

A Regular Meeting of the Durham County Board of Health was held November 10, 2016 with the following members present:

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

Excused Absence: Stephen Dedrick, R.Ph, MS

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Chris Salter, Hattie Wood, Attorney Bryan Wardell, Michele Easterling, Juma Mussa, Will Sutton, Michelle Young, David Johnson, Chukwuemeka Manning, Kyjahre Riley, Keshia Gray and Convellus Parker

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:11pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Ms. Harris requested the following additions:

1. Budget Amendments as new business
2. Letter addressed to Chief Davis as old business
3. Introduction-Cure Violence Team as old business
4. Closed-Session

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Mr. Curtis made a motion to approve the minutes for October 13, 2016. Dr. Jackson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

There were no staff recognitions.

The Board is requested pursuant to N.C. General Statute, section 143-318-11 to enter into closed session to consult with the County Attorney in order to preserve the attorney-client privilege in the matter of Williams et al v. Perkins, 15 CvS 4160."

Mr. Curtis made a motion to reconvene into the regular meeting. Dr. Jackson seconded the motion and the motion was unanimously approved.

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

The Board received a copy of the vacancy report through the end of October 2016 prior to the meeting. There were no questions from the Board.

(A copy of the November 2016 Vacancy report is attached to the minutes.)

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

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

(A copy of the November 2016 NOV report is attached to the minutes.)

**Health Director's Report
November 10, 2016**

Division / Program: Dental Division / Oral Health Screenings in Durham Public Schools

(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- Per an MOU with Durham Public Schools (DPS), the Dental Division at Durham County Department of Public Health conducts dental screenings for children in Kindergarten and 5th grades during the school year.
- For those schools scheduled to be visited by the Tooth Ferry, the hygienist will screen 1st – 4th graders as well.
- Effective this year, the State Oral Health Section sends their hygienist to screen two schools, and this data is used in their report.
- Durham Head Start and Early Head Start students are screened during the annual Head Start Fair and Registration Day.

Statement of goal(s)

- To obtain data that will serve as an indication of the prevalence of dental disease in school-aged children within the county

Issues

• **Opportunities**

- The screenings serve as a positive dental experience for students, and assist in collecting vital information to help improve children's dental health programs.
- Those children without a dental home have the opportunity to begin dental treatment when the Tooth Ferry visits their school, and have the option to complete their treatment plan in the clinic if needed.
- The screenings provide education to the students, including oral health presentations at the school.

Challenges

- Some schools, particularly those with new administrators, have been hesitant to supply classroom rosters, promote the screenings, etc.
- There has been confusion in some schools when the Smiles NC mobile unit visits offering to provide dental services to students - and schools assume this includes screenings. (The treatment, which is not a screening, is typically limited to those who have insurance or who can pay, and there are concerns over for-profit mobile services aligning with state and local regulations, best practices, and standards of care.)

Implication(s)

• **Outcomes**

- The parents of students screened are provided letters detailing the screening, and that "it is completed with tongue depressor and flashlight – and does not replace a complete examination by the dentist." The letters state whether the child has or does not have cavities, and notes that if the child does not have a dentist he/she may qualify for care at the Department's Dental Clinic. (For the schools the Tooth Ferry visits, parents are provided information and registration packets.)
- The Dental Division Director and Dental Practice Director engaged Mr. Jim Key, II Interim DPS Hospital School Principal to assist in working with the schools to assure that

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classroom rosters are available to dental staff. In addition, Mr. Key alerted schools to the MOU that DPS has with the Department.

- **Service delivery**
 - The Division screens 7,500+ students per year and provides up to 40 oral health presentations in the community.
- **Staffing**
 - A Public Health Hygienist, provides the screenings, and is aided by a Processing Assistant or dental team member.

Next Steps / Mitigation Strategies

- Staff will continue annual screening program.
- Health Department leadership will meet with Mr. Key to help define parameters for the schools' future relationships with for-profit mobile units.

Division / Program: Administration / Communications and Public Relations

(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

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

Issues

- **Opportunities**
 - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.
- **Challenges**
 - Current vacancy of Communications and Public Relations Manager

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**

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- Press Releases
 - Community Health Assessment Surveys to Be Conducted This Weekend
 - DCoDPH to Close on October 5, 2016 for Staff Development
 - Stay Connected with DCoDPH October Activities
 - Give Junk Food the Boot, Eat More Veggies & Fruit! National Food Day
 - DCoDPH Employees Recognize Domestic Violence, Breast Cancer Observances
 - Don't Get Sick, Get Your Shot Flu Show Extended Hours
 - Raccoon Found in Piney Woods Community Tests Positive for Rabies
- Website Updates
 - All press releases added to website
 - October events added to 'Upcoming Events' page
 - New flu shot hours graphic added to homepage
 - BOH agenda for 10-13 uploaded

Next Steps / Mitigation Strategies

- Disseminate consistent & timely content
- Engage the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers

Division / Program: Nutrition / DINE for LIFE / Annual 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 for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE program is primarily supported by the USDA Nutrition Education & Obesity Prevention Grant Program (SNAP-Education funding). The North Carolina Department of Social Services is the state administrator for SNAP-Ed funds and the DCoDPH contracts with NC DSS for funds to implement the DINE program).

Statement of goals

- To educate children and adults about healthy eating and physical activity and to help them to move toward healthier eating and physical activity behaviors;
- To improve SNAP recipients' access to affordable, local produce and other healthy foods;
- To help childcare centers improve their nutrition and physical activity environments.

Issues

- **Opportunities**
 - The DINE program has been in operation since FY1999-2000 and has a long standing, supportive partnership with DPS and other community partners.
 - The DINE program has successfully implemented grant deliverables over the years and has been able to maintain this funding source for nutrition education in Durham County.
- **Challenges**
 - Maintaining full staffing levels throughout the contract year.

Implication(s)

• **Outcomes**

- DINE programing reached SNAP eligible participants in public schools and community groups through classes, taste tests, cooking demos, newsletters, displays, and health fairs. During 2015-2016, DINE made 7,454 unduplicated direct contacts and 27,732 duplicated direct contacts and tens of thousands more through indirect education methods
 - DINE launched three bus ads in English and Spanish in all 52 DATA buses. Each ad ran for two months. During those months, about 485,000 duplicate individuals rode the buses. Ad topics were Double Bucks, Eat More Fruits and Veggies and Rethink Your Drink.
 - DINE, in collaboration with the Partnership for a Healthy Durham, continued to assist a mobile market run a double bucks program at three low income senior housing sites and expand to one more. The market doubled EBT purchases. DINE offered cooking demos and nutrition information, helped with marketing and provided technical assistance. The project also incorporated SNAP outreach workers, who were on site during the market to enroll seniors into SNAP. During the funding period, the program served 232 participants at four locations.
 - DINE continued to support the farmers' markets Double Bucks program, a matching program in which EBT customers get up to \$10 extra to spend at the local farmers' markets per visit. DINE ran one bus ad, distributed flyers throughout the community, and wrote an article that was printed in the local newspaper. In FY16, DINE organized its first market tour, bringing a group of clients at a free health clinic to the market and introducing them to Double Bucks. DINE also assisted the markets with surveys and focus groups to evaluate and improve the program. In FY 2016, 337 non-duplicated customers shopped at the markets using EBT, making 647 transactions and spending \$8,383 in SNAP and \$6,072 in Double Bucks at Durham Farmers' Market alone.
 - DINE continued to support Express Mart, Magnum St. Mini Mart, EZ minimart, M&M minimart, and BuyQuick in maintaining and making new policy, systems, and environmental changes to support healthier food choice options in the stores.
 - Nutritionists taught 46 new workshops at 11 sites reaching 871 unduplicated adult individuals and 31 duplicated classes reaching 593 duplicated adults. Four hundred and fifty workshop participants participated in workshop surveys. Ninety-six percent responded they learned something from the program and 91% percent stated they plan to make a change because of the workshop. The program also participated in numerous community events and health fairs reaching 932 people during FY 2016.
 - All 14 child care centers participating in the DINE in Child Care program made at least one policy, system or environmental change and 10 centers made more than 3 changes. A sample of the changes include:
 - ❖ Implementing or improving a nutrition or physical activity policy.
 - ❖ Improving nutrition education provided to children, parents and staff.
 - ❖ Reducing the amount of sugar sweetened beverages served.
 - ❖ Increasing the amount of time for and/or variety of physical activity.
 - DINE surveyed parents of elementary students about behavior changes in their children. 621 parents with children who
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received traditional DINE classes completed the survey.

Highlights from traditional class parent surveys include:

- ❖ 70% reported their children talked about DINE programming
- ❖ 79% reported that their student is more aware of healthy meals and snacks.
- ❖ 73% agreed or strongly agreed that their student is more willing to eat healthy foods.
- ❖ 76% agreed or strongly agreed that they talk more often with their student about healthy eating.
- ❖ 49% reported that their family is eating more vegetables.
- ❖ 41% reported that their family is drinking fewer sugary beverages.

- **Service delivery**

- DINE provided its series nutrition education curriculum in 13 DPS elementary schools (Eastway, Eno Valley, Forest View, Glenn, RN Harris, Holt, Lakewood, Merrick-Moore, WG Pearson, EK Powe, YE Smith, Southwest, and CC Spaulding) and single or short-term nutrition education programming in an additional 6 elementary schools (Club Boulevard, Creekside ESL program, Hillandale, Hope Valley, Sandy Ridge, and Spring Valley).
 - DINE provided nutrition education to teenagers in seven DPS middle schools (Brogden, Carrington, Githens, Lucas, Lowe's Grove, Neal, and Shepard), 1 high school (Northern), and 9 community sites during the 2015-2016 school year.
 - DINE in the Community provided workshops to adults at 17 sites including low income housing/senior centers, faith-based groups, food pantries, nonprofits, libraries, and the local Department of Social Services (DSS)/SNAP office. The program also participated in numerous community events and health fairs.
 - DINE expanded DINE in Childcare to include 5 new facilities, providing education and technical assistance to childcare directors and staff in order to create healthier environments, and providing direct education to children and their parents. The program also continued to work with the 9 facilities enrolled during the previous fiscal year.
- **Staffing**
 - The DINE grant supports 7.45 FTE nutritionists and 1 FTE processing assistant.
 - Durham County supports 2 FTE nutritionists who spend 80% of their time implementing SNAP-Ed activities and 2 FTE program managers who oversee the DINE program and staff along with other non-DINE job responsibilities and tasks.
- **Revenue**
 - The DINE program grant received \$627,488.76 of reimbursements from NC DSS for program staffing and operations from October 2015 – September, 2016.

Next Steps / Mitigation Strategies

- Funding for FY17-18 has been approved by the USDA/NC DSS for \$819,650.
 - Activities for FY17-18 will be continuing programming in the Durham Public Schools and in community and child care settings. Community programming will focus more on women of child-bearing age and their children.
 - The approved contract includes an additional nutritionist position that will work in two additional schools and provide a focus on evaluation for the whole DINE program.
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Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham Public Schools

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

Program description

- The 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.
- In September and October, many of the DINE school team members started a new year of teaching at DPS. The DINE nutritionists teach a five to six lesson curriculum (grade-dependent) created by the school team.
- The DINE school team spent all summer revising and creating new lessons for the DINE curriculum. This included creating new PowerPoints, student and parent handouts, and in-class activities.

Statement of goals

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

Issues

- **Opportunities**
 - Each new school year is an opportunity to build on the previous year's classes. Many of the returning students have had DINE nutrition class in the past. Each year allows for more reinforcement of healthy eating and more opportunities to try new foods.
 - The new school year also provides the opportunity to build on teacher relationships. This creates more trust and support of the DINE program in the school system.
 - This is a pilot year for many of the new fourth and fifth grade nutrition lessons. The DINE team will use this year's experience to build on the curriculum for the 2017-18 school year.
 - With the new Healthy School Environment Nutritionist position, the DINE school team is looking forward to creating more policy, system, and environmental (PSE) changes in their schools.
- **Challenges**
 - Coordinating class schedules with the school teachers' schedules can be very challenging and requires great flexibility from the DINE school team.
 - Initiating contact with the school principal, teachers and/or other support staff can be difficult at the start of the school year due to changing in staffing and busy schedules.

Implication(s)

- **Outcomes**
 - Ten elementary schools are receiving the DINE curriculum from Registered Dietitian, and three more will be added when the newest school nutritionist is trained.
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- ❖ One-hundred eighty-five classrooms (K-5th) are currently participating.
- ❖ One-hundred percent of families from those schools will receive a pre-survey assessing student eating behaviors.
- ❖ Twenty-nine classrooms were pre-screened to assess student nutrition knowledge, and, in fourth and fifth grades, some eating behaviors.
- Three elementary schools are receiving guidance with PSE changes from the Healthy Schools Environment Nutritionist.
- **Service delivery**
 - For the duration of a traditional DPS year (September to June), nutritionists conduct lessons in the classroom using one of two models. The type of class taught is dependent on school preferences and how much time is allotted for each class.
 - ❖ **Traditional Class (30 - 45 minutes):** A school nutritionist will provide five to six lessons with two to three additional cooking labs or events throughout the school year.
 - ❖ **Cooking Class (60 minutes):** A school nutritionist will provide five to six lessons with a cooking activity at most class sessions.
- **Staffing**
 - Nutrition education is provided by DINE school nutritionists. There are four active nutritionists currently conducting classes in 10. The Healthy School Environments nutritionist is working with three additional schools on policy, systems and environmental (PSE) changes.
 - Both an additional Elementary School Nutritionist and an Adolescent Nutritionist have recently joined the DINE team. They are projected to take on three more elementary schools and up to seven middle schools in the near future.
 - DPS staff provides class management and teaching/cooking space.

Next Steps / Mitigation Strategies

- Continue to provide nutrition education in the DPS system.
- Provide afterschool programming, health fairs, and extracurricular events throughout the school year as well.
- Continue to support the health champions and wellness committees in their assigned schools.
- Continue to provide environmental cues (i.e., bulletin boards, PA announcements, and other signage to help promote healthy choices and behaviors) as needed.
- Serve two additional schools .when hiring process is completed for the new elementary school nutrition specialist position

Division / Program: Nutrition / DINE for LIFE / Cooking Matters

Program in Durham Head Start

(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

- This program is a collaborative effort between three organizations, DCoDPH's DINE Program, the Inter-Faith Food Shuttle (IFFS) and Durham's Head Start. The IFFS is North Carolina's partner organization for Share Our Strength's Cooking Matters program, which teaches participants to shop smarter by using nutrition information as well as how to cook delicious, affordable meals. Starting in October 2016, DINE nutritionists will assist with

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teaching Cooking Matters to parents of children enrolled in Durham Head Start.

Statement of goals

- To increase exposure to healthy foods, like fruits, vegetables, and whole grains
- To increase parents' cooking skills with simple kitchen equipment and ingredients
- To increase parents' ability to make smarter food choices through the use of basic skills, like food label reading and MyPlate meal building
- To decrease food insecurity

Issues

- **Opportunities**
 - Cooking Matters uses volunteer nutrition educators and chefs to provide an evidence based program to participants. By facilitating relationships between childcare facilities that DINE serves and IFFS, DINE is making it possible to extend the reach of its nutrition education. DINE nutritionists will teach the program this year but IFFS can use other volunteers such as NCCU Nutrition students to teach the program in the future.
 - Bags of ingredients to make the highlighted recipe are also sent home with the families each week, reinforcing the concepts and skills taught in class.
 - Cooking Matters reinforces key DINE messages that the DINE Childcare Nutritionist talks about with staff, parents and children throughout the year in the childcare facilities.
 - Classes, bags of groceries, and class materials are free to participants.
- **Challenges**
 - As a series of 6 two hour long classes, Cooking Matters is a big commitment for families. Some families that might like to participate may not be able to due to schedule conflicts.

Implication(s)

- **Service delivery**
 - Four series are scheduled to be delivered from October 2016 - May 2017 at Durham Head Start sites. Two part time DINE Community nutritionists will teach the series. The DINE Childcare Nutritionist facilitated the scheduling of the workshops.

Next Steps / Mitigation Strategies

- DINE will evaluate the nutrition programming provided through the Cooking Matters Evaluation tool.
- If the sessions are successful, the DINE Childcare Nutritionist will work with IFFS to organize more series in other childcare facilities.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: 22.1: Activity 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.

Program description

- DCoDPH Immunization Clinic is having a flu clinic for Durham County residents.
The flu clinic began on September 26, 2016. It is being held on Mondays and Fridays from 8:30 a.m. to 4:30 p.m.

Statement of goals

- To immunize residents of Durham county against the flu
- To prevent an outbreak of influenza in the Durham community

Issues

- **Opportunities**
 - To provide flu vaccine and flu information in Durham.
- **Challenges**
 - Initially, the flu clinic was held from 8:30 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 pm. on Mondays and Fridays. After a suggestion from a concerned citizen, the hours were expanded to 8:30 a.m. to 4:30 p.m. on those days.

Implication(s)

- **Outcomes**
 - The clinic will be held as long as influenza vaccine is available.
- **Service delivery**
 - As of October 25th, 82 residents have been vaccinated against the flu.
- **Staffing**

The staff in the Immunization Clinic including temporary agency staff are staffing the flu clinic.
- **Revenue**
 - To determine charges for uninsured individuals, a sliding fee scale is used. Insurance information is collected when appropriate. However, no one is turned away because of lack of insurance or inability to pay.

Next Steps / Mitigation Strategies

- A flu clinic for the public is planned for next year.

Division / Program: Community Health / Communicable Disease and Disaster Preparedness Programs

(Accreditation Activity 7.4: The local health department shall have a public health preparedness and response plan that corresponds to existing local and state emergency and Bioterrorism plans; establishes roles and responsibilities of plan participants; identifies training for participants in those roles; establishes a chain of command among plan participants; describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event is available to staff on site)

Program description

On October 5th, DCoDPH held a Staff Development Day at the Marriott Convention Center. Part of the day's activities included a Public Health Preparedness exercise. This planned exercise consisted of the administration of influenza vaccine to 193 employees within one hour and fifteen minutes.

Statement of goals

- To immunize health department employees against influenza
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- To prevent an outbreak of influenza among the employees of DCoDPH
- To protect our internal and external customers against the flu
- To carry out the flu clinic as a Disaster Preparedness activity
- To test our ability to provide prophylaxis to our first responder community

Issues

- **Opportunities**
 - Prevention of influenza outbreak among the employees of DCoDPH.
- **Challenges**
 - Many staff members left their completed paperwork at home.
 - Needing to complete new paperwork delayed the exercise.

Implication(s)

- **Outcomes**
 - 140 flu vaccinations were given to staff. The exercise began at 8:00 a.m. and ended at 8:40 a.m. due to some employees arriving late. The goal was to complete the exercise in one hour and fifteen minutes.
- **Service delivery**
 - 36 declinations
 - 15 staff provided proof that they had previously received the vaccine
 - Two forms were unaccounted for (staff did not submit, did not participate)
- **Staffing**
 - Multiple staff throughout the agency planned and carried out the exercise.
- **Revenue**
 - Insurance information was collected. No staff was/will be billed.

Next Steps / Mitigation Strategies

- Another preparedness flu clinic exercise will be held on Staff Development Day in 2017.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.)

Program description

- DCoDPH Immunization Clinic and DCoDPH Administration partnered with the Durham County Wellness Center to provide flu shots to county government employees. The flu clinic was held October 11th – 13th and October 18th – 20th in the Immunization Clinic at DCoDPH.

Statement of goals

- To immunize County employees against influenza
- To decrease the risk of flu outbreak among County employees

Issues

- **Opportunities**
 - There was the opportunity for all County employees to be vaccinated.
- **Challenges**
 - Many County employees did not present for flu vaccination.

Implication(s)

- **Outcomes**
 - Administrative staff from areas of DCoDPH manned the registration table.
 - Administrative staff provided runners to assist with the clinic flow.
- **Service delivery**
 - There were 226 County employees vaccinated.
- **Staffing**
 - The county employee flu clinic was staffed by the nurse practitioners from the County Wellness Clinic.
- **Revenue**
 - Insurance information was collected, however no County employees were/will be billed for the flu shot.
- **Other**
 - County employees expressed that the flu clinic was well organized and ran smoothly.

Next Steps / Mitigation Strategies

- A flu clinic for County employees will be planned for 2017.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **2016 Communicable Disease Update (Activity 2.3)**

Dr. Sena provided the board with an update on the Communicable Disease Control Program. The Communicable Disease Control Program's primary objectives are to:

- Investigate and report suspected or confirmed communicable diseases to the N.C. Division of Public Health
- Ensure that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.

For the DCoDPH Communicable Disease (CD) program, the following were most notable in 2015:

- Durham County had nearly a 2-fold increase in early syphilis cases and rates from 2014
- Rates of chlamydia and gonorrhea remained high above NC rates overall; fortunately, the HIV rate decreased in Durham County.
- The CD program continues to deal with the increased work involved with rabies control and prevention, and CD outbreaks (i.e. norovirus).
- Challenges for all of the DCoDPH CD programs involve staffing (due to vacant positions) and efficiency due to shifting priorities.

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

QUESTIONS/COMMENTS:

Dr. Levbarg: I just wanted to know are there nurses dedicated to the EPI team?

Dr. Sena: Yes. In addition to myself and the Community Health/Nursing Director, we also have our one dedicated communicable disease nurse in the EPI team meetings and others depending on the circumstance.

Commissioner Howerton: What's the number for heterosexual?

Dr. Sena: For Syphilis or HIV?

Commissioner Howerton: HIV.

Dr. Sena: I don't know the actual number but in general it's only about 15%; so 85% is men having sex with men.

Ms. Harris: Is that information that we can provide later?

Dr. Sena: Typically, we would have to request specific information from the state HIV/Syphilis Program but I can send that to you.

Ms. Harris: When we request it, can we get it segmented by race and ethnicity?

Dr. Sena: Yes.

Dr. Miller: If I understood it correctly, there is a difference between AIDS and HIV. It looks like AIDS is increasing but HIV went down.

Dr. Sena: Yes. So this is where there are subtleties in how the state counts their numbers. HIV infection include all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS). AIDS could be newly reports and be counted in the number as HIV or can be diagnosed and treated for which they are now reported as AIDS. So it's a little bit harder.

Dr. Miller: So I shouldn't look at the two crisscrossed...it's not relevant.

Dr. Sena: Yes but in Durham we have about 1600-1900 people with HIV I believe and again we can go through that in more detail but for me I think newly diagnosed...it's an easier concept to follow.

Dr. Stewart: Are you seeing much resistance to treatment protocols with TB or syphilis at this point or no?

Dr. Sena: For syphilis, fortunately, there is no resistance but there is penicillin shortage that is worldwide that started in July. We've had a couple of TB cases where the standard treatment was not effective. The individuals were from other countries. The most recent case was about a couple of years ago and I think the individual was from India.

Commissioner Howerton: Are you seeing many mosquitos that are migrating this way from the down east floods?

Dr. Sena: I don't recall that being a significant problem for us.

Commissioner Howerton: Some of us are traveling down toward the east to some of the counties affected by the floods and I would like to know if there were any mosquitos as a result to the damage and the water.

Dr. Sena: Chris, do you want to comment on that?

Mr. Salter: I heard a lot about increased mosquito problems....October is a really bad time in Wilmington. Typically mosquito season ends in November and picks back up again in March.

Dr. Stewart: Regarding rabies, how much exposure do you have to have? Do you have to touch the bat or you can just be in the same room?

Dr. Sena: It depends on the animal. For a bat, if you were asleep, you would never know if a bat bit you. If that's the case, you're automatically recommended for vaccination. If we have the bat and we can send the bat head to the state laboratory for testing and if there is a low suspicion for the bat having rabies, we can wait for the bat head results before beginning vaccination. Let's say if it is a dog or some other domestic animal that has been vaccinated before but is acting differently, I think it depends on the case scenario. A bite victim is more likely to be recommended for vaccination for exposure. But let's say you just got saliva on your hands and there are no cuts on your hand then it is less likely you will be recommended for vaccination.

Dr. Stewart: So the nurse is making the recommendations on this based on the circumstances.

Dr. Sena: Yes, but the nurse would also consult with the state when there is a doubt.

Commissioner Howerton: You know how inquisitive kids are. So, if they want to know where the rabies comes from, what do you tell them?

Dr. Miller: It comes from the saliva. How small is the kid?

Commissioner Howerton: Let's say 6 years old.

Dr. Miller: So, an animal with the rabies in their saliva bites another animal or person and the virus in the saliva gets into the body and spreads through the body.

- **INTRODUCTION-CURE VIOLENCE STAFF**

Michelle Young, Cure Violence Program Manager provided an update on recent trainings and activities that the Cure Violence Team has been involved in.

Ms. Young: Six individuals were hired to work as Violence Interrupters and Outreach Workers. They started to work on November 3, 2016. They have completed training as Certified Peer Support Specialists and are anticipating that they will receive training from Cure Violence during December, pending completion of the contract with Cure Violence.

The team has selected a name for the program, Bull City United, and several draft logos have been forwarded to the County Manager's office for approval. The supervisor position for Bull City United was advertised in November, and hopefully will be hired during December.

Each of the team members introduced himself/herself and spoke passionately about their appreciation for the chance to positively contribute to the community in spite of their personal histories:

David Johnson (Violence Interrupter)
Chukwuemeka "Chuck" Manning (Violence Interrupter)
Kyjahre Riley (Outreach Worker)
Keshia Gray (Outreach Worker)
Convellus Parker (Outreach Worker)

Lewis McCallum (Violence Interrupter) was unable to attend due to the death of a family member.

Mr. Curtis: You guys are such a breath of fresh air and what you're doing and where you're going...just understand everyone here is so supportive and we want to thank you guys!

The board applauded the team and thanked them for their willingness to be a part of the Cure Violence Initiative.

Dr. Braithwaite asked if there was a way to make donations to support the program. Attorney Wardell said that if the department created a non-profit organization, donations could be received and solicited.

Ms. Harris said that staff will follow-up on the feasibility of creating a non-profit to support the program.

OLD BUSINESS:

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

Ms. Downey-Piper provided the Board with an update on the department's continued activities to work with the community to implement the program. Ms. Downey-Piper stated that the Health Department has been working with Durham Housing Authority to acquire an apartment in McDougald Terrace Public Housing Community that the team will use as a home base.

COMMITTEE REPORTS:

- **DISCUSSION: ENERGY DRINK UPDATE (Activity 14.1)**

The committee met on October 17, 2016 to review and respond to questions raised at the committee meeting on June 8, 2016. Eric Ireland provided information on the progress of the subcommittee by sharing the meeting notes:

1. Document the prevalence of caffeine toxicity and related side effects of energy drinks in Durham County by contacting Poison Control and accessing NC DETECT.

Calls to the Carolinas Poison Center from Durham County that involved energy drinks. Since 2008, the Carolinas Poison Center has received 9 calls from Durham County:

- 3 cases had minor symptoms (our definition is not life-threatening and did not need intervention)
- 2 had moderate symptoms (not life-threatening but may need intervention such as IV fluids, anti-emetics)
- 4 cases were not followed due to inability to collect patient information or the amount ingested was not considered to be potentially harmful

Source:

Anna Rouse Dulaney, PharmD, DABAT
Clinical Pharmacist and Toxicologist
Co-Director, Pharmacy Toxicology Fellowship
Carolinas Poison Center
Anna.dulaney@carolinashealthcare.org
704-512-3751 (office)
800-222-1222 (poisoning emergency)
www.ncpoisoncenter.org

More recent literature on risks of energy drinks and cardiac complications:

Cardiac complications from energy drinks? Case report adds new evidence

<http://www.medicalnewstoday.com/releases/312109.php>

Source: *Journal of Addiction Medicine*

http://journals.lww.com/journaladdictionmedicine/Abstract/2016/08000/Energy_Drink_Consumption_and_Cardiac.11.aspx

Follow up questions:

- How many issues go unreported to poison control center? No way of knowing.
- Is the number reported for Durham (9 calls since 2008) alarming?
- Find out what kind of data Duke captures with regard to energy drinks?
- Follow up with Jessica Thompson and Pat Gentry) Assigned to Denver Bailey

2. Determine current levels of access on school grounds and public parks/trails.

a. From Durham Public Schools, School Wellness Policy:

3021.4 Nutrition Guidelines for All Foods on Campus
Section A – 3 (b): Vending Machines (CNS and School-Wide:
The only beverages that may be sold in middle and high school vending machines are low-fat or non-fat milk (flavored or unflavored), water, 100% juice with no added sweeteners (12 oz. maximum serving size), and sports drinks with 100 calories or fewer.

b. No energy drinks are sold in vending machines sponsored by Durham Parks and Recreation. See spreadsheet for beverages sold in DPR vending machines.

3. Contact the School Health Advisory Council (SHAC) and school nurses to discuss issues related to energy drinks.

The SHAC does not meet over the summer. Larry McDonald, DPS Director of K-12 PE/Health/Driver's Education, confirmed that these types of drinks are not sold in vending machines in the schools. Energy drinks, to his knowledge, are not sold in concession stands either (he said that they sell only water, Gatorade or Powerade and soft drinks). He said that there is nothing preventing students from bringing energy drinks from home, though.

School nurse Citricia Key also confirmed that energy drinks are not available during school hours, but students may bring them in or drink them before school. She reported on a student who had palpitations after consuming an excessive amount of energy drink and was referred for parent pickup.

- Follow up with Marissa on YRBS, and add question on Energy Drink Use (prevalence).
- Follow up with Barbara Rumer on SHAC (Larry McDonald)
- Talk NCCU, Duke, UNC and Durham Tech about sponsoring a cohort of students that can speak to school kids about the dangers of Energy drinks.
- Work with the Nutrition Division.

4. Promote educational campaigns regarding the effects of energy drinks using Kenny Browning, former Northern High School and UNC football coach. (To Be Implemented)

- Speak with staff (Khali Gallman and Marissa Mortiboy) about a video on Energy Drink awareness with Kenny Browning and the young man that told his story to the board.
- Put the video (link) on internet page and as a continual loop in our sub lobbies.

5. Sponsor cohort of students that can speak with other students regarding the effects of energy drinks. (To Be Implemented)

- Talk with NCCU, Duke, UNC and Durham Tech about sponsoring a cohort of students that can speak to school kids about the dangers of Energy drinks. Nutrition Division

6. Consider using advertisement to educate medical providers, students and other community members. (To Be Implemented)

- Have Denver Bailey design an Energy Drink Infographic
- Utilize Connections Newsletter, utilize other available newsletters.
- Utilize the skills of Health Education and Nutrition Divisions
- Denver is in the process of designing the initial draft infographic, and Eric will be working with Nutrition Division.

7. Reach out to Wanda Boone to discover specific energy drink outreach activities conducted by Durham TRY.

TOGETHER FOR RESILIENT YOUTH (TRY) AND ENERGY DRINKS

TRY uses environmental strategies to address the dangers associated with tobacco, e-cigs/vapes, alcohol, marijuana,

prescription drugs, over the counter medications, synthetics, heroin and ENERGY DRINKS. Ms. Boone welcomed suggestions, participation in and support for their current and ongoing efforts.

Description of TRY strategies:

- Providing information through educational presentations, public service announcements, monthly newsletters
- Enhancing skills through workshops, to increase the skills of participants including parents, school administration and citizens
- Providing support by discussing alternatives products - coupons for water, fruit juice, etc (Wish List). This is the only "future" activity.
- Changing consequences by increasing public recognition for deserved behavior such as youth that choose not to purchase for health reasons
- Modifying physical design by requesting that convenience store/grocery store members of the TRY Good Neighbor Business Network (over 420 members) place additional signage on coolers containing Energy Drinks.
- Change policy by advocating for convenience store/grocery store members of the TRY Good Neighbor Business Network not sell to purchasers under age 18. Currently there is no law against selling Energy Drinks. This would be a good faith effort.
http://m.wbtv.com/wbtv/pm_/contentdetail.htm?contentguid=od:ufFGhy0d

DCoDPH staff will:

- Get sample educational materials from Wanda Boone and Durham TRY.
- Need to get language and message aligned.
- Utilize Connections Newsletter, utilize other available newsletters.
- Utilize the skills of Health Education and Nutrition Divisions.
- Request has been made with Mrs. Boone, waiting on receipt of the documents, will be working with Mrs. Boone on like messaging

QUESTIONS/COMMENTS:

Dr. Jackson: Sports drinks meaning Gatorade?

Mr. Ireland: Yes.

Commissioner Howerton: Are you talking about a specific energy drink?

Mr. Ireland: No. We're talking about all energy drinks. Amy Ising, State-wide coordinator for NC DETECT, is going to make it possible for our Public Health Epidemiologist to be able to query NC DETECT relative to energy drinks.

Dr. Levbarg: One of the things that the committee was thinking is we can get the message out not only to kids but to adults as well. Whether it's on the screen that pops up in all the places in this building and others that are county-wide that can capture the attention, we can get the message out in a variety of ways. This just seems to be one of them and a real efficient use of attempting to use persuasive voices.

- **2016-2018 REVISED STRATEGIC PLAN UPDATE (Activity 15.1)**

Ms. Pierce provided the Board with an update on the revised 2016-2018 Strategic Plan for Public Health.

(A copy of the revised 2016-2018 Strategic Plan is attached to the minutes.)

Dr. Levbarg made a motion to adopt the 2016-2018 Public Health Strategic Plan. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **LETTER ADDRESSED TO CHIEF C.J. DAVIS**

Ms. Harris read the following letter drafted on behalf of the Board to Chief CJ Davis:

Dear Chief Davis,

On behalf of the Board of Health, we want to take this opportunity to thank you for coming to our September board meeting to share your philosophy for improving crime-related conditions in the Durham Community. All of us were delighted to hear about your plans to resurrect community policing and your interests in engaging other entities in a multi-facet approach to solving problems and placing resources in the prevention end of the spectrum rather than just in the reactive enforcement end. These strategies will improve relationships between law enforcement and the community and reduce crime rates overtime.

Our Board is committed to working to increase the average number of years that people in Durham County live. To that end, thank you for your strong support for the implementation of the Cure Violence Model in McDougald Terrace. Your willingness to assure that community policing in that community does not compromise the program is greatly appreciated. Your request for and participation in a telephone conversation with representatives from National Cure Violence, your request for law enforcement contacts in communities that have successful programs, and the use of the materials on the website demonstrate your desire to work with us to reduce loss of life due to gun violence.

Opioid overdoses all too often, also, result in premature deaths. The Board strongly supports your desire to have your officers carry naloxone in order to prevent the premature loss of lives due to opioid overdoses. This legislatively supported, evidence-based strategy is saving lives all across the country, as you have experienced in Atlanta. Sheriff Mike Andrews is working with staff to develop a plan for the use of naloxone by detention officers in the Detention Facility. He is also supportive of deputies in the community carrying naloxone but would like to start the program at the same time as a program is started by the Durham Police Department. Both our medical director, Dr. Arlene Sena, and the medical director for Alliance Behavioral Healthcare, Dr. Tedra Anderson -Brown, are anxious to work with you to compile: 1) compelling evidence for the need for law enforcement to adopt this strategy for the benefit of our community; 2) reports of the lifesaving results associated with this medication; and 3) information about associated risk, if any, for the City of Durham. Rosalyn McClain will contact your office to schedule a meeting to begin this work.

We look forward to working with your department in other ways. Thank you again for taking the time to visit with us. Welcome to Durham!

There were no recommended changes by the Board. The letter will be signed by Dr. Miller and Ms. Harris.

NEW BUSINESS:

- **BUDGET AMENDMENTS**

1. The Durham County Department of Public request approval to recognize funding in the amount of \$556.00 from the Department of Health and Human Services Division of Public Health to provide TB

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Control Services in Durham County. These funds are to be used for expanded targeted testing for latent tuberculosis infection (LTBI) and support any resulting LTBI treatment needed, including purchasing supplies needed to do so.

2. The Durham County Department of Public request approval to recognize funding in the amount of \$72,532.00 from the Department of Health and Human Services Division of Public Health to provide Triple P (Positive Parenting Program) in Durham County. These funds are to be used to purchase the local health department's portion of the three-year North Carolina Triple P Stay Positive Campaign. This includes the parent website in English and Spanish, the provider website in English only, preprinted brochures and flyers, posters, Tip papers in English only, and media/presentation folders in English and Spanish.
3. The Durham County Department of Public request approval to recognize funding in the amount of \$2722 from UNC-Chapel Hill to implement Chronic Disease Self-Management Program to participants enrolled in the Smart Life Study.
4. The Durham County Department of Public request approval to recognize funding in the amount of \$179,960 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support Bull City United (Durham's Cure Violence program). These funds will hire and train support 2.0 FTE violence interrupter positions and a contract to support the Durham Police Department to hire and train 1.0 FTE data analyst position to specifically track violent crimes in Durham and specifically within the boundaries selected for Bull City United. These positions will stay active until funding ends on September 30, 2018. (Note: This is a revision of an amended that was presented at the October 13, 2016 in which the full 2 year funding commitment was approved and the associated positions were not requested to be established.)

Dr. Fuchs made a motion to approve the budget amendments in the amount of \$72,532 (Triple P Program); \$556 (TB control services); \$179,960 (Durham's Cure Violence Program) and \$2,722 (Diabetes Self-Management Program). Dr. Levbarg seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS NOVEMBER 2016 MEETING**
 - Accreditation site visit Overview
 - Personnel Committee Appointment
 - Finance Committee Appointment
 - Nominating Committee Appointment

INFORMAL DISCUSSION/ANNOUNCEMENTS:


Dr. Allison: I heard in a report recently that there is some new synthetic opioids and heroin that naloxone is not as effective against. Has anybody heard anything about that?

Ms. Harris: That's fentanyl. Naloxone doesn't work on that drug.

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November 10, 2016.

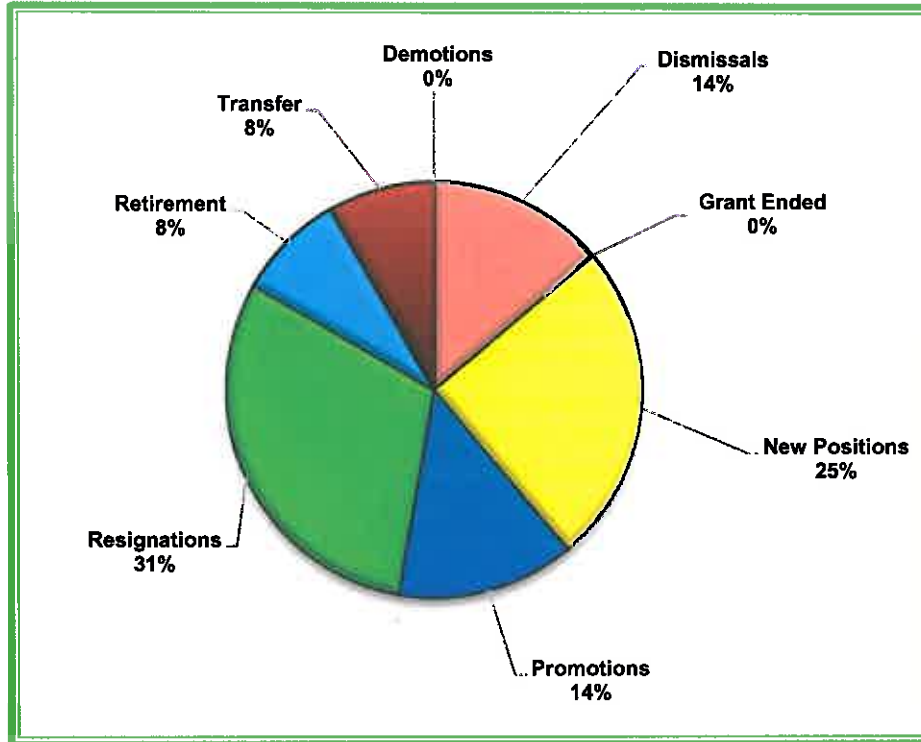
Commissioner Howerton made a motion to adjourn the regular meeting at 7:30pm. Mr. Curtis seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

PUBLIC HEALTH VACANCY REPORT
July 1, 2016 through June 30, 2017
Month Ending 10/31/2016

<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	3	5	14%
Grant Ended	0	0	0	0%
New Positions	0	9	9	25%
Promotions	3	2	5	14%
Resignations	4	7	11	31%
Retirement	2	1	3	8%
Transfer	1	2	3	8%
	12	24	36	100%



*11 positions remain vacant from FY 15/16.

**FY 16/17 vacancies are cumulative

2 position(s) became vacant in Oct 16/17

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

total # of vacancies for Sept	28
total # of positions	225
% of vacancies	12.4%

11/3/2016

Position ID	Position Title	Vacancy Date	Date Position Established/Reclass	Recruit Began Date	Recruit End Date	Start Date	Notes
40001119	Physician Extender	10/1/15	N/A	11/2/2015, 12/13/15, 2/29	11/28/2015, 1/8/16, 1/22, 3/18, 7/8	9/26/16	
40007630	Sr PH Nurse	10/30/15	N/A	11/9/2015, 12/15, 2/2, 4/5	11/27/2015, 1/8/16, 2/12, 4/27	9/26/16	
40001164	Env Health Specialist	12/15/15	N/A	2/15/16, 2/29	2/26/16, 3/18, 5/13/16	8/29/16	
40001165	Env Health Specialist	12/18/15	N/A	7/29/16, 9/27/16	8/19/16, 10/14/16		VACANT
40007600	Sr PH Nurse	2/12/16	N/A	4/5/16, 8/26	4/27/16, 9/23		VACANT
40005365	Nutrition Specialist	2/29/16	N/A	2/29/16, 9/21	3/18/16, 10/14		VACANT
40001002	PH Educator	3/9/16	N/A				VACANT
40007950	PH Nurse Spec	3/11/16	N/A	8/26/16	9/16/16		VACANT
40003878	Sr PH Nurse	3/15/16	N/A	4/21/2016, 8/10	4/29/16, 5/13/16, 9/2		VACANT
40005377	Nutritionist	3/24/16	N/A	5/4/16	5/20/16	10/10/16	
40001960	Physician Extender	4/8/16	N/A	4/27/2016, 8/10	5/20/2016, 6/16, 9/2		VACANT
40001135	Sr PH Nurse	4/11/16	N/A	4/5/16	4/27/16	8/29/16	
40008251	Env Health Specialist	4/15/16	N/A	8/26/16, 9/20	9/19/16, 10/7	10/24/16	
40001089	Sr PH Nurse	4/22/16	N/A	4/21/16, 8/18/16	5/13/16, 9/9/16		VACANT
40008050	Nutrition Specialist	5/6/16	N/A	5/11/16	6/10/16	9/12/16	
40000989	Office Assistant	5/9/16	N/A				VACANT
40001107	PH Nurse Supervisor	5/20/16	N/A				VACANT
40005373	Nutritionist	5/26/16	N/A	6/28/16	7/15/16	10/24/16	
40007633	Sr PH Nurse	6/6/16	N/A	6/27/16	7/15/16	11/21/16	VACANT
40007425	Env Health Specialist	6/24/16	N/A	7/14/16, 9/20, 10/18	7/29/16, 10/7, 11/18		VACANT
40009020	School Nurse	7/1/16	7/1/16 *				VACANT
40009021	School Nurse	7/1/16	7/1/16 *				VACANT
40009022	School Nurse	7/1/16	7/1/16 *	10/21/16	11/4/16		VACANT
40009023	School Nurse	7/1/16	7/1/16 *				VACANT
*TBA	Outreach Worker	7/1/16	7/1/16 *				VACANT
*TBA	Outreach Worker	7/1/16	7/1/16 *				VACANT
*TBA	Program Coordinator	7/1/16	7/1/16 *				VACANT
*TBA	Violence Interrupter	7/1/16	7/1/16 *				VACANT
*TBA	Violence Interrupter	7/1/16	7/1/16 *				VACANT
40008982	Interpreter Unit Supv	7/4/16	N/A	8/5/16	8/12/16	10/24/16	
40001158	Env Health Pro Spec	7/12/16	N/A	8/5/16	8/26/16, 9/9	9/26/16	
40007578	PH Education Spec	7/20/16	N/A				VACANT
40005376	Nutritionist	7/28/16	N/A	7/28/16	8/12/16	10/10/16	
40001068	Processing Assistant	7/29/16	N/A	8/26/16	9/2/16		VACANT
40001014	Sr Medical Lab Assist	8/18/16	N/A	9/21/16	10/14/16		VACANT
40001085	Sr PH Nurse	8/19/16	N/A	9/9/16	9/30/16		VACANT
40003879	PH Nurse Specialist	8/26/16	N/A	9/9/16	9/30/16		VACANT
40006200	PH Lab Administrator	9/2/16	N/A	8/30/16	9/23/16		VACANT
40007075	Comm & PR Rel Mgr	9/6/16	N/A	10/14/16	10/28/16		VACANT
40001036	Sr PH Nurse	9/23/16	N/A				VACANT
40007966	Env Health Specialist	9/23/16	N/A	10/21/16	11/11/16		VACANT
40001154	Env Health Specialist	9/26/16	N/A	10/18/16	11/11/16		VACANT
40001034	Interpreter	10/21/16	N/A				VACANT
40001057	Physician Extender	10/21/16	N/A	9/21/16	10/14/16		VACANT

*new positions added to FY 16/17 budget effective 7/1/16

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
October 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. 9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014 Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office. 2/3/2016 - Requested County Attorney's Office file for injunctive relief. 3/22/2016 - Civil suit filed in Superior Court by County Attorney's office. 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.
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe. 3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. 9/28/2016 - Application status is still pending with NC DWR.
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	Y	N		Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system. 7/20/2015- Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP. 2/4/2016 - NOV reissued. 9/30/2016 - Requested 10-day demand letter from County Attorney's office. 10/28/2016 - 10-day demand letter issued by County Attorney's Office.
6/25/2015	5114 Leesville Rd	Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	7/25/2015	Y	N		Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
9/28/2015	6101 Cheek Rd	No Subsurface Operator	10/28/2015	Y	N		EH has not received system management reports as required by rule. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
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. 9/30/2016 - Requested 10-day demand letter from County Attorney's office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.

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.	9/30/2016 - Requested 10-day demand letter from County Attorney's office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. NOV to be revisited in 30 days.
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. 9/30/2016 - EH called and left a voicemail for the certified contractor for verification of repair. Awaiting response.
2/16/2016	5 Treadway Ct	Surfacing Effluent	3/17/2016	Y	N		System failure discovered during mandated 5-year maintenance inspection.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office. 10/28/2016 - 10-day demand letter issued by County Attorney's Office.
2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	Y	N		Issue was discovered during complaint investigation of water discharging onto neighbor's driveway. Water sample was taken from ditch and tested positive for anionic surfactants. Ammonia test was inconclusive due to sample turbidity.	8/18/2016 - NOV forwarded to County Attorney's Office. Complainant states discharge is causing mosquito problem. EH provided complainant with larvicidal mosquito dunks and has made several unsuccessful attempts to contact the owner of 704 Hazelwood. 9/30/2016 - Previous attempts to contact owner at listed tax address and business numbers have failed. EH was advised by County Attorney's office to reissue NOV and send USPS to agent of record as listed in the NC Secretary of State Corporations records and to hand deliver on site.
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	Y	N		Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
3/18/2016	7138 Windover Dr	Surfacing Effluent	9/18/2016	N	N		Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system. 180-day compliance deadline issued to address slow permit turn-around times from NC DWR.	3/28/2016 - Owner has hired a Licensed Professional Engineer to design a discharging system. 9/28/2016 - NPDES application is currently in technical review stage at DWR.
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. 9/30/2016 - EH will follow-up with owner on progress prior to request for 10-day demand letter. NOV to be revisited in 30 days.
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.	9/30/2016 - Owner has hired an environmental consulting firm to evaluate design options for NC DWR permit.
6/9/2016	2711 E Geer St	Surfacing Effluent	6/9/2016	Y	N		Existing system is failing. Municipal sewer available.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
6/30/2016	2005 Patterson	Surfacing Effluent	7/30/2016	Y	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.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office. 9/30/2016 - EH will follow-up with owner on progress prior to initiation of legal action. 10/28/2016 - 10-Day demand letter issued by
7/15/2016	5370 Red Mill Rd	No Subsurface Operator	8/15/2016	Y	N		EH has not received system management reports as required by rule.	9/30/2016 - Requested 10-day demand letter from County Attorney's Office.
9/27/2016	513 Bywood Dr	Surfacing Effluent	10/28/2016	N	N		Complaint investigation confirmed existing system is discharging effluent to the ground surface. EHS spoke with property owner onsite, discussed water conservation and process to apply for repair evaluation. NOV directs owner to submit an application for repair permit.	10/6/2016 - EH received application for repair permit. 10/13/2016 - Repair permit issued.

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	
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.**	
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N	Y	9/1/2016	System failure discovered during mandated 5-year maintenance inspection. **Pump controls repaired**	Owner has hired a certified contractor to repair the malfunctioning pump controls.
7/15/2016	2804 Darrow Rd	Raw Sewage Discharge	8/15/2016	Y	Y	9/28/2016	House is connected to municipal sewer. Line has been plugged by Public Works due to delinquent account. **9/28/2016 - City of Durham Public Works Department confirmed sewer service has been restored**	8/29/2016 - NOV forwarded to County Attorney's Office.
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	Y	Y	9/29/2016	Municipal sewer is available. **9/29/2016 - City of Durham Public Works Department confirmed this property is now served by public sewer**	2/19/2016 - 10-day demand letter issued by County Attorney's Office.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	Y	9/29/2016	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. **Property is now served by a permitted NPDES system.**	1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.
9/30/2016	520 Hardscrabble	Surfacing Effluent	10/30/2016	N	Y	10/26/2016	**10/26/2016 - Drainage pipe cross-connection was removed.**	

Health Director's Report
November 10, 2016

Division / Program: Dental Division / Oral Health Screenings in Durham Public Schools
(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- Per an MOU with Durham Public Schools (DPS), the Dental Division at Durham County Department of Public Health conducts dental screenings for children in Kindergarten and 5th grades during the school year.
- For those schools scheduled to be visited by the Tooth Ferry, the hygienist will screen 1st – 4th graders as well.
- Effective this year, the State Oral Health Section sends their hygienist to screen two schools, and this data is used in their report.
- Durham Head Start and Early Head Start students are screened during the annual Head Start Fair and Registration Day.

Statement of goal(s)

- To obtain data that will serve as an indication of the prevalence of dental disease in school-aged children within the county

Issues

- **Opportunities**
 - The screenings serve as a positive dental experience for students, and assist in collecting vital information to help improve children's dental health programs.
 - Those children without a dental home have the opportunity to begin dental treatment when the Tooth Ferry visits their school, and have the option to complete their treatment plan in the clinic if needed.
 - The screenings provide education to the students, including oral health presentations at the school.
- **Challenges**
 - Some schools, particularly those with new administrators, have been hesitant to supply classroom rosters, promote the screenings, etc.
 - There has been confusion in some schools when the Smiles NC mobile unit visits offering to provide dental services to students - and schools assume this includes screenings. (The treatment, which is not a screening, is typically limited to those who have insurance or who can pay, and there are concerns over for-profit mobile services aligning with state and local regulations, best practices, and standards of care.)

Implication(s)

- **Outcomes**
 - The parents of students screened are provided letters detailing the screening, and that "it is completed with tongue depressor and flashlight – and does not replace a

complete examination by the dentist.” The letters state whether the child has or does not have cavities, and notes that if the child does not have a dentist he/she may qualify for care at the Department’s Dental Clinic. (For the schools the Tooth Ferry visits, parents are provided information and registration packets.)

- The Dental Division Director and Dental Practice Director engaged Mr. Jim Key, II Interim DPS Hospital School Principal to assist in working with the schools to assure that classroom rosters are available to dental staff. In addition, Mr. Key alerted schools to the MOU that DPS has with the Department.
- **Service delivery**
 - The Division screens 7,500+ students per year and provides up to 40 oral health presentations in the community.
- **Staffing**
 - A Public Health Hygienist, provides the screenings, and is aided by a Processing Assistant or dental team member.

Next Steps / Mitigation Strategies

- Staff will continue annual screening program.
- Health Department leadership will meet with Mr. Key to help define parameters for the schools’ future relationships with for-profit mobile units.

Division / Program: Administration / Communications and Public Relations
(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

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

Issues

- **Opportunities**
 - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press

releases more frequently allows for more familiarity with media and increases our chance of exposure.

- **Challenges**
 - Current vacancy of Communications and Public Relations Manager

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**
 - Press Releases
 - Community Health Assessment Surveys to Be Conducted This Weekend
 - DCoDPH to Close on October 5, 2016 for Staff Development
 - Stay Connected with DCoDPH October Activities
 - Give Junk Food the Boot, Eat More Veggies & Fruit! National Food Day
 - DCoDPH Employees Recognize Domestic Violence, Breast Cancer Observances
 - Don't Get Sick, Get Your Shot Flu Show Extended Hours
 - Raccoon Found in Piney Woods Community Tests Positive for Rabies
 - Website Updates
 - All press releases added to website
 - October events added to 'Upcoming Events' page
 - New flu shot hours graphic added to homepage
 - BOH agenda for 10-13 uploaded

Next Steps / Mitigation Strategies

- Disseminate consistent & timely content
- Engage the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers

Division / Program: Nutrition / DINE for LIFE / Annual 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 for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE program is primarily supported by the USDA Nutrition Education & Obesity Prevention Grant Program (SNAP-Education funding). The North Carolina Department

of Social Services is the state administrator for SNAP-Ed funds and the DCoDPH contracts with NC DSS for funds to implement the DINE program).

Statement of goals

- To educate children and adults about healthy eating and physical activity and to help them to move toward healthier eating and physical activity behaviors;
- To improve SNAP recipients' access to affordable, local produce and other healthy foods;
- To help childcare centers improve their nutrition and physical activity environments.

Issues

- **Opportunities**
 - The DINE program has been in operation since FY1999-2000 and has a long standing, supportive partnership with DPS and other community partners.
 - The DINE program has successfully implemented grant deliverables over the years and has been able to maintain this funding source for nutrition education in Durham County.
- **Challenges**
 - Maintaining full staffing levels throughout the contract year.

Implication(s)

- **Outcomes**
 - DINE programing reached SNAP eligible participants in public schools and community groups through classes, taste tests, cooking demos, newsletters, displays, and health fairs. During 2015-2016, DINE made 7,454 unduplicated direct contacts and 27,732 duplicated direct contacts and tens of thousands more through indirect education methods
 - DINE launched three bus ads in English and Spanish in all 52 DATA buses. Each ad ran for two months. During those months, about 485,000 duplicate individuals rode the buses. Ad topics were Double Bucks, Eat More Fruits and Veggies and Rethink Your Drink.
 - DINE, in collaboration with the Partnership for a Healthy Durham, continued to assist a mobile market run a double bucks program at three low income senior housing sites and expand to one more. The market doubled EBT purchases. DINE offered cooking demos and nutrition information, helped with marketing and provided technical assistance. The project also incorporated SNAP outreach workers, who were on site during the market to enroll seniors into SNAP. During the funding period, the program served 232 participants at four locations.
 - DINE continued to support the farmers' markets Double Bucks program, a matching program in which EBT customers get up to \$10 extra to spend at the local farmers' markets per visit. DINE ran one bus ad, distributed flyers throughout the community, and wrote an article that was printed in the local newspaper. In FY16, DINE organized its first market tour, bringing a group of clients at a free health clinic to the market and introducing them to Double Bucks. DINE also assisted the markets with surveys and focus groups to evaluate and improve the program. In FY 2016, 337 non-duplicated

- customers shopped at the markets using EBT, making 647 transactions and spending \$8,383 in SNAP and \$6,072 in Double Bucks at Durham Farmers' Market alone.
- DINE continued to support Express Mart, Magnum St. Mini Mart, EZ minimart, M&M minimart, and BuyQuick in maintaining and making new policy, systems, and environmental changes to support healthier food choice options in the stores.
 - Nutritionists taught 46 new workshops at 11 sites reaching 871 unduplicated adult individuals and 31 duplicated classes reaching 593 duplicated adults. Four hundred and fifty workshop participants participated in workshop surveys. Ninety-six percent responded they learned something from the program and 91% percent stated they plan to make a change because of the workshop. The program also participated in numerous community events and health fairs reaching 932 people during FY 2016.
 - All 14 child care centers participating in the DINE in Child Care program made at least one policy, system or environmental change and 10 centers made more than 3 changes. A sample of the changes include:
 - Implementing or improving a nutrition or physical activity policy.
 - Improving nutrition education provided to children, parents and staff.
 - Reducing the amount of sugar sweetened beverages served.
 - Increasing the amount of time for and/or variety of physical activity.
 - DINE surveyed parents of elementary students about behavior changes in their children. 621 parents with children who received traditional DINE classes completed the survey. Highlights from traditional class parent surveys include:
 - 70% reported their children talked about DINE programming
 - 79% reported that their student is more aware of healthy meals and snacks.
 - 73% agreed or strongly agreed that their student is more willing to eat healthy foods.
 - 76% agreed or strongly agreed that they talk more often with their student about healthy eating.
 - 49% reported that their family is eating more vegetables.
 - 41% reported that their family is drinking fewer sugary beverages.
 - **Service delivery**
 - DINE provided its series nutrition education curriculum in 13 DPS elementary schools (Eastway, Eno Valley, Forest View, Glenn, RN Harris, Holt, Lakewood, Merrick-Moore, WG Pearson, EK Powe, YE Smith, Southwest, and CC Spaulding) and single or short-term nutrition education programming in an additional 6 elementary schools (Club Boulevard, Creekside ESL program, Hillandale, Hope Valley, Sandy Ridge, and Spring Valley).
 - DINE provided nutrition education to teenagers in seven DPS middle schools (Brogden, Carrington, Githens, Lucas, Lowe's Grove, Neal, and Shepard), 1 high school (Northern), and 9 community sites during the 2015-2016 school year.
 - DINE in the Community provided workshops to adults at 17 sites including low income housing/senior centers, faith-based groups, food pantries, nonprofits, libraries, and the local Department of Social Services (DSS)/SNAP office. The program also participated in numerous community events and health fairs.
 - DINE expanded DINE in Childcare to include 5 new facilities, providing education and technical assistance to childcare directors and staff in order to create healthier

environments, and providing direct education to children and their parents. The program also continued to work with the 9 facilities enrolled during the previous fiscal year.

- **Staffing**
 - The DINE grant supports 7.45 FTE nutritionists and 1 FTE processing assistant.
 - Durham County supports 2 FTE nutritionists who spend 80% of their time implementing SNAP-Ed activities and 2 FTE program managers who oversee the DINE program and staff along with other non-DINE job responsibilities and tasks.
- **Revenue**
 - The DINE program grant received \$627,488.76 of reimbursements from NC DSS for program staffing and operations from October 2015 – September, 2016.

Next Steps / Mitigation Strategies

- Funding for FY17-18 has been approved by the USDA/NC DSS for \$819,650.
- Activities for FY17-18 will be continuing programming in the Durham Public Schools and in community and child care settings. Community programming will focus more on women of child-bearing age and their children.
- The approved contract includes an additional nutritionist position that will work in two additional schools and provide a focus on evaluation for the whole DINE program.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham Public Schools

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

Program description

- The 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.
- In September and October, many of the DINE school team members started a new year of teaching at DPS. The DINE nutritionists teach a five to six lesson curriculum (grade-dependent) created by the school team.
- The DINE school team spent all summer revising and creating new lessons for the DINE curriculum. This included creating new PowerPoints, student and parent handouts, and in-class activities.

Statement of goals

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

Issues

- **Opportunities**
 - Each new school year is an opportunity to build on the previous year's classes. Many of the returning students have had DINE nutrition class in the past. Each year allows for more reinforcement of healthy eating and more opportunities to try new foods.
 - The new school year also provides the opportunity to build on teacher relationships. This creates more trust and support of the DINE program in the school system.
 - This is a pilot year for many of the new fourth and fifth grade nutrition lessons. The DINE team will use this years' experience to build on the curriculum for the 2017-18 school year.
 - With the new Healthy School Environment Nutritionist position, the DINE school team is looking forward to creating more policy, system, and environmental (PSE) changes in their schools.
- **Challenges**
 - Coordinating class schedules with the school teachers' schedules can be very challenging and requires great flexibility from the DINE school team.
 - Initiating contact with the school principal, teachers and/or other support staff can be difficult at the start of the school year due to changing in staffing and busy schedules.

Implication(s)

- **Outcomes**
 - Ten elementary schools are receiving the DINE curriculum from Registered Dietitian, and three more will be added when the newest school nutritionist is trained.
 - One-hundred eighty-five classrooms (K-5th) are currently participating.
 - One-hundred percent of families from those schools will receive a pre-survey assessing student eating behaviors.
 - Twenty-nine classrooms were pre-screened to assess student nutrition knowledge, and, in fourth and fifth grades, some eating behaviors.
 - Three elementary schools are receiving guidance with PSE changes from the Healthy Schools Environment Nutritionist.
- **Service delivery**
 - For the duration of a traditional DPS year (September to June), nutritionists conduct lessons in the classroom using one of two models. The type of class taught is dependent on school preferences and how much time is allotted for each class.
 - **Traditional Class (30 - 45 minutes):** A school nutritionist will provide five to six lessons with two to three additional cooking labs or events throughout the school year.
 - **Cooking Class (60 minutes):** A school nutritionist will provide five to six lessons with a cooking activity at most class sessions.
- **Staffing**
 - Nutrition education is provided by DINE school nutritionists. There are four active nutritionists currently conducting classes in 10. The Healthy School Environments nutritionist is working with three additional schools on policy, systems and environmental (PSE) changes.

- Both an additional Elementary School Nutritionist and an Adolescent Nutritionist have recently joined the DINE team. They are projected to take on three more elementary schools and up to seven middle schools in the near future.
- DPS staff provides class management and teaching/cooking space.

Next Steps / Mitigation Strategies

- Continue to provide nutrition education in the DPS system.
- Provide afterschool programming, health fairs, and extracurricular events throughout the school year as well.
- Continue to support the health champions and wellness committees in their assigned schools.
- Continue to provide environmental cues (i.e., bulletin boards, PA announcements, and other signage to help promote healthy choices and behaviors) as needed.
- Serve two additional schools when hiring process is completed for the new elementary school nutrition specialist position

Division / Program: Nutrition / DINE for LIFE / Cooking Matters Program in Durham Head Start

(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

- This program is a collaborative effort between three organizations, DCoDPH's DINE Program, the Inter-Faith Food Shuttle (IFFS) and Durham's Head Start. The IFFS is North Carolina's partner organization for Share Our Strength's Cooking Matters program, which teaches participants to shop smarter by using nutrition information as well as how to cook delicious, affordable meals. Starting in October 2016, DINE nutritionists will assist with teaching Cooking Matters to parents of children enrolled in Durham Head Start.

Statement of goals

- To increase exposure to healthy foods, like fruits, vegetables, and whole grains
- To increase parents' cooking skills with simple kitchen equipment and ingredients
- To increase parents' ability to make smarter food choices through the use of basic skills, like food label reading and MyPlate meal building
- To decrease food insecurity

Issues

- **Opportunities**
 - Cooking Matters uses volunteer nutrition educators and chefs to provide an evidence based program to participants. By facilitating relationships between childcare facilities that DINE serves and IFFS, DINE is making it possible to extend the reach

of its nutrition education. DINE nutritionists will teach the program this year but IFFS can use other volunteers such as NCCU Nutrition students to teach the program in the future.

- Bags of ingredients to make the highlighted recipe are also sent home with the families each week, reinforcing the concepts and skills taught in class.
- Cooking Matters reinforces key DINE messages that the DINE Childcare Nutritionist talks about with staff, parents and children throughout the year in the childcare facilities.
- Classes, bags of groceries, and class materials are free to participants.
- **Challenges**
 - As a series of 6 two hour long classes, Cooking Matters is a big commitment for families. Some families that might like to participate may not be able to due to schedule conflicts.

Implication(s)

- **Service delivery**
 - Four series are scheduled to be delivered from October 2016 -May 2017 at Durham Head Start sites. Two part time DINE Community nutritionists will teach the series. The DINE Childcare Nutritionist facilitated the scheduling of the workshops.

Next Steps / Mitigation Strategies

- DINE will evaluate the nutrition programming provided through the Cooking Matters Evaluation tool.
- If the sessions are successful, the DINE Childcare Nutritionist will work with IFFS to organize more series in other childcare facilities.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: 22.1: Activity 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.

Program description

- DCoDPH Immunization Clinic is having a flu clinic for Durham County residents. The flu clinic began on September 26, 2016. It is being held on Mondays and Fridays from 8:30 a.m. to 4:30 p.m.

Statement of goals

- To immunize residents of Durham county against the flu
- To prevent an outbreak of influenza in the Durham community

Issues

- **Opportunities**
 - To provide flu vaccine and flu information in Durham.
- **Challenges**
 - Initially, the flu clinic was held from 8:30 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 pm. on Mondays and Fridays. After a suggestion from a concerned citizen, the hours were expanded to 8:30 a.m. to 4:30 p.m. on those days.

Implication(s)

- **Outcomes**
 - The clinic will be held as long as influenza vaccine is available.
- **Service delivery**
 - As of October 25th, 82 residents have been vaccinated against the flu.
- **Staffing**

The staff in the Immunization Clinic including temporary agency staff are staffing the flu clinic.
- **Revenue**
 - To determine charges for uninsured individuals, a sliding fee scale is used. Insurance information is collected when appropriate. However, no one is turned away because of lack of insurance or inability to pay.

Next Steps / Mitigation Strategies

- A flu clinic for the public is planned for next year.

Division / Program: Community Health / Communicable Disease and Disaster Preparedness Programs

(Accreditation Activity 7.4: The local health department shall have a public health preparedness and response plan that corresponds to existing local and state emergency and Bioterrorism plans; establishes roles and responsibilities of plan participants; identifies training for participants in those roles; establishes a chain of command among plan participants; describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event is available to staff on site)

Program description

On October 5th, DCoDPH held a Staff Development Day at the Marriott Convention Center. Part of the day's activities included a Public Health Preparedness exercise. This planned exercise consisted of the administration of influenza vaccine to 193 employees within one hour and fifteen minutes.

Statement of goals

- To immunize health department employees against influenza
- To prevent an outbreak of influenza among the employees of DCoDPH

- To protect our internal and external customers against the flu
- To carry out the flu clinic as a Disaster Preparedness activity
- To test our ability to provide prophylaxis to our first responder community

Issues

- **Opportunities**
 - Prevention of influenza outbreak among the employees of DCoDPH.
- **Challenges**
 - Many staff members left their completed paperwork at home.
 - Needing to complete new paperwork delayed the exercise.

Implication(s)

- **Outcomes**
 - 140 flu vaccinations were given to staff. The exercise began at 8:00 a.m. and ended at 8:40 a.m. due to some employees arriving late. The goal was to complete the exercise in one hour and fifteen minutes.
- **Service delivery**
 - 36 declinations
 - 15 staff provided proof that they had previously received the vaccine
 - Two forms were unaccounted for (staff did not submit, did not participate)
- **Staffing**
 - Multiple staff throughout the agency planned and carried out the exercise.
- **Revenue**
 - Insurance information was collected. No staff was/will be billed.

Next Steps / Mitigation Strategies

- Another preparedness flu clinic exercise will be held on Staff Development Day in 2017.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.)

Program description

- DCoDPH Immunization Clinic and DCoDPH Administration partnered with the Durham County Wellness Center to provide flu shots to county government employees. The flu clinic was held October 11th – 13th and October 18th – 20th in the Immunization Clinic at DCoDPH.

Statement of goals

- To immunize County employees against influenza

-
- To decrease the risk of flu outbreak among County employees

Issues

- **Opportunities**
 - There was the opportunity for all County employees to be vaccinated.
- **Challenges**
 - Many County employees did not present for flu vaccination.

Implication(s)

- **Outcomes**
 - Administrative staff from areas of DCoDPH manned the registration table.
 - Administrative staff provided runners to assist with the clinic flow.
- **Service delivery**
 - There were 226 County employees vaccinated.
- **Staffing**
 - The county employee flu clinic was staffed by the nurse practitioners from the County Wellness Clinic.
- **Revenue**
 - Insurance information was collected, however no County employees were/will be billed for the flu shot.
- **Other**
 - County employees expressed that the flu clinic was well organized and ran smoothly.

Next Steps / Mitigation Strategies

- A flu clinic for County employees will be planned for 2017.



ANNUAL REPORT OF COMMUNICABLE DISEASES

Board of Health
November 10, 2016
Arlene C. Seña, MD, MPH

Overview

- DCoDPH Communicable Disease Control Program
- Communicable disease cases and rates for past 5 years
 - Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- Challenges with STD, TB, and communicable disease control programs



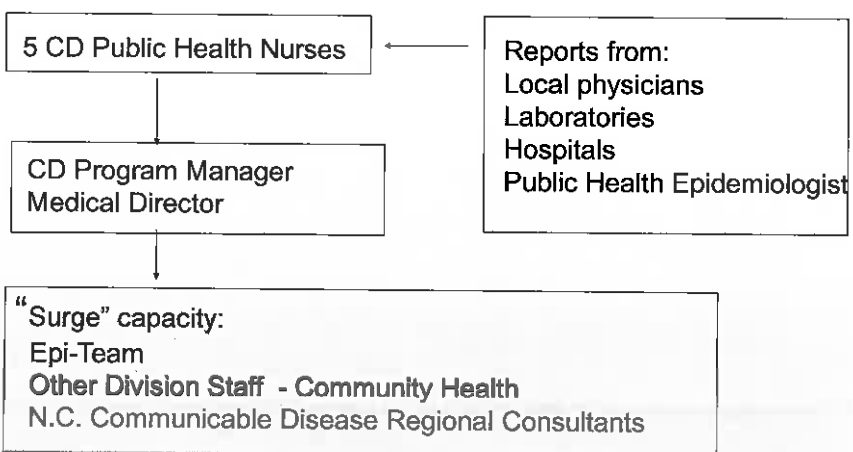
Communicable Disease Control Program

The Communicable Disease Control Program's primary objectives are to:

- investigate and report suspected or confirmed communicable diseases to the N.C. Division of Public Health
- ensure that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.



Communicable Disease Capacity



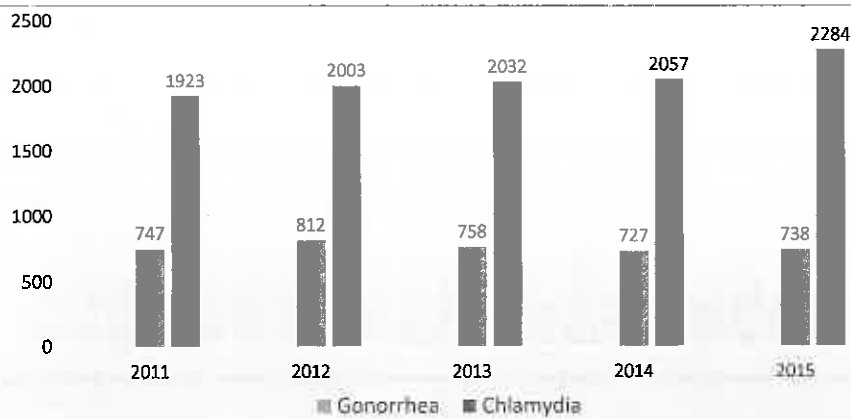
Communicable Disease Reporting

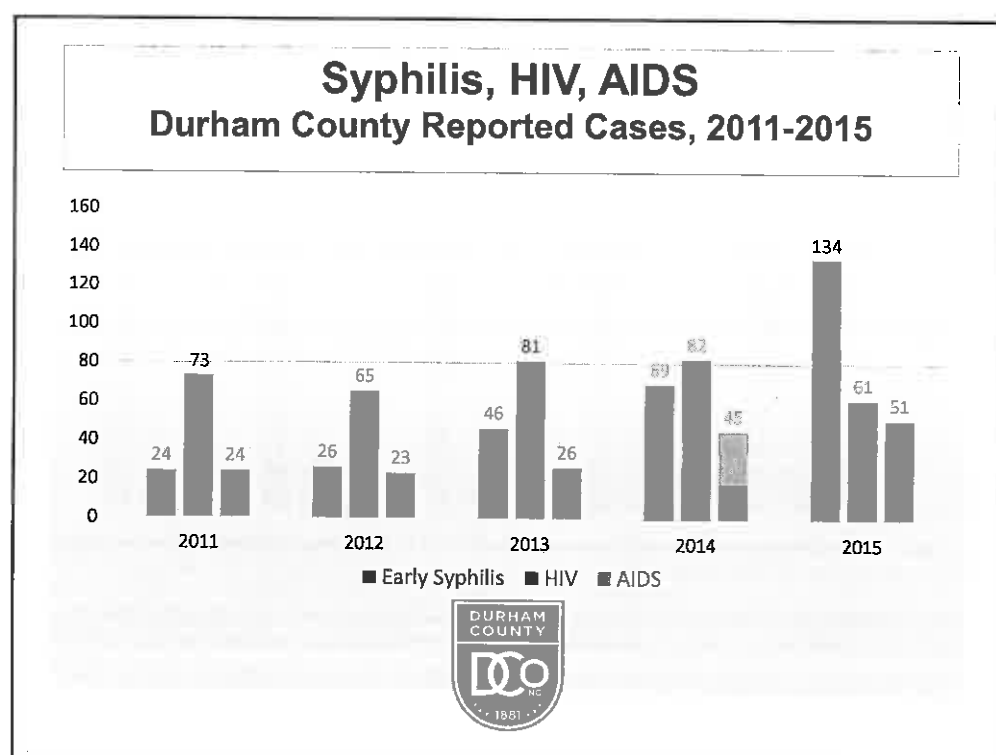
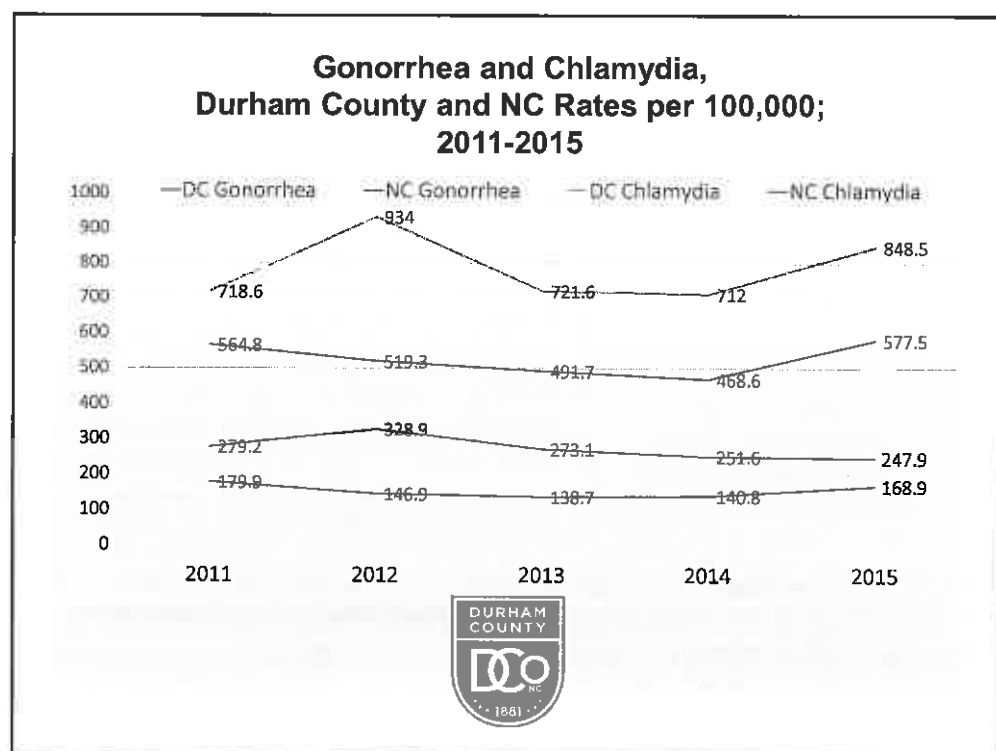
- Reporting forms provided on website.
- Clinicians mail/fax forms to DCoDPH.
- Public health nurses (PHN) contact providers to gather more data as needed to determine if case definitions are met.
- PHNs enter data electronically in the NC Electronic Disease Surveillance System.

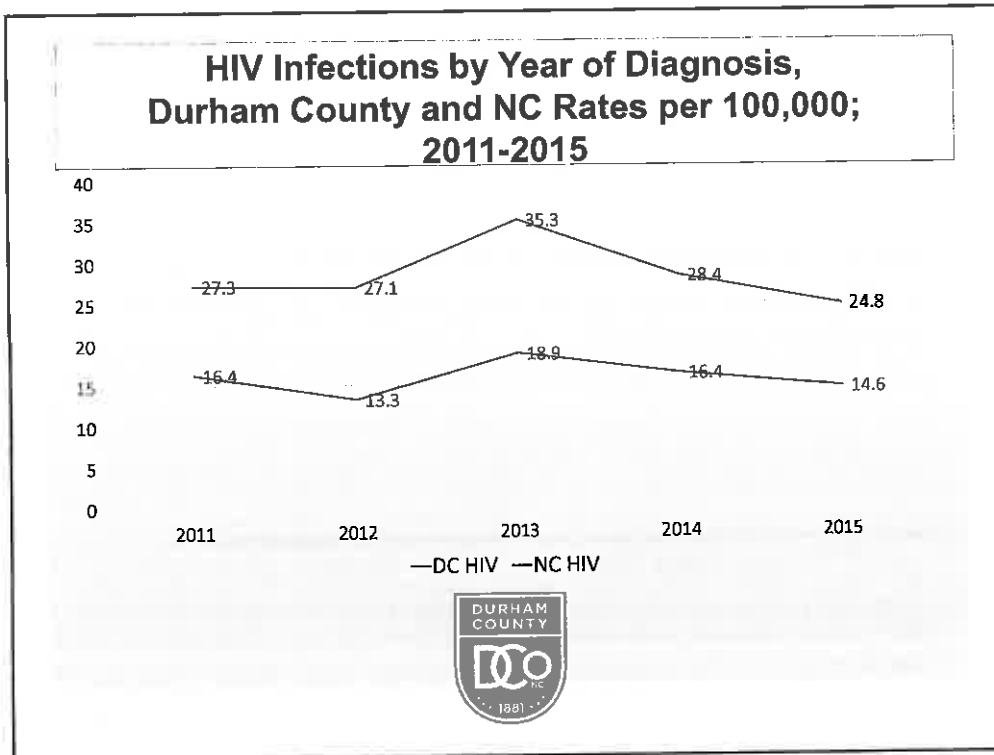
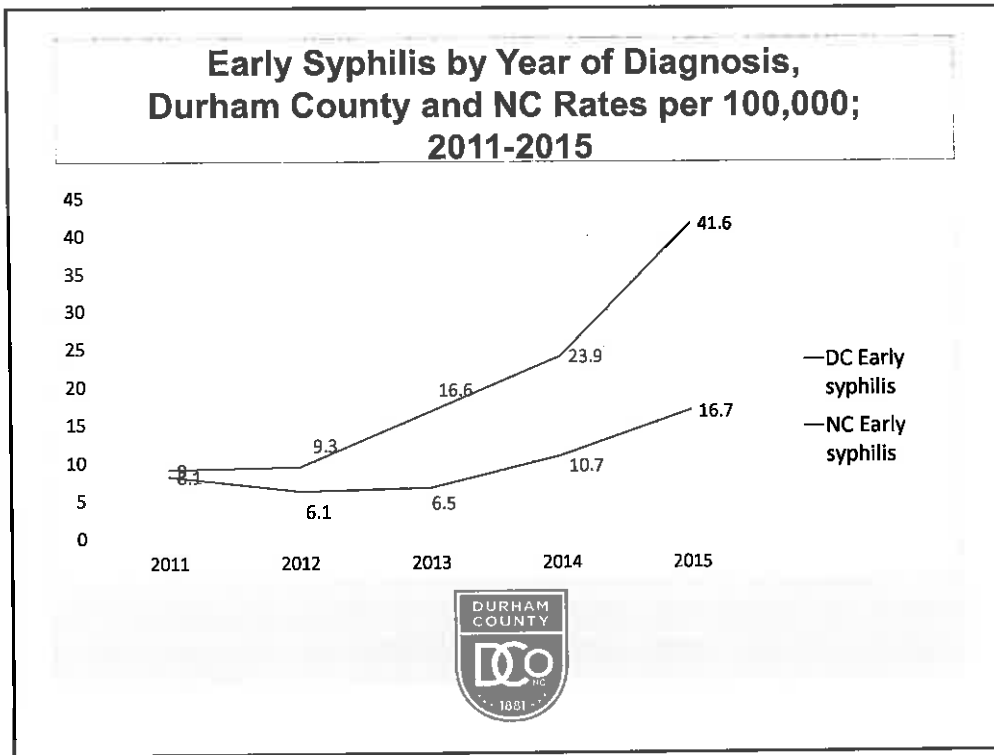
The form is titled 'Communicable Disease Reporting Form' and is issued by the North Carolina Department of Health and Human Services. It contains several sections:

- Patient Information:** Name, sex, date of birth, race, ethnicity, and address.
- Provider Information:** Name, address, and phone number.
- Clinical Information:** Date of onset, date of diagnosis, and a list of symptoms with checkboxes.
- Reporting Information:** Date of report, method of report (mail, fax, electronic), and a section for the reporting public health nurse.
- Table:** A table with columns for 'Date of Onset', 'Date of Report', 'Sex', 'Race', 'Ethnicity', 'Age Group', and 'Case Status'.

Gonorrhea and Chlamydia Durham County Reported Cases, 2011-2015







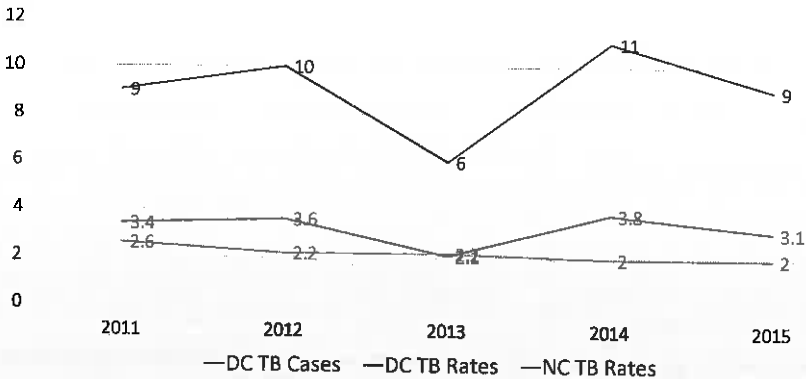
STD/HIV Program Challenges

- Significant increase in early syphilis cases – additional local Disease Intervention Specialist needed; working on local syphilis action plan with State.
- Increase in chlamydia cases and rates – need to increase expedited partner therapy; continue increased screening through testing only and testing of extragenital sites.
- Staffing shortages and clinic process – requesting more PHN support to improve efficiency; lengthy documentation in electronic medical records, and lab system interface impacts the number of patients seen per day.



Tuberculosis

Durham County Cases/Rates and NC Rates, 2011-2015



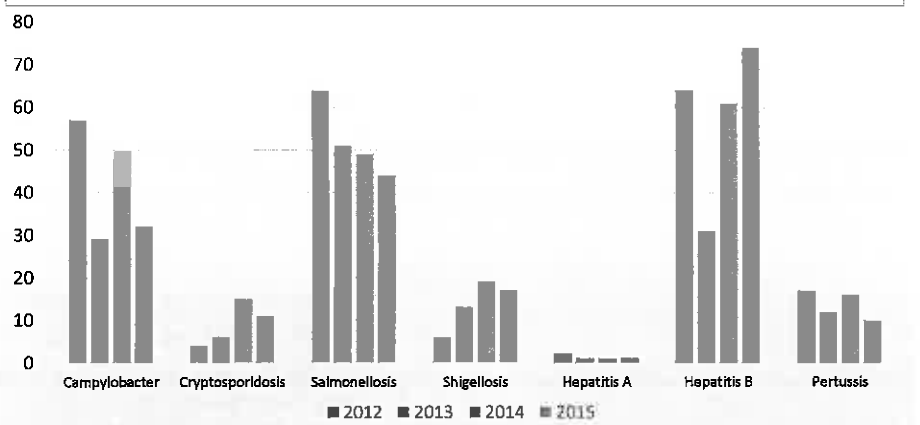
TB Program Challenges:

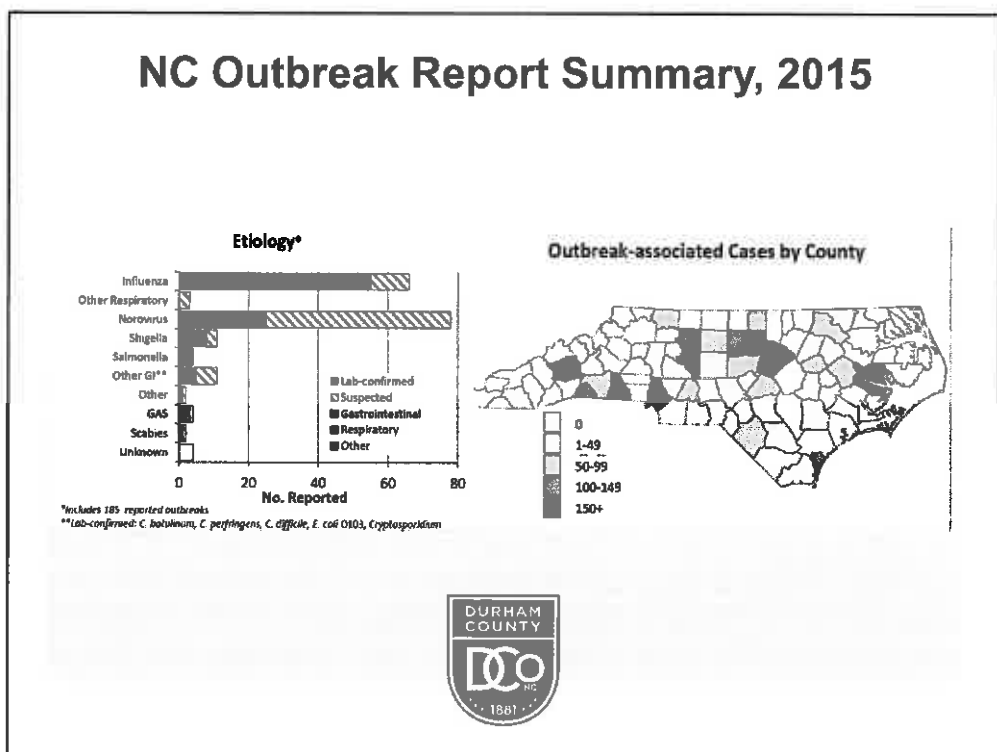
- Management of suspected cases - contribute to work load in addition to confirmed cases, need to work with Duke on some referrals
- Follow-up of cases – becomes complicated when patients move out of jurisdiction or travel requiring skype video
- Contact investigations - coordination with other counties for large investigations (e.g. nail salon)
- Staffing shortages – has affected “med start” appointments for latent TB infections



Communicable Diseases

Food-borne and Vaccine Preventable Illnesses*





Rabies Control and Prevention

- For 2015, DCoDPH Communicable Disease program conducted the following:
 - Reviewed 450 domestic bite reports and recommended confinement at home, with vet or shelter
 - Reviewed 113 wild animal reports and followed up on rabies testing of animals at State Laboratory
 - Referred 57 persons for rabies post-exposure prophylaxis

Communicable Disease Program Challenges:

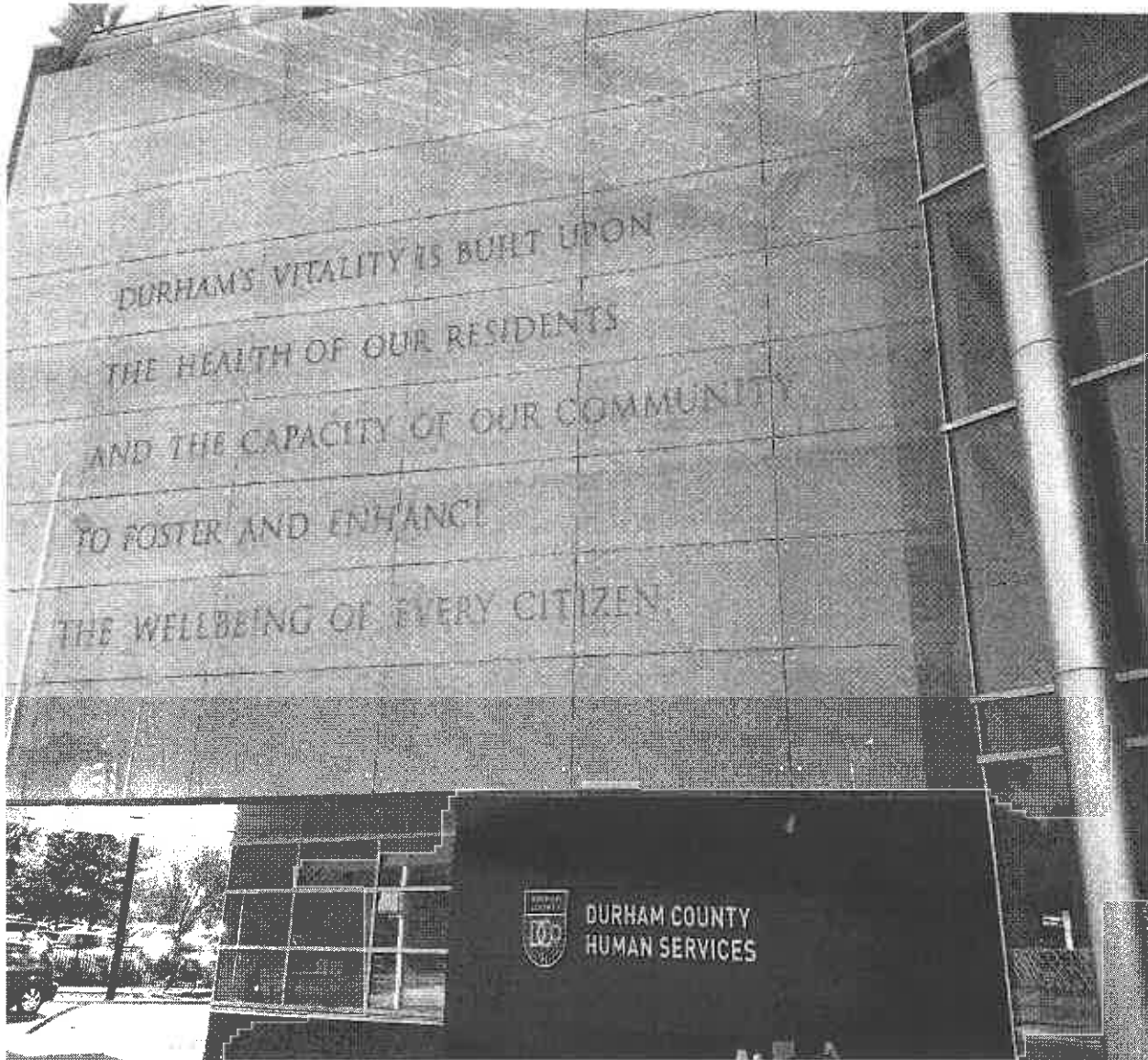
- Lack of adequate reporting by local healthcare providers.
- Developing and implementing effective methods by which to communicate with healthcare providers and others in the community.
- Challenges for managing volume of calls regarding rabies control and prevention activities – results in 60-65% effort for 1 CD nurse; consider additional staffing or redistribution of other CD responsibilities.
- Staffing shortages – need more cross-training to increase capacity in the event of an outbreak



Durham County Communicable Disease Summary

- Durham County has had nearly a 2-fold increase in early syphilis cases and rates from 2014 to 2015.
- In 2015, rates of chlamydia and gonorrhea have remained high; fortunately, the HIV rate has decreased in Durham County.
- The CD program continue to deal with the increased work involved with rabies control and prevention, and CD outbreaks (i.e. norovirus).
- Challenges for all of the DCoDPH CD programs involve staffing (due to vacant positions) and efficiency due to shifting priorities.





**Durham County Department of Public Health
Strategic Plan
2016-2018**

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Executive Summary



During the Durham County Department of Public Health's strategic planning review, intentional consideration was given to ensure alignment of current strategies, priorities, and outcomes measures with Durham County Government's Strategic Plan and its goals to better demonstrate linkages to work of public health. Managing for Results (MFR) is a strategic planning, performance measurement, and budgeting process that emphasizes use of resources to achieve measurable results, accountability, efficiency, and continuous improvement in government programs.

According to the Government Accounting Standards Board (GASB), "the ideas behind managing for results are basic: to identify the needs a government is trying to address; to develop an overall plan (mission, goals, objectives, and strategies) for addressing those needs; to come up with policies, programs and services to meet those needs; to organize and implement budgeting, accounting and management systems that support the strategies, goals and objectives laid out in the overall plan; and finally to develop and track cost and performance data that allow the government to gauge its progress in reaching its goals and objectives and tweaking (or changing) strategies, programs, policies, management systems or budgets when necessary. Approaching government operations in such terms can have powerful impacts on government decision making and results."

Implementation of MFR will occur gradually over the next three years, with an approach committed to piloting practices in an initial seven departments in order to seek feedback, make adjustments, and build a scalable model that can be used by the entire organization.

To ensure the improved health and well-being of our community, we must continuously integrate MFR into all levels of our activities which includes setting organizational priorities across all levels of the department, identifying indicators to measure progress toward achieving these priorities on a regular basis, identifying who is responsible for monitoring and reporting progress, and identifying quality improvement opportunities based on the data collected.

Durham County Department of Public Health is committed to implementation of MFR throughout the department. Investment in performance management works to advance our performance capacity and ensure better health outcomes throughout the community. In conjunction with a focused capacity to improve quality, we are able to achieve measurable improvements, improve population health through our programs and services, and renew our commitment to Durham County residents and stakeholders.

*Shirley about
CHK*

Acknowledgments

The Durham County Department of Public Health (DCoDPH) would like to thank the board of health, public health leadership team, and staff for their ongoing commitment to improving health in Durham County.

Board of Health

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Public Member

Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN
Registered Nurse Member

Rosemary Jackson, MD, MPH
Public Member

Teme M. Levbarg, PhD, MSW
Public Member

Dale Stewart, OD
Optometrist Member

Wah



Mission

To work with our community to prevent disease, promote health, and protect the environment.

Vision

Healthy Durham, Join Us—People, Partners, Places, Policy, Practice

Core Values

DCoDPH follows the Core Values in the Durham County Strategic Plan.

Government ✓

at ✓

ACE IT	Short Behavioral Description
Accountability	<ul style="list-style-type: none"> • Take responsibility for the consequences of your own actions • Does what's right • Supports the mission and vision of Durham County
Commitment	<ul style="list-style-type: none"> • Works hard • Is an ambassador for Durham County • Is loyal to the mission and vision
Exceptional Customer Service	<ul style="list-style-type: none"> • Listens • Demonstrates a helpful attitude of service • Exceeds customer expectations
Integrity	<ul style="list-style-type: none"> • Does what is right even when no one is looking • Values diversity • Reflects positively on Durham County at all times
Teamwork and Collaboration	<ul style="list-style-type: none"> • Develops networks and builds alliances • Collaborates across boundaries to achieve common goals • Builds consensus through give and take

Core Functions and Ten Essential Public Health Services

The Core Functions of Public Health include Assessment, Policy Development, and Assurance. The 10 Essential Public Health Services are listed below and categorized under the appropriate Core Function.

Assessment

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Policy Development

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

Assurance

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Background

Durham's Public Health officially began in 1855 when the County created a two member Board of Health. Their job was to help protect the health and safety of all Durham County citizens. Around the same time in 1874, City Commissioners were given the job of preventing and controlling the spread of disease. In 1909, a Board of Health for the City was created. With a budget of \$6,140, this five member Board drafted a sanitary code. The code guided the quality of milk and meat and the cleanliness of shops and soda fountains. A listing of people with tuberculosis was also compiled.

In 1912, a smallpox outbreak drove the City and County to form a joint City-County Health Department. The Health Department opened in 1913. Durham was one of the first counties in North Carolina to offer organized public health services.

In 1923 the Board of Health was given the full authority to enact ordinances, rules and regulations that improved public health. Finally in 1957, the North Carolina General Assembly passed a law that moved the Health Department completely under the County Government. Through the years, public health concerns have shaped Health Department services. In the early 1900's, services focused on diseases, such as typhoid fever, scarlet fever, diphtheria and polio. The Department's focus was on the health of women and children who were most affected by these diseases.

As the public health needs of the county changed, so did the focus of the Department. As vaccines became available, infectious disease was not as great a concern. Services moved towards screening and treating sexually transmitted diseases, tuberculosis and chronic diseases. Public Health research soon showed that many of the leading causes of death were linked to lifestyle behaviors. The Department has most recently added health promotion and wellness programs to encourage healthy lifestyles.

DCoDPH moved into the new Durham County Human Services Building on April 14, 2011. A new chapter started when we moved into our new home. It is filled with new technologies, new innovations, new creativity and new possibilities.

The diverse, ever-changing population of Durham County provides special opportunities and challenges to DCoDPH as it works to provide the essential public health services to the community and achieve health equity. In developing the strategic plan, the health department takes into consideration the results of the Community Health Assessment (CHA) and aligns priorities with the Community Health Improvement Plan (CHIP) and Quality Improvement (QI) system as appropriate.

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**Durham County Department of Public Health Objectives, Strategies, and Outcome Measures
Alignment with Durham County Strategic Goals**

Durham County Government is actively working to refresh and implement its strategic plan. After the Durham Board of County Commissioners approved the plan in February 2012, employee teams began meeting to set priorities for the first year of implementation. The Implementation Team, which includes “Goal Champions” and executive-level county leadership, meets regularly to plan for the future.

Durham County Five Strategic Plan Goals

Goal 1: Community and Family Prosperity and Enrichment

- Provide access to educational, vocational, economic and cultural opportunities
- Empower citizens to select strategies that improve their quality of life

Goal 2: Health and Well-being for All

- Improve the quality of life through preventative, behavioral and physical care services
- Reduce barriers to access services

Goal 3: Safe and Secure Community

- Partner with the community to prevent and address unsafe conditions, protect life and property and response to emergencies

Goal 4: Environmental Stewardship

- Protect our environment through planned growth, conservation, preservation, enhancement and restoration of our natural and built resources

Goal 5: Accountable, Efficient and Visionary Government

- An effective organization committed to the pursuit of excellence through: collaborative leadership, exceptional customer services, innovation, transparency and fiscal responsibility

Durham County Department of Public Health Seven Priorities

Priority 1: Access to Medical and Dental Care

Priority 2: Enhance Communications Capacity

Priority 3: Community Safety

Priority 4: Advance Health Equity

Priority 5: Obesity and Chronic Illnesses

Priority 6: Technology

Priority 7: Workforce Development

Goal 2: Health and Well-being for All

- Improve the quality of life through preventative, behavioral and physical care services
- Reduce barriers to access services

DCoDPH Priority: Access to Medical and Dental Care

In partnership with the community, DCoDPH will create a public health system in which everyone has access to the medical and dental care they need. In this system, parents and clients will not have to worry about how they will pay for their health services.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goal)

- Care Coordination for Children
- Chronic Care Initiative
- Dental Clinic/Tooth Ferry
- Healthy Futures
- Immunization Program
- Refugee Health Clinic
- School Health Program
- Sexually Transmitted Infection (STI) Testing and Treatment
- Tuberculosis (TB) Control Program
- Women's Health Clinic (Prenatal, Family Planning, Breast and Cervical Cancer Control Program)

Outcome measures

- Percentage of screenings and investigations resulting in treatments or referrals.
- Percentage of the targeted treatment number met in the clinic

Goal 2: Health and Well-being for All

- Improve the quality of life through preventative, behavioral and physical care services
- Reduce barriers to access services

DCoDPH Priority: Obesity and Chronic Illnesses

Obesity and chronic diseases are major public health issues in Durham County. DCoDPH will promote healthy eating, physical activity, and other lifestyle behaviors to reverse this trend. We will engage all DCoDPH staff, other programs, and partners in these efforts.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Chronic Care Initiative
- Chronic Disease Self-Management Program
- Diabetes Self-Management Education
- Health, Nutrition, and Wellness Promotion
- Nutrition Counseling

Engage all ✓

Outcome measures

- Percentage of Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) graduates with maintained behavior change after three months
- Percentage of employees who maintained no risk factors
- Percentage of employees with an improved health status based on decrease in risk factors
- Percentage of students showing an increase in nutrition knowledge and/or Percentage of students making a positive nutrition behavior change
- Percentage of clients attaining a positive outcome at a follow-up visit to include anthropometric, knowledge, behavioral and/or clinical change

Goal 3: Safe and Secure Community

Partner with the community to prevent and address unsafe conditions, protect life and property and response to emergencies

Priority: Community Safety

Healthy and safe community environments include those with clean air and water, affordable and secure housing, sustainable and economically vital neighborhoods, and supportive structures.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Gun Violence Reduction Program (based on Cure Violence national model)
- General Environmental Health Inspections Program
- Onsite Water Protection Program

Outcome measures

- Percentage of gun violence occurring in program area
- Percentage of highest risk establishments scoring 93 or higher
- Percentage of malfunctioning onsite waste water systems repaired and removed from the notice of violation (NOV) list

Goal 5: Accountable, Efficient and Visionary Government

An effective organization committed to the pursuit of excellence through: collaborative leadership, exceptional customer services, innovation, transparency and fiscal responsibility

DCoDPH Priority: Enhance Communications Capacity

Establish communication strategies that increase knowledge about public health and the DCoDPH's initiatives.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Enhance the current communications plan that identifies audiences, messages, communication channels, and evaluation of approaches to address priorities.
- Coordinate strategic communication efforts methods and messages with key partners
- Ensure staff are informed of agency priorities, policies and programs across the department to enrich the effectiveness and efficiency of work.
- Implement a social media strategy to effectively promote DCoDPH, its program and services and inform/educate communities about existing and emerging public health priorities.

Outcome measures

- Percentage of target audiences that recall content of public service announcements, brochures, posters, or presentations.
- Percentage increase in web traffic
- Percentage increase in FB followers
- Percentage increase in Twitter followers

Goal 5: Accountable, Efficient and Visionary Government

An effective organization committed to the pursuit of excellence through: collaborative leadership, exceptional customer services, innovation, transparency and fiscal responsibility

DCoDPH Priority: Advance Health Equity

Support each Durham County resident in attaining his or her full health potential by embedding equity into planning, policies, practices, and delivery of DCoDPH programs, initiatives, and services.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Care Coordination for Children
- Chronic Care Initiative
- Communicable Diseases Program
- Dental Clinic/Tooth Ferry
- Gun Violence Reduction Program
- Health Nutrition, and Wellness Promotion
- Healthy Futures
- Nutrition Counseling
- Partnership for a Healthy Durham
- Pregnancy Care Management
- Public Health Preparedness Program
- Refugee Health Clinic
- School Health Program
- Sexually Transmitted Infection (STI) Testing and Treatment
- Triple P Parenting Program
- Women's Health Clinic (Prenatal, Family Planning, Breast and Cervical Cancer Control Program) Health Nutrition, and Wellness Promotion

Outcome measures

- Percentage of uninsured
- Percentage of children fully immunized
- Rate of new HIV cases
- Infant mortality rate by race/ethnicity

OK

*More
help
+ will be ok*

*Keep on
Goal 5. Can
also be a
Goal 2 as
well*

Goal 5: Accountable, Efficient and Visionary Government

An effective organization committed to the pursuit of excellence through: collaborative leadership, exceptional customer services, innovation, transparency and fiscal responsibility

DCoDPH Priority: Technology

DCoDPH will use current technology to work as efficiently and effectively as possible. We will also use technology to communicate, share information, and to increase customer access to our services.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Care Coordination for Children
- Communicable Diseases Program
- Dental Clinic/Tooth Ferry
- Healthy Futures
- Immunization Program
- Laboratory Services
- Nutrition Counseling
- Pharmacy
- Pregnancy Care Management
- Refugee Health Clinic
- Sexually Transmitted Infection (STI) Testing and Treatment
- Tuberculosis (TB) Control Program
- Women's Health Clinic (Prenatal, Family Planning, Breast and Cervical Cancer Control Program)

Outcome measures

- Percentage of staff trained to use software for their jobs
- Percentage of completed software upgrades
- Percentage of demonstrated competency in use of new software technology

Goal 5: Accountable, Efficient and Visionary Government

An effective organization committed to the pursuit of excellence through: collaborative leadership, exceptional customer services, innovation, transparency and fiscal responsibility

DCoDPH Priority: Workforce Development

Effective public health practice requires a well prepared and sufficient workforce. DCoDPH seeks to establish a workforce development plan that allows staff opportunities to increase their skill and knowledge set so that they can continuously improve the quality of public health services and programs that are offered to the residents of Durham County.

Strategies (Programs, projects, initiatives, services implemented to accomplish priorities and overarching goals)

- Care Coordination for Children
- Chronic Care Initiative
- Communicable Diseases Program
- Dental Clinic/Tooth Ferry
- DINE (Durham's Innovative Nutrition Education)
- General Environmental Health Inspections Program
- Gun Violence Reduction Program
- Health Nutrition, and Wellness Promotion
- Healthy Futures
- Immunization Program
- Laboratory Services
- Nutrition Counseling
- Onsite Water Protection Program
- Pharmacy
- Pregnancy Care Management
- Public Health Preparedness Program
- Rabies Control Program
- Refugee Health Clinic
- School Health Program
- Sexually Transmitted Infection (STI) Testing and Treatment
- Triple P Parenting Program
- Tuberculosis (TB) Control Program
- Vital Records
- Women's Health Clinic (Prenatal, Family Planning, Breast and Cervical Cancer Control Program)

Outcome measures

- Percentage of employees who meet annual required trainings
- Percentage of employee who participate in customer service training
- Percentage of contractors who participate in customer service training

customer service ✓

Appendices

Appendix A:

Executive Summary of the 2014 Durham County Community Health Assessment

The goal of the 2014 Community Health Assessment is to provide, in one location, a compilation of valid and reliable information about the health of the Durham Community. This document summarizes the findings from the two year community health assessment process led by the Partnership for a Healthy Durham, the Certified Healthy Carolinians program of Durham County.

The Partnership's Community Health Assessment Team consisted of community members, representatives of the Durham County Department of Health as well as the Durham County Department of Social Services; Duke Medicine, including Duke University Hospital and Duke Regional Hospital; UNC Center for Public Health Preparedness, East Durham Children's Initiative, El Centro, End Poverty Durham, Senior PharmAssist, Project Access of Durham County, Durham Economic Resource Center, Durham T.R.Y., Samaritan Health Center, North Carolina Central University, Duke University and the University of North Carolina at Chapel Hill.

The team sought to include a variety of community health topics and to represent a broad range of opinions, ideas and data about the county and utilized a variety of strategies to ensure the report represents the opinions of a significant portion of community members, health care providers and stakeholders. As such, there are 13 chapters with 50 sections on various community health topics.

For more information on the Partnership for a Healthy Durham, visit www.healthydurham.org, Twitter or Facebook.

Assessment process

The 2014 assessment process included 354 resident surveys from randomly selected households and eight community listening sessions with 205 community members. For the past year, 89 individuals have contributed to the writing of this document. Individuals representing hospitals, universities, local government, schools, non-profit organizations, faith-based organizations, and businesses have worked to ensure that the activities of the assessment process and the written content reflect what is happening in Durham.

Each Durham Community Health Assessment process utilizes community input sessions and culminates in the selection of health priorities and the compilation of recommendations or ideas for how to address the existing six health priorities. The priorities and top ranked recommendations were summarized and the compilation of recommendations or ideas for how to address the existing six health priorities. The priorities and top ranked recommendations were summarized and presented at the October 2014 Partnership for a Healthy Durham meeting and unanimously approved as the health priorities for 2015 – 2017. The next step is a

strategic planning process to create a three-year community health improvement plan for Durham County based on our findings.

The State of North Carolina requires that all Local Health Departments submit a comprehensive Community Health Assessment at least once every four years and a State of the County Health Report (SOTCH) in each of the interim years. The Federal Patient Protection and Affordable Care Act (health care reform), also requires hospital systems to conduct a community health assessment every three years. Current and previous assessments and health reports can be viewed at www.healthydurham.org.

Sources

Data in the 2014 Community Health Assessment came from:

1. *2013 Durham Community Health Opinion Survey* – census data and GIS technology were used to randomly select 420 households to participate in the survey (210 overall county and 210 Latino);
2. *Behavioral Risk Factor Surveillance Survey (BRFSS)* for Durham County – a random phone survey of residents;
3. *Youth Risk Behavior Survey (YRBS)* – An anonymous written survey of middle and high school students attending Durham Public Schools;
4. *Community Input Sessions* in which 205 individuals from different parts of Durham participated;
5. *Focus groups* – six focus groups were held;
6. North Carolina State Center for Health Statistics;
7. 2010 U.S. Census; and,
8. Agencies and organizations in Durham County.

Throughout the assessment, Durham's rates are compared with those of North Carolina and its five peer counties: *Cumberland, Forsyth, Guilford, Mecklenburg and Wake*. Data citations from each section appear at the end of the corresponding chapter of the health assessment.

Summary of findings

Areas to celebrate

Durham Exceeds State Health Goals: 1

North Carolina has set 40 statewide health objectives with targets to reach by 2020. Durham has seen improvement in nine of the 40 objectives since 2011 and is meeting the state goals in seven. Many of the objectives linked to Durham's health priority areas do not show improvement; while some of this is due to the poor economy and cuts in funding to health services, it is clear that more work needs to be done. However, some of the objectives showing improvement are linked to Durham's health priority areas (secondhand smoke exposure, physical activity, and alcohol consumption by high school students, cardiovascular disease

mortality, housing costs). This community can take pride in these improvements. Below are the seven state goals Durham meets:

- Unintentional poisoning mortality rate
- Percentage of women who smoke during pregnancy*
- Suicide rate*
- Percentage of adults with diabetes*
- Average number of critical violations per restaurant/food stand
- Percentage of children aged 1-5 years enrolled in Medicaid who received any dental service*
- Percentage of adults who had permanent teeth removed due to tooth decay or gum disease

State and County Overall Health Rankings

- North Carolina: 37 out of 50 states
- Durham County: 17 out of 100 counties

There are six areas in which Durham County's rates are significantly better when compared to North Carolina. Four have an asterisk (*) above and the additional two include the:

- Percentage of current adult smokers
- Percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations

High levels of education

Durham County has more than twice the percentage of residents who have received a graduate or professional degree compared to North Carolina (20.7% vs. 9.3%).² Durham County is also home to several well respected institutions of higher learning, including Duke University, North Carolina Central University and Durham Technical Community College. As state funding for public education has continued to decline since 2008, Durham County has compensated by increasing its local contribution. Durham County's current local appropriation equates to \$3,532.87 per pupil.³

Decreasing crime rates

In 2013, overall Part 1 crime index, which measures both violent crime and property crime cumulatively, was the lowest it had been in almost a decade, dropping 17% since 2010.⁴ Durham's crime rate is about average compared to communities of similar size and makeup nationally and in the Southeast.⁵

Better access to dental care

Durham had the largest increase amongst its peers for the percentage of dental-related visits during the past year from 2010 to 2012. Dental-related visits for Forsyth, Guilford and Mecklenburg counties and the State have actually *decreased* during these same years. In Wake County, the number of visits has remained the same and Cumberland County has had a slight increase.⁶

High number of medical providers and clinics quality clinical care

Durham is a community rich in medical resources with an exceptionally good ratio of primary care providers to the number of residents (1:809). This compares to the state ratio of 1:1462 and far exceeds the top performing counties in the U.S. (1:1051). Durham County is ranked sixth in the state for Clinical Care.⁷ As the home of Duke University Health System, there are many medical experts in all fields. There are also many clinics that serve low-income and indigent residents, including Lincoln Community Health Center, which is one of the oldest Federally Qualified Health Centers in the country. Project Access of Durham County (PADC) links eligible low-income, uninsured, Durham County residents with access to specialty medical care fully donated to the patients by the physicians, hospitals, labs, clinics and other providers participating in the network. There are also several free health clinics in Durham County.

Abundance of parks and open spaces

Durham County is home to nearly 70 parks with 1,800 acres, more than 20 miles of accessible trails and greenways and 188 miles of planned trails and greenways. Durham Parks and Recreation also boasts 11 program sites with seven gymnasiums, six dance studios, five pools, two fitness facilities and two indoor walking tracks.^{8,9}

Most pressing health concerns & priority issues

The 2013 *Durham County Community Health Opinion Survey* asked residents to rank their top three community issues, health problems and services needing improvement.¹⁰ A random sample of 210 households throughout the county were chosen in addition to a random sample of neighborhoods with more than 50% Latino households. Results are in the charts below:

Durham County Sample

Community Issues	Health Problems	Services Needing Improvement
1. Low income/poverty	1. Addiction to alcohol, drugs, or medications	1. More affordable health services
2. Homelessness	2. Diabetes	2. Positive teen activities
3. Violent Crime	3. Obesity/overweight	3. Higher paying employment

Durham Hispanic Neighborhood Sample

Community Issues	Health Problems	Services Needing Improvement
1. Lack of/or inadequate health insurance	1. Addiction to alcohol, drugs, or medications	1. More affordable health services
2. Low income/poverty	2. Diabetes	2. More affordable/better housing
3. Discrimination and racism	3. Cancer	3. Availability of employment

Residents were also asked this open-ended question:

What one thing would make Durham County or your neighborhood a healthier place to live? The responses to this question mirrored the priorities identified by the questions above. The most frequent response indicated a desire for less violence and crime; the second most frequent was a desire for more access to walking and biking opportunities, and the third was better access to health care.¹¹

The Partnership for a Healthy Durham's six adopted health priorities are summarized below. In 2015, the Partnership will begin a strategic planning process to generate a three-year community health improvement plan for Durham County and form action groups to address these priorities.

Partnership for a Healthy Durham 2015-2017 Health Priorities:

1. Obesity and chronic illness
2. Poverty
3. Education
4. Access to medical and dental care
5. Mental health and substance abuse
6. HIV and sexually transmitted infections

Obesity and chronic illness

Four of the 10 leading causes of death in North Carolina are related to obesity: heart disease, type 2 diabetes, stroke and some kinds of cancer. Overweight and obesity were the second leading causes of preventable death in North Carolina in 2010.¹² Obesity rates continue to rise across all ages, genders and racial/ethnic groups in Durham County. The most recent combined obesity and overweight rates are: adults, 65%;¹³ Durham Public School high school students, 32%,¹⁴ and entering kindergarteners, 19%.¹⁵ Diabetes is the 7th leading cause of death in Durham County and 8% of adults have diabetes.¹⁶

Poverty

People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. In Durham County, 16.6% of individuals live in poverty. Female single-parent families are disproportionately at risk for poverty than married couple families (41.5% to 8.7%) and 40.6%

of female single-parent families with related children under 18 years are living in poverty.¹⁷ Nearly one-half of Durham's renters are paying 30% or more of their income for housing.¹⁸

Education

Quality child care and early education predict a child's future success and the academic success of young adults is strongly linked with their health throughout their lifetime. The importance of a high school diploma and higher education cannot be overstated. College graduates age 25 and over earn nearly twice as much as workers who only have a high school diploma. The unemployment rate for workers who dropped out of high school is nearly four times the rate for college graduates.¹⁹ In Durham County, the four-year high school graduation rate is 79.6% compared to North Carolina's rate of 82.5%. The overall 4-year cohort graduation rate has increased by nearly 10% since 2010-11, but there is still a disparity in the percentages of White versus minority students who are graduating from high school. For example, 84.7% of Whites graduated in 2011-2012 compared to 74.7% of Blacks and 73% of Hispanic students.²⁰

Access to medical and dental care

Access to health care in a community refers to the ability of residents to find a consistent medical provider for their primary care needs, to find a specialty provider when needed and to be able to receive that care without encountering significant barriers. Although there are many medical providers, Durham County is particularly hampered by a lack of health insurance coverage (whether private or public, such as Medicaid) for many of its residents. In Durham County, 19% of adults less than 65 years are uninsured.²¹

Mental Health and Substance abuse

An estimated 17,000 residents of Durham County need mental health treatment and 19,000 need substance use treatment.²² Alcohol is the primary substance abused by Durham County residents seeking crisis detoxification services and by adolescents in Durham's middle and high schools.²³ Respondents in the *Community Health Opinion Survey* identified addiction to alcohol, drugs or prescription pills as the number one community health problem.²⁴

HIV and sexually transmitted infections (STIs)

Sexually transmitted infections may lead to premature death and disability and can result in significant health care costs. Chlamydia, gonorrhea, and syphilis are the three most common STIs in North Carolina and Durham County. Although HIV is not as common, Durham ranks fourth highest in North Carolina, with an average rate of HIV disease (29.9 per 100,000) well above the state rate (16.4 per 100,000).²⁵ African-Americans have an HIV rate that is nine times higher than the rate of whites.²⁶

Emerging issues

Each section of the document includes data on emerging issues, but additional issues facing Durham County in coming years include the rise in the identification of Hepatitis C in residents and the need for more treatment options and coordination of efforts to address poverty.

Durham has taken measures to increase hepatitis C screenings to adults born between 1945 and 1965 and individuals at high risk. In the U.S., the prevalence hepatitis C is between 1% and 1.5% of the population. In baby boomers, prevalence rises to 3.3%. Through an agreement with the University of North Carolina at Chapel Hill, the Durham County Department of Public Health (DCoDPH) offers a hepatitis C assessment clinic for adults born between 1945 and 1965, one to two half days per month. It is recommended that adults in this age cohort get tested at least once in their lives. The purpose of the clinic is to link preventive and medical care services for infected individuals through enhanced screening and additional programs. DCoDPH also provides testing for HIV and hepatitis C with one blood sample to increase the efficiency of screening for high risk populations.

Efforts to address poverty in Durham have been ongoing for several years through the work of numerous community partners and organizations. New attention has been shed on the issue due to the Mayor's Poverty Reduction Initiative. The initiative aims to create solutions with residents at the neighborhood level around issues such as housing, education, health, finance, jobs and public safety. Task forces will implement action plans throughout 2015 to make an impact on poverty in Northeast Central Durham.

Conclusion and next steps

The findings from this 2014 Community Health Assessment suggest that Durham is poised to become not only a *City of Medicine* but also a *Community of Health*. The work of the Partnership for a Healthy Durham, which is currently planning and implementing several far-reaching health initiatives, will be critical to bringing about this transition.

The next steps are to:

- Share findings with community members and organizations throughout Durham County
- Continue current Partnership for a Healthy Durham action groups to address the six identified priorities
- Develop community health improvement plans to be submitted to the State of North



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Appendix B:

Highlights from the Durham County Strategic Plan

Products & Services	Customers
<ul style="list-style-type: none"> • Public safety • Environmental services • Economic and physical development • Human services • Cultural and recreational service • Education 	<ul style="list-style-type: none"> • Those that live and work in Durham County • Businesses • Visitors • Educational institutions • Other government entities
Mission	Vision
<p>Durham County provides fiscally responsible, quality services necessary to promote a healthy, safe and vibrant community</p>	<p>Durham County: a thriving, vibrant, diverse community with abundant opportunity for all residents to live, work, learn, play and grow</p>

Goals for Durham County Strategic Plan

GOAL 1: Community and Family Prosperity and Enrichment

- Providing access to educational, vocational, economic and cultural opportunities
- Empower citizens to select strategies that lead to successful outcomes

GOAL 2: Health and Well-being for All

- Improve the quality of life through preventive, behavioral and physical care service
- Reduce barriers to access services

GOAL 3: Safe and Secure Community

- Partner with the community to prevent and address unsafe conditions, protect life and property and respond to emergencies

GOAL 4: Environmental Stewardship

- Protect our environment through planned growth, conservation, preservation, enhancement and restoration of our natural and built resources

GOAL 5: Accountable, Efficient and Visionary Government

- An effective organization committed to the pursuit of excellence through:
 - Collaborative Leadership
 - Exceptional customer service
 - Innovation
 - Transparency
 - Flexibility
 - Fiscal responsibility

The full Durham County Strategic Plan can be found at:
http://durhamcountync.gov/departments/bocc/Strategic_Plan/PDF/2012_Durham_County_StrategicPlan_Final.pdf

References:

Durham County 2014 Community Health Assessment
Durham County Strategic Plan
Public Health Core Functions and Essential Services

CHANGE HISTORY:

Version	Date	Comments
A	12/13/2012	Original document. Approved by DCBOH at their 12/13/2012 regular monthly meeting.
B	4/11/2013	Revised, information from the Community Health Assessment added to each goal within the document.
C	4/09/2014	Reviewed
D	4/2015	Reviewed
E	4/2016	Reviewed/Refreshed
Annual Review		4/11/2014; 4/2015; 4/2016

Approved By: _____ Chair, Durham County Board of Health _____ Public Health Director	Program/Area(s) Affected: Durham County Community
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