

A Regular Meeting of the Durham County Board of Health was held February 9, 2017 with the following members present:

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

Excused Absence: Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN

Others present: Gayle Harris, Rosalyn McClain, Eric Ireland, Joanne Pierce, Hattie Wood, Arlene Sena, Chris Salter, Jim Harris, Ph.D.; Marcia Johnson, Mel Downey-Piper, Will Sutton, Miriam McIntosh, DDS; Michele Easterling, Juma Mussa and Khali Gallman.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:06pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Ms. Harris requested the following additions:

1. MOU with Orange County-CT/GC NAAT testing-new business
2. Minority Diabetes Prevention Program (approve one time charge and accept new funding)-new business
3. Update Health Director's Evaluation-committee report
4. Re-accreditation Process Update-old business
5. Letter regarding the repeal of the Affordable Care Act -new business

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Commissioner Howerton made a motion to approve the minutes for January 12, 2017. Dr. Jackson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris apprised the Board that Ms. Cheryl Scott will be acting as Interim Community Health/Nursing Director in the absence of Mrs. Wood.

Ms. Harris introduced Khali Gallman as the new Communication and Information Manager for Durham County Department of Public Health.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- [APPROVAL OF PROPOSED FY 17-18 BUDGET \(Activity 39.2 & 39.3\)](#)

Mr. Sutton, Finance Administrator presented FY 17-18 Proposed Budget and Fee Schedule to the Board for discussion and approval. Mr. Sutton covered the following:

FY 18 Budget

Actual Versus Proposed

1. Total Proposed Budget 26,015,308 (9% increase, \$2,183,812)
2. Personnel 16,412,934 (11% increase, \$1,563,291)
3. Operating 9,602,374 (7% increase, \$620,521)

Funding Source

1. FY 17 County 74%, Other 26% (Approved)
2. FY 18 County 73%, Other 27% (Proposed)
3. External funding (other) 1% increase

Behind the Numbers (Priorities- New Initiatives/Expansion)

FY 17-18 Priorities			Rank
6229-Durham Diabetes Coalition	\$22,497	Reentry Community Health Worker (fulltime)	1
6236-School Health	\$305,750	School Nurses (4.68 FTEs)	2
6212-Departmental	\$25,500	Store Fronts	3
6222-Immunizations	\$50,000	Vaccines	4
Total	\$403,747		

Medicaid Cost Settlement Overview

\$1,438,377.00 FY14 Cost Settlement (Received 8/16/16 - FY17)
 (\$344,922.00) Budgeted Costs Settlement Funds
 (\$425,000.00) 340B Reimbursements (In Admin)
 \$473,000.04 One Time Settlement Funds (Received 10/20/16)
\$1,141,455.04 Non-Budgeted Remaining (FY14 and One-Time)

Future Funding Considerations

Smoking Rule Signage (75K)
 DDC Funding
 Epic Conversion
 FY15 Cost Settlement Estimate (New DMA Statistic)
 FY16 Cost Settlement

Fee Schedule Changes (Minimal)

Proposed Fee Schedule Changes for FY 18				
Area	CPT	DESCRIPTION	FY 17 Fee	FY 18 Proposed Fee Changes
SH	99408	Substance Abuse Counseling 15-30 minutes	—36.82	
SH	99409	Substance Abuse Counseling >30 mins.	—73.92	
SH	96127	PSC (CPT code changed)	10.17	10.17
SH	96160	HEEADSSS (CPT code changed)	10.17	10.17
SH	96110	M-CHAT 9 (CPT code changed)	10.17	10.17
FP	J1050	Depo-SubQ Injection (.01 for 104 units, 340B)		0.01
FP	J1050	Depo-Provera Injection	—24.00	
FP	J7298	Mirena IUD (replaced by Liletta)		
FP	J7297	Liletta IUD (new)		46.47
LAB	90801	Trichomonas Detection (new CT/GC testing)		39.00
NT	G0108	DSMT individual visit, 30 minute unit	52.00	53.00
NT	G0109	DSMT group session of 2 or more, 30 minute unit	14.00	15.00
NT	S9446	Patient Education group visit (new)		5.00

Managing For Results (MFR)

Proposed Budget Breakdown by programs identified:

Program Budget Areas	Personnel	Operating	Total Budget
Medical Services	\$ 6,705,070	\$ 4,905,863	\$ 11,610,933
Leadership & Business Management	\$ 2,630,415	\$ 1,411,524	\$ 4,041,939
Nutrition	\$ 2,002,429	\$ 226,412	\$ 2,228,841
Health Ed & Community Transformation	\$ 1,888,643	\$ 1,574,036	\$ 3,462,679
General Inspections	\$ 1,073,597	\$ 35,406	\$ 1,109,003
Dental	\$ 753,816	\$ 313,613	\$ 1,067,429
Pharmacy	\$ 324,960	\$ 713,128	\$ 1,038,088
Laboratory	\$ 492,686	\$ 386,000	\$ 878,686
Onsite Water Protection	\$ 457,020	\$ 20,009	\$ 477,029
Public Health Preparedness	\$ 84,298	\$ 16,383	\$ 100,681
Total	\$ 16,412,934	\$ 9,602,374	\$ 26,015,308

QUESTION/COMMENT:

Commissioner Howerton: So will the future funding come out of the non-budgeted remaining dollars?

Mr. Sutton: For the Durham Diabetes Coalition?

Commissioner Howerton: Yes.

Mr. Sutton: If we have been instructed to use some of those Medicaid cost settlement dollars...yes, it would be out of the non-budgeted cost settlement dollars.

Ms. Harris: But right now it's in our base budget that the County gave us.

Dr. Allison: I have a question, so that I understand. So, the cost settlement fund is like a separate pot of money that's separate from the budget but the County controls that money and we have to ask if we want to use it for something special that's outside the budget.

Mr. Sutton: Totally correct.

Dr. Allison: I just want to make sure I got that right.

Ms. Harris: When the check is received, it is allocated across departmental programs as revenue using percentage allocations provided by NC DPH. The County views these dollars as reimbursement for a portion of the actual costs for providing the services and the difference between the Medicaid reimbursements. If we have program needs, we can request to have funds added as specific expenditures.

Dr. Allison: I have a question and you may not know the answer to this. You know there's talk of Medicaid going to a block grant type system. Do you know how that would affect cost settlement or do you have an idea if that would affect cost settlement dollars.

Mr. Sutton: I'm not sure.

Ms. Harris: I'm not sure either but we do understand there would be fewer dollars.

Dr. Levbarg: Well, there are more players that control that money when it is a block grant.

Dr. Stewart: Are they always this far in arrears? You're saying that you are about to hear about 2015 and 2016. Why is 2014 just coming on board?

Mr. Sutton: I know there was a delay based on having the state plan amendment approved and what's the report that we have to get Dentrix....

Ms. Harris: The biggest issue is that when the state submitted North Carolina's State Plan Amendment (SPA) to the federal government, the methodology used in the cost settlement process was not accepted. Once the methodology was approved, cost settlement reports could be prepared and submitted.

Dr. Stewart: So it's coming a little quicker now.

Ms. Harris: Yes. It's coming a little quicker. The one-time payment of four hundred and seventy three thousand dollars came as a result of the legislature identifying a little under fifteen million dollars as a good faith effort to try to restore health.

Dr. Levbarg: Well, I do have a question and it's about future funding considerations. One of the things...I guess last month when we were learning about the Tooth Ferry that there are other costs that we have to figure out how to cover. I wonder if that's also a future funding consideration or where that is...or maybe it's going to be somewhere else.

Mr. Sutton: Regarding the things that I remember I thought that we had already identified funds for those things.

Ms. Harris: Jim, do we have outstanding cost for the Tooth Ferry?

Mr. Harris: No.

Dr. Levbarg: Great.

Commissioner Howerton: Why is the counseling fee going away?

Ms. Harris: We don't provide that service. You have to have different skills to be able to bill for counseling services.

Dr. Miller: So it's being removed because it's not something we can bill for to begin with.

Dr. Sena: I would agree with that with substance abuse counseling you would have to have a special skill set to bill for that.

Ms. Harris: You would have to be certified.

Commissioner Howerton: So we don't have anybody trained to do that?

Ms. Harris: That's a therapeutic intervention that we would refer to a mental health provider. We haven't integrated mental health into our practice yet.

Dr. Allison: So those are just codes that we weren't using in the first place so they being removed from the fee schedule.

Ms. Harris: That's what I am thinking. Cheryl, school health doesn't use these codes, do they?

Ms. Scott: No they don't do substance abuse counseling.

Ms. Harris: And with Healthy Futures we may have put things on the fee schedule that could be available but we don't have a clinical social worker.

Ms. Scott: No we don't. We wouldn't need that.

Mr. Ireland: Gayle, it may be just a matter of trying to clean up the fee schedule because there is only so much room on the superbill encounter form so it may have been a matter of coming to an agreement that the service was not be provided and to remove the CPT code to give us more space.

Ms. Sutton: Yes, the superbill encounter form is packed with CPT codes from front to back.

Commissioner Howerton: So what percentage of the school nurses...how much did that go up...4FTEs...so what's the percentage of increase there...from what it was before.

Mr. Sutton: I can give you the percent increase of the school health budget as a whole...which is a 23.4% increase in the school health budget.

Commissioner Howerton: For nurses.

Mr. Sutton: That's all operating and personnel.

Ms. Harris: Will does this include the 0.17 FTEs that we want to add to the four positions we received last year.

Mr. Sutton: Yes.

Ms. Harris: Last year we asked for ten month positions and as we have interviewed for the positions, we've learned that the applicants are interested in school health but they want to work year round. So in talking with budget staff, it was suggested to make the positions full-time. So that number represents 4 additional full-time positions.

Commissioner Howerton: So you didn't fill any at all last year.

Ms. Harris: We interviewed....

Commissioner Howerton: But you didn't fill them?

Ms. Harris: So we are in the process of filling the vacancies. I told staff as they interview people and learn that fulltime hours are preferred, we will move 17% from a vacant position to create a full-time position. We will end up like about a 0.50 FTE at the end. The other piece that we didn't consider is that we asked for forty-seven school nurses and didn't include additional supervisory capacity; so we converted one of the positions to working supervisor where they will also have school assignments just like the other two supervisors.

Dr. Miller: I do remember previous budgets they would identify county funds, revenue funds and grant and I didn't see anything related to grants.

Mr. Sutton: In the slide with the "other" section, it has the grants included.

Ms. Harris: We probably get about five million in grants not including the cost settlement funds.

Dr. Allison: When do you meet with the county?

Ms. Harris: March 13, 2017 at 11:30am.

Dr. Allison: Is this a meeting you need Board attendance?

Ms. Harris: I don't think so because a large portion of the increases in our budget we can't control but you welcome to come. It would be a good experience.

Commissioner Howerton made a motion to approve FY17-18 Proposed Budget and fee schedule changes. Dr. Jackson seconded the motion and the motion was unanimously approved.

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

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

The Board received a copy of the vacancy report through the end of January 2017 prior to the meeting. There were no questions about the report.

[\(A copy of the February 2017 Vacancy report is attached to the minutes.\)](#)

- **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 January 2017 prior to the meeting. There were no questions about the report.

[\(A copy of the February 2017 NOV report is attached to the minutes.\)](#)

**Health Director's Report
February 9, 2017**

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- Historically, programming provided to DINE eligible Durham County middle schools has been conducted in afterschool programs in the form of the popular Junior Iron Chef Durham program.
- The vision of DINE is to expand the team's reach into middle schools during the academic day by providing nutrition lessons that are in line with the science and health education content standards for grades 6-8.
- Core lessons related to nutrition and digestion, energy balance, and the importance of plant-based diet; and additional lessons such as choosing healthy snacks, eating whole rather than processed foods, and reducing sugar-sweetened beverage intake have been developed. Classes are now being advertised to middle school science and physical education teachers and are being taught in both science and physical education classes.

Statement of goals

- To expand the reach of DINE's School Nutrition Program by targeting middle school students during the school day with the goal of reaching more students to positively influence food choices and academic performance.

Issues

- **Opportunities**
 - Collaborating with key players who have valuable connections to the Durham Public Schools (DPS) middle school population, including the DPS Science Curriculum Coordinator for grades 6-12 and community partners like the Program Director of Duke's BOOST program to identify new ways to reach DPS middle school students and to plan the most useful forms of programming.
 - Offering DPS middle school teachers programming that helps them to meet their academic objectives while also offering accessible nutrition and healthful living content.
- **Challenges**
 - Getting in contact with teachers can be challenging, as can finding the appropriate time to fit nutrition lessons into their schedules.
 - With only one adolescent nutritionist, as programming takes hold at the schools, that person may have increasing difficulty keeping up with demand.

Implication(s)

- **Outcomes**
 - One lesson on MyPlate was provided to four science classes at Carrington Middle School, reaching 84 students.
 - One lesson on energy balance was provided to a Shepard Middle School science class, reaching 23 new students.
 - Two lessons each were provided to six health/PE classes for females and six health/PE classes for males at Lowe's Grove Middle School. Lessons were energy balance and healthy snacks and reached 249 new students and 235 duplicated students.
- **Service delivery**
 - Services will be delivered to DINE-eligible middle schools as interest and availability dictate.
- **Staffing**
 - Currently, DINE has one full-time registered and licensed dietitian in the role of adolescent nutritionist.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- Develop more content specific lessons that are aligned with the science and physical education/health standards for each grade level.
 - Continue to increase awareness of the new services that the DINE program can provide to the adolescent population by contacting teachers and other community partners.
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Division / Program: Community Health / Communicable Disease Program

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

Program description

On January 11th, Durham County Health Department (DCoDPH) was notified of an influenza outbreak at Cedars of Chapel Hill healthcare facility.

Statement of goals

- To thoroughly investigate outbreak;
- To determine number of patients and staff affected; and
- To aid facility in curtailing spread of confirmed influenza cases

Issues

- **Opportunities**
 - To prevent spread of influenza among patients and staff
- **Challenges**
 - Ensuring that staff members are aware of control measures and have implemented them

Implication(s)

- **Outcomes**
 - 28 of 45 residents were ill with influenza-like illness
 - 13 of the 28 ill tested positive.
 - 15 of the 28 ill tested negative.
 - 4 out of 80 staff were ill with influenza-like illness; all 4 tested negative.
- **Service delivery**

Standard droplet precaution education reiterated with facility director. Information was sent by email. Outbreak form completed and submitted to State.
- **Staffing**
 - Cathi Hines, Communicable Disease (CD) RN investigated outbreak.
- **Revenue**
 - N/A
- **Other**
 - Outbreak ended January 25th.

Next Steps / Mitigation Strategies

- Control measures remain in place.
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Division / Program: Administration / Communications and Public Relations

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

Program description

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

Statement of goals

- 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.

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- 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
 - Stay Connected with January DCoDPH Activities – January 5th
 - DCoDPH to Close January 6 at 2PM – January 6th
 - Postponed Week of Peace to Resume – January 12th
 - Week of Peace Follow Up – January 19th
 - Celebrate Remarkable Men – January 24th
 - Website Updates
 - All Press Releases Added to Website
 - January Events Added to ‘Upcoming Events’ page
 - Community Connections eNewsletter sent on January 5th
 - Media Archives
 - [‘Week of Peace’ Events Kick Off Sunday, January 1](#) – The Herald Sun, December 30th
 - [Week of Peace Aimed at Curbing Durham Violence](#) – ABC 11, January 2nd
 - [Call for a Week of Peace in Durham](#) – The Light 103.9 FM, January 2nd
 - [Group Hopes Start of New Year with Peace in Durham](#) – WRAL, January 2nd
 - [Vigil Speakers Call on Durham to ‘Really Want to Change’](#) – The Herald Sun, January 3rd
 - [‘Week of Peace’ Aims to Curb Durham’s Gun Violence](#) – WNCN, January 3rd
 - [Durham Marks A “Week of Peace”](#) - CvHS Scribe (The Student News Site of Cleveland High School), January 5th
 - [Vigil Marks End of ‘Week of Peace’ in Durham](#) – ABC 11, January 14th
 - [Durham Week of Peace Ends with Vigils](#) – TWC News, January 14th
 - [Bull City United’s Week of Peace](#) – The Triangle Tribune, January 19th
 - [Durham Violence Prevention Program to Move to McDougald Terrace](#) – WRAL, January 25th
 - [‘Remarkable Men’ Honored in Durham for Overcoming Disabilities](#) – WRAL, January 26th

Next Steps / Mitigation Strategies

- Disseminating consistent & timely content
- Engaging the public on social media to increase page likes and followers
- Increasing the number of monthly eNewsletter subscribers

COMMITTEE REPORTS:

- **PERSONNEL COMMITTEE APPOINTMENT**

Mr. Dedrick, Chair, Personnel Committee reported that the 2017 Health Director’s Evaluation Survey was sent out and all survey results are due on Friday, February 17, 2017.

OLD BUSINESS:

- **NC PUBLIC HEALTH RE-ACCREDITATION PROCESS UPDATE (Activity 27.3)**

Ms. Harris stated that the site visitors were here on January 31, 2017-February 1, 2017. The findings are as follows:

Accreditation Recommendation

The NCLHDA Site Visit Team was able to designate 144 activities out of 147 as ‘Met’ by the Durham County Department of Public Health. Scoring for Accreditation requires that each activity be scored individually and that the Health Department must satisfy at least a minimum for each core function and essential service.

Accreditation scoring Requirements:

Assessment: The Department met 28 of 29 activities (minimum required 26)

Policy Development: The Department met 26 of 26 activities
(Minimum required 23)

Assurance: The Department met 38 of 38 activities (minimum required 34)

Facilities and Administrative Services: The Department met 26 of 27 activities (minimum required 24)

Board of Health/Governance: The Department met 26 of 27 activities
(Minimum required 24)

The NCLHDA Site Visit Team recommends the Durham County Department of Public Health for Re Accreditation.

Not Met Activities:

Activity 7.3: The local health department shall investigate and respond to environmental health complaints or referrals.

Documentation:

- Since the previous site visit, annual complaint logs with the following required:
 - Complaint reported
 - Date reported
 - Action taken in accordance with policy
 - Date of action taken
 - Referral information if referred to another agency

AND

- Lab/investigation reports (where applicable)

AND

- Policy defining timely and appropriate action.

Site Visit Team Findings:

The Site Visit Team found that the complaint logs for the year selected did not include the complaint reported to the Health Department, actions taken on the complaint, or date of action. The referral information was also not included. Therefore, the Site Visit Team determined that this activity was not met.

Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.

Documentation:

- Policies and procedures

AND

- Evidence to support agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time to demonstrate the effectiveness of the infection control practices such as reports showing periodic observation of practice with immediate feedback allowing for immediate learning and corrective action to take place and records of any quality improvement, etc.)
To be verified through observations by Site Visitors, who will randomly select a month for review from the previous 24 months records (refer to “Activities that Require Visual Observation” sheet).

AND

- Training records for staff on infection control policies and procedures

AND

- Records of competency verification and periodic observations.

Site Visit Team Findings:

The Site Visit Team found that Environmental Health's thermometers and rotating lasers had no report logs for calibrations or maintenance. Therefore, the Site Visit Team determined that this activity was not met.

*Note that the agency could have complied with the HDSAI documentation requirements effective 2.15.16 (presented here) OR the directly preceding documentation requirements for this Activity. However, both versions of this Activity specifically address the need for equipment maintenance records so this Activity. Therefore, this Activity is not met regardless of which version of the Activity the agency applied.

Activity 36.2: The local health department shall assure new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to the board.

Documentation:

- Training materials used

AND

- Dated evidence of new BOH members' participation in orientation training activities during their first year of service.

Site Visit Team Findings:

The Site Visit Team was unable to find evidence that a BOH member received training within their first year of service, although the Site Visit Team acknowledges that the agency made several attempts to provide this training.

Best Practices Identified:

The NCLHDA Site Visit Team identified a number of best practices and/or unique strengths that Durham County Department of Public Health is commended for:

Activity 26.2: The local health department shall develop and implement a plan consistent with the health department's non-discrimination policy to recruit and retain a management team and staff that reflects the population of the service area.

The Site Visit team recognizes the Leadership Development Plan put into place to retain and train management staff to become effective leaders as a best practice. The department has developed a Public Health Leaders Academy for this purpose. The academy has an application process and candidates are chosen through a deliberate process. The department has dedicated resources and incentives to foster the program. There is much evidence that these efforts secure consistent leadership in the future for succession planning, not only at the agency but in the community- at-large. This best practice also links to Activities 24.1 and 24.2 for staff development plan and opportunities.

Activity 12.2: The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.

The Site Visit team recognizes the School Health Services Expansion Plan. Healthy Futures Durham Schools as an innovative care delivery model provided by the Durham County Department of Public Health, in partnership with Durham Public Schools and Duke Health, which uses Enhanced Role Nurses to perform Well Child Check-ups, immunizations, lead testing, and dental fluoride treatments. They also provide nutrition, health and safety counseling and can also refer families to other agencies for additional support with medical, dental and mental health concerns. The department is committed to providing a school nurse in every school in the future by adding nurses every year as the budget allows. This is a commitment from the Board of Health, County Manager and the Health Director as evidenced by the expansion plan. This best practice also links to Activity 19.1.

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.

The Site Visit Team recognizes the Durham Knows HIV Status Campaign that targets young adults ages 18-24 as a best practice. Health Promotion staff are trained as Phlebotomists to reach out to identified

high risk communities and obtain the blood samples from individuals who consent to promote HIV testing. This best practice reduces barriers to vulnerable populations by bringing the testing opportunity to the individual.

Activity 20.1: The local health department shall collaborate with community health care providers to provide personal and preventive health services.

The Site Visit Team recognizes the many collaborations in the community including Duke Medicine and UNC School of Medicine. The Lincoln Community Health Center primary care site and WIC provided by LCHC is housed in the health department for free rent to promote access to care and reduces barriers to serve vulnerable populations in the area.

Ms. Harris thanked the Board members for taking the time out of their schedules to come and be interviewed by the site-visit team.

NEW BUSINESS:

- **Chlamydia/Gonorrhea Testing-Orange County Department of Public Health**

Mr. Ireland stated that Orange County Health Department has asked Durham County Department of Public Health to provide CT/GC NAAT testing at a negotiated fee of \$20/test (\$20.00 for CT Testing and \$20.00 for GC Testing). Mr. Ireland stated that this is a start to expand the utilization of the laboratory services and bring in additional revenue into the laboratory. Mr. Ireland stated that we are in the process of finalizing a memorandum of agreement subject to Orange County's approval.

QUESTIONS/COMMENTS:

Dr. Allison: The patient is not coming just the sample is coming through.

Mr. Ireland: Yes, just the sample.

Dr. Stewart: How much will they pay per sample?

Mr. Ireland: Close to thirty dollars

Dr. Allison: Who pays to transport the sample?

Mr. Ireland: Orange County

Mr. Dedrick: How many will you do?

Mr. Ireland: I think it was about 100 or so a month

Dr. Jackson: I have one more question. You mentioned that those would be bagged and would only be run once a week.

Dr. Sena: Actually it depends on when they are transported.

Dr. Jackson: If they transported them every day would you run them every day?

Dr. Sena: It depends on how much staff we get. If we get more staff we can certainly run them more often.

Dr. Miller made a motion to move forward with the Memorandum of Understanding with Orange County Health Department for Chlamydia/Gonorrhea Testing. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **MINORITY DIABETES PREVENTION PROGRAM**

Ms. Harris requested that the board recognize funds in the amount of \$14,250 from Alamance County Health Department (ACHD) for reimbursement of staff time for implementation of the Minority Diabetes Prevention Program and to approve a one-time \$5 fee per participant for group-based patient education sessions as required as part of the program.

Mr. Curtis made a motion to recognize funds in the amount of \$14,250 from Alamance County Health Department (ACHD) for reimbursement of staff time for implementation of the Minority Diabetes Prevention Program and to approve a one-time \$5 fee per participant for group-based patient education sessions as required as part of the program. Dr. Levbarg seconded the motion and the motion was unanimously approved.

- **LETTER REGARDING PLANS TO REPEAL THE AFFORDABLE CARE ACT (ACA)**

Ms. Harris requested board support to draft a letter to the legislators discussing the negative impact on local health departments if the ACA is repealed. Ms. Harris will send an e-copy of the draft to Dr. Allison for his review/approval and signature. The letter will be sent to the national representatives and senators for Durham.

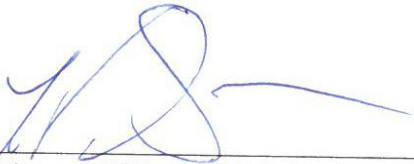
- **AGENDA ITEMS MARCH 2017 MEETING**

- Nutrition Division Presentation
- Alamance Achieves Presentation

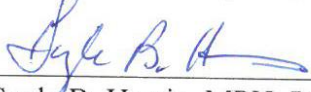
INFORMAL DISCUSSION/ANNOUNCEMENTS:

- 2017 NALBOH Annual Conference—Dr. Braithwaite is interested in attending.
- 340-B compliance case has been closed—Mr. Dedrick recommended that the health department look at the cost of the top 10-25 items to determine if the price has changed for the high volume items.
- Racial Equity Workshop-March 27-28, 2017
- Chairman Allison stated that the N&O Article on Bull City United was fantastic. Chairman Allison stated that it really highlights the great work that the staff is doing in the program.

Mr. Dedrick made a motion to adjourn the regular meeting at 6:45pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director