

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

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

Excused Absence: Arthur Ferguson, BS;

Others present: Gayle Harris, Rosalyn McClain, Eric Ireland, Joanne Pierce, Cheryl Scott Arlene Sena, Chris Salter, Jim Harris, Ph.D.; Marcia Johnson, Mel Downey-Piper, Will Sutton, Michele Easterling, Katie Mallette, Juma Mussa, Khali Gallman, David Reese, CEO/President, East Durham Children's Initiative; Laura Benson, Executive Director, Partnership for Children; a DPS Representative and Commissioner Ellen Reckhow.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:01pm with a quorum present.

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

1. Alamance Achieves (move the item up on the agenda to accommodate the schedules of the presenters and invited guests)
2. Partnership with Reinvestment Partners on a Lead Grant as new business
3. Additional Budget Amendments as new business

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

- **ALAMANCE ACHIEVES PRESENTATION (*Activity 41.2*)**

After seeing the Alamance Achieves presentation at the 2017 State Health Director's Conference in January 2017, Mr. Dedrick requested that Stacy Saunders, Alamance County Health Director and Tracey Grayzer, Impact Alamance President present "Alamance Achieves: A Collective Approach to Social Determinants of Health" presentation to the Board. Ms. Saunders and Ms. Grayzer presented on the following information.

- Collective Impact – Moving from collaboration to collective
- Case Study- Alamance County
- Public Health and Collective Impact – The Take-Aways

[\(A copy of the PowerPoint presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Mr. Dedrick: Can you spend a second talking about getting the right people in the right seats on the bus?

Ms. Saunders: Yes. It's not as if the foundation came about and all of a sudden we said "wow, we're going to do collective impact." There was a ground swell of that before and we had a group of leaders who were really interested in doing that cradle to career approach but we didn't have the same type of synergy. There were several changes that occurred: we had movement in the health director's seat; the foundation was formed; we had somebody coming to the foundation leadership that had been working on this and believed in this; the United Way actually changed presidents as well and the person that came into that position had been working on our community assessment for years; and we had change in the leadership of our Healthy Alamance which was a holdover from the Healthy Carolinians change. That person had been working within the health department on another initiative that was really familiar with this work.

For us it was very organic and it was not as though it was contrived and very strategic. It just so happened that the folks who really felt passionate about this began to find themselves in leadership and not just leadership with influential positions but leadership with authority positions. That makes a big difference. Tracy, do you want to speak to some of that?

Ms. Grayzer: We had a new superintendent in the community and just as Stacey said we had been working on this. I worked at the hospital for ten years before I moved into the foundation role. The community assessment was part of my responsibilities. I worked on that for a long time. So just shifting folks who had already been working on this for a long time made a difference. As Stacey said, we were put into roles where we had the opportunity and authority to make it happen.

Ms. Saunders: Sometimes the challenge is that you have certain people on the bus already and you can't just kick people off the bus. Much like collective impact itself, for framing that issue, you think about it in terms of what Tracey showed you in our slides. We did that for a reason - so that we could build public will around what we were doing. Sometimes you have the people on the bus but have to figure out what is it about this effort that will resonate with them. Tracey had someone from the Chamber of Commerce, who just could not understand

why he should care about this. It's about getting into their values and making health and education become an economic development issue. Businesses will not come to your county if you don't have a good school system and you don't have a workforce that is educated and can work without being ill all the time. It's about refining this value too, you can't just overhaul the bus.

Dr. Levbarg: Did you build any kind of time line for your expectations?

Ms. Grayzer: All of that happened through the actual collective impact work

Dr. Levbarg: Which looks a lot like a strategic plan.

Ms. Grayzer: It is...so right now, once we get the executive director hired and staff hired, that's kind of the next step for us to move through knowing that it's a long term sort of thing. We would expect that the strategic plan would have the Early Childhood Initiative up and going within a year. There will be two networks working on each goal. We are recommending that the networks don't take on more than one or two efforts a year. It will probably take us three years to get the full cradle continuum built out and then the work will continue from there.

Dr. Allison: Thank you very much. You guys are doing great work over there in Alamance County.

Ms. Saunders: Thank you for the invitation.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Miller made a motion to approve the minutes for February 9, 2017. Dr. Fuchs seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments. Chairman Allison recognized Commissioner Reckhow.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized National Nutrition Month, Registered Dietician Day on March 8, 2017. Ms. Harris stated that Dr. Levbarg shared information about Social Workers Month that was sent to staff. She stated that National Social Work Day is March 21, 2017.

Dr. Levbarg stated the only other thing she would add about Social Work Month is that the North Carolina Public Health Association has a strong section for Social Workers that is very supportive and has connected a lot of Social Workers across the state. Many don't have much contact with each other except through a vehicle like this. Dr. Levbarg stated that she would encourage people to not only join NCPHA but be part of the Social Work section. It is very active and very supportive of individuals and everything from legislative issues that impact the lives of social workers, social work practice, and continuing education for licensure.

Chairman Allison recognized Dentist Appreciation Day, which was March 6, 2017.

The Board applauded the recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **NUTRITION DIVISION PRESENTATION (*Activity 10.1*)**

The Nutrition Team provided the Board with a brief overview of the Health Department's Nutrition Division staffing, programs, services and highlights of National Nutrition Month messaging and activities occurring in Durham during the month of March. The Nutrition Team shared the following information with the Board.

Summary Information:

Nutrition Division is divided into 4 sections: School (DINE), Community (DINE), Clinical and Chronic Care initiative.

Staffing includes: 19.97 Nutritionists, 2 office support positions, 1 Masters prepared Social Worker, and 3.53 Community Health Workers.

Durham's Innovative Nutrition Education (DINE) Program –

- Supplemental Nutrition Assistance Program Education (SNAP-Ed) – Nutrition Education & Obesity Prevention Grant Program – funded by the United States Department of Agriculture

Programming and Services:

- Interactive classroom nutrition sessions with healthy foods taste tests in 17 elementary and middle schools
- School based cooking and garden programs
- Nutrition education at after school program, summer camps
- Health promotion and community based nutrition education through churches, worksites, housing communities and other organizations

3 A Regular Meeting of the Durham County Board of Health, held March 9, 2017.

- DINE in Child Care
- Healthy Environments program—corner stores, farmer’ markets
- Policy, systems, and environmental work to help make the healthy choice the easy choice

Clinical Nutrition Service

- Medical Nutrition Therapy
- American Diabetes Association recognized Diabetes Self-Management Education program
- Minority Diabetes Prevention Program
- Fees based on sliding scale and are providers to bill Medicaid, Medicare, Blue Cross Blue Shield, Aetna when applicable
- Chronic Care Initiative (Durham Diabetes Coalition expansion)
- Minority Diabetes Prevention Program
- Community Health Worker services, program development
- In-home care team

National Nutrition Month (NNM) – March 2017

Theme: Put your best fork forward.

Quiz for the Board on:

- Strategies to help eat healthier at home
- Candy at the work place
- Home cooked meals
- Mindful eating
- Eating/satiety signals
- Eating breakfast

Summary of NNM activities in Durham Public Schools, the Community, Health Department, Nutrition Clinic
[\(A copy of the PowerPoint presentation is attached to the minutes.\)](#)

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

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

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

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

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

**Health Director’s Report
March 9, 2017**

Division / Program: Nutrition Division /Clinical Nutrition/Diabetes Self-Management Education included in Promotional Video of Public Health Services

(Accreditation Activity 22.2 – The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- The DCoDPH’s Diabetes Self-Management Education (DSME) program was chosen for inclusion in the North Carolina Department of Health and Human Services (NCDHHS) statewide video to market the resource for those living with diabetes in NC.
- The January 31 filming at the DCoDPH included a section shot in the Nutrition Division with a Registered Dietitian (RD) completing a client’s initial assessment and a Health Education Specialist teaching a class on diabetes medications.

Statement of goals

- To illustrate that DSME is an integral part of diabetes management and promote services statewide.

Issues

- Opportunities
 - DSME is recommended as the gold standard for comprehensive education program for those living with diabetes.

Implication(s)

- **Outcomes**
 - Nationwide DSME has proven to decrease blood glucose levels as effectively as some oral diabetes medications.
 - NCDHHS promotes DSME as a valuable resource for citizens of NC.
- **Service delivery**
 - The DSME program encompasses an initial assessment of each participant and nine hours of group or individual instruction.
- **Staffing**
 - An RD and a Health Education Specialist from DCoDPH participated in the filming.
- **Revenue**
 - DSME is a billable service. DCoDPH is a provider for BCBS, Medicaid, and Medicare. Participants not covered under any insurance plan are billed using a sliding scale fee. Each participant in the program serves as a potential source for increased revenue.

Next Steps / Mitigation Strategies

- The video produced for the NCDHHS will be used to promote DSME statewide.
Marketing of the program will continue to promote optimal use of DSME services.

Division / Program: Nutrition Division / DINE for LIFE/Partnering with Durham Tech Community College's Campus Harvest Food Pantry

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

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- Durham Tech Community College provides a Campus Harvest Food Pantry to clients once per week to receive a bag of food. Snacks are available on a daily basis.
- DINE nutritionists partnered with the Campus Harvest Food Pantry to bring nutrition programming to the food pantry recipients in the fall of 2016 and spring of 2017.

Statement of goals

- To increase the nutrition knowledge of the Campus Harvest food pantry clients by providing nutrition and health information, budgeting techniques, and recipes.
- To encourage simple behavior changes towards healthier food selection, cooking, and eating habits.

Issues

- **Opportunities**
 - The partnership with Campus Harvest allows DINE nutritionists the opportunity to expand their reach to SNAP participants.
 - Campus Harvest provides incentives for the class participants to attend the nutrition programs.
- **Challenges**
 - Some participants arrive late and leave early due to class schedules.

Implication(s)

- **Outcomes**
 - The first class was held on November 3, 2016 for a total of 10 participants. The nutrition topic covered was MyPlate. A taste test of Sweet Potato and Black Bean Salad was offered. Educational reinforcements of colanders were given out along with the recipe.
 - A second class is scheduled for March 16, 2017. The nutrition topic will be Healthy Eating/Grocery Shopping on a Budget. A taste test of Spinach Quesadillas is planned. Educational reinforcements will include a cutting board.

5 A Regular Meeting of the Durham County Board of Health, held March 9, 2017.

- A third class is scheduled for April 20, 2017. The nutrition topic will be Healthy Breakfasts. Educational reinforcements will include an oven mitt.
- **Service delivery**
 - Each nutrition program cover topics relevant to the adult SNAP eligible participant.
 - Taste tests include talking points about the nutritional benefits of the ingredients, ways to tailor the recipe to the participant's liking, and budgeting tips.
 - Each participant receives an incentive related to the nutrition topic presented.
- **Staffing**
 - The nutrition programs were staffed by the DINE Community Nutritionist.

Next Steps / Mitigation Strategies

- DINE staff will continue to partner with Campus Harvest Food Pantry through ongoing classes to provide nutrition education to the food pantry recipients.
-

Division / Program: DINE Healthy School Environments – Nutrition Education in Physical Education Classes

(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 targeted to groups identified as at –risk in the community health assessment.)

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- Healthy School Environments (HSE) is a subprogram of the DINE school program. HSE aims to make the healthy choice the easy choice for students through facilitating nutrition and physical activity policy, systems and environmental changes at schools.
- The HSE nutritionist has collaborated with Physical Education (PE) teachers at three schools to add a nutrition education component to their PE curriculum.

Statement of goals

- To demonstrate to PE teachers how to deliver nutrition lessons that incorporate physical activity. These classes meet the NC Department of Public Instruction standards for nutrition education as well as the moderate and physical activity requirement for PE classes.
- To provide teachers with the resources and skills they need to integrate these lessons into their PE curriculum on their own in future school years, making the program sustainable. This will result in a nutrition policy and/or systems change in the schools.

Issues

- **Opportunities**
 - This program helps PE teachers to meet the North Carolina Essential Standards for health and nutrition education.
 - DINE has an established elementary nutrition curriculum that has been demonstrated to be effective in academic classes. This project used the existing curriculum with modifications to meet the unique needs of the PE setting and education standards.
 - PE teachers are often the school wellness committee champions, which provides DINE nutritionists opportunities to partner with them on other school wellness initiatives beyond PE classes.
 - This program helps to further the reach of nutrition education being provided to DPS elementary school students during the school day. Once the curriculum is finalized (after the pilot period), it will allow PE teachers to integrate nutrition education into their classes on their own, even if their school is not a regularly participating DINE school.
- **Challenges**
 - Teacher turnover is high in DPS. Since this pilot project initially requires significant partnership between the DINE nutritionist and PE teacher, progress can be delayed when teacher turnover occurs. This was the case at Burton elementary, where teacher turnover resulted in a two month gap in program delivery.
 - The length of PE classes varies in each school and is often cut short due to special events in the school. This requires including options for modifications to the curriculum to allow for these situations.

Implication(s)

- **Outcomes**
 - This program is currently being delivered as a pilot to 3rd-5th graders in three DINE-eligible elementary schools – Parkwood, Oak Grove and Burton.
 - The HSE nutritionist will provide a 3-4 lesson curriculum in the three participating schools before the end of the current school year. This serves as a model for PE teachers demonstrating how to deliver nutrition content in an accessible way that coordinates well with PE classes.
- **Service delivery**
 - Each school has already received between one and two lessons. Thus far, 721 unduplicated contacts and 273 duplicated contacts have been achieved through this program since October 2016.
 - At the end of the school year, the HSE nutritionist will provide the PE teachers with the curriculum, materials and resources to implement the lessons on their own in future PE classes.
- **Staffing**
 - The HSE nutritionist is working with PE teachers and principals at participating schools to deliver this program.
- **Revenue**
 - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- During the second year that pilot schools participate with DINE, the HSE nutritionist will continue to support the PE teachers by providing consultation and resources as they implement the curriculum on their own.
- Based on staff availability, this is a program that can be expanded to additional DINE-eligible schools in future school years.
- After pilot period, DINE will develop a final curriculum to provide to interested DPS schools.

Division / Program: Give Kids a Smile Event (Free Dental Clinic)

(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- The annual Give Kids a Smile Program was held on Thursday, February 2, 2017, providing free exams and services to youth under 21 years of age.

Statement of goals:

- To promote good oral health in children 0-20, and to provide oral health instruction to patients and their families, as well as the community at large.

Issues

- **Opportunities**
 - The event was moved from a Friday to a Thursday, so that we could offer morning and afternoon sessions, and providing more than exams and x-rays. The expansion in time also allowed the clinic to recall some patients who had to be rescheduled due to various reasons, including weather closings.
 - Dentists from the community participated in the event, including seven (7) UNC residents and students, and one hygiene student under direction of Dr. Jessica Lee, Chair of the School of Pediatric Dentistry.
 - The Department's Director of Dental Practice, Dr. Miriam McIntosh, also participated in the event.
 - Group presentations from the Nutrition Division were provided to parents/family members throughout the day, offering 15-20 minute sessions for parent education on health and nutrition. Parents were also able to meet with a nutritionist for a private consultation.
 - Patients received x-rays, screenings, and cleanings as well as operatory work (including extractions, fillings, prefabrication/application of stainless steel crowns).
- **Challenges**
 - Although this is an opportunity for free dental care, there were still five (5) no-shows.
 - The clinic was hampered by one of its chairs not functioning properly, restricting use, and curtailing the amount of patients that could be scheduled.

Implication(s)

- **Outcomes**
 - The opportunity to provide additional services was well received by patients as well as UNC (as it gave students the chance to engage in operatory procedures).

7 A Regular Meeting of the Durham County Board of Health, held March 9, 2017.

- The Nutrition presentations allowed for ample group participation, including younger children waiting with their parents in the lobby area, and some parents took advantage of having the chance to meet 1:1 with the Nutritionist.
- In addition to volunteers, some of our vendors donated a few materials; some asked if they can help at the next event.
- **Service delivery**
 - The event ran from 8:30 a.m. – 4:30 p.m.
 - Thirty-one (31) patients received dental services.
- **Staffing**
 - Four dental assistants, two hygienists, Director of Dental Practice, Division Director, Van Coordinator/Dental Assistant, and two front desk staff assisted with the event.
- **Revenue**
 - The Division provided the community with \$9,000 worth of dental services.

Next Steps / Mitigation Strategies

- The Dental Division will discuss the event in greater detail at its next staff meeting and look for ways to improve next year's event.

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
 - Stay Connected with February DCoDPH Activities – 2/1/2017
 - DCoDPH School Nurses Provide Free Mass Vision Screenings – 2/28/2017
 - Website Updates
 - All Press Releases Added to Website
 - February Events Added to 'Upcoming Events' page

8 A Regular Meeting of the Durham County Board of Health, held March 9, 2017.

- FREE HIV and Hepatitis C Testing Announcement Added to Home Page
- Community Connections eNewsletter sent on 2/3/17
- Media Archives
 - [Bull City United negotiates peace in Durham's most violent neighborhoods](#) – 1/31/2017 (News & Observer)
 - [Durham County Commissioners begin to prioritize fiscal 2017-18 goals](#) – 2/21/2017 (Herald Sun)

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

Division / Program: Laboratory/ Molecular Assay for the Detection of *Trichomonas vaginalis*
(Accreditation Activity: 8.3 – The local health department shall provide or have access to laboratory services capable of meeting routine diagnostic and surveillance needs.)

Program description

- The DCoDPH Laboratory has validated a molecular assay for the detection of *Trichomonas vaginalis* in vaginal and cervical specimens on the Hologic Panther instrumentation system.

Statement of goals

- To utilize the assay as a reflex test for *Trichomonas*-negative wet prep specimens collected from symptomatic patients seen in the Adult Health Clinic.
- To utilize the *Trichomonas* assay to increase the detection and treatment of *Trichomonas vaginalis* in the Adult Health patient population.

Issues

- **Opportunities**
 - Traditional wet prep examinations detect approximately 54% of *Trichomonas*-positive patients whereas the Hologic assay detects 100% of *Trichomonas*-positive patients.
 - Due to the increased sensitivity of this method, *Trichomonas* will be detected in patients that may otherwise have gone untreated.
 - The addition of a high-complexity molecular assay to the Laboratory demonstrates DCoDPH's commitment to improving patient care by offering emerging technologies.
 - Offers Lab Technicians the opportunity to learn new techniques.
- **Challenges**
 - Current FDA-approval for the assay is limited to vaginal and cervical sources.
 - Testing volume is estimated at approximately 200 specimens per month, in addition to the ~2500 tests that are currently performed monthly.

Implications

- **Outcomes**
 - *Trichomonas vaginalis* will be detected in patients that may otherwise have gone untreated.
 - Increased detection will lead to fewer infections in the community and will aid in reducing the spread of *Trichomonas vaginalis*.
- **Service delivery**
 - Planning, analysis, and evaluation was completed the Laboratory Division Director and Laboratory Technical Consultant with DCoDPH staff collecting blinded specimens and operating the Hologic Panther.
 - The Validation Report was reviewed and approved by the Medical Director, Dr. Arlene Sena, on 3/17/17.
- **Staffing**
 - Validation procedures were performed by DCoDPH Lab staff.

Next Steps / Mitigation Strategies:

- Launch the *Trichomonas vaginalis* Assay in July 2017.
- Train newly hired staff on the instrument and assay prior to the launch in order to facilitate the additional specimen volume.

Division / Program: Health Education / Bull City United

(Accreditation Activity: 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program Description

- Bull City United is an implementation of the Cure Violence model, an evidence-based public health model that aims to reduce firearm-related death and injury.

Statement of Goals

- To target individuals at high risk of involvement in gun violence;
- To change behavior for those individuals and promote non-violent conflict resolution;
- To connect these individuals to necessary services and opportunities;
- To change overall community norms around violence and promote non-violence.

Issues

- **Opportunities**
 - The Week of Peace, a week of vigils to highlight community violence and promote non-violence were scheduled for January 1-8. These events were held January 1-5 and due to inclement weather, the events planned for January 6-7 were rescheduled to January 13-14. Approximately 900 people participated in these events. Significant positive media coverage was generated by these events.
 - During January and February, BCU program manager and supervisor met with the Durham Housing Authority to work out the apartment for the program. An apartment in McDougald Terrace Housing Community has been identified and is ready for the program to move in, pending completion of the contract between Durham County and the Durham Housing Authority.
 - Following the Week of Peace, the BCU team has been conducting surveys on violence in the target areas (Census tract 1301 and 1400) and conducting outreach to local organizations and residents in the target area.
 - The team has presented on the program to the Durham Crime Cabinet, Gang Reduction Strategy Steering Committee, Durham County Emergency Management, and other entities. The program manager and supervisor, along with team members, have also met with the Durham Housing Authority, Durham Police Department District 4 command staff, and Durham County Sheriff's Department representatives.
 - Team representatives have also supported other vigils and violence reduction activities occurring in the community, including the Religious Coalition for a Non-Violent Durham's annual vigil.
- **Challenges**
 - Full implementation of the Cure Violence model in Durham is pending completion of the contracting process with the University of Illinois at Chicago. The program cannot be fully implemented without orientation training from Cure Violence, and this training cannot be held until a contract is finalized.
 - A technical assistance site visit was conducted by two representatives from Cure Violence during February to help us maintain the program until the contract is approved.

Implication(s)

- **Outcomes**
 - In spite of the fact that the team has not been fully trained, we have received sufficient guidance from national Cure Violence to respond to five homicides, 7 aggravated assaults (shootings), 2 drive-by shootings, and an officer involved shooting to attempt to prevent retaliations. As a result of responses conducted in the Bentwood/Rochelle/Turnkey neighborhoods, the Durham Police Department notified us that the conflicts there are calmed down substantially, to the degree that they were able to shift police resources from those neighborhoods into other areas. There were 4 homicides connected to those neighborhoods in November, and zero homicides in December and January. The commander in this police district attributes the decrease in shootings to the efforts of Bull City United personnel.
- **Service delivery**
 - *8 Week of Peace events held during January, with over 900 participants.*
 - The team has responded to five homicides, seven aggravated assaults (shootings), two drive-by shootings, and an officer involved shooting.

- **Staffing**
 - One supervisor, three violence interrupters, and three outreach workers are involved in this program. The team started as contract employees. The supervisor became a county employee on February 27, 2017. The other positions were advertised by Durham County HR during February, and are expected to be filled as county employees in the next month.
- **Revenue**
 - County funds, as well as funding from grants from the Governor's Crime Commission and the Office of Juvenile Justice and Delinquency Prevention support the team.

Next Steps / Mitigation Strategies

- The team will move to McDougald Terrace as soon as the contract is approved between DCoDPH and DHA.
- Continue to provide the staff with professional development opportunities
- Continue conducting outreach and surveying while we wait for the approval of the contract between DCoDPH and Cure Violence (UIC).

Division / Program: Health Education / Communicable Disease & Maternal and Child Health / FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program Description

- FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women (FOCUS) is a cognitive-behavioral, evidenced-based intervention designed to prevent unintended pregnancies and sexually transmitted infections (STIs) among young women by emphasizing education, motivation, and behavioral and communication skills training. This program was originally delivered to female U.S. Marine Corps recruits during their first week of training; however, the program can be adapted to be used in community or school/college-based settings. It has been designed to use with young women, ages 16 – 22.

Statement of Goals

- To build confidence in young women;
- To encourage future aspirations and positive life options for participants;
- To increase knowledge about unintended pregnancies and STIs, and modify values, beliefs, and attitudes that can impact sexual behavior;
- To improve knowledge about contraceptive methods; build skills to effectively communicate with one's partner about sexual behavior and contraceptive use and develop condom use skills;
- To strengthen knowledge about the signs, symptoms, and consequences of STIs, and expand awareness about transmission and prevention of STIs
- To modify attitudes about the effects of using alcohol and its relationship to sexual risk behaviors; and increase awareness about how alcohol can impact sexual decision-making and health.

Issues

- **Opportunities**
 - Recruitment was conducted through Health Education classes, Zeta Phi Beta Sorority, Incorporated and Durham Head Start.
 - FOCUS was conducted as a special project for Health Education student intern, extra credit for students enrolled in Health Education classes, community service hours for NCCU students, and a parent training credits for Durham Head Start.
 - There were three FOCUS workshops; one held at NCCU Miller-Morgan to increase accessibility for students and two were held at Leathers Meacham/Head Start for added convenience for the parents.
 - The intern was bilingual; therefore, she was able to deliver a series of FOCUS in Spanish to meet the needs of Durham Head Start parents.
 - FOCUS was free for participants, a meal was provided, and gift cards were distributed at the completion of the program.
 - Participants also had the opportunity to sign up for confidential STI/HIV testing.
- **Challenges**
 - FOCUS evaluation tool continues to be revised; however, it's evident by some of the participant response, that some of the questions need to be revised, to increase simplicity.
 - FOCUS was hosted at two sites: NCCU and Leathers Meacham/Head Start:

- The NCCU workshop was delivered in an all-day session and some participants thought FOCUS was too long or started too early, which led to some participants arriving late or leaving early. It was scheduled to take place in one day because, in the past, a significant number of students didn't return for the second session.
- The Leathers Meacham workshop was delivered in a two-day format. During recruitment, it was discovered that a lot of the interested parents were over the target age of 16–24. They were still allowed to register because they were interested in protecting their sexual health and age doesn't mean the person is aware or has been exposed to the information being presented.
- Although the Spanish-only and English-only FOCUS workshops were advertised at the same time, there still were four participants in December's English-only workshop that didn't speak English fluently. The facilitator was not aware of the language barrier until the actual workshop. With the short notice, the facilitator was unable to secure an interpreter and the student intern had already graduated.
- Although the workshops were delivered over two-days, some participants still felt that the workshop was too lengthy.

Implication(s)

- **Outcomes**
 - Forty-three (**43**) out of the 48 participants completed the anonymous post-evaluation, assessing their behavior intent after attending *FOCUS*, **31** participants self-reported that they are more likely to talk to their current or future partner about practicing abstinence or using birth control use, if they were to have sex.
 - Participants also completed an anonymous questionnaire; some of the responses are listed below:

Do you think you will change your behaviors as a result of this program? In what way will you do so?

- Yes, always use a barrier method for protection while having sex.
 - I feel that I will be more careful with my body and be more confident to have sexual health conversations with my partner.
 - Absolutely, by getting tested and going to get some form of birth control.
 - Yes, I will consult with my doctor about the best method of birth control for me so that I can reduce my risk of becoming pregnant.
 - I am not currently or plan to have intercourse in the years to come, but when I do, I will be ready.
 - I'm going to speak more openly without embarrassment.
- **Service delivery**
 - *FOCUS* was implemented, three times, between November and December of 2016.
 - The intervention targets young women ages, 16–24.
 - **Staffing**
 - One Public Health Educator and one intern were responsible for implementing *FOCUS*, however, other Health Educators assisted as needed.
 - **Revenue**
 -
 - **Other**
 - None

Next Steps / Mitigation Strategies

- Health Education will be facilitating another series of *FOCUS* in fall 2017.

Division / Program: Administration / Information Technology

(Accreditation Activity: 32.1- The local health department shall have computer equipment and software needed to interface with state data management systems.)

Program description

- DCoDPH uses information technology to: decrease the time it takes to design, deliver, and market the benefits and services it offers; increase access to information, document care, bill for services delivered; and integrate value-added functions. Electronic Medical Record (EMR) is for quality improvement to increase HIPAA compliance, provide quality services to clients, and increase revenue by the adoption of meaningful use programs.

Statement of goals

- To employ expanded use of modern technologies
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization
- To ensure customer service standards for internal and external customers.

Issues

• Opportunities

- We are currently upgrading to Windows 10. Many of our computers were on Windows 7 and 8 platforms. Public Health is currently working with Microsoft and County IT to perform the upgrades.
- This upgrade provides more encryption to computers and provides a platform to manage upgrades monthly on all computers. Upgrades will be completed by 1st week in March.
- Durham County's website will be upgraded on July 1, 2017. This upgrade will provide a new color scheme and layout for the main county page. This will also provide a number of changes to Public Health external website.

• Challenges

- Ensuring that all applications utilized in the department are compatible with Windows 10. Due to upgrades that must be coordinated, some computers within the department must be upgraded after software updates to minimize impact to software usage in the clinic.
- Updating the website is a project that involves all County departments; so, coordinating the layout of the Public Health website to ensure that we have features that will engage clients during their visit to the website will be challenging.

Implication(s)

• Outcomes

- Windows 10 will meet the requirements for HIPAA security and encryption.
- The new County website will provide a different layout that is appealing to our community that access all county services.

• Service delivery

- Completion of Windows 10 to ensure 2 goals.
 - Ensure the entire County is using one platform that can ensure secure technology used at the county.
 - Manage one platform through Windows 10 operating system.
- Public Health will have a site that provides, engaging content and knowledge about our services. Public Health has created a web content team from the divisions within the department.

Next Steps / Mitigation Strategies

- Once Windows 10 is deployed throughout the County, Office 2016 will be deployed to Public Health.
- After the external website is completed the internal website will to be reviewed.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

There was no old business.

NEW BUSINESS:

• BUDGET AMENDMENTS

1. Ms. Harris requested that the board to recognize an increase in funds of \$3,597 from the NC Epidemiology/Communicable Disease Branch, Division of Public Health. Funding will be used support the increased number of screenings of Refugees.
2. Ms. Harris requested that the board recognize a decrease in funds of \$199 from the NC Communicable Disease Branch, Division of Public Health.
3. Ms. Harris requested that the board recognize funds in the amount of \$40,000 from the Department of Health and Human Services Division of Public Health for Preconception Health Services in Durham County. The one-time Preconception Health funding is to assist with managing and convening focus groups with women

13 A Regular Meeting of the Durham County Board of Health, held March 9, 2017.

and men ages 18-30 in order to gather data about women's and men's knowledge of life planning, preconception health and wellness, Please note that this amendment requires no additional County funds.

4. Ms. Harris requested that the board recognize funds in the amount of \$10,795 from the Duke Health's Division of Community Health to support the Community Health Assessment Survey.
5. Ms. Harris requested that the board recognize funds in the amount of \$522.73 in donations from the Ekklesia Community Development Corp and Wepay to support Project BUILD.
6. Ms. Harris requested that the board recognize funds in the amount of \$4,000 from the Duke Margolis Center for Health Policy to use as planning funds to support the activities identified in the Healthiest Cities and Counties Challenge. Challenge activities include work toward improving food security in Durham, education on the Durham's Smoking Rule and work towards the development and use of the Community Health Worker position in Durham County.
7. Ms. Harris requested that the board recognize a decrease in grant funds in the amount of \$60,034 from the NC Department of Health and Human Services Division of Public Health for Safe Spaces. Care and Prevention in the United States (CAPUS) Safe Spaces is an intervention that reaches minority men who have sex with other men who are newly or previously diagnosed with HIV to assist them in reducing their viral load. The federal grant that supported these project deliverables ended and no replacement funding was secured.
8. Ms. Harris requested that the board create one full time FTE Health Education Specialist position using Evidence Based-Strategies for Maternal and Child Health and SHIFT-NC grant funds. These are three-year grants that end May 31, 2019. These grant funds have already been received and recognized for FY17. The MCH grant began in June 2016 and a full-time contract position has been in place since July. This position is responsible for coordinating a multi-agency and countywide project to implement four evidence-based interventions to improve birth outcomes, reduce infant mortality and improve the status of children ages 0-5. When the funding ends, this position will be eliminated.
9. Ms. Harris requested that the board create one full-time FTE Nutrition Specialist and recognize additional grant funds in the amount of \$71,412 from the Division of Social Services, NC Department of Health and Human Services for the Public Health Nutrition DINE SNAP-Ed grant for the position. The Nutrition Specialist position in the DINE Program will provide nutrition education programming in Durham Public Schools. This position is contingent upon continued DINE SNAP-Ed grant funding.

Dr. Levbarg made a motion to accept the nine (9) budget amendments mentioned above. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **REINVESTMENT PARTNERS LEAD GRANT (*Activity 41.2*)**

Mr. Ireland provided the board with information on a HUD Lead-Based Paint Hazard Control grant proposal with Reinvestment Partners. Reinvestment Partners (RP) proposes that the Durham County Health Department apply for the HUD Lead-Based Paint Hazard Control (LBPHC) grant to remove lead-based paint hazards in older homes in Durham. The grant would provide funding to rehabilitate homes that are acting as health hazards for Durham's most vulnerable children.

- The Durham County Health Department will act as lead applicant and administrator for the LBPHC grant.
- RP will manage the implementation and operations of the program.

The Need

The grant proceeds will be used to conduct home repairs on Durham properties that have lead-based paint hazards and children under the age of six, or young children that spend a significant amount of time in the home. From 2011-2015, 74 children have been identified in Durham as having elevated blood lead levels at 5 µg/dL or higher (these are children whose addresses could be geocoded). We have identified census tracts in the following neighborhoods for the target area:

- Northeast Central Durham: 10.01, 10.02, 2, 9, 11
- Southeast Central Durham: 13.01, 13.03, 14
 - 84% of the occupied housing was built prior to 1970
 - More than 64% of the families have incomes less than 50% of the area median income
 - 12% of the population is under the age of six and most vulnerable to lead poisoning
- RP is working on identifying additional census tracts within Durham that have higher rates of children with elevated blood lead levels than the average, are low-income, and have older housing stock.

The Program

The grant will provide up to \$12,000 in direct repair costs per home within a three-year period. There is potential for an additional \$5,000 in healthy homes funding per home. The grant requires that 65% of the grant be dedicated for lead hazard control activities:

- Inspections/testing, hazard control
- Minimal rehabilitation
- Temporary relocation
- Support costs (such as intake, review, approval of applications, and preparation of documents)

Grants would be made to homeowners and landlords, with a three-year restriction placed on the deed. If the property transfers ownership or is determined to be non-compliant during the three-year period, the County would be able to file suit against the owner to recover the grant dollars spent on the property.

Implementation

The goal is to rehab 75 units over a period of three years. We propose working with the Durham Community Land Trust (DCLT), which recently purchased a portfolio of rental properties in NECD. Working with DCLT will provide a pipeline of housing for repairs, as well as provide housing for temporary relocations if needed.

- 44 were built before 1978
- Many have families with children under the age of six living in them

RP will also use the home repair collaborative working group to identify additional homes that would qualify for LBPHC grant funds as part of a comprehensive repair program. The repair collaborative is working on developing a coordinated intake and assessment system, which would also allow for an assessment of lead hazards for qualifying families. The intake specialist for the repair program could serve as the intake specialist for the LBPHC funds.

The Health Department can refer families which it believes are at risk. RP will also conduct outreach within the target neighborhoods as part of its healthy homes programming, which currently provides outreach to educate residents and offer assessments for lead hazards within homes in high risk areas. As part of the ongoing outreach efforts, RP will work to identify additional properties eligible for the LBPHC grant funds.

Budget

With an average repair cost of \$12,000 per unit, direct costs would total \$900,000. Of that cost, approximately \$2,000 per unit would cover inspections and testing, support costs such as intake, review and approval of applications, and on-site monitoring. With soft costs for bilingual outreach, education, training and administrative costs. The total grant would be \$1,221,000.

Dr. Miller made a motion to support and move forward with the HUD Lead-Based Paint Hazard Control grant proposal with Reinvestment Partners. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **[NEW SLIDING FEE SCALE \(Activity 39.3\)](#)**

Mr. Dedrick made a motion to accept the revised Title X Sliding Fee Schedule as the fee schedule for all clinical services with the exception of dental services effective February 1, 2017. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Chairman Allison made a motion to adjourn into closed session pursuant to N.C.G.S. 143-381.11 (A) (3) to discuss the Health Director's 2017 Performance Evaluation. Dr. Levbarg seconded the motion and the motion was unanimously approved.

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

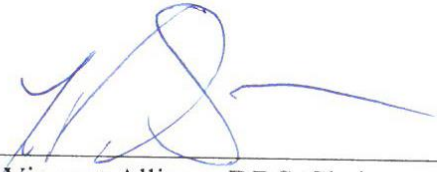
Mr. Dedrick, Chair of the Personnel Committee made a recommendation to the Board that Ms. Harris receive the maximum raise allowed by the County Manager and County Commissioners.

- **AGENDA ITEMS APRIL 2017 MEETING**
 - Resilience Impact Presentation

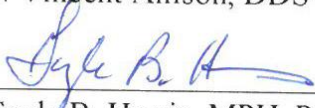
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Mr. Curtis made a motion to adjourn the regular meeting at 6:59pm. Dr. Miller seconded the motion and the motion was unanimously approved.

A handwritten signature in blue ink, appearing to be 'F. Vincent Allison', written above a horizontal line.

F. Vincent Allison, DDS-Chairman

A handwritten signature in blue ink, appearing to be 'Gayle B. Harris', written above a horizontal line.

Gayle B. Harris, MPH, Public Health Director