

A Regular Meeting of the Durham County Board of Health was held August 4, 2016 with the following members present:

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

Excused Absence: Vincent Allison; DDS; Teme Levbarg, PhD, MSW.

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Eric Nickens, Michele Easterling, Will Sutton, Natalie Rich, Juma Mussa and Kimberly Vuong.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:09pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following additions:

1. Zika Update as an administrative report
2. 2016 NASPHV Rabies Compendium: Proposed Model Board of Health Rule as new business
3. National Center for Transgender Equality as an administrative report

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for June 9, 2016. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

Melissa Martin, division director for Allied Health (Lab and Pharmacy) introduced **Katie Mallet, MLT (ASCP)**. Ms. Mallette is the General Supervisor of the Public Health Laboratory. She received a BS in Biological Sciences and a BA in English from Ohio University before completing her Medical Laboratory Technologist rotation at the University of Pittsburgh Medical Center. She relocated to North Carolina in 2008, and was employed as a Medical Lab Technician at Onslow Memorial Hospital in Jacksonville. After moving to Durham in 2011, she worked for LabCorp as a Clinical Trials Specialist. She was most recently employed by Sequenom Laboratories as a Technical Specialist. Ms. Mallet demonstrated her value to our team in a very short period of time.

After Ms. Martin concluded the introduction of Ms. Mallet, Ms. Harris stated that Ms. Martin accepted another position and her last day of work with Durham County will be September 2, 2016. She led several performance improvement initiatives in the laboratory among. Ms. Harris stated that Ms. Martin will be greatly missed and would be welcomed back as a team member at any time.

The Board applauded Ms. Martin for her contributions to the department.

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Eric Ireland, Deputy Public Health Director introduced **Natalie Rich, Tobacco Specialist**. Ms. Rich started to work with the department on June 20, 2016. She is originally from Orlando, Florida. She has a Master of Public Health degree from UNC. She most recently worked at UNC in the area of Drug and Alcohol Prevention, Intervention and Policy Development. She is excited to be working at DCoDPH.

The Board welcomed the new staff members.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **NALOXONE UPDATE (Activity 9.1)**

Background Information:

Unintentional deaths due to opioid overdoses, including prescription drugs, have increased by 218% over the last decade in North Carolina. In response, Governor McCrory signed Senate Bill 734 in June of 2016, making naloxone available via a standing order signed by the state health director, Dr Randall Williams. Naloxone is an opioid antagonist and works by reversing opioid overdoses. The Durham County pharmacy has standing orders in place for naloxone and kits available for distribution at no charge. Project Lazarus, a community based program, is also working to increase naloxone education and distribution.

This year, DCoDPH hosted the third Operation Medication Drop in collaboration with the DCo Sheriff's Office. The Sheriff's Office is also working toward creating a policy to allow deputies to carry and use naloxone when indicated.

Cindy Hayes, Chronic Pain Program Coordinator for Northern Piedmont Community Care (NCPPI)/Duke Division of Community Health provided the Board with current data on opioid overdoses in Durham County and the distribution of naloxone kits. Patients who self-report current opiate or heroin use will receive education and a prescription for a naloxone kit from the clinic provider.

At DCoDPH:

- Each clinic provides the naloxone brochure and information on how to obtain a naloxone kit from the health department.
- Each clinic has naloxone brochures which are given to patients and family members.
- Clinics exam rooms have naloxone flyers posted which states the clients may ask questions regarding naloxone or request a naloxone kit for a friend or family member.
- Over the 2015 calendar year, 9 naloxone kits were prescribed by clinic providers at DCoDPH.
- Since January 1, 2016, 2 kits have been prescribed by clinic providers.
- 90% of the naloxone kits given were prescribed by the STD clinic providers.
- 10% of the kits were provided to walk in clients who requested kits.

Program Progress:

- NPCC has been working with Sheriff's department to consider to carrying naloxone
- Duke- Based Connections Opiate Outreach team has submitted a letter to the Durham Police Chief to consider carrying naloxone
- Durham TRY has submitted a letter to Durham Police Chief to encourage officers to carry naloxone
- Duke Opioid Safety Task Force is conducting a pilot with identified clinics with high volume prescribing
- Lincoln Community Health Center is dispensing naloxone Local pharmacies in the community dispensing naloxone
- Standing order at Gurley's

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- Partnership for a Healthy Durham’s Substance Use and Mental Health Committee working on DPH Naloxone grant from the state for outreach and education
- NC Harm Reduction Coalition dispensing naloxone in community

Next Steps:

- Continue provider and community education on opioid overdose prevention
- Naloxone outreach and education to Durham County Law Enforcement to be trained to carry naloxone
- Encourage providers to use the Controlled Substance Reporting System to monitor misuse or abuse of prescription medication
- Identify and increase access to community-wide resources for alternative therapies and treatment
- Establish policies within the emergency departments to opioid overdose prevention
- Naloxone kits are provided directly to opiate or heroin users, family members, friends, or domestic partners of active users to provide greater access to naloxone and reduce overdoses.
- Anyone 18 years of age or older can present to DCoDPH Registration and request a naloxone kit.
- The Pharmacy dispenses the kit after the registration process is completed.
- Clients receiving clinical services from a provider can also request naloxone.

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

QUESTIONS/COMMENTS:

Ms. Harris: If the naloxone expires and is not used, can we go back to the vendor for replacements?

Ms. Haynes: Good question...but I think...I don’t want to tell you yes and then the answer is no because we’ve been kind of shut down from getting it from the vendor that we were getting from but it’s worth looking into.

Mr. Dedrick: It depends on the vendor everyone has a different policy on returning goods.

Ms. Harris: I hope we find one that would let us return goods.

Ms. Haynes: Yes. That would be great. I’m still waiting for Adapt Monitoring to call me back because they had an alarming response for naloxone.

Ms. Harris: Within the jail, Mental Health is helping us come up with ways to interview people to find out if they ingested opioids/heroin before being brought to jail. We also want to start education about naloxone and how it saves lives while detainees are in the classification pod. The Sheriff has given us permission to place naloxone kits with the detainees’ personal belongings. Upon release, they will also receive information about where they can go to get immediate help. Criminal Justice Resource Center will have a peer support person who will work with some of the individuals upon release.

Ms. Haynes: The NC Harm Reduction Task Force is also trying to make naloxone kits available in the jail.

- **MCH AND ALL TOGETHER NOW GRANT PRESENTATION (Activity 41.2)**

Kimberly Vuong, Maternal Child Health Project Manager provided the Board with information on the recently received “Improving Community Outcomes for Maternal and Child Health” grant and its background, aims, and project partners.

The presentation provided an overview of the “Improving Community Outcomes for Maternal and Child Health” grant (ICO4MCH), which was approved and received on June 1, 2016. The Women and Children’s

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Health Section of the NC Department of Health and Human Services has allocated funding to be distributed to local health departments to implement evidence-based strategies that are proven to lower infant mortality rates, improve birth outcomes, and improve the overall health status of children ages zero to five. To address these three aims, the Durham County Department of Public Health (DCoDPH) has selected four evidence-based strategies; long acting reversible contraceptives (LARCs), tobacco cessation and prevention, Triple P (Positive Parenting Program), and Family Connects Newborn Home Visiting. ICO4MCH also incorporates Collective Impact as one of its aims, which serves as an effective means of collaboration and is a proven approach for helping organizations work together. In accordance with this grant, DCoDPH will maintain a Community Action Team with project partners, stakeholders, organizations, consumers, and other agencies/community members that are invested in the health and well-being of the community.

The presentation summarized the current status of maternal and child health in Durham County and provided details on Collective Impact and each of the four evidence-based strategies that DCoDPH has selected, including the goals of each strategy and the project partners for ICO4MCH.

Progress to Date:

- Completed initial background meetings with all project partners and stakeholders
- Discussed current work, strategies, and data monitoring
- Developed tracking system to monitor all data collection for the grant

Next Steps:

- Work with UNC (contract) on implementation and evaluation strategies for the grant
- Monthly CAT meeting
- Recruit additional community members and consumers to participate in CAT
- Meet with project partners and stakeholders to determine what infrastructure is needed for data collection

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

QUESTIONS/COMMENTS:

Dr. Braithwaite: I think it's great that you guys are providing LARCs and making them more available for adolescents. Do you know which tier of providers are getting training on providing LARCs?

Ms. Vuong: So right now we are training the provider tier in the OB and Family Planning Clinics and some of the providers at Planned Parenthood and Family Connects have expressed interest.

Dr. Braithwaite: Any pediatricians?

Ms. Vuong: Not yet.

Dr. Jackson: I think there are pediatricians now at Lincoln Community Health Center that have already been trained.

Ms. Vuong: Yes, there are a couple but we hope to offer more opportunities to get other providers on board.

Ms. Harris: We are happy to have Kimberly working on this project and we will continue to provide updates on the progress of the project.

- **FY 2017 APPROVED BUDGET UPDATE (Activity 39.3)**

Mr. Sutton presented the County Manager's FY 2017 approved that was adopted by the Board of County Commissioners on June 27, 2016. The update covered the approved budget for Public Health.

FY 16 Approved versus FY 17 Approved

1. Total FY 17 Approved Budget 23,831,496 (7.67% increase, \$1,696,991)
2. Personnel 14,849,643 (6.30% increase, \$880,710)

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3. Operating 8,981,853 (10% increase, \$816,281)

Historical County Funding (5 Year trend based on July 1)

1. FY 17 County 74%
2. FY 16 County 73%
3. FY 15 County 72%
4. FY 14 County 72%
5. FY 13 County 71%

(County has consistently funded approximately 70+ percent of the total budget)

FY 17 Budget Reductions/Cuts

6211 - Admin (All related to Cure Violence)

- 1102 Telephone (1,762)
- 2000 Non-Cap Comp (4,500)

6229 – Durham Diabetes Coalition

- 1301 Training/Travel (2,500) County Dollars and Poverty Reduction Initiative (500)
- 1504 Food and Provisions (2,500) County Dollars only
- 1535 Client Incentives (2,500) County Dollars and PRI (1,000)
- 1595 Misc. Supplies (7,500) County Dollars and PRI 1,500
- 2000 Non-Cap Comp (1,500) PRI only

6236 - School Health

- 1104 Printing Supplies (8,500) County/47 School Nurses 7,895
- 1143 Office Supplies (4,000) School Nurses 5,000
- 1301 Training/Travel (10,374) County/School Nurses 10,246
- 1501 Operating Travel (14,112) County/School Nurses 18,424
- 1504 Food and Provisions (6,000) County/School Nurses 4,950
- 1541 Immunizations (10,000) County 25K
- 1542 Other Med Supplies (11,700) County/School Nurses 20K
- 1595 Misc. Supplies (13,902) County/School Nurses 15,195
- 1601 Misc. Contract Svc. (5,300) School Nurses 5,300 (Lang. Line)

Most of the reductions were related to the 47 school nurse request and the Poverty Reduction Initiative.
Accountant – Additional support for the entire department 69,093 – Not funded
47 School Nurses – A nurse in every public school – 4 received (43 Not funded)
National Accreditation 31,800 – Not funded

QUESTIONS/COMMENTS:

Commissioner Howerton: So you requested forty-seven nurses and received four?

Ms. Harris: Yes.

Mr. Sutton: We will begin phasing more in.

Dr. Miller: The non-profit contracts... that's an additional responsibility.

Ms. Harris: We're monitoring the contracts but we don't have to go on-site I don't think. They will submit reports and we will send the check.

Commissioner Howerton: So someone will be monitoring as to what they promised and what they do?

Ms. Harris: Yes.

- **ZIKA UPDATE (Activity 14.2)**

Tire Recycling Event

Mr. Salters: On July 9th the City/County held a Tire Recycling Event. The joint venture resulted in the collection of 975 tires, approximately 20,000 pounds of tires. The event created a stronger partnership between the City and County.

We learned a lot about getting messages out to the community. People drove in to drop off tires and commented that they were grateful we were holding the event. They didn't know they could have been dropping off up to 5 tires at any time free of charge. It brought to light that messages posted on webpages and just left there are not adequate communication techniques. You need fresh initiatives. Hearing the message versus going to a webpage is more effective.

There was a lot of organizational effort between several City and County organizations. The event brought PIOs from both sides together and created relationships that will be beneficial in the future. Coordinating manpower for the event was a challenge.

Zika Update

Mr. Salters: The primary vector for Zika is still *Aedes aegypti*, not *Aedes albopictus*. Extensive surveillance around the state supports what was reported earlier. *Aegypti* is not prevalent in North Carolina but *albopictus* is. We still have to assume *albopictus* could become a competent vector for Zika.

Durham has 9 of the 25 confirmed Zika cases in the state. Testing for Durham County has produced the following: 9 positive cases, 24 negative, and 6 pending. We must continue educating the public...we are working on pregnancy kits for distribution in the Women's Clinic. We've had an intern working the front entrance of this building for the past several weeks. The intern educates, quizzes, and provides mosquito dunks (larvicide) to interested residents.

It's been reported that Florida has 16 cases of locally transmitted Zika. They have an intensive fogging campaign ongoing and are planning aerial spraying using Naled, a class of pesticide called organophosphates. The *Aedes aegypti* mosquito is showing signs of being resistant to permethrin, the insecticide commonly used to combat mosquitoes.

Researchers don't know how long the virus persists in people. The Center for Disease Control (CDC) recommendations are that females planning to become pregnant wait at least 8 weeks after exposure to Zika to become pregnant. Males should wait at least 6 months before trying to have a child with their female partner.

DCoDPH will continue to monitor what's going on around the country and is ready to react should things change in Durham.

- **HEALTHCARE FACILITIES—TRANSGENDER EQUALITY**
Ms. Harris stated that all healthcare facilities received a letter from the National Center for Transgender Equality putting everyone on notice that implementing House Bill (HB) 2 as it stands is in violation of the federal law for healthcare facilities by discriminating against individuals based on their gender identity or transgender status. Local Health Departments were hoping the courts would rule on the legality of HB2 soon. No action is recommended at this time.

(A copy of the letter from the National Center for Transgender Equality is attached to the minutes.)

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**
The Durham County Board of Health received a copy of the vacancy report for June-July 2016 prior to the meeting.

QUESTIONS/COMMENTS:

Commissioner Howerton: I do have one question, for clarification on the vacancy report, on the leave date, what does that mean? Is that the last day of work? That doesn't make any sense.

Mr. Harris: We're keeping track of when people leave... Oh, these are new positions. The date the position was established is in that cell. Usually that column indicates when a person left the position. New positions need to be delineated differently.

Commissioner Howerton: So they are new positions?

Ms. Harris: Yes. We will create another column indicating the date new positions are approved/established going forward.

(A copy of the June-July 2016 Vacancy reports are 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 July 2016 prior to the meeting. There were no questions from the Board.
(A copy of the June-July 2016 NOV report is attached to the minutes.)

**Health Director's Report
August 4, 2016**

Division / Program: Health Education / Partnership for a Healthy Durham

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

Program description

- The Youth Risk Behavior Survey (YRBS) is part of a national school-based survey produced by the Centers for Disease Control and Prevention (CDC) and administered every other year by the Durham Public Schools. The purpose of this survey is to assess health risk behaviors that can contribute to injury and leading causes of death among the adolescent population.

Statement of goals

- Understand health issues that affect adolescents in Durham County
- Develop and track goals at the state and local level
- Implement strategies and inform policies that promote prevention and health promotion among youth

Issues

- **Opportunities**
 - Share results with the Durham School Board, community organizations, and residents
 - Use results to facilitate conversations regarding health priorities and factors that affect health among youth
 - Develop community health improvement plans and strategies to address health priorities among adolescents in Durham
- **Challenges**
 - Ensure that the results are shared and utilized in cross-cutting work throughout Durham County

Implication(s)

- **Outcomes**

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- The most recent middle school and high school questionnaires consisted of 77 and 98 questions respectively. Questions addressed topics including personal safety, violence-related behavior, substance use, physical health, psychological health, nutrition, physical activity, body weight, health education, disabilities, school environment and selected prevention-related indicators.
- The survey was administered to a random sample of classrooms drawn from 9 middle schools and 11 high schools, reaching a total of 2,159 students.
- A report detailing the results of the survey, stratified by race and sex, was published with a press release in June of 2016.
- **Service delivery**
 - DCoDPH partnered with Durham Public Schools to administer the survey and with the North Carolina Institute for Public Health to draft the final report.
 - The Partnership for a Healthy Durham posted three infographics related to the YRBS and youth health on its Facebook page after the final report was released.
- **Staffing**
 - The Health Education Director and Partnership for a Healthy Durham Coordinator facilitated the survey administration and data analysis with the help of Durham Public Schools and the North Carolina Institute for Public Health. The CDC weighted data for analysis.

Next Steps / Mitigation Strategies

- Community presentations will be scheduled with interested organizations and government agencies.
- DCoDPH will continue to publish infographics with data from the YRBS via the Partnership for Healthy Durham Facebook page.

Division / Program: Public Health / Environmental Health
(Accreditation Activities -10.0: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups. 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

- **July 9th, 2016 City/County Zika virus control Tire Recycling Event:** Zika is spread mostly by the bite of infected *Aedes aegypti* or *Aedes albopictus* mosquitoes. While *aegypti* is not a real concern here in Durham County, *albopictus* (the Asian tiger mosquito) can be found in abundance. *Albopictus* breeds profusely in manmade containers. Any vessel that catches rain is a potential breeding site. Tires are of special concern because once water enters, it remains indefinitely. Tires are perfect breeding habitat for Asian tiger mosquitoes.
- The program's main focus was to help reduce breeding habitat for Asian tiger mosquitoes thus helping to reduce the potential for Zika transmission and spread. Durham residents, non-commercial haulers, were allowed to bring unlimited numbers of tires they might have on or around their property for disposal/recycling. Normal disposal fees were waived for the event. Tires were received from 8:00 AM through 2:00 PM at the City's Waste Disposal & Recycling Center located at 2115 E Club Blvd.

Statement of goals:

- Reduce potential for Zika transmission
- Reduce the number of dumped tires in the environment
- Reduce the number of tires around dwellings and businesses helping to limit mosquito breeding, disease transmission, and reduce unsightly clutter in the community

Issues:

- **Opportunities**
 - County and City organizations came together to build rapport and working relationships.
 - City and County provided a valuable service to the community.
 - Limited opportunities for Zika transmission in the community
 - Educated the community through coverage by newspaper, radio, and television news organizations prior to, during, and after the event.
- **Challenges**
 - Planning, coordination, advertising
 - Manpower
 - Available revenue
 - Supplies
 - Crowd control

Implication(s)

- **Outcomes**
 - Removed 787 old tires from the environment and recycled them
 - Reduced breeding opportunities for Asian tiger mosquitoes
 - Reduced potential for Zika transmission
 - Reduced unsightly used tires around buildings, dwellings, and in the environment
 - Increased communications and developed relationships between County and City organizations and personnel
 - Increased education of the public per Zika transmission, mosquito prevention, and available services provided by the City and County
- **Service delivery**
 - Residents will be more knowledgeable about Zika and mosquito prevention
 - Residents presented with and took advantage of the opportunity to decrease their risk of contracting Zika and other mosquito borne diseases
 - Community beautification
- **Staffing**
 - 6 City staff members for various aspects of the event
 - 6 County staff members for various aspects of the event
 - 2 volunteers
 - 1 community service worker
 - Numerous planning meetings involved many of the same event participants as well as other City and County personnel
- **Revenue**
 - No revenues were associated with this activity

Next Steps / Mitigation Strategies

- Continue education via PSAs and promotions
 - Continue taking advantage of educational and advertisement opportunities (
 - Continued monitoring of Zika status in the community
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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

- Increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- Increase the public's utilization of the Department of Public Health's programs and services.
- Become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - As of June 24, four (4) general public health media release/advisory had been disseminated for the month of June. Communications staff also responded to four (4) direct (unsolicited) inquiries from reporters. A total of 29 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:
 - ❖ The release of Public Health's report on the death of Durham County Jail inmate Matthew McCain (1, 2);
 - ❖ Protestor objecting to Durham County jail conditions at a Board of County Commissioners Meeting, where the jail health contract was originally to be voted upon, but was pulled (1) ;

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- ❖ A guest column on National HIV Testing Day;
- ❖ June's *My Carolina Talk* segment, focusing on food label dating (sell by, use by, etc.); and
- ❖ Weekly restaurant inspection scores.

- The Communications Team released the June edition of the Community Connections, the Department's external newsletter.
- After a run spanning over two and a half years, the Department's June 13 *My Carolina Talk* segment was its last, as the show concluded on June 15, after over six years airing on WNCN.

The show's hosts and executive producer gave the Durham County Department of Public Health high praise during our run on the show, as the Department has always been dependable and over the years, has tailored relevant and timely health content to meet the needs of the station's diverse viewing audience.

- The Communications Manager, with videography assistance from The Partnership for a Healthy Durham's coordinator, content verification by Environmental Health, and participation from The Boys and Girls Club of Greater Durham, produced a Zika/Mosquito Prevention Video/PSA that was released to the public and our media partners via social media on June 22. This video has also been shared with the City of Durham Television Network (DTN) and added to lobby screen content within Public Health.

- As of July 21, two (2) general public health media release/advisory have been disseminated for the month. Communications staff also responded to two (2) direct (unsolicited) inquiries from reporters. A total of 23 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 included:

- Coverage of a joint City-County tire recycling event, developed to reduce the breeding of mosquitoes in residential areas and proactively stem the spread of the Zika virus, should it present in the community (1);
- Coverage of a Hot Car Demonstration, a collaboration with EMS, DSS, and SafeKids Durham County (1);
- Coverage of *Naegleria fowleri* (the "brain-eating" amoeba) and whether it has been detected in Durham County waters, including prevention tips;
- The monthly Partnership for a Healthy Durham column, focusing on the summer lunch program; and
- Weekly restaurant inspection scores.

- The Communications Team released the July edition of the Community Connections, the Department's external newsletter.

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: Dental: Patient Notification of Availability of HIV/Hepatitis C (HCV) Screening

(Accreditation Activity 21.2- The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

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Program description

- The Dental clinic is participating in the expanded opportunity for HIV/HCV screening by providing information to applicable dental patients (13+ years of age) and their parents.

Statement of goals

- The Department is making available free HIV and HCV testing. The Department is noting that an HIV test is recommended for everyone between the ages of 13-64 years, and that anyone born during 1945-1965 should get tested for Hepatitis C test at least one time.
- The Dental Division is making this information available to its patients, and assisting with screening packets.

Issues

- **Opportunities**
 - To offer information (brochures) to patients/families on HIV and HIV testing in English and Spanish.
 - To provide our patients with access to testing, and it can be completed right after dental appointment.
 - If a patient tests positive, the Department will reach out to patient for post-test counseling and linkage to care.
- **Challenges**
 - Offering screening to parents of patients was an issue as the Dental Division utilizes Dentrix software; thus it would require the front desk to go into Patagonia to print labels for the packet, etc. It was decided to offer parents of patients the Testing Only flyer and they could go to the clinic/lab to register.
 - There have been issues with printing labels (font size, cutting off information, etc.), and these issues are being resolved.

Implication(s)

- **Outcomes**
 - The Division has begun providing information, and assisting with access to the services as of July 1st.
- **Service delivery**
 - If a patient is 13 and older, the patient/parent receives screening packet. When forms completed, front desk reviews to see if patient wants HIV test after dental appointment.
 - If the patient wants a test, he/she will be instructed to take the assessment form and requisition to the lab to have blood drawn after dental appointment is completed.
 - After the blood draw, lab staff will complete state lab paperwork and receive results. If someone has a positive test result, a record is created in Patagonia and staff will reach out to patient for post-test counseling and linkage to care.
- **Staffing**
 - Front desk staff members provide information and assistance with the screening packet.

Next Steps / Mitigation Strategies

- Continue to offer screening options.
 - Continue to use universal precautions when providing dental services
 - Document in Dentrix HIV/HCV status provided by patient
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Division / Program: Nutrition / DINE for LIFE / Summer Nutrition Education Programming

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

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying Durham Public Schools (DPS). To qualify, schools must have 50% or more of their students receiving free or reduced lunch.
- At the closing of the 2015-16 school year, DINE nutritionists coordinated with DPS staff to plan and execute a series of nutrition classes at three DPS summer camps. Camps were located at WG Pearson Elementary, Eno Valley Elementary, and Spring Valley Elementary.
- The DINE school team planned a four-week curriculum with lessons that complemented the summer camps' weekly themes (*Globe Trotter*, *Movin' and Groovin'*, *Got Talent?* and *Amazing Race*). Each class consisted of an interactive lesson and cooking experience.

Statement of goals

- Increase students' nutrition knowledge. To encourage increased daily consumption from the five healthy food groups.
- Increase students' basic culinary skills and self-efficacy around food preparation.
- Reduce obesity, overweight and chronic disease risk in Durham's at risk youth.

Issues

• **Opportunities**

- Conducting programs at the DPS summer camps provides the DINE school team an opportunity to reach students not normally seen during the school year and alternately, reinforce concepts with students, who do receive the DINE curriculum.
- DINE's Healthy School Environments Nutritionist had the opportunity to network with Spring Valley Elementary staff. This is a new DINE program, and Spring Valley will be a new participating school in the fall. The summer camps provided a good opportunity to meet staff and get familiar with the location.
- Having students engaged in the making of healthy snacks may increase their willingness to try those new foods, and the likelihood that they will make those foods again at home.

• **Challenges**

- Coordinating schedules with other programs at the summer camps and among the nutritionists of the DINE team.
- Obtaining completed permissions slips for cooking from parents and/or guardians.
- Small overlap with another cooking education program, Cooking Matters, at the summer camps.

Implication(s)

• **Outcomes**

- Each summer camp had an assigned week day. WG Pearson Elementary was on Mondays, Eno Valley Elementary was on Tuesdays, and Spring Valley Elementary was on Wednesdays.
- During week 1, June 20-22, 183 total students participated. Students learned about MyPlate and made spinach cheddar quesadillas.
- During week 2, June 27-29, 205 total students participated. Students learned about the grains group and made orange oatmeal pancakes.
- During week 3, July 11-13, 225 total students participated. Students learned about the fruit and vegetable groups and made cherry berry basil smoothies.
- For week 4, July 18-20, the total number of students was not yet available at reporting time, as programming is still under way. In this final week, students are learning about the protein group and preparing basil hummus wraps.
- **Service delivery**
 - Summer camp students were split into two groups: younger (K-2nd) and older (3rd-5th). Each group received the following services with their assigned age group:
 - ❖ Each week, students received one nutrition lesson from the DINE curriculum as shown above. If time permitted, students participated in a lesson review that included some form of physical activity.
 - ❖ DINE nutritionists next demonstrated safe cooking techniques and explained the recipe.
 - ❖ Students were then assigned to cooking groups, made the recipe, and taste tested the food.
- **Staffing**
 - All DINE programming was staffed by DINE nutritionists and UNC-Chapel Hill dietetic interns.
 - DPS staff provided class management and teaching/cooking space.
- **Revenue**
 - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- The DINE team will review how the summer camps went this year and possibly use a similar schedule for next summer's camp programming.
- The DINE team will look at some of the challenges listed above and considered steps that could be taken in the future to improve services provided to students. For example, better scheduling with other cooking and nutrition-based programs, like Cooking Matters.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham Schools/FY15-16 Program Summary

(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 is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- In the 2015-2016 school year, the school-based DINE program was carried out in 13 Durham elementary schools: C.C. Spaulding, Eastway, E.K. Powe, Eno Valley, Forest View, Glenn, Holt,

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- Lakewood, Merrick-Moore, R.N. Harris, Southwest, W.G. Pearson and Y.E. Smith.
- The program varies based on the needs and interests of the schools it serves, but typically each participating class receives a series of five to eight interactive nutrition lessons throughout the school year.
 - The DINE curriculum is based on MyPlate and the Dietary Guidelines. Each lesson includes instruction, hands-on activities, and usually a tasting or cooking activity. Students are sent home with parent handouts that reinforce key nutrition messages, recipes, and educational incentives (such as cooking magazines, snack bags, and measuring spoons).

Statement of goals

- Increase the nutrition knowledge of Durham elementary school students.
- Encourage simple behavior changes towards healthier eating habits and lifestyles.
- Promote wellness within the school community and advocate for environmental changes in the schools that support student health and wellbeing.

Issues

- **Opportunities**
 - The DINE program is primarily funded in large part by the SNAP-Ed Nutrition Education and Obesity Prevention Grant Program, and therefore is able to serve schools where 50% or more of the student population is eligible for free- or reduced-price lunch. In Durham, 23 of the 30 elementary schools qualify for the DINE program based on these guidelines. Working with Durham Public Schools provides a great opportunity to reach a large segment of children and provide positive experiences with healthy foods at a young age.
 - The DPS Wellness Policy states students will be given age-appropriate nutrition education in the classroom. The DINE school-based curriculum satisfies the schools' Health and Wellness standard of Nutrition Education for grades K-5 with no added teaching burden to the classroom teachers.

• **Challenges**

- Although there is a core curriculum standard for nutrition education to be taught to all grades, schools are not held accountable for teaching it to the students. Schools are evaluated on the students' performance on Reading and Mathematics only. Therefore, classroom time allotted for nutrition education is sometimes marginalized due to the pressure of improving student Reading and Mathematics scores.
- Although there are 23 qualifying elementary schools in Durham, due to the current levels of resources and staffing, DINE is able to serve only 13 elementary schools.

Implication(s)

- **Outcomes**
 - During the 2015-2016 school year, students in 204 classrooms (pre-K through 5th grade) in 13 schools received DINE nutrition/cooking classes. With the series curriculum, this totals over 1,400 lessons.
 - More than 4,300 unduplicated DPS students received nutrition instruction through the DINE program.
 - DINE nutritionists also participated in more than 80 afterschool programs, health fairs, school-wide events, and Hub Farm field trips.

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- Approximately 25% of participating classes were screened at the beginning and end of the school year to assess how much the students learned. The 2015-16 pre/post screenings showed:
 - 27% increase in K-1st grade students correctly identifying a healthy snack
 - 19% increase in 2nd-3rd grade students correctly identifying whole grain bread.
 - ❖ 26% increase in 4th-5th grade students correctly identifying calcium as the mineral that helps build strong bones and teeth.
- Parent surveys were distributed to participating students to gather feedback from their families and assess behavior changes occurring at home. 900 parents/guardians filled out a survey about the DINE program.
 - ❖ 85% of parents agreed that nutrition classes help their child grow up healthy and establish healthy eating habits.
 - ❖ 74% of parents indicated that after having nutrition classes their student is more willing to eat healthy foods.
- Positive feedback was received from parents:
 - ❖ *I think it is so important to start the habit of healthy eating as young as possible. It will help each kid so much as they get older.*
 - ❖ *Classes are balanced and informative, also great incorporation of math and literacy.*
 - ❖ *When my child comes home telling me which vitamins and minerals are associated with certain veg, fruit, etc., I know he has learned a lot, is interested and engaged, and will likely make healthier choices in his diet!*
 - ❖ *It is one of our school's programmatic highlights. Thank you Durham County! Please continue to fund and expand where possible.*
 - ❖ *It helps reinforce healthy eating at home and at school. The recipes help make it a family activity.*
- Teacher surveys were also administered to assess changes occurring in the classroom. 98 DPS teachers filled out surveys about the DINE program.
 - ❖ 91% of teachers indicated that since receiving nutrition lessons, at least some of their students bring healthier meals or snacks from home.
 - ❖ 95% indicated that since receiving nutrition lessons, at least some of their students have increased their consumption of vegetables.
 - ❖ 75% indicated that since receiving nutrition lessons, at least some of their students are more willing to try new foods.
 - 93% of teachers rated the nutrition program as a whole as "excellent".
- Teachers commented on positive behavior changes in their classrooms and expressed positive feedback on how the nutrition lessons integrated into the academic curriculum:
 - ❖ *It is extremely important for students to learn this information while they are young. They are much more open to suggestions and, I believe, have a greater respect for guidance that adults and health experts offer.*
 - ❖ *Yes, this program is wonderful. Students are very engaged and get so excited when it is nutrition class. It teaches students how to work together and it covers a lot of the concepts that we have to teach in fourth grade. It also teaches them how to eat healthy at home.*
 - ❖ *There are many foods that the students are able to try in DINE that they would not normally eat at home. They are also taught about foods that are healthy and how eating*

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healthy impacts them. I feel that a lot of our students are not learning this outside of school and because it will have a huge impact on the rest of their life, it is great that they have access to these lessons and recipes at this formative point.

- ❖ *Unfortunately, many of these children do not get the opportunity to have a conversation and learn about healthy food. The nutrition affects their mental health and performance at school, as well as their physical health. Learning these skills and developing an understanding while they are young will help to grow them into healthy citizens.*
- ❖ *I AM SO GRATEFUL for all that the DINE nutrition program does for our school. The kids look forward to it, I look forward to it, and they learn a lot!*

- **Service delivery**
 - Nutrition lessons are taught in each participating classroom approximately every 3 to 4 weeks throughout the school year.
 - Topics include MyPlate, whole grains, dairy, fruits and vegetables, protein, breakfast and healthy snacks.
- **Staffing**
 - Nutrition education in the elementary schools is provided by five DINE nutritionists, who are Registered and Licensed Dietitians/Nutritionists.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE will continue to offer nutrition education programming to DPS, adjusting programming each year in response to available resources, pre/post-screening results, parent and teacher survey feedback, and school interest.

COMMITTEE REPORTS:

The Smoking Rule Recommendations Subcommittee met without a quorum and discussed the recommendations from the UNC Capstone Team and things that are already in progress. No decisions were made.

Ms. McClain will schedule the next meeting for the Energy Drink, Credentialing Board and Smoking Rule Recommendation committees.

OLD BUSINESS:

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

Mr. Ireland 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.

Continued activities:

June 13th – Meeting with Grace Marsh to discuss partnership with the Conflict Resolution Center.

June 27th - Meeting with Mel Downey-Piper and Michelle Young (Project Build) to finalize preparations for the August 2nd and 3rd National Cure Violence Pre-Assessment Site Visit.

July 6th – Follow up call with Lori Toscano, to confirm final plans for Pre-Assessment Site visit, initial Logistics discussions.

July 8th – Meeting with Susan Barco (Religious Coalition for a Non-Violent Durham) Cure Violence Conversation.

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July 11th – Phone conversation with Marcia Owen (Religious Coalition for a Non-Violent Durham) finalize presentation to the Coalition in August.

July 11th – Meeting with Mel Downey-Piper, Michelle Young and Arkeem Brooks, discussion and planning around Cure Violence.

July 13th – Invest Health Meeting with Reinvestment Partners, continue to develop plan for the intersection of housing and violence.

July 13th – Invest Health Call with National Invest Health Staff, provide update on progress.

July 27th – Presentation to the Durham Gun Safety Team on Cure Violence, and invited serve as a member of the Gun Safety Team (excepted).

July 28th – Religious Coalition for a Non-Violent Durham, brief the Coalition on what to expect with regard to the August presentation on Cure Violence.

August 2nd and 3rd – Pre-Assessment Site Visit by the National Cure Violence Office (Lori Toscano and Ricardo “Cobe” Williams):

AGENDA FOR SITE VISIT

August 2: 414 E. Main Street, 2nd floor, Conference Room C

8:30-9pm	Overview of agenda – Eric, Mel, Michelle
9-12pm	1/2 day Cure Violence Overview with policymakers, government officials & community representatives
12-1	lunch
1-5pm	Data review: Core team (community partner), plus other outreach workers (community health workers, HIV testing team), Gun Safety Team
6-7:30pm	Neighborhood visits – Project BUILD staff

August 3: 414 E. Main Street, 2nd floor, Conference Room C (9am-12pm;
room 3132 from 1-5pm)

9-12pm	Discuss implementation with Core team + Jason, Daryl, Jennifer Snyder, Jim Stuit
1-3	Meeting with potential workers
3-5	Wrap up with Eric, Mel and Michelle

Mr. Ireland stated that Durham Police Department’s Data Analysis Unit prepared data and data maps for Cure Violence on the 4 areas of Durham with the highest violent crime occurrences. After looking at this data and discussions with the Data Analysis Unit team, Project Build Staff and the National Cure Violence team narrowed the target area to two census tracts:

- Census Tract 1400 (which includes McDougald Terrace)
- Census Tract 1301 (which includes a residential area North of NCCU)

These two tracts had the highest rates of violent crime (and are next door to one another within walking distance). Additional resources to benefit the residents of those two areas are also needed.

QUESTIONS/COMMENTS:

Mr. Dedrick: Sixty-six towns have already done this and the statistics of reduction was 40-70% and some towns they hadn’t had a homicide in a year or two in the zones that they sent the violence interrupters in.

Ms. Harris: In Chicago where violent crime rates are going back up, it is clear that they stopped funding the program. Lori Toscano recommends

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that the staff members are housed in the community. To that end, we are going to Durham Housing Authority to ask for an apartment in McDougald Terrace. We have had units in other housing communities in the past.

NEW BUSINESS:

• BUDGET RATIFICATIONS

Ratification #1:

The Durham County Department of Public request approval to recognize funds in the amount of \$3,118 and \$16,000 from the NC Division of Public Health Communicable Disease Branch.

Funds will be used to (1) purchase condoms for persons at high risk for HIV and STDs in the STD program in order to reduce the spread of STDs and HIV and (2) partially support two STD program grant funded positions.

Ratification #2:

The Durham County Department of Public request approval to recognize additional funds in the amount of \$54,214 from NC DHHS, Division of Public Health for the Positive Parenting Program (Triple P).

Triple P is an evidenced-based parenting education and support program focusing on parents of young children ages 0 – 5 years old.

Ratification #3:

The Durham County Department of Public request approval to recognize funds in the amount of \$15,000 from SHIFT-NC to implement activities for the Maternal Child Health (MCH) Initiative and All Together Now. This initiative will lead to improved birth outcomes, improved overall health status of children ages 0 to 5, a lowering of the infant mortality rate and teen pregnancy rate in the Durham community.

Ratification #4:

The Durham County Department of Public request approval to recognize funds in the amount of \$5,000 from the NC DHHS, Division of Public Health to support response system planning, adaptability, and response to agents of disease.

The funds are to be used to enhance public health emergency preparedness planning and operational readiness for high consequence pathogens such as Ebola and Zika virus disease.

Mr. Curtis made a motion to approve the four (4) budget ratifications. Dr. Jackson seconded the motion and the motion was unanimously approved.

• PROPOSED BOH RULE FOR POST-EXPOSURE MANAGEMENT OF DOGS AND CATS

Ms. Harris provided the Board with a copy of the memo to Local Health Directors from Dr. Carl Williams, State Public Health Veterinarian and Dr. Marilyn Haskell, Deputy State Public Health Veterinarian with the subject “2016 NASPHV (National Association of State Public Health Veterinarians) Rabies Compendium: Proposed Model Board of Health Rule” for review. (A copy of the document is attached to the minutes.)

Ms. Harris stated that the North Carolina Health Directors Association asked the legislature to adopt the compendium so that the state law would be more in line with best practice. The item was not added to their agenda in the last legislative session; so, the NC Division of Public Health and the State Veterinarian are asking local Boards of Health to consider a local

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rule that would allow for the adoption of Part 1 B.5-Post Exposure Management of the 2016 Rabies Compendium.
(A copy of the document is attached to the minutes.)

Ms. Harris asked the board to consider adopting the recommendations.

Next Steps:

1. Advertisement—Public Comments at Board meeting
2. Send recommended changes to Clerk to the Board to make available to the public
3. Allow public comment period during next Board of Health meeting

Mr. Dedrick made a motion to move forward with the process of adopting the compendium recommendations for Proposed BOH rule for Post-Exposure Management of Dogs and Cats. Mr. Curtis seconded the motion and the motion was unanimously approved.

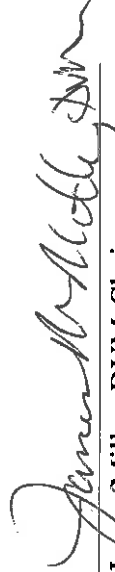
• AGENDA ITEMS SEPTEMBER 2016 MEETING

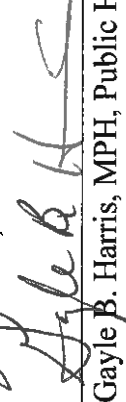
- o Police Chief Davis
- o Public Comment Period for Proposed BOH rule for Post-exposure management of dogs and cats
- o Cure Violence Update

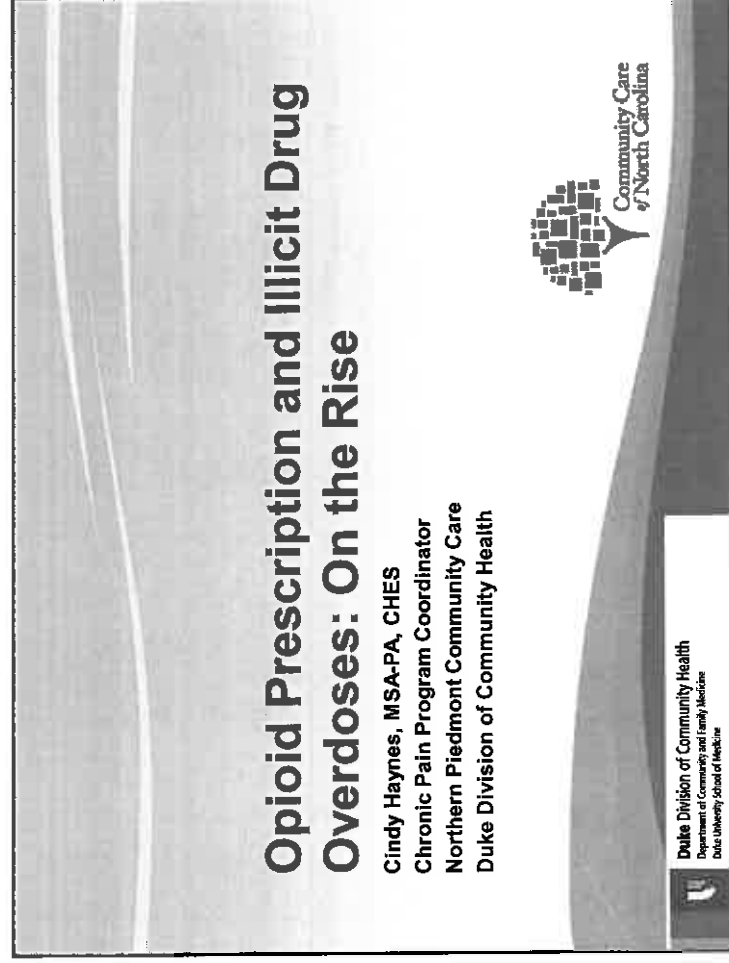
INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris apprised the Board that she has started her position as General Manager as of April 25th.

Mr. Dedrick made a motion to adjourn the regular meeting at 7:17pm. Dr. Jackson seconded the motion and the motion was unanimously approved.



James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

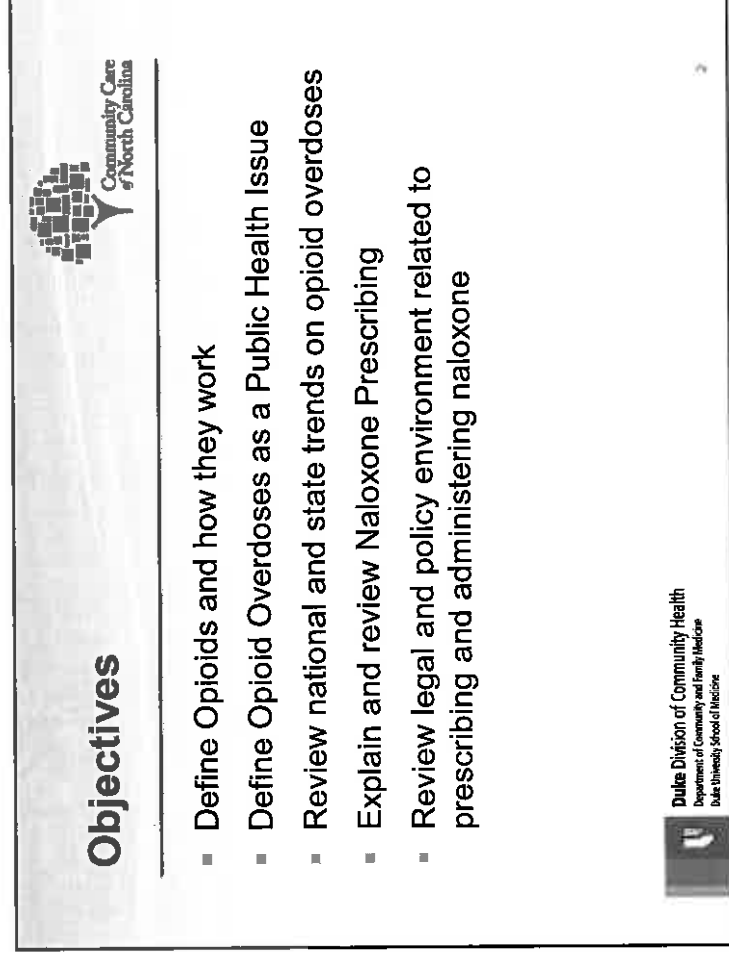


Opioid Prescription and Illicit Drug Overdoses: On the Rise

Cindy Haynes, MSA-PA, CHES
Chronic Pain Program Coordinator
Northern Piedmont Community Care
Duke Division of Community Health




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Objectives

- Define Opioids and how they work
- Define Opioid Overdoses as a Public Health Issue
- Review national and state trends on opioid overdoses
- Explain and review Naloxone Prescribing
- Review legal and policy environment related to prescribing and administering naloxone



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Background & Scope of the Problem




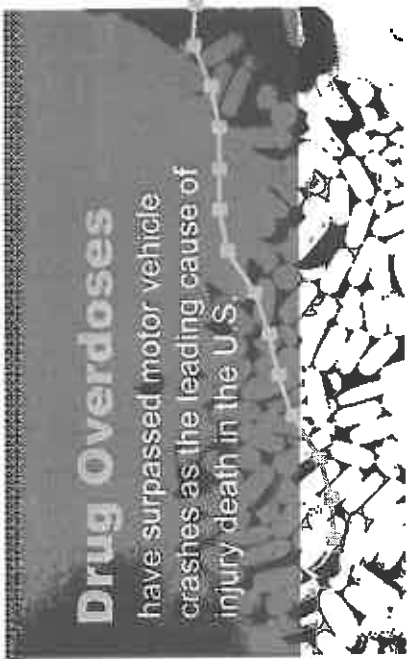
What are Opioids

- Illegal drugs such as heroin
- Prescription medications to treat pain such as morphine, codeine, methadone, **oxycodone** (OxyContin, Percodan, Percocet); **hydrocodone** (Hydrocodone, Lortab, Norco); **fentanyl** (Duragesic, Fentora); **hydromorphone** (Dilaudid, Exalgo); and **buprenorphine** (Subutex, Suboxone)




Community Care
of North Carolina

Leading Cause of Injury Deaths US





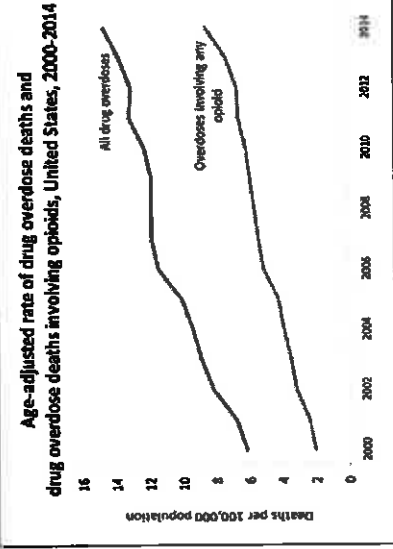
Drug Overdoses
have surpassed motor vehicle
crashes as the leading cause of
injury death in the U.S.

North Carolina
Injury & Violence
 PREVENTION Branch


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Opioid overdoses driving increase in drug overdoses overall



**Age-adjusted rate of drug overdose deaths and
 drug overdose deaths involving opioids, United States, 2000-2014**

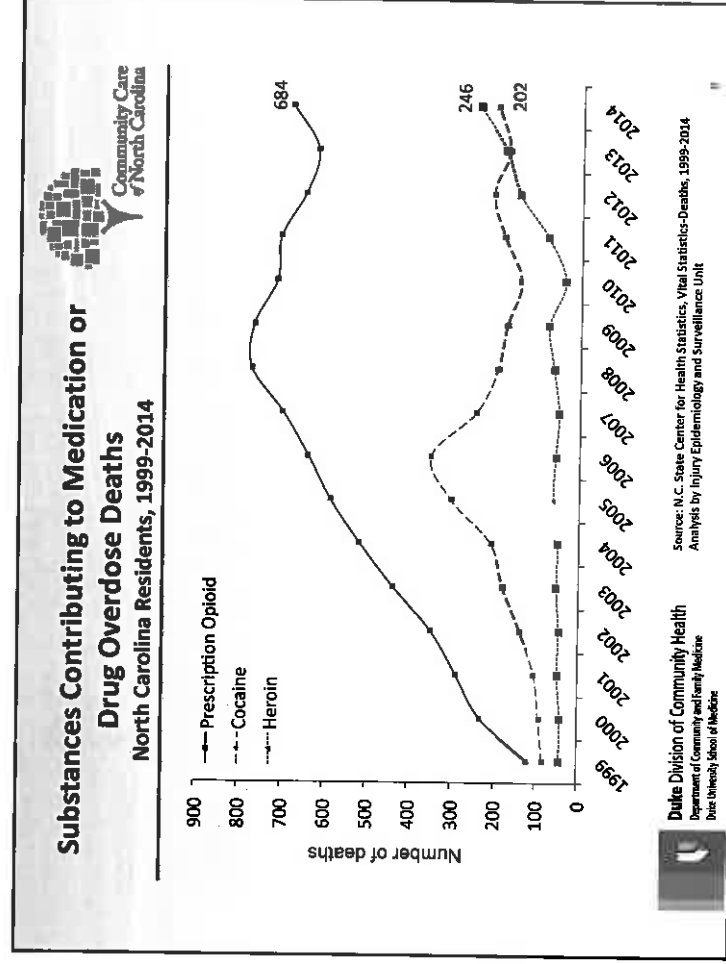
SOURCE: Centers for Disease Control
 and Prevention. Increases in Drug and
 Opioid Overdose Deaths – United
 States, 2000 to 2014. MMWR 2015.
www.cdc.gov/drugoverdose

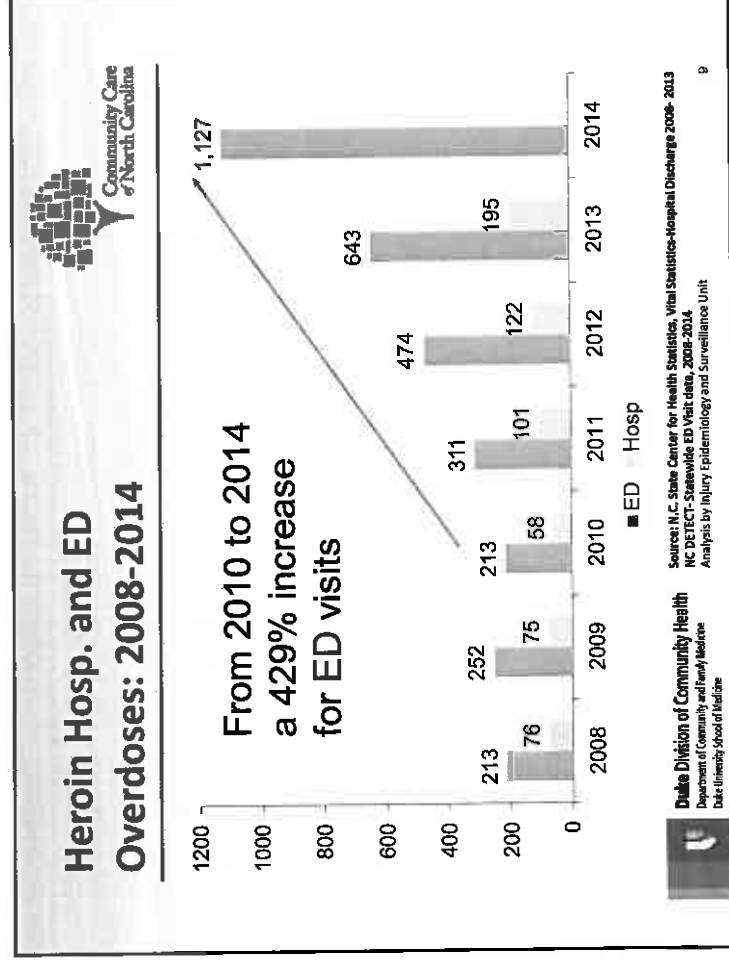


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8/4/2016



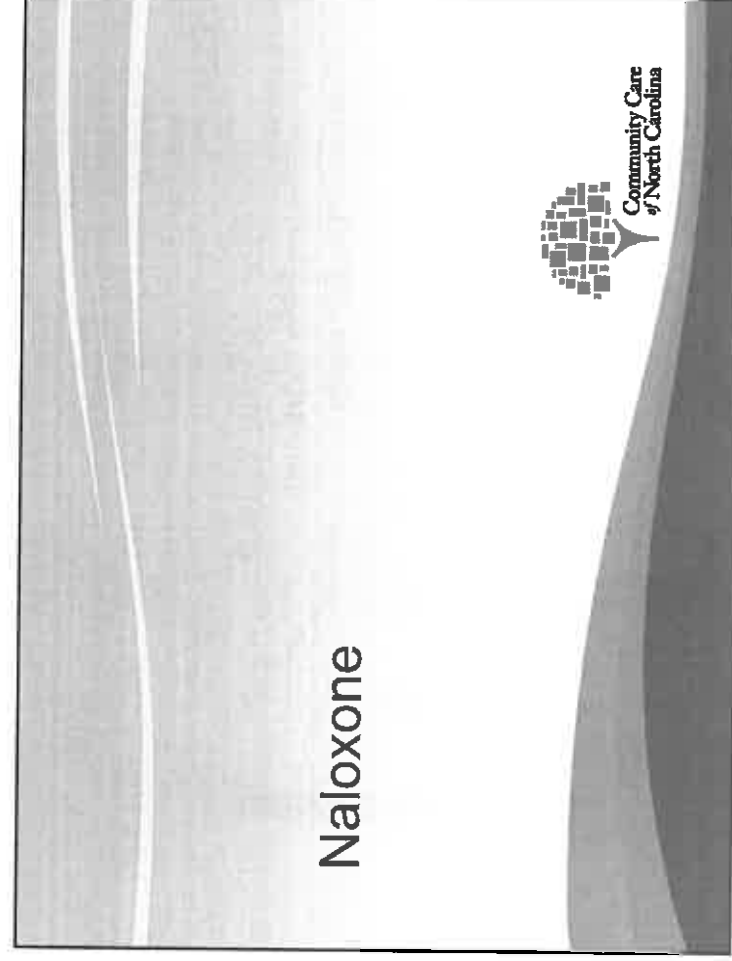


Overdoses and Reversals in Durham County

- Durham County, 2015:
 - 53 opioid overdoses were reported
 - 5 naloxone kits were administered in the ED
- Caveats
 - ICD codes changed during October 2015, which may have caused some underreporting
 - There may be additional underreporting in Durham due to the way data are being aggregated.
 - The Carolina Center for Health Informatics is currently investigating this issue.

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8/4/2016



A presentation slide with a light gray background and a dark gray curved footer. The word "Naloxone" is centered in a large, black, sans-serif font. Below the title, there is a bulleted list of three items. In the bottom right corner, there is a logo consisting of a cluster of small squares forming a shape, with the text "Community Care of North Carolina" to its right. At the bottom left, there is a small logo for "Duke Division of Community Health" and "Duke University School of Medicine".

- Naloxone is an antidote for an opioid overdose. It is an opioid antagonist that is used to reverse the effects of opioids
- Naloxone blocks the opiate receptor sites
- It only effective in treating overdoses of opioids, it doesn't work on benzodiazepines (i.e., valium) or stimulants (i.e., cocaine & ecstasy)

Community Care of North Carolina

NC Naloxone Standing Order

■ **June 2016, the State Health Director, Dr. Randall Williams, MD authorized pharmacies to dispense naloxone to those who meet the standing order criteria**

Health Care Provider Health Director's Standing Order for Naloxone Dispensing to Pharmacies

<p>1. Purpose: To provide for the availability of naloxone to community pharmacies for the treatment of opioid overdose.</p> <p>2. Scope: This standing order applies to all community pharmacies in North Carolina.</p> <p>3. Authority: This standing order is authorized by the Health Director, Dr. Randall Williams, MD, on June 20, 2016.</p> <p>4. Description: Community pharmacies are authorized to dispense naloxone to any individual who meets the following criteria:</p> <ul style="list-style-type: none"> a. The individual is at least 18 years of age. b. The individual is a resident of North Carolina. c. The individual is a patient of the pharmacy. d. The individual is at risk for opioid overdose. e. The individual is unable to obtain naloxone from another source. <p>5. Procedure: The pharmacist shall dispense naloxone to the individual upon presentation of this standing order and a valid photo ID. The pharmacist shall provide the individual with written instructions on the use of naloxone.</p> <p>6. Duration: This standing order is effective from June 20, 2016, to June 20, 2017.</p> <p>7. Review: This standing order shall be reviewed annually by the Health Director.</p>	<p>8. Signatures:</p> <p>_____ Health Director, Dr. Randall Williams, MD June 20, 2016</p> <p>_____ Pharmacist June 20, 2016</p>
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<http://www.naloxonesaves.org/>

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Community Care of North Carolina


Project Lazarus

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Coalitions & Partnerships



- VIBRANT (Vance Initiates Bringing Resources & Naloxone Training)
- Lincoln Community Health Center (FQHC)
- DUHS Opioid Safety Task Force
- 3-Region Partnership Chronic Pain Telephone Consultation for Primary Care Providers
- Partnership for a Healthy Durham (Substance Use/Mental Health Committee)
- Durham Crisis Collaborative
- Durham TRY
- Pharmacy Naloxone Outreach

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Progress



- NPCC has been working with Sheriff's department to consider to carrying naloxone
- Duke Bass Connections Opiate Outreach team has submitted a letter to the Durham Police Chief to consider carrying naloxone
- Durham TRY has submitted a letter to Durham Police Chief to encourage officers to carry naloxone
- Duke Opioid Safety Task Force is conducting a pilot with identified clinics with high volume prescribing
- Lincoln Community Health Center is dispensing naloxone (new MAT program)
- Local pharmacies in the community dispensing naloxone
- Standing order at Gurley's
- Partnership for a Healthy Durham's Substance Use and Mental Health Committee working on DPH Naloxone grant from the state for outreach and education
- NC Harm Reduction Coalition dispensing naloxone in community

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Next Steps


- Continue provider and community education on opioid overdose prevention
- Naloxone outreach and education to Durham County Law Enforcement to be trained to carry naloxone
- Encourage providers to use the Controlled Substance Reporting System to monitor misuse or abuse of prescription medication
- Identify and increase access to community-wide resources for alternative therapies and treatment
- Establish policies within the emergency departments to opioid overdose prevention

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DCoDPH Program

- Naloxone kits are provided directly to opiate or heroin users, family members, friends, or domestic partners of active users to provide greater access to naloxone and reduce overdoses.
- Anyone 18 years of age or older can present to DCoDPH Registration and request a naloxone kit.
- The Pharmacy dispenses the kit after the registration process is completed.
- Clients receiving clinical services from a provider can also request naloxone.



Naloxone Information

- Patients who self-report current opiate or heroin use will receive education and a prescription for a naloxone kit from the clinic provider.
- Each clinic provides the Naloxone brochure and information on how to obtain a naloxone kit from the health department.
- Each clinic has Naloxone brochures which are given to patients and family members.
- Clinics exam rooms have naloxone flyers posted which states the clients may ask questions regarding Naloxone or request a Naloxone kit for a friend or family member.



Naloxone Distribution

- Over the 2015 calendar year, 9 naloxone kits were prescribed by clinic providers at DCoDPH.
- Since 1/1/16, 2 kits have been prescribed by clinic providers.
- 90% of the naloxone kits given were prescribed by the STD clinic providers.
- 10% of the kits were provided to walk in clients who requested kits.



Durham County Pharmacy

- Dr. Sena has approved the move to nasal for FY2017
- Updates to policies and patient education materials are in the works
- Pharmacy is reaching out to other facilities to determine how they are implementing the new state wide changes



Sheriff Department Activities

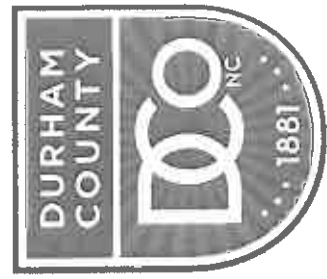
- Meeting June 14th with EMS, Sheriff's Office, Public Health and Durham City Manager representative.
- EMS Director Skip Kirkwood state the EMS Medical Director could write the standing order for Deputies to give Naloxone to suspected opioid overdose victims
- Sheriff Andrews endorses deputies carrying and giving Naloxone when indicated.
- Will need to obtain the resources for sustaining this project.
- Will look in NC Harm providing initial start up resources.
- Will need to be a county and city law enforcement effort .



Sheriff Department Activities

- City manager representative will take information to the City manager and Police Chief.
- Brian Jones from the Sheriff's Office will look at NC Harm Reduction for initial start up funds and funds in the Sheriff's budget to sustain the project
- Brian will also contact the local University Police about carrying and using Naloxone.
- Public Health endorses the project for all LEOs to carry and use Naloxone according to policy.
- Follow-up meeting to be scheduled.





Improving Community Outcomes for Maternal & Child Health

Board of Health Meeting
August 4th, 2016

Kimberly Vuong, MPH, CHES
Maternal Child Health Project Manager
Durham County Department of Public Health



Agenda

- Current State of Maternal Child Health (MCH)
- Overview
 - Grant
 - Aims
- Collective Impact
 - Community Action Team (CAT)
- Funded Durham Initiatives
 - Long Acting Reversible Contraceptives (LARC)
 - Tobacco Cessation
 - Triple P
 - Family Connects
- Progress and Next Steps



MCH in Durham County

- Population: 288,911
 - As of 2005, more than half of Durham's residents were people of color
- Live Births: 4,503 (2014)
 - 38% of births were unmarried mothers
 - Female single parent families are disproportionately at risk for poverty compared to married couple families (41.5% v. 8.7%)



MCH in Durham County

- Infant Mortality
 - 8.7 deaths per 1,000 live births (7.1 in NC overall)
 - African Americans: 15.9 deaths; Hispanic: 5.2; White: 4.6
- Overweight/Obesity
 - 45.2% of pregnant women were overweight or obese
 - Higher risk of pregnancy complications



Grant Overview

Funder

- NC Department of Health and Human Services, Women and Children's Health Section

Grant

- Provides competitive funding to local health departments to support evidence-based strategies
- Five projects funded at award level of \$350,000-\$500,000 annually for three years

Aims

- Improved birth outcomes
- Reduced infant mortality
- Improved health among children ages 0-5



Collective Impact

Definition

- A structured form of cross-sector collaboration that embraces continuous improvement and rigorous data to tackle complex social problems

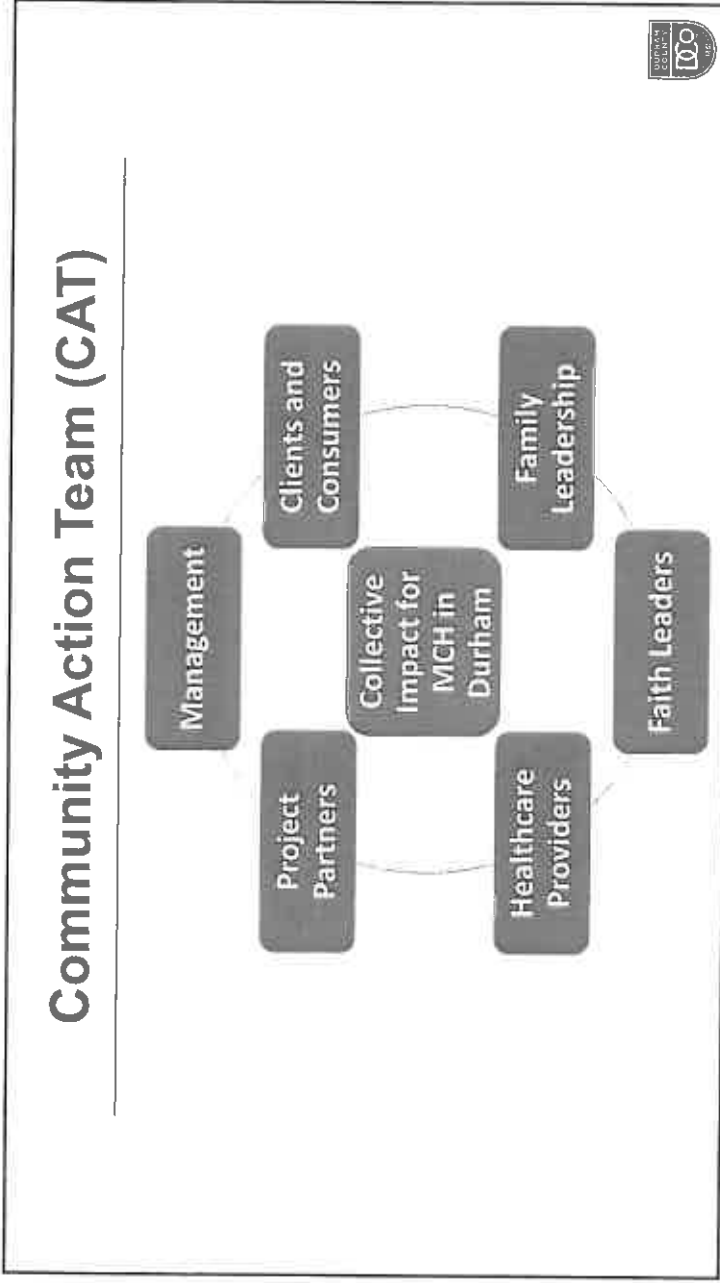
Five Elements

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Infrastructure

Rationale

- Higher impact
- Intended to achieve significant, lasting social change
- Represents multiple departments, organizations, programs, and citizens





Program Aims

Program Aims	Evidenced-Based Strategies
A. Improved Birth Outcomes	<ul style="list-style-type: none"> Long Acting Reversible Contraception (LARC) Tobacco Use Screening, Counseling, and Documentation Cognitive Behavioral Therapy and Interpersonal Psychotherapy
B. Reduced Infant Mortality	<ul style="list-style-type: none"> Ten Steps for Successful Breastfeeding Tobacco Cessation and Prevention Perinatal Regionalization – Risk Appropriate Care
C. Improved Health Status of Children Ages 0-5	<ul style="list-style-type: none"> Triple P (Positive Parenting Program) Family Connects Home Visiting Clinical Effort Against Secondhand Smoke Exposure

Program Aims

Program Aims	Evidenced-Based Strategies
A. Improved Birth Outcomes	Long Acting Reversible Contraception (LARC) Tobacco Use Screening, Counseling, and Documentation Cognitive Behavioral Therapy and Interpersonal Psychotherapy
B. Reduced Infant Mortality	Ten Steps for Successful Breastfeeding Tobacco Cessation and Prevention
C. Improved Health Status of Children Ages 0-5	Perinatal Regionalization – Risk Appropriate Care Triple P (Positive Parenting Program) Family Connects Home Visiting

Clinical Effort Against Secondhand Smoke Exposure



LARC

- **LARC:**
 - Types of birth control methods that are effective for long periods of time
 - Do not require any action on the part of the user
- **Rationale:**
 - More patients will use LARC when it is in stock and available for same-day insertion
- **Scope of Services:**
 - Provide educational outreach to encourage medical providers to be trained and provide access to LARC
 - Educate patients about LARC and make referrals to local providers
 - Increase the amount of LARC insertion at delivery by working with local providers and hospitals
 - (Note: DCoDPH and Lincoln to receive funding)
- **Partnering Organization:**
 - SHIFT NC, All Together Now
 - Family Connects



SHIFT NC: All Together Now

Background

- Organization: SHIFT NC
- Grant: All Together Now

Goals

- Help health care systems meet adolescents' health care needs
- Provide training and technical assistance
- Build strong linking and referral networks

MCH Collaboration

- Provide training on LARC devices for providers in Durham
- Purchase and insert LARC for non-Medicaid, uninsured women served by DCoDPH and Lincoln Community Health Center



Tobacco Cessation and Prevention

Tobacco Cessation:

- CTTS and the 5A's models of tobacco cessation screening and counseling
- Screening and counseling should be provided to all patients, family members, and caregivers during health care visits

Rationale:

- A combination of tobacco cessation counseling and pharmacotherapy increases quit rates
- Further emphasize local regulations that make public grounds tobacco free

Scope of Services:

- Train key staff to become certified tobacco treatment specialists and more to use the 5A's
- Provide an assessment for tobacco use and secondhand smoke exposure to all pregnant and postpartum women during all health care visits
- Refer clients to Quitline NC and/or appropriate community resources
- Community educational campaign

Partnering Organizations:

- NC DHHS
- QuitlineNC



Triple P

- Triple P:
 - Serves caregivers and Durham families with young children ages 0-5 years
 - Social, physical, and economic challenges that put children at risk
- Rationale:
 - One of the world's most effective parenting programs
 - Provides parents with practical skills to build strong relationships, manage misbehavior and prevent problems
 - Strengthen an already strong child provider network
- Scope of Services:
 - Develop and implement a Triple P training program for local practitioners
 - Maintain a local coordinating council
 - Participate in the North Carolina Triple P State Learning Collaborative
- Partnering Organizations:
 - Triple P America
 - Family Connects
 - Healthy Families Durham




Family Connects

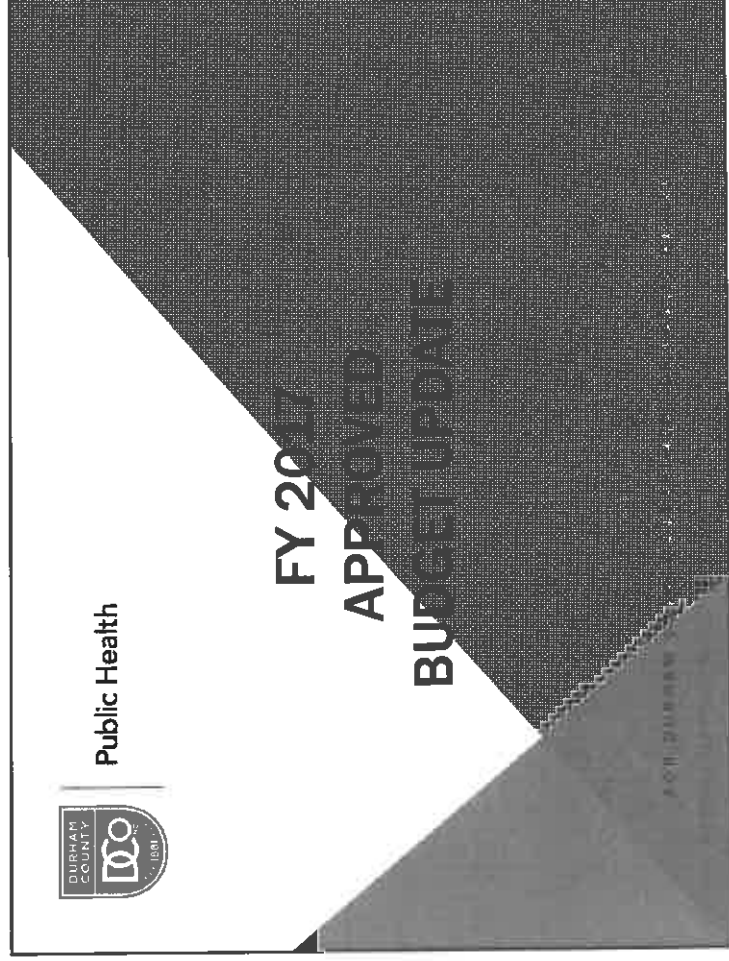
- Family Connects:
 - Universal newborn nurse home-visiting program
 - Provide support and education about newborn and postpartum care
 - Assess family risks and needs
 - Triage needs to appropriate community services
- Rationale:
 - Provides backbone for community's system of care in early childhood
 - Addresses each family's needs by education and by linking with services to target community-level change
- Scope of Services:
 - Identification of existing local services that provide for family needs
 - Creation of an Agency Finder for community referrals
 - Identification of service delivery gaps
- Partnering Organizations:
 - Center for Child and Family Health (Duke)
 - Center for Child and Family Policy (Duke)



Progress and Next Steps

Progress to Date	Next Steps
<ul style="list-style-type: none">• Completed initial background meetings with all project partners and stakeholders• Discussed current work, strategies, and data monitoring• Developed tracking system to monitor all data collection for the grant	<ul style="list-style-type: none">• Work with UNC (contract) on implementation and evaluation strategies for the grant• Monthly CAT meeting• Recruit additional community members and consumers to participate in CAT• Meet with project partners and stakeholders to determine what infrastructure is needed for data collection





FY 16 APPROVED vs FY 17 APPROVED

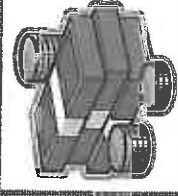
▪ FY 16 Approved Budget 22,134,505	▪ FY 17 Approved Budget 23,831,496	▪ 7.67% 1,696,991
▪ FY 16 Personnel Budget 13,968,933	▪ FY 17 Personnel Budget 14,849,643	▪ 6.30% 880,710
▪ FY 16 Operating Budget 8,165,572	▪ FY 17 Operating Budget 8,981,853	▪ 10% 816,281



HISTORICAL COUNTY FUNDING

(5 YEAR BASED ON JULY 1 APPROVED)

<u>FY</u>	<u>7/1 Approved</u>	<u>County Portion</u>	<u>Other</u>	<u>% County</u>
2017	23,831,496	17,579,754	6,251,742	74%
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%



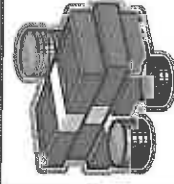
FY 17 BUDGET REDUCTIONS/CUTS

Administration - 5100621100

6211	Admin	1102	Telephone	(1,762)	Cure Violence
6211	Admin	2000	Non-cap Comp	(4,500)	Cure Violence

Durham Diabetes Coalition - 511622900

6229	DDC	1301	Training/Travel	(2,500)	County (PRI 500)
6229	DDC	1504	Food & Provisions	(2,500)	County
6229	DDC	1535	Client Incentives	(2,500)	County (PRI 1,000)
6229	DDC	1595	Misc. Supplies	(7,500)	County (PRI 1,500)
6229	DDC	2000	Non-cap Comp	(1,500)	PRI 1,500



FY 17 BUDGET REDUCTIONS/CUTS (CONTINUED)

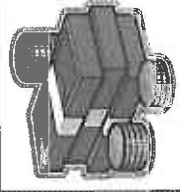
School Health - 5100623600			
6236	SH	1104	Printing supplies (8,500) County/School Nurses 7,895
6236	SH	1143	Office supplies (4,000) School Nurses 5,000
6236	SH	1301	Training/Travel (10,374) County/School Nurses 10,246
6236	SH	1501	Operating Travel (14,112) County/School Nurses 18,424
6236	SH	1504	Food & Provisions (6,000) County/School Nurses 4,950
6236	SH	1541	Immunizations (10,000) County 25K
6236	SH	1542	Other Med Supplies (11,700) County/School Nurses 20,000
6236	SH	1595	Misc. Supplies (13,902) County/School Nurses 15,195
6236	SH	1601	Misc. Contract Svc. (5,300) School Nurses 5,300 (Lang. Line)



FY 17 BUDGET ADDITIONS

Administration- 510061100 - 1601
Nonprofit Program Funds - \$67,594

African American Dance Ensemble	5,000
Bridge II Sports	6,000
Durham Striders Association	15,750
El Futuro	6,000
Planned Parenthood of Central NC	17,746
Playworks	10,000
Triangle Champions	7,098



8/4/2016

QUESTIONS/COMMENTS

DURHAM COUNTY
1881

Public Health



July 25, 2016

Dear Health Care Facility Administrator,

We are writing to you because of the crucial role you play managing a public health care facility that may be impacted by federal regulations effective this week regarding the nondiscriminatory treatment of transgender individuals.

We last wrote to you in April following the passage of House Bill 2 (HB 2), which purports to require public health facilities and other entities to discriminate against transgender individuals by barring them from facilities consistent with their gender. HB 2 remains the subject of ongoing litigation, and the federal government has requested that the court enjoin the law from being enforced. Entities that comply with HB 2 risk violating federal law, including Section 1557 of the Affordable Care Act.

In May 2016, the U.S. Department of Health and Human Services (HHS) finalized its regulations clarifying health care entities' nondiscrimination obligations under Section 1557 of the Affordable Care Act.ⁱ These regulations apply to health care facilities that receive federal funding, including Medicare or Medicaid payments,ⁱⁱ and *became effective on July 18, 2016*.ⁱⁱⁱ

Why are these final regulations critical to your facility? Because these regulations make it crystal clear that it is a violation of federal law for health care facilities to discriminate against individuals based on their gender identity or transgender status.^{iv} The final regulation states that health care programs must “treat individuals consistent with their gender identity,” including with respect to access to facilities, such as restrooms and patient rooms.^v For example, it is a violation of the Affordable Care Act for facilities to require a transgender person to use segregated single-user restrooms or restrooms inconsistent with their gender identity, or to place them in a gender-specific unit, therapy program or assigned room that is inconsistent with their gender identity.^{vi} This is consistent with a recent ruling from the U.S. Court of Appeals for the Fourth Circuit (the circuit that includes North Carolina), which held that the federal Title IX law requires school to treat students consistent with their gender identity for purposes of using school restrooms.^{vii} Facilities that have refused to treat patients in a manner consistent with their gender identity have faced lawsuits in federal court and administrative investigations by the federal government, potentially risking their federal funding.^{viii}

Treating all patients, clients, visitors, staff, and other individuals in your facilities with dignity and respect is critical to the mission of health care. While it is important to appreciate that discrimination against transgender patients violates Section 1557, it is also vital that health care facilities acknowledge that discrimination against transgender patients is harmful and counter to the mission of health care.

In a health care context, excluding transgender people from facilities that correspond to their gender identity is particularly harmful because such treatment can exacerbate gender dysphoria, a medical condition that many transgender people experience and for which the approved treatment is to live in accordance with their gender identity.^{ix} Being forced to use facilities inconsistent with their innate

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Washington, DC 20036

202.642.4542
www.TransEquality.org

identity can cause acute stress and anxiety for patients, aggravate other medical conditions, and contribute to harassment, depression, and suicidality.

Numerous health care facilities around the country, including in North Carolina, already allow transgender people to use restrooms and other facilities consistent with their gender identity. They have found time and again that treating transgender people according to their gender identity does not compromise anyone else's safety or privacy.

We hope this letter is helpful in addressing some of the questions and concerns raised by Section 1557. You may wish to consult other resources such as *Creating Equal Access to Quality Health Care for Transgender Patients*^x for information about how to provide a safe and supportive environment for all patients and employees and ensure compliance with federal laws and regulations. If you have any questions, please feel free to contact Harper Jean Tobin at the National Center for Transgender Equality at hjtobin@transequality.org or (202) 745-2303.

Thank you for the work you do every day to ensure quality health care for all.

Sincerely,



Harper Jean Tobin
Director of Policy
National Center for Transgender Equality

ⁱ Nondiscrimination in Health Programs and Activities, Final Rule, RIN 0945-AA02, 81 Fed. Reg. 31375 (May 18, 2016).

ⁱⁱ 42 U.S.C. § 18116.

ⁱⁱⁱ 45 C.F.R. §92.1.

^{iv} *Rumble v. Fairview Health Serv.*, No. 14-cv-2037, 2015 WL 1197415 (D. Minn. Mar. 16, 2015); 45 C.F.R. §92.

^v 45 C.F.R. § 92.206.

^{vi} *Id.*; see also Nondiscrimination in Health Programs and Activities, Final Rule, RIN 0945-AA02, 81 Fed. Reg. 31375,

31409 (May 18, 2016).

^{vii} G.G. ex rel. Grimm v. Gloucester County School Bd., 822 F.3d 709 (4th Cir. 2016), *rehearing en banc denied*, 2016 WL 3080263 (4th Cir. May 31, 2016).

^{viii} *E.g. Rumble*, No. 14-cv-2037; Voluntary Resolution Agreement Between the U.S. Department of Health and Human Services, Office for Civil Rights and the Brooklyn Hospital Center, Transaction No. 12-147291 (July 2015),

<http://www.hhs.gov/sites/default/files/ocr/civilrights/activities/agreements/TBHC/vra.pdf>.

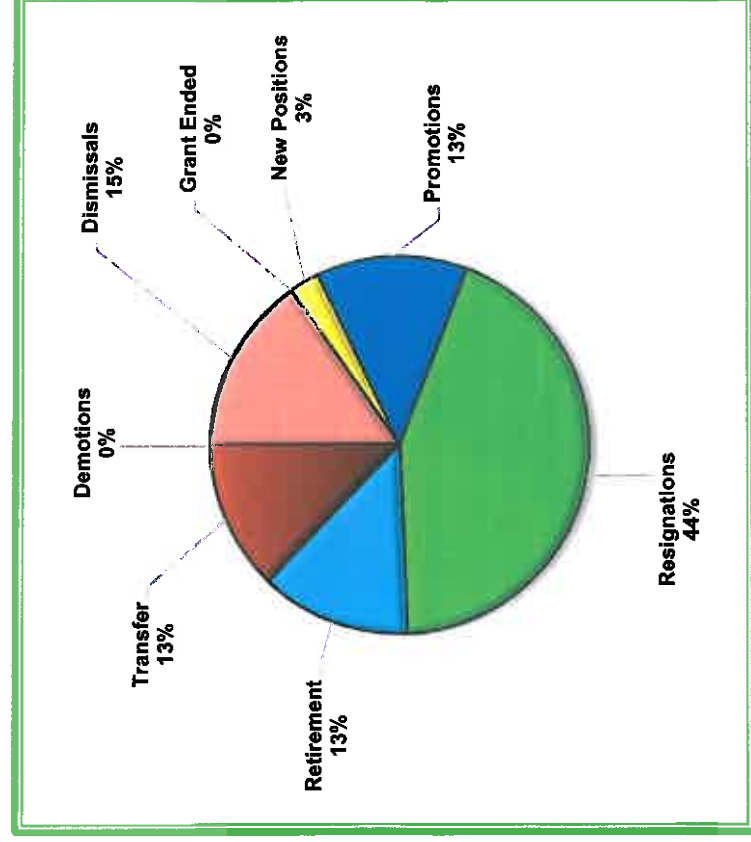
^{ix} See, e.g., *De'Lonta v. Johnson*, 708 F.3d 520 (4th Cir. 2013) (recognizing gender dysphoria, then known as "gender identity disorder," as a serious medical condition for which generally accepted protocols include living as the gender with which the patient identifies).

^x Lambda Legal, Human Rights Campaign, Hogan Lovells & New York Bar, *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies* (2016),

http://www.lambdalegal.org/publications/fs_transgender-affirming-hospital-policies.

PUBLIC HEALTH VACANCY REPORT
 July 1, 2015 through June 30, 2016
 Month Ending 6/30/2016

<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	6	6	15%
Grant Ended	0	0	0	0%
New Positions	0	1	1	3%
Promotions	0	5	5	13%
Resignations	0	17	17	44%
Retirement	0	5	5	13%
Transfer	0	5	5	13%
	0	39	39	100%



*no positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

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

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

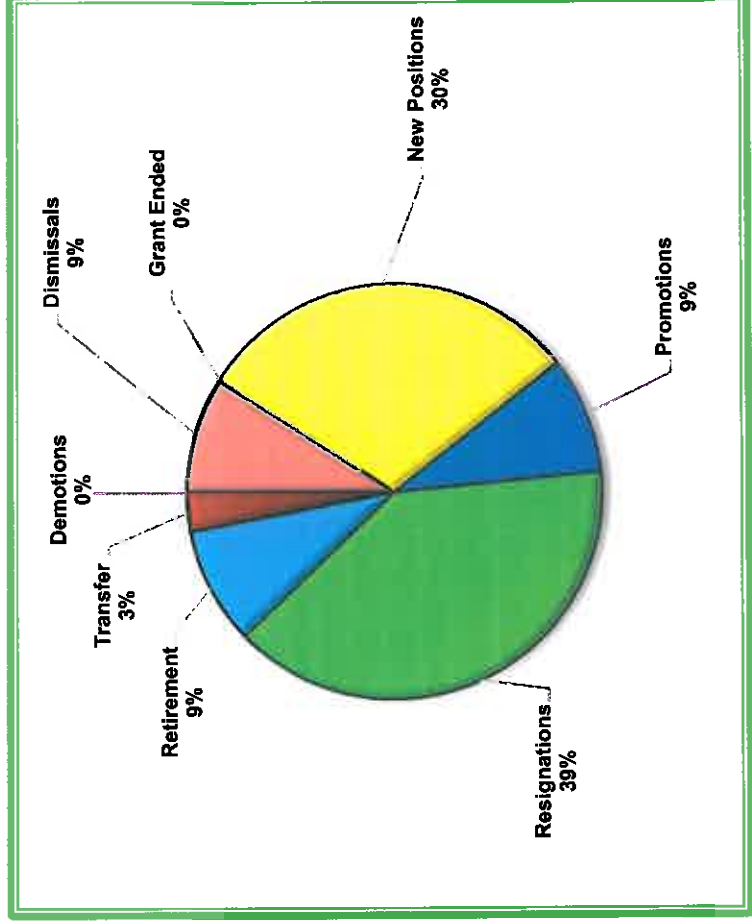
total # of vacancies for June 20
 total # of employees 216
 % of vacancies 9%

7/19/2016

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, 11/16	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	5/23/16	
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	
40001011	Medical Lab Supervisor	8/12/15	8/31/2015, 12/21/15	9/11/2015, 9/25, 1/29/16	4/11/16	
40001084	Sr PH Nurse	9/4/15	8/17/15	8/28/15	11/23/15	
40007988	PH Education Spec	9/11/15	9/12/15	10/2/15		
40001154	Env Health Specialist	9/24/15	10/12/2015, 2/29/16	10/23/2015, 11/13, 3/11	5/23/16	
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15	12/7/15	
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	5/23/16	VACANT
40001119	Physician Extender	10/1/15	11/2/2015, 12/13/15, 2/29, 5/29	11/28/2015, 1/8/16, 1/22, 3/18, 6/24		VACANT
40001153	Env Health Specialist	10/15/15	10/12/2015, 10/28	10/23/2015, 11/6	5/23/16	
40007630	Sr PH Nurse	10/30/15	11/9/2015, 12/15, 2/2, 4/5	11/27/2015, 1/8/16, 2/12, 4/27		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	6/6/16	
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, 5/13/16		VACANT
40001014	Sr Medical Lab Assist	12/16/15	1/11/16	1/29/16	4/25/16	
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	5/23/16	
40007600	Sr PH Nurse	2/12/16	4/5/16	4/27/16		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	4/21/16	4/29/16, 5/13/16		VACANT
40005377	Nutritionist	3/24/16	5/4/16	5/20/16		VACANT
40001960	Physician Extender	4/8/16	4/27/16	5/20/2016, 6/16		VACANT
40001135	Sr PH Nurse	4/11/16	4/5/16	4/27/16		VACANT
40008251	Env Health Specialist	4/15/16				VACANT
40001089	Sr PH Nurse	4/22/16	4/21/16	5/13/16		VACANT
40001090	Sr PH Nurse Spec	4/22/16	1/11/16	1/29/16	4/25/16	
40001053	PH Nurse Program Mgr	4/29/16			4/11/16	
40008050	Nutrition Specialist	5/6/16	5/11/16	6/10/16		VACANT
40000989	Office Assistant	5/9/16				VACANT
40001107	PH Nurse Supervisor	5/20/16				VACANT
40005373	Nutritionist	5/26/16				VACANT
40007633	Sr PH Nurse	6/6/16				VACANT
40007425	Env Health Specialist	6/24/16				VACANT

PUBLIC HEALTH VACANCY REPORT
 July 1, 2016 through June 30, 2017
 Month Ending 7/31/2016

<u>Vacancy Reasons</u>	<u>FY 15/16 *</u>	<u>FY 16/17**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	2	1	3	9%
Grant Ended	0	0	0	0%
New Positions	1	9	10	30%
Promotions	3	0	3	9%
Resignations	11	2	13	39%
Retirement	2	1	3	9%
Transfer	1	0	1	3%
	20	13	33	100%



*20 positions remain vacant from FY 15/16.

**FY 16/17 vacancies are cumulative

13 position(s) became vacant in July 16/17

33 position(s) were vacant out of 225 allocated positions, 221.26 FTE positions for July, 2016

total # of vacancies for July 33
 total # of positions 225
 % of vacancies 14.7%

**VACANT POSITIONS in FY 2016/2017
Month Ending 7/31/2016**

Cost Center	Position Title	Notes	Position Number	Leave Date	Start Date
CH/Maternal Health	Sr PH Nurse	VACANT	40001089	4/22/15	
CH/Adult Health	Physician Extender	VACANT	40001119	10/1/15	
CH/School Health	Sr PH Nurse	VACANT	40007630	10/30/15	
Enviromental Health	Env Health Spec	VACANT	40001164	12/15/15	
Enviromental Health	Env Health Spec	VACANT	40001165	12/18/15	
CH/School Health	Sr PH Nurse Spec	VACANT	40007600	2/12/16	
Nutrition	Nutrition Specialist	VACANT	40005365	2/29/16	
Health Education	PH Education Spec	VACANT	40001002	3/9/16	
CH/School Health	PH Nurse Spec	VACANT	40007950	3/11/16	
CH/Adult Health	Sr PH Nurse	VACANT	40003878	3/15/16	
Nutrition	Nutritionist	VACANT	40005377	3/24/16	
CH/Family Planning	Physician Extender	VACANT	40001960	4/8/16	
CH/School Health	Sr PH Nurse	VACANT	40001135	4/11/16	
Enviromental Health	Env Health Spec	VACANT	40008251	4/15/16	
Nutrition	Nutrition Specialist	VACANT	40008050	5/6/16	
Health Education	Office Assistant	VACANT	40000989	5/9/16	
CH/CCAC	PH Nurse Supervisor	VACANT	40001107	5/20/16	
Nutrition	Nutritionist	VACANT	40005373	5/26/16	
CH/School Health	Sr PH Nurse Spec	VACANT	40007633	6/6/16	
Enviromental Health	Env Health Pro Spec	VACANT	40007425	6/24/16	
Health Education	Outreach Worker	VACANT	*TBA	7/1/16	
Health Education	Outreach Worker	VACANT	*TBA	7/1/16	
Health Education	Program Coordinator	VACANT	*TBA	7/1/16	
Health Education	Violence Interrupters	VACANT	*TBA	7/1/16	
Health Education	Violence Interrupters	VACANT	*TBA	7/1/16	
CH/School Health	School Nurse	VACANT	*TBA	7/1/16	
CH/School Health	School Nurse	VACANT	*TBA	7/1/16	
CH/School Health	School Nurse	VACANT	*TBA	7/1/16	
CH/School Health	School Nurse	VACANT	*TBA	7/1/16	
Enviromental Health	Env Health Pro Spec	VACANT	40001158	7/12/16	
Health Education	PH Education Spec	VACANT	40007578	7/20/16	
Nutrition	Nutrition Specialist	VACANT	40005376	7/28/16	
CH/School Health	Processing Assistant	VACANT	40001068	7/29/16	

* new positions added to FY 16/17 budget

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
June 2016

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 Herridon 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		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. 4/28/2016 - EH Spoke with owner, site visit is scheduled for 5/5/16 to determine repair options. 5/26/2016 - Property owner contacted EH to state he has hired a septic contractor to evaluate system.
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		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		Discharging via a culvert pipe. 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, Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	6/7/2015	N	N		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	No Subsurface Operator	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.
9/28/2015	6101 Cheek Rd	Surfacing effluent, unpermitted repairs	10/28/2015	Y	N		2/19/2016 - 10-day demand letter issued by County Attorney's Office.
10/21/2015	4601 West Ave	No Subsurface Operator	11/21/2015	Y	N		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		2/19/2016 - 10-day demand letter issued by County Attorney's Office.
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. EH has not received system management reports as required by rule. EH has not received system management reports as required by rule.

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	5 Treadway Ct	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.
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N	N	System failure discovered during mandated 5-year maintenance inspection. 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.	
2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	N	N	Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.	
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	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.
3/18/2016	7138 Windover Dr	Surfacing Effluent	9/18/2016	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.	
3/23/2016	2804 Darrow Rd	Raw Sewage Discharge	4/23/2016	N	N		
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.	4/7/2016 - Owner submitted an application for repair permit. House is unoccupied.
5/5/2016	5719 Claremore	Surfacing Effluent	6/5/2016	N	N	Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system or to apply for permanent pump and haul.	
6/9/2016	2711 E Geer St	Surfacing Effluent	6/9/2016	N	N	Existing system is failing. Municipal sewer available.	

ENVIRONMENTAL HEALTH
Onsite Water Protection - Compliant NOV's
FY 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
11/30/2015	6448 Guess Rd	Surfacing effluent	12/30/2015	N	Y	5/2/2016	Pressure manifold is damaged. **5/2/2016 - EH site visit, repair verified** Existing system has failed and a permit has been issued for a repair system.
4/6/2016	1120 Clayton	Surfacing Effluent	5/6/2016	N	Y	4/28/2016	**4/28/2016 Repair system installed**
2/16/2016	6020 Burgundy Rd	Surfacing Effluent	3/17/2016	N	Y	4/7/2016	System failure discovered during mandated 5-year maintenance inspection. **Malfunctioning pump was replaced.**

8/19/2015 - USPS returned NOV as non-deliverable. 11/30/2015 - NOV hand delivered.

3/15/2016 - EH received call from certified contractor stating the owners have retained their services and the work is to be scheduled.

10/22/2015	3817 Cheek Rd	Unpermitted connection to Controlled Demonstration system and graywater straight pipe	11/22/2015	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.** System failure discovered during mandated 5-year maintenance inspection. **3/16/2016 - Root blockage removed. System now functioning as designed.** **3/16/2016 - Root blockage removed. System now functioning as designed.**	11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Wash line is being redirected to conventional system.
2/16/2016	111 Stockbridge Pl	Surfacing Effluent	3/17/2016	N	3/16/2016	System failure discovered during mandated 5-year maintenance inspection. **3/4/2016 - Root blockage removed. System now functioning as designed.**	
2/16/2016	3208 Hopkins Rd	Surfacing Effluent	3/17/2016	N	3/4/2016	System is discharging to ground surface. **3/1/2016 - Failing washing machine line was connected to main house plumb out into septic tank.**	
11/30/2015	1912 Torredge	Surfacing Effluent	12/30/2015	N	3/1/2016	System failure discovered during mandated 5-year maintenance inspection. **Malfunctioning pump was replaced.**	
1/6/2016	804 Hardscrabble Dr	Effluent backing up into septic and pump tanks.	2/6/2016	N	3/1/2016	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.** 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.
12/23/2015	310 N Fork Lane	Repair area destroyed by construction of pond	1/23/2016	N	2/3/2016	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.
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	2/3/2016	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.**	
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	1/14/2016	EH has not received system management reports as required by rule. **Management reports received by EH**	
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	1/13/2016	Failing Low Pressure Pipe system has been excavated without permit. **Repaired by Certified Septic Contractor.**	
11/19/2015	102 Hardscrabble Ln	No Subsurface Operator	12/19/2015	N	1/13/2016	Massive drainfield failure. Municipal sewer is available on the lot. **1/7/16- Drainline blockage removed by certified septic contractor.**	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).
11/25/2015	518 Pleasant	Surfacing Effluent & Unpermitted Repair Work	12/26/2015	N	1/13/2016	Surfacing effluent **12/16/2015 - NPDES System has been installed** Sewer disconnected **12/7/2015 - City of Durham Public Works confirmed house is connected to sewer.** 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.**	4/20/2015 - House is unoccupied
12/21/2015	8405 NC HWY 751	Surfacing effluent	1/21/2016	N	1/7/2016	Septic tank lid has collapsed. 5/19/2015 - Repair permit issued. ** Septic tank replaced**	
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	12/16/2015		
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	12/7/2015		
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	12/7/2015		
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	11/30/2015		

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	**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** 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.**	8/20/2015 - 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	EH has not received system management reports as required by rule. **9/15/2015 - Owner has contracted with a certified operator.**	
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. **9/2/2015 - 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. **8/26/2015 - 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 staff will verify via site visit.

7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N		Y	8/4/2015	House is unoccupied. Existing tank has collapsed, NCOWC/ICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuited for repair. Owners referred to NCDWR. **8/4/2015 - Septic tank has been properly abandoned and house is vacant** 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.
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N		Y	8/24/2015	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.
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N		Y	8/27/2015	Repair permit issued 1/13/15, no contact from owner since **7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N		Y	7/22/2015	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.**
5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N		N/A		

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
July 2016

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. 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. 4/28/2016 - EH Spoke with owner, site visit is scheduled for 5/5/16 to determine repair options. 5/26/2016 - Property owner contacted EH to state he has hired a septic contractor to evaluate system. 7/12/2016 - Site to be reevaluated by EH. Initial hypothesis of broken pipe was not verified by septic contractor.
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
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe.
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.
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.
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.
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	Y	N		Municipal sewer is available.
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.
							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. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. 2/19/2016 - 10-day demand letter issued by County Attorney's Office.

2/16/2016	6038 Burgundy Rd	Surfacing Effluent	3/17/2016	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	5 Treadway Ct	Surfacing Effluent	3/17/2016	N						System failure discovered during mandated 5-year maintenance inspection.	Owner has hired a certified contractor to repair the malfunctioning pump controls.
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N						System failure discovered during mandated 5-year maintenance inspection. 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.	
2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	N						Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.	
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	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.
3/18/2016	7138 Windover Dr	Surfacing Effluent	9/18/2016	N						EH received a complaint of surfacing effluent. Site visit confirmed failing system. NOV directs owner to apply for repair permit.	4/7/2016 - Owner submitted an application for repair permit. House is unoccupied.
3/31/2016	809 Lakeview Dr	Surfacing Effluent	5/2/2016	N						Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system or to apply for permanent pump and haul.	
5/5/2016	5719 Claremore	Surfacing Effluent	6/5/2016	N						Existing system is failing. Municipal sewer available.	
6/9/2016	2711 E Geer St	Surfacing Effluent	6/9/2016	N						Existing system is failing. Property owner has submitted application for repair permit but has not cleared area or marked property lines for an evaluation.	
6/30/2016	2005 Patterson	Surfacing Effluent	7/30/2016	N						House is connected to municipal sewer. Line has been plugged by Public Works due to delinquent account.	
7/15/2016	2804 Darrow Rd	Raw Sewage Discharge	8/15/2016	N						EH has not received system management reports as required by rule.	
7/15/2016	5370 Red Mill Rd	No Subsurface Operator	8/15/2016	N							

ENVIRONMENTAL HEALTH
Onsite Water Protection - Compliant NOV's
Jul-16

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
7/15/2016	2104 Milton Rd	Surfacing Effluent	8/15/2016	N	Y	7/21/2016	Existing system is failing. Property owner needs to mark property lines prior to evaluation. **7/21/2016 - Failure abated by reduced water use.**



RICHARD O. BRAJER
Secretary
DANIEL STALEY
Director, Division of Public Health

July 25, 2016

To: North Carolina Local Health Directors
From: Carl Williams, DVM, DACVPM, State Public Health Veterinarian
Marilyn Goss Haskell, DVM, MPH, Deputy State Public Health Veterinarian

Subject: **2016 NASPHV Rabies Compendium: Proposed Model Board of Health Rule**

The intent of this memo is to facilitate local health department adoption and implementation of the new national guidance for postexposure management of dogs and cats published March 1, 2016 by the National Association of Public Health Veterinarians (NASPHV) in the Compendium of Animal Rabies Prevention and Control, 2016 (<http://www.nasphv.org/Documents/NASPHV/RabiesCompendium.pdf>).

The North Carolina Division of Public Health (DPH) proposed legislation for the 2016 short session of the General Assembly that would have amended G.S.130A-197 to adopt by reference the postexposure management control measures for dogs and cats in the 2016 NASPHV rabies compendium. Unfortunately the legislative proposal was never introduced as a bill during the 2016 short session.

In lieu of an amendment to the statute, and to ensure the force and effect of law in the adoption of the new control measures, we recommend that the local board of health, or the entity that is acting as the board of health, adopt the model Board of Health rule below. Pursuant to G.S. 130A-39, a local board of health may, in its rules, adopt by reference any code, standard, rule or regulation which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

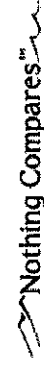
**Model Rule for Postexposure Management of Dogs and Cats
Recommended by the NC Division of Public Health**

This model rule for rabies postexposure management of dogs and cats implements and particularizes the authority given to the local health director in G.S. 130A-197 to effectively and efficiently protect the public's health utilizing the most current science. Accordingly, the Board of Health adopts the recommendations and guidelines for rabies postexposure management of dogs and cats specified by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (Part I.B.5: Postexposure Management). These provisions of the Compendium shall be the required control measures pursuant to G.S. 130A-197.

Adoption of the 2016 Rabies Compendium postexposure management control measures for dogs and cats as a Board of Health rule would provide the legal authority for local health directors to implement the new rabies control measures and would align North Carolina's control measures with current national recommendations and guidance.

The new control measures would likely result in fewer dogs and cats euthanized, shorter quarantine periods (4 months rather than 6 months) and allow for more 45-day owner (at-home) observations for lapsed animals with appropriate documentation. These changes represent significant emotional and (estimated) financial benefits to animal owners (Table 1). If managed and monitored carefully by local health departments, these control measures will maintain the safety of public health in North Carolina.

Thank you for your time and attention to this important public health issue. If you have any questions please contact the Communicable Disease Branch at 919-733-3419.



*Department of Health and Human Services | Division of Public Health
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Table 1. 2016 Rabies Compendium Changes for Postexposure Management of Dogs and Cats by Vaccination Status: A Comparison to § 130A-197 and Projected Fiscal Impact to Pet Owners

Rabies Vaccination Status of Dog or Cat	Current G.S. 130A-197 Control measures	2016 Compendium Control measures	2016 Compendium Financial Impact
1. Currently Vaccinated	Provide booster dose of rabies vaccine within five days of exposure (\$25.00)	Immediate veterinary care with rabies booster dose within 96 hours of exposure (\$25.00+). Owner observation 45 days.	Equal to existing standard
2. Unvaccinated (Has never been vaccinated against rabies)	A.) Euthanasia (\$150.00) or B.) Immediate vaccination against rabies and place in six month quarantine (\$25.00 + \$3600.00)	A.) Euthanasia (\$150.00) or B.) Immediate veterinary care with rabies booster dose within 96 hours of exposure and place in four month quarantine (\$25.00+ \$2400.00) A.) NA B.) Immediate veterinary care with rabies booster dose within 96 hours of exposure, keep under owner observation for 45 days (\$25.00+)	A.) Equal to existing standard B.) \$1200.00 less expensive
3. Overdue with Appropriate Documentation of prior rabies vaccination (at least one prior valid rabies vaccination certificate)	A.) Euthanasia (\$150.00), or B.) Immediate rabies vaccination and place in six month quarantine (\$25.00 + \$3600.00)	A.) Euthanasia (\$150.00), or B.) Immediate veterinary care with rabies booster dose within 96 hours of exposure and prospective serologic monitoring (\$420.00) 1) IF evidence of prior vaccination then keep under owner observation for 45 days 2) IF NO evidence of prior vaccination then manage as unvaccinated (category 2. euthanize or 4 month quarantine)	A.) ~ \$125.00 less expensive than existing standard (does not include emotional cost of pet loss). B.) \$3600.00 less expensive
4. Overdue with NO Documentation of prior rabies vaccination	A.) Euthanasia (\$150.00), or B.) Immediate vaccination against rabies and place in six month quarantine (\$25.00 + \$3600.00)	A.) Euthanasia (\$150.00), or B.) Immediate veterinary care with rabies vaccination within 96 hours of exposure and place in four month quarantine (\$25.00+ \$2400.00), or C.) Immediate veterinary care and Prospective serologic monitoring (\$420.00) 1) IF evidence of prior vaccination then keep under owner observation for 45 days 2) IF NO evidence of prior vaccination then manage as unvaccinated (category 2. euthanize or 4 month quarantine)	A.) Equal to existing standard B.) \$1200.00 less expensive C.) \$554.00 more expensive includes additional cost for strict quarantine until lab evidence finalized. Note this may obviate the need for either A or B above and, while a new expense, is considerably less expensive than either A or B above

Note: All costs are approximate. Table is not meant to be all inclusive of all recommendations and costs but addresses the common situations with the most fiscal impact.

*Consult Communicable Disease Branch (919-733-3419) for specific guidance. Recommendations may be subject to change.



**NATIONAL ASSOCIATION
OF STATE PUBLIC HEALTH VETERINARIANS, INC.**

March 1, 2016

MEMORANDUM

TO: State Public Health Veterinarians
State Epidemiologists
State Veterinarians
All Parties Interested in Rabies Prevention and Control

FROM: Catherine M. Brown, DVM, MSc, MPH on behalf of the
Compendium of Animal Rabies Prevention and Control Committee

SUBJECT: *Compendium of Animal Rabies Prevention and Control, 2016*

The National Association of State Public Health Veterinarians (NASPHV) is pleased to provide the 2016 revision of the Compendium of Animal Rabies Prevention and Control for your use and for distribution to practicing veterinarians, wildlife rehabilitators, animal welfare organizations, and officials in animal control, public health, wildlife management, and agriculture in your jurisdiction. This document is reviewed and revised as necessary, and the most current version replaces all previous versions. This cover memo summarizes the notable changes that were made to the document.

SUMMARY OF SIGNIFICANT CHANGES

Part I A.3. A new section was added under the Principles of Rabies Control and Prevention to emphasize the importance of an interdisciplinary approach to rabies prevention and control. While the document has always made reference to multi-agency involvement, it was deemed appropriate to explicitly state that rabies prevention requires the cooperation of animal control, law enforcement, and natural resource personnel; veterinarians; diagnosticians; public health professionals; physicians; animal and pet owners; and others at the local, state, and federal levels.

Part I A.9. The ability to make evidence-based changes to historic and effective rabies prevention and control recommendations has been hampered by knowledge gaps. Contributing to these gaps are limitations in the surveillance data collected at the local and state levels on rabid domestic animals and in national level collection and analysis of that data. The data elements to be collected and reported on all animals submitted for testing are species, point location, vaccination status, rabies virus variant (if rabid), and human or domestic animal exposures; those recommendations have not changed. However, in order to enhance the ability to make evidence-based recommendations from national surveillance data, additional data should be collected and reported on all rabid domestic animals. These additional data elements should include age, sex, neuter status, ownership status, quarantine dates (if any), date of onset of any clinical signs, and **complete** vaccination history.

Part I B.5. The most significant changes to the recommendations are found in the Postexposure Management section.

- There is no change to the way currently-vaccinated dogs, cats and ferrets that are exposed to a rabid or suspected rabid animal are managed. These animals should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days.
- Unvaccinated dogs, cats, and ferrets that are exposed to a rabid or suspected rabid animal should be euthanized. If the owner is unwilling to euthanize, the animal should immediately receive veterinary care and be administered a rabies vaccine. The strict quarantine period for dogs and cats has been reduced from six to four months following a review of likely incubation period data available from a few states. Longer incubation periods have occasionally been documented but are extremely rare. The strict quarantine period for ferrets remains six months due to a lack of data to support a change.
- Dogs and cats that are overdue for vaccination but have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days. Published data demonstrates that previously vaccinated dogs and cats will mount a robust anamnestic response to a booster rabies vaccination despite being out-of-date.
- Dogs and cats that are overdue for vaccination but do NOT have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care. They can be treated as unvaccinated and receive a rabies vaccination followed by a 4 month strict quarantine. If the owner or guardian wants to avoid euthanasia or strict quarantine, the veterinarian may, in consultation with the local rabies control official, use a prospective serologic monitoring protocol to demonstrate whether the animal mounts an adequate anamnestic response to a rabies vaccination. Specific guidance on this protocol is available on the National Association of State Public Health Veterinarians website at www.nasphv.org.

Part III: Rabies Vaccines Licensed and Marketed in the U.S., was updated. The information is provided by the vaccine manufacturers through the USDA's Center for Veterinary Biologics. It is current as of the time of printing but is subject to change.

The Compendium Committee wishes to thank its consultants and subject matter experts that assist in the development of these guidelines. The responsibility of developing guidelines to reduce the public health and veterinary impact of an almost uniformly fatal disease is one we all take very seriously. We would also like to thank all the veterinarians, public and animal health officials, animal control and wildlife officers and all others that read, use, and provide feedback on this document.

Finally, the continued need for more and better data collection, reporting, and analysis cannot be overstated and the Compendium Committee relies on all of you to assist in that process.

Sincerely,

Catherine M. Brown