vendors that participated in the pre-bid meeting submitted a proposal in response to the RFP. The proposals were independently reviewed by representatives from the Office of the Sheriff (Durham County Detention Staff; Captain Shawn Barnes and Captain Elijah Bazemore); Durham County Youth Home (Director Angela Nunn); and Durham County Department of Public Health Staff (Melissa Martin, Allied Health Division Director; Cheryl Scott, Community Health Division Program Manager and Liaison to Detention and Youth Home Medical Services Provider; Hattie Wood, Community Health Division Director and Director of Nursing; Eric Ireland, Deputy Public Health Director; Joanne Pierce, Deputy Public Health Director; and Gayle Harris, Public Health Director). On March 22nd, the reviewers met to discuss the proposals. The review team decided to invite each of the vendors to participate in onsite interviews on March 30th.

The review team served as the onsite interview team. Each vendor was told that: the interview would last approximately 45 minutes; the process would be structured using 10 questions; each interview panel member would take a turn in asking the questions; and at the end of the questions, the vendors would have the opportunity to share additional information that the interview panel should consider in the decision-making process. Each interview team member took notes of the responses. After each vendor left the room, team members independently scored the vendors' presentation/proposals, documented their scores in a summary table and discussed pros and cons about the program approaches and capacity of the vendors to meet the County's needs.

A possible total score of 2,520 could be earned from the weighted questions and maximum scoring from the nine (9) interview participants. The scores by vendors were: Correct Care Solutions 2,330, Southern Health Partners 1,671 and Transform Health Correctional Services 1,173. Correct Care Solutions proposal offered more staff time 922 hours per week using 23.05 FTEs compared to Southern Health providing 834 hours per week using 20.85 FTEs and Transform Health Correctional Services using 830 hours per week using 20.8 FTEs.

Correct Care Solutions provided a proposal that limited the County's financial liability for off-site medical services to \$550,000 with stop loss insurance included. Both Southern Health Partners and Transform Health Correctional Services did not provide a proposal that outlined the maximum financial liability for the County. Neither included stop loss insurance but could obtain and add it to the cost of the contract. Correct Care Solutions included a special health unit for inmates with complex medical conditions staffed daily by a nurse.

Based on the proposals, interviews and past performance the team unanimously supported recommending a continued partnership with Correct Care Solutions contingent upon reference checks. Staff obtained

23 A Regular Meeting of the Durham County Board of Health, held April 14, 2016.

positive references. Staff also obtained a listing of claims filed and dispositions of the claims.

The cost to renew Correct Care Solution contract would be approximately \$3,065,181 which is about \$300,000 less than the current contract.

Dr. Allison made a motion to move forward with the recommendation to support Correct Care Solution contract renewal. Dr. Jackson seconded the motion and motion was unanimously approved.

Ms. Harris stated that she will meet with the Sheriff to discuss the decision before moving forward. Then, the results of the interviews, references, listings of claims filed against each vendor and a draft agenda action form recommending Correct Care Solutions as the contractor will be sent to the Purchasing Department.

• **AGENDA ITEMS MAY 2016 MEETING**

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

- Update on Public Health Violence Prevention Activities
- Update on Zika Virus
- Literature Review—Vaccines in Jails

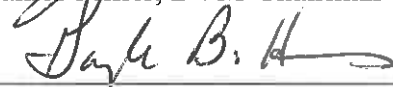
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. Jackson made a motion to adjourn the regular meeting at 7:33pm. Commissioner Howerton seconded the motion and the motion was unanimously approved.



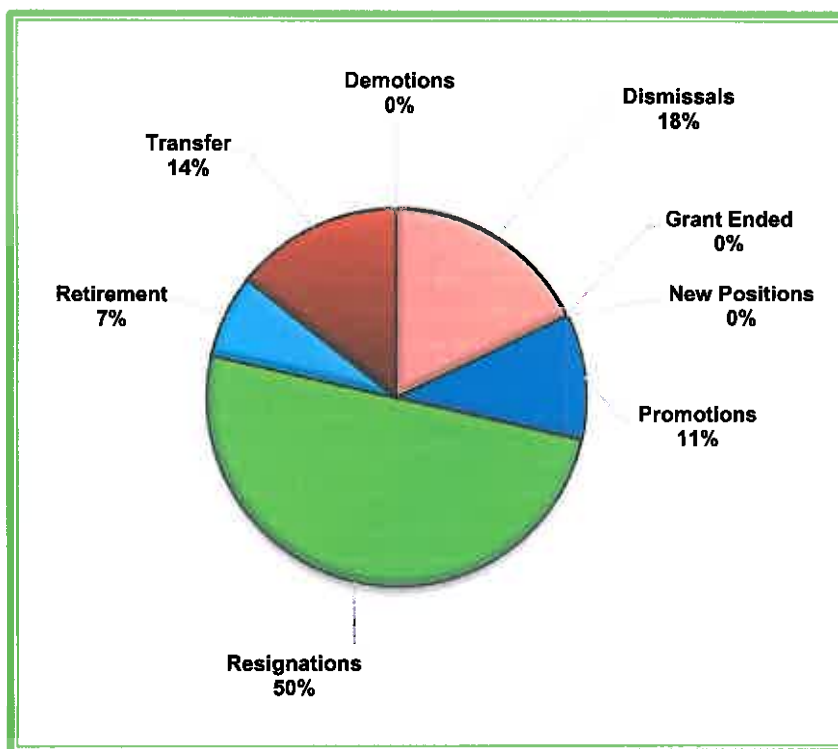
James Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director

PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 3/31/2016

| <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 | 0 | 5 | 5 | 18% |
| Grant Ended | 0 | 0 | 0 | 0% |
| New Positions | 0 | 0 | 0 | 0% |
| Promotions | 0 | 3 | 3 | 11% |
| Resignations | 1 | 13 | 14 | 50% |
| Retirement | 0 | 2 | 2 | 7% |
| Transfer | 0 | 4 | 4 | 14% |
| | 1 | 27 | 28 | 100% |



*2 positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

2 position(s) became vacant in March 15/16

18 position(s) were vacant out of 216 permanent positions, 212.52 FTE positions for March, 2016

| | |
|------------------------------|-----|
| total # of vacancies for Mar | 18 |
| total # of employees | 216 |
| % of vacancies | 8% |

FY 15/16 March -2016

| 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, 12/10/15, 2/29 | 3/27/15, 9/4/15, 1/30/16, 3/25 | | 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 | 3/14/16 | |
| 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 | 2/18/16 | |
| 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, 12/15 | 7/31/15, 8/7/15, 9/18, 1/15 | 5/9/16 | VACANT |
| 40001011 | Medical Lab Supervisor | 8/12/15 | 8/31/2015, 12/21/15 | 9/11/2015, 9/25, 1/29/16 | 4/11/16 | 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 | 10/12/2015, 2/29/16 | 10/23/2015, 11/13, 3/11 | | VACANT |
| 40003400 | PH Nurse Program Mgr | 9/25/15 | 10/5/15, 12/13/15, 2/29/16 | 10/16/15, 12/4/15, 2/26/16, 4/11 | | VACANT |
| 40001048 | Sr PH Nurse | 9/25/15 | 10/5/15 | 10/16/15 | 12/7/15 | |
| 40001119 | Physician Extender | 10/1/15 | 11/2/2015, 12/13/15, 2/29 | 11/28/2015, 1/8/16, 1/22, 3/18 | | 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 | 11/9/2015, 12/15, 2/2/16 | 11/27/2015, 1/8/16, 2/12/16 | | VACANT |
| 40001009 | Medical Lab Technician | 11/6/15 | 11/16/15 | 11/27/15 | 2/15/16 | |
| 40001140 | Sr PH Nurse | 11/17/15 | 12/15/2015, 1/29, 2/19 | 1/22/2016, 2/12, 2/26 | | VACANT |
| 40001083 | Sr PH Nurse | 11/20/15 | 10/26/15 | 11/6/15 | 1/4/16 | |
| 40001052 | PH Nurse Supervisor | 12/4/15 | | | 1/18/16 | |
| 40001164 | Env Health Specialist | 12/15/15 | 2/15/16, 2/29 | 2/26/16, 3/18 | | VACANT |
| 40001014 | Sr Medical Lab Assist | 12/16/15 | 1/11/16 | 1/29/16 | | VACANT |
| 40001165 | Env Health Specialist | 12/18/15 | | | | VACANT |
| 40001156 | Env Health Specialist | 12/18/15 | 2/15/2016, 2/29 | 3/4/2016, 3/11 | 2/15/16 | |
| 40001142 | PH Nurse Supervisor | 12/31/15 | 12/15/16 | 1/8/2016, 2/5 | 3/14/16 | |
| 40001050 | PH Nurse | 1/15/16 | 2/3/16, 2/29 | 2/26/16, 3/11 | | VACANT |
| 40007600 | Sr PH Nurse | 2/12/16 | | | | VACANT |
| 40005365 | Nutrition Specialist | 2/29/16 | 2/29/16 | 3/18/16 | | VACANT |
| 40001002 | PH Educator | 3/9/16 | | | | VACANT |
| 40007950 | PH Nurse Spec | 3/11/16 | | | | VACANT |
| 40003878 | Sr PH Nurse | 3/15/16 | | | | VACANT |
| 40005377 | Nutritionist | 3/24/16 | | | | VACANT |

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
April 2016-March Activity

| NOV DATE | SUBJECT PROPERTY ADDRESS | TYPE OF VIOLATION | NOV EXPIRATION DATE | FORWARDED TO CO. ATTY? | COMPLIANCE STATUS (YES/NO) | COMPLIANCE DATE | NOTES | |
|------------|--------------------------|---|---------------------|------------------------|----------------------------|-----------------|---|---|
| 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. 2/29/2016 - Site visit is scheduled for first week of March to verify system failure, per recommendation of County Attorney's office. 3/1/2016 - EH verified system is still failing and notified 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. 2/3/2016 - Requested County Attorney's Office file for injunctive relief. 3/22/2016 - Civil suit filed in Superior Court by County Attorney's office. |
| 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. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. |
| 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. | 1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. |
| 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. 2/4/2016 - NOV reissued. |
| 6/25/2015 | 5114 Leesville Rd | Surfacing effluent, straight pipe from basement plumbing, and property line setback violation | 7/25/2015 | Y | 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. | 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 9/28/2015 | 6101 Cheek Rd | No Subsurface Operator | 10/28/2015 | Y | N | | EH has not received system management reports as required by rule. | 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 10/21/2015 | 4601 West Ave | Surfacing effluent, unpermitted repairs | 11/21/2015 | Y | N | | Municipal sewer is available. | 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 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. | |
| 11/30/2015 | 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. |
| 2/16/2016 | 6038 Burgundy Rd | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | 3/16/2016 - Owners have hired a certified contractor to repair system. |
| 2/16/2016 | 6020 Burgundy Rd | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | 3/15/2016 - EH received call from certified contractor stating the owners have retained their services and the work is to be scheduled. |

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|-----------|------------------|----------------------|-----------|---|---|--|--|--|
| 2/16/2016 | 5 Treadway Ct | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | |
| 2/16/2016 | 1807 Infinity Rd | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | Owner has hired a certified contractor to repair the malfunctioning pump controls. |
| 2/18/2016 | 704 Hazelwood St | Surfacing Effluent | 3/19/2016 | N | N | | Issue was discovered during complaint investigation of water discharging onto neighbor's driveway. Water sample was taken from ditch and tested positive for anionic surfactants. Ammonia test was inconclusive due to sample turbidity. | |
| 3/11/2016 | 8405 NC HWY 751 | Surfacing Effluent | 4/11/2016 | N | N | | Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer. | |
| 3/18/2016 | 7138 Windover Dr | Surfacing Effluent | 9/18/2016 | N | N | | Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system. 180-day compliance deadline issued to address slow permit turn-around times from NC DWR. | 3/28/2016 - Owner has hired a Licensed Professional Engineer to design a discharging system. |
| 3/23/2016 | 2804 Darrow Rd | Raw Sewage Discharge | 4/23/2016 | N | N | | Sewer line has been plugged by City of Durham Public Works due to delinquent utility bill. Raw sewage is being discharged from the sewer lateral. Repeat violation. | |
| 3/31/2016 | 809 Lakeview Dr | Surfacing Effluent | 5/2/2016 | N | N | | EH received a complaint of surfacing effluent. Site visit confirmed failing system. NOV directs owner to apply for repair permit. | |

ENVIRONMENTAL HEALTH
Onsite Water Protection--Compliant NOV's
April 2016--March Activity

| NOV DATE | SUBJECT PROPERTY ADDRESS | TYPE OF VIOLATION | NOV EXPIRATION DATE | FORWARDED TO CO. ATTY? | COMPLIANCE STATUS (YES/NO) | COMPLIANCE DATE | NOTES | |
|------------|--------------------------|---|---------------------|------------------------|----------------------------|-----------------|--|--|
| 10/22/2015 | 3817 Cheek Rd | Unpermitted connection to Controlled Demonstration system and graywater straight pipe | 11/22/2015 | Y | Y | 3/30/2016 | 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. **3/30/2016 - All required work has been completed. System is now compliant.** | 11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Washline is being redirected to conventional system. |
| 2/16/2016 | 111 Stockbridge Pl | Surfacing Effluent | 3/17/2016 | N | Y | 3/16/2016 | System failure discovered during mandated 5-year maintenance inspection. **3/16/2016 - Root blockage removed. System now functioning as designed.** | |
| 2/16/2016 | 3208 Hopkins Rd | Surfacing Effluent | 3/17/2016 | N | N | 3/4/2016 | System failure discovered during mandated 5-year maintenance inspection. **3/4/2016 - Root blockage removed. System now functioning as designed.** | |
| 11/30/2015 | 1912 Torredge | Surfacing Effluent | 12/30/2015 | N | Y | 3/1/2016 | System is discharging to ground surface. **3/1/2016 - Falling washing machine line was connected to main | |
| 1/6/2016 | 804 Hardscrabble Dr | Effluent backing up into septic and pump tanks. | 2/6/2016 | N | Y | 3/1/2016 | System failure discovered during mandated 5-year maintenance inspection. **Malfunctioning pump was replaced.** | |
| 12/23/2015 | 310 N Fork Lane | Repair area destroyed by construction of pond | 1/23/2016 | N | Y | 2/3/2016 | Area reserved for repair has been destroyed by construction of a pond. An intent to revoke Improvement Permit has been issued. **2/3/2016 - Revised Improvement and Operation Permits have been issued by EH.** | |
| 4/9/2015 | 2515 E Club Blvd | Surfacing effluent | 5/11/2015 | N | Y | 2/3/2016 | Surfacing effluent, non-repairable lot. Owner directed to NC DWR. **EH verified that house is vacant and is currently being used as a storage building only. PVC pipe located on ground surface is a sump pump discharge for crawl space water.** | 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 | Y | 1/14/2016 | Surfacing effluent **EH staff verified that failure has abated, most likely due to reduced water use.** | 5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit. |
| 3/10/2015 | 3912 Swarthmore | collapsing tank | 4/10/2015 | N | Y | 1/13/2016 | Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978. **1/13/2016 - EH staff verified tank hole has been backfilled.** | |
| 11/19/2015 | 102 Hardscrabble Ln | No Subsurface Operator | 12/19/2015 | N | Y | 1/13/2016 | EH has not received system management reports as required by rule. **Management reports received by EH** | |
| 11/25/2015 | 518 Pleasant | Surfacing Effluent & Unpermitted Repair Work | 12/26/2015 | N | Y | 1/13/2016 | Failing Low Pressure Pipe system has been excavated without permit. **Repaired by Certified Septic Contractor.** | |

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|------------|---------------------|---|------------|---|---|------------|--|---|
| 12/21/2015 | 8405 NC HWY 751 | Surfacing effluent | 1/21/2016 | N | Y | 1/7/2016 | Massive drainfield failure. Municipal sewer is available on the lot. **1/7/16- Drainline blockage removed by certified septic contractor.** | |
| 3/26/2015 | 6903 Iron Gate | Surfacing effluent | 4/27/2015 | N | Y | 12/16/2015 | Surfacing effluent **12/16/2015 - NPDES System has been installed** | 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). |
| 12/10/2014 | 2612 Cooksbury | Sewer disconnection | 1/10/2015 | N | Y | 12/7/2015 | Sewer disconnected **12/7/2015 - City of Durham Public Works confirmed house is connected to sewer.** | 4/20/2015 - House is unoccupied |
| 10/28/2015 | 7728 Grace Cove Ln | No Subsurface Operator | 11/27/2015 | N | Y | 12/7/2015 | EH has not received system management reports as required by rule. **12/7/2015 - EH has received operation and maintenance reports from the Certified Operator.** | |
| 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.** | |

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|------------|------------------------------|---|------------|---|---|------------|---|---|
| 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. Owner referred to NC Div of Water Resources for NPDES permit. **10/22/2015 - House is vacant and existing septic system has been properly abandoned.** | 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 met with septic contractor onsite. Existing system is clogged with tree roots. Owner is cooperating with EH for evaluation of parcel for repair. |
| 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.** | |

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|-----------|--------------------|---|-----------|---|-----|--------------------------------------|---|---|
| 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 staff will verify via site visit. |
| 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. | |