

A Regular Meeting of the Durham County Board of Health was held May 11, 2017 with the following members present:

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

Excused Absence: Commissioner Brenda Howerton; James Miller, DVM; and Stephen Dedrick, R.Ph, MS

Others present: Gayle Harris, Rosalyn McClain, Eric Ireland, Joanne Pierce, Bryan Wardell, Cheryl Scott, Chris Salter, Jim Harris, Ph.D.; Michele Easterling, Katie Mallette, Mel Downey-Piper, Will Sutton, and Khali Gallman,

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 addition:

- Senate Bill 257-new business
- Correction to Agenda: "AGENDA ITEMS JUNE 2017 MEETING" instead of "AGENDA ITEMS MAY 2017 MEETING"

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for April 13, 2017. Dr. Jackson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Mallette introduced Sara Hoss, new medical laboratory supervisor. The Board welcomed Ms. Hoss.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **BUDGET UPDATE** (*Activity 39.3 AND 39.4*)

Ms. Harris stated the following changes were made to the proposed budget:

1. Funds for the storefronts were removed from FY18 budget request because funds were available to cover the expense in this year's budget.
2. To prevent an additional tax rate increase, the school nurse request was reduced to 1.68 FTEs. Additional school nurse positions in the FY18 budget will have to come from realignment within the department. This addition of 1.68 FTEs will mean that a total of 5 fulltime school nurse positions will be added over the two-year period. As background, 4 positions (four 0.83 FTE positions) were approved in the FY17 budget. Applicants were interested in full time positions. Working with Human Resources and Budget Management, three full-time positions were created from the four part time positions. This change left a 0.32 FTE position. The 0.68 allocation will be added to the 0.32 position to create a full-time position. .
3. \$43,000 to support Data Works Neighborhood Compass is included in the Manager's recommended budget in the Manager's cost center. Over a year ago, the Board received a presentation about the Neighborhood Compass from John Killeen, an employee of the City's Neighborhood Improvement Services. These funds will help support the work of mapping HIPAA compliant health data from the State Vital Records and electronic health records. This process will democratize data that can be presented with other data that will inform the community of assets and needs. All of this information will be HIPAA compliant.

The department's epidemiologist and evaluator will be working with the team on this data.

4. The general managers were asked to work with departments to identify a position that could be realigned to support data analytics and policy statements. The vacant information/communication specialist position was reallocated. As we look at efficiencies within the department, we will be able to reallocate positions across the department. We have started the process of merging the Family Planning and OB

clinics; even though they operate on two different medical records at this time. We have seen some short wins that we can get post-partum patients in more quickly. I think by the time we fully operationalize that merger, we will be able to reallocate positions to other program areas.

5. Using service areas identified in Managing for Results training, the budget document lists these six areas within Public Health: Medical Services, Nutrition, Health Education and Community Transformation, Allied Health, Environmental Health and Leadership/Business Management. The allocated budget and FTEs to support each area are listed. Each area also identified publicly facing performance measures. We identified more than 200 measures that will be shared with you. Our evaluator will be working with us to track and interpret the measures as they relate to program effectiveness and efficiency. Some of the measures are: the number of dental screenings, number of dental patients seen, percent of OB patients entering DPH OB clinic during their 1st trimester, percentage of children in the community twenty-four months to thirty-five months (2-year olds) which are age appropriately vaccinated, the percentage of mandated food and lodging inspections completed, medical cost per inmate; number of detainees seen in sick call. We will share these measures with you quarterly

QUESTIONS/COMMENTS:

Dr. Allison: Let me ask you a question, when you change the school nurses to full-time employees, during the summer I assume the positions will be with year round schools, right?

Ms. Harris: The nurses will work with year round schools, develop materials to be used in the upcoming year, and perhaps work with some of the charter schools. There will be more than enough work for them to do.

Dr. Allison: I have another question about the school nurses, if and when this year's hires are made and next year's budget is approved and we ask for those hires, what will that bring our total number up to in terms of school nurses?

Ms. Harris: I think probably 20 positions.

Dr. Levbarg: Gayle, you sent us something about funding for vaccines.

Ms. Harris: That information was from NACCHO. We were notified that money for vaccines was being reduced in CDC's budget. About forty-three million dollars is needed to put sufficient funds back into the federal budget to purchase needed vaccines. Contact our senators and congressmen to let them know these funds are needed.

Dr. Levbarg: I wanted to say that was a very easy process to do and I also passed that on to the North Carolina Citizens for Public Health in hopes that other people would pick up on that.

Ms. Harris: When you communicate with our legislators, please let us know so that we can document that you have been engaged with legislators for our accreditation process. If you use an e-mail, just copy us on it.

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

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

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

QUESTIONS/COMMENTS:

Dr. Levbarg: I did have a question about the vacancy report. It looked like all of the violence interrupter positions were vacant.

Ms. Harris: Yes, they are contractors at the moment. . To date, one of the original six resigned. We agreed to have them work as contractors until they were trained. The training was delayed because of the time it took to get a signed contract from the University of Illinois. We now have the contract in place. Training for the team starts Monday, May 15th. During the week of March 22nd, supervisors will be trained. During the week of May 29th, the team will be trained on data collection.

Dr. Levbarg: Well, I am really pleased to hear that because when I saw they were still vacant I said "Oh no, what's happened to the program?"

Ms. Harris: They have been working as contractors.

Dr. Levbarg: That's great. Thank you.

Dr. Allison: I know you can't discuss much about personnel issues but can you give us a general idea of the one that was lost?

Ms. Harris: Well, he decided that he had a lot of adjustments that he needed to make. We told him if he came back in the next year after he worked through those things that were issues for him, we would be willing to rehire him.

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

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

Health Director's Report
May 11, 2017

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**
 - Event photography and videography at multiple events at the same time.

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
 - Durham Ranked 15th of 100 Counties in Health Rankings – 4/10/2017
 - DCoDPH to Close in Observance of Good Friday – 4/10/2017
 - Website Updates
 - All Press Releases Added to Website
 - April Events Added to 'Upcoming Events' page
 - Flu Shot Announcement Deleted from Home Page
 - Annual Report & SOTCH Report Added to Website
 - Community Connections eNewsletter sent on April 6.
 - Media Archives
 - [Durham Ranked 15th of 100 Counties in Health Rankings](#) – 4/10/2017 (Lynda Loveland – WRAL Anchor/Reporter via Twitter)
 - [Durham Ranked 15th of 100 Counties in Health Rankings](#) – 4/10/2017 (Julia Sims – WRAL Reporter via Twitter)

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
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Division / Program: Nutrition/Presentations during National Minority Health Month

(Accreditation 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.)

Program description

- DCoDPH Nutritionist presented to North Carolina Central University's (NCCU) Health Promotion students about the roles and responsibilities of a Public Health Nutritionist and healthy eating for life.
- DCoDPH Nutritionist presented to North Carolina Central University's (NCCU) Early Childhood Development students about the roles and responsibilities of a Public Health Nutritionist and how to incorporate nutrition and physical activity in early childhood lesson plans.

Statement of goals

- To celebrate April as National Minority Health Month and recognize that food and nutrition practitioners can play a key role in reducing health disparities.
- To accelerate health equity by collaborating with educational institutions such as NCCU and offering mentoring and training experiences to students of color

Issues

- **Opportunities**
 - April was National Minority Health Month with a theme of "Accelerating Health Equity for the Nation".
 - Health improvement has best success when the race and ethnicity of the practitioners providing the care reflects the demographics of the target population.
 - According to the Commission on Dietetic Registration (CDR), the number of food and nutrition practitioners, stratified by race and ethnicity, fails to reflect the demographics of our population. Currently 85% of Registered Dietitians (RDs) are white, 5% Asian, 2% black, and 3% Hispanic/Latino (5% not indicated).
 - Nutrition practitioners can improve health equity by working to increase the number of Registered Dietitians of color.
 - NCCU is a member of the HBCU - Historically Black Colleges and Universities-with a majority of its students coming from the African American community.

Implication(s)

- **Outcomes**
 - DCoDPH Nutritionist spoke to a total of 43 students during the presentation.
 - A majority of the students in the classes were African American which might increase interest in the field of nutrition.
- **Staffing**
 - Presentation conducted by DCoDPH Nutritionist.

Next Steps / Mitigation Strategies

- DCoDPH's Nutrition Division will continue to collaborate with local educational institutions to train and mentor students interested in the field of nutrition.
- DCoDPH's nutritionists will work to accelerate health equity by encouraging students of color to become nutrition practitioners.

Division / Program: DINE in Childcare/Collaboration with EDCI Leap Academy

(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 nutritionists and East Durham Children's Initiative Leap Academy Preschool staff held three culinary nutrition classes at which the preschool students and their parents learned about healthy choices and cooked nutritious foods together. Families received a bag of ingredients and cooking supplies each week in order to cook the recipe at home.

Statement of goals

- To improve dietary habits, food choices, and parental feeding practices.
- To increase efficacy around choosing, planning and cooking easy, healthy meals and healthy snacks.
- To show parents that children are excited about and able to cook simple meals and enjoy eating fruits, vegetables and whole grains.

Issues

- **Opportunities**
 - All agencies involved in this project worked collaboratively to reach their individual program goals. DINE in Childcare was able to reach families living in the EDCI zone with nutrition information and recipes. EDCI was able to coordinate and communicate with the parents and organize the workshops.
- **Challenges**
 - The children had very short attention spans and we continually adapted the structure of the class to best suit their learning style. By the end of the third class we created a system that worked well.
 - The preschool serves both native English and Spanish speaking families. Thus the class and materials needed to be in both languages.

Implication(s)

- **Outcomes**
 - Nine families participated in at least one of the workshops.
 - This was the first culinary nutrition class series DINE ever organized with parents and preschool children. All feedback was very positive. 86% of the parents stated they plan to make changes because of the class on the post survey.
 - Since the workshops, the director at EDCI Leap Academy has contacted DINE staff twice with positive feedback. A mother who could not attend the last class asked for the recipes; her daughter, who prior to the class would not eat anything green, was enjoying the spinach lasagna and green smoothies. The director also reported “This morning, one of the children came into school drinking a green smoothie. Her mom has been experimenting with fruit and veggie smoothies since the cooking class at preschool--something she was surprised she and her daughter both liked when they tried the ones made in class. She said her family doesn't really like vegetables much, but she knows they should eat them. She has replaced her morning fast food breakfast with smoothies and has lost 4-5 pounds. She said her groceries are different--with less food in their pantry and more fresh foods in the refrigerator!”
- **Staffing**
 - One bilingual Nutrition Specialist funded by DCoDPH’s SNAP Ed grant and one Nutrition Supervisor (performing staff relief for the DINE childcare nutritionist) organized and taught the workshop.
- **Other**
 - The Majority of funding for the food came from a grant to end childhood hunger from the Triangle United Way.

Next Steps / Mitigation Strategies

- The DINE Childcare position was recently filled. The position will continue to serve the EDCI Leap Academy, educating staff, parents and children as well as fostering policy, systems and environmental change in order to improve the nutrition and physical activity environment.

Division / Program: Nutrition Division / DINE/National Nutrition Month Activities

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

Program description

- March is National Nutrition Month. The 2017 theme for National Nutrition Month was “Put Your Best Fork Forward,” emphasizing that “Every Bite Counts”. The Nutrition Division focused its efforts on providing simple tips each week that could add up to make a big difference in health. Activities were based on weekly themes. The weekly themes were as follows:
 - Week 1: Eat Breakfast Every Day

- Week 2: Listen to Your Body
- Week 3: Drink More Water
- Week 4: Make More Meals at Home.

Statement of goals

- To increase awareness of National Nutrition Month and to emphasize the importance of taking little steps to improve health – and that those little steps can add up to big results.

Issues

- **Opportunities**
 - National Nutrition Month provides another opportunity to highlight the importance of healthy eating in overall health.
 - DCoDPH Nutritionists were able to work across several areas of our clientele including schools (teachers and students), the community, the nutrition clinic and other programs touched by clinic nutritionists, and Durham County employees.
- **Challenges**
 - National Nutrition Month activities took a lot of up front planning and continuous input throughout the month which was difficult due to already busy schedules.
 - Continuing the energy and excitement throughout the whole month of March.

Implication(s)

- **Outcomes**

The Nutrition Division observed National Nutrition Month through school, community, and health department initiatives including:

 - Community:
 - ❖ Grocery store tour at the Roxboro St Food Lion.
 - ❖ Press release on National Nutrition Month Activities.
 - ❖ Write-up in Community Connections Newsletter with simple tips to improve health.
 - ❖ Durham Moms Know Best Facebook, 11 posts.
 - ❖ Nutrition presentations at NCCU for a child development class and a health promotion class.
 - ❖ “What’s the 411?” on nutrition and reading the nutrition label to compare products.
 - Schools:
 - ❖ Daily PA announcements in DINE elementary schools (created by 5th grade students at Forest View Elementary).
 - ❖ “Make Every Bite Count” bulletin board posted in 16 elementary schools.
 - ❖ Nutrition trivia contest conducted with teachers at 14 schools providing them with nutrition trivia questions and detailed answers including simple and easy tips to improving health. Each school had a winner every week.
 - Nutrition Clinic
 - Week 1: Eat Breakfast Everyday: Breakfast Wheel – clients spun the wheel and answered a breakfast question for a prize.
 - Week 2: Listen to Your Body: RDs asked trivia questions on Mindful Eating and/or did a Mindful Eating exercise with patients. Incentives were stress balls.
 - Week 3: Drink More Water: Infused water station for clients.
 - Week 4: Make More Meals at Home: Simple taste test/cooking demo conducted in the clinic. Recipes and a cutting board were given to clients who participated. Chef hats were given to children who participated.
 - DCoDPH Staff:
 - ❖ Quarterly staff meeting National Nutrition Month Kick-off: Chopped-like cooking-based competition.
 - ❖ Write-up in the DCoDPH monthly newsletter, The Pulse.
 - ❖ Durham County weekly newsletter, News You Can Use, write-up
 - ❖ County Wellness Newsletter write-up
 - ❖ Durham County National Nutrition Trivia Contest: weekly contest based on weekly simple tips. One winner each week won one of these prizes: a magic bullet (2 weekly winners), an immersion blender, and a mini Cuisinart. Funding was provided by an anonymous donor. Detailed responses provided county employees with more simple tips to healthy eating and a recipe to try at home. 908 participants over the 4 weeks.
- **Staffing**
 - The National Nutrition Month activities were a Nutrition Division Team effort with many team members playing significant roles.

Next Steps / Mitigation Strategies

- The Nutrition Division will carry out National Nutrition Month activities again in 2018.
 - Before planning for 2018, the team will document activities that were effective and not so effective to prepare for National Nutrition Month activities for 2018.
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Division / Program: Oral Health Workgroup

(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 Dental Division regularly participates on the *Partnership for a Healthy Durham's* Access to Care Committee: Oral Health Workgroup. This committee seeks to bring partners together who are addressing access issues to care for the uninsured and underinsured residents of Durham.

Statement of goals:

- The Oral Health Workgroup has continued to focus on goal of expanding dental access to uninsured adults. The group includes partners from Project Access, Lincoln Community Health Center, Samaritan Health Center, Senior PharmAssist, DHHS, UNC, Duke, Department of Public Health, and community dentist.

Issues

- **Opportunities**
 - Currently, Lincoln Community Health Center serves adult patients. The Department of Public Health treats pregnant women seen in the department's OB Clinic. Additional community-based programs serving adults include the CAARE Clinic and Samaritan Health Center. The group has explored ways to utilize resources/space to serve additional patients.
 - The Oral Health Workgroup has spoken with Duke Regional Hospital about potential annual or semi-annual extractions clinic at hospital with volunteer dentists and oral surgeons. (DRH used to have Saturday clinics.)
 - Discussions with insurance brokers have covered options/opportunities for the group to consider development of dental plan.
 - The Department had initial discussions with the North Carolina Dental Society regarding the potential for Durham hosting a Mission of Mercy clinic during the spring/summer 2018 at the Health Department.
- **Challenges**
 - A previous pilot to treat adults was put on hold because numerous patients required dentures, and funding for lab costs were not readily available.
 - In order to increase access to dental care, the group would have to identify and work with numerous dentists to have enough offices participating in the undertaking.
 - If the group opts for development of a self-funded dental plan, revenues would have to support claims. In addition, such a proposal would have to denote how dollars would be collected.
 - Identifying individuals to serve (being as specific as possible regarding age, income, dental needs).

Implication(s)

- **Outcomes**
 - The Oral Health Workgroup has begun the process of developing a draft proposal for a self-funded dental plan utilizing dental insurance company for claims adjudication only.
- **Service delivery** – TBD.
- **Staffing**- TBD.
- **Revenue** – TBD

Next Steps / Mitigation Strategies

- During the summer/fall the Oral Health Workgroup will draft a proposal modeling a self-funded dental plan.
 - The Department will meet with NC Dental Society on potential MOM clinic.
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Division / Program: Health Education Community Transformation & Nutrition / Latino Health-Chronic Disease & Diabetes Self-Management Programs

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

Program description

- The bilingual health educator along with a bilingual community health worker held the first Spanish DIABETES self-management workshop in Durham County, January 24 – February 28, 2017.

Statement of goals

- To offer a Spanish-language, evidence-based Diabetes Self-Management Workshop series to the Latino population in Durham County.

Issues

- **Opportunities**
 - This was the first offering of Spanish Diabetes Self-Management workshop, Manejo Personal de la Diabetes.
 - Individuals were mainly recruited at the El Centro Hispano Feria de Salud and a local Latino church.
 - The flyers from the workshop were shared throughout Durham County through media releases, various organizations working with the Latino population, the Latino Health Roundtable, and Lincoln Community Health Center.
 - For those attending a diabetes class but are unable to commit to a 6-week series, the health educator offered a once-a-month diabetes information session beginning March 17, 2017.
- **Challenges**
 - A consistent challenge is always finding the ideal time to hold health presentations/workshops for the Latino community.

Implication(s)

- **Outcomes**
 - There were 15 individuals registered for this workshop of which 5 attended. An additional 3 individuals joined the class, but had not preregistered.
 - Overall, 4 of the 8 participants completed at least 4 out of 6 classes.
 - Overall, participants were very satisfied with the workshop. Comments from participants include:
 - ❖ “I liked everything in general. Kindness, companionship, explanation. Everything we learned. All very well thanks for the help.”
 - ❖ “Thanks to those who make it possible for us to educate ourselves in this area of health and the coaches, Edith and Chelsea”
 - ❖ Thank you Edith and Chelsea for your time and dedication.
- **Service delivery**
 - This workshop was offered for once a week for 2.5 hours for 6 weeks during the day at the Human Services Building.
- **Staffing**
 - This workshop was co-facilitated by a health educator and community health worker.
- **Revenue**
 - There was no revenue earned from this workshop series.

Next Steps / Mitigation Strategies

- Begin plans for offering the next session of Manejo Personal de la Diabetes
- Begin plans for next session of Tomando Control de su Salud (Spanish Chronic Disease Self-Management)

Division / Program: Health Education Community Transformation & Nutrition / Diabetes Awareness Month Events

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

Program description)

- The Chronic Care Initiative (formally Durham Diabetes Coalition) held a session called “What’s the 411: Diabetes and Nutrition.”

Statement of goals

- To provide education about healthy eating to members of the community with diabetes.
- To inform community members on the upcoming changes to food labels.
- To increase understanding and raise awareness sugar/carbohydrate consumption and provide ways to reduce consumption.

Issues

- **Opportunities**
 - The session was designed with community input and addressed a topic in which past participants had expressed interest.
 - Participants attending this event were able to sample a recipe provided by the DCoDPH Community DINE team of the Nutrition Division.
 - Reoccurring community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment. Flyers were also distributed to local partners during various community meetings.
 - Online registration increased from the last event.
- **Challenges**
 - Time of day and weather always play a role in the show rate from pre-registered participants.
 - There was a little difficulty in reading some of the slides presented. However, the information was read aloud to the audience once this was brought to the attention of the speaker.

Implication(s)

- **Outcomes**
 - Chronic Care Initiative held its sixth installment of its “What’s the 411?” series, “What’s the 411: Diabetes and Nutrition”, at the Human Services Building on Tuesday, March 28, 2017 from 10:00am - noon. Heidi Schoeppner, Registered Dietitian provided a presentation focusing on sugar intake. Forty (40) participants attended.
 - Among the participants, 97% strongly agreed or agreed that the presenter was knowledgeable of the topic.
 - 95% of participants strong agreed or agreed that they learned something new during this presentation that would improve their health. When asked to name the most important thing that they learned. A majority of the participants provided a response that included, “hidden sugars, sugar intake, or reduction of sugar consumption”.
 - 95% of participants reported that they were very likely or likely to make a change based on the information provided in the presentation. A majority of the participants provided a response related to the modification of eating habits.
- **Service delivery**
 - 411 series have consistently been held at the Human Services Building. This has become a familiar place for several of the participants who follow the series of programs
- **Staffing**
 - 4 Health Education Specialists, 2 Nutrition Specialists, and 2 interns staffed the event.
 - 4 local organizations also attended and provided information to attendees.
 - ❖ American Diabetes Association
 - ❖ American Heart Association
 - ❖ Walgreens
 - ❖ NC Drug Card Program

Next Steps / Mitigation Strategies

- Neighborhood outreach will continue in targeted neighborhoods.
- There is a solid group of community members that consistently attend our 411 presentations. Health educators will begin to explore more ways of extending the reach of the promotion of this event to more individuals outside of the regular attendees.
- Another 411 presentation is anticipated to be held in May 2017.

Division / Program: Laboratory/ CLIA Inspection

(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 was inspected by the CLIA Inspection Team on March 9, 2017.
- Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.
- On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all CLIA requirements in order to maintain accreditation.

Statement of goals

- To continue to maintain accreditation through CLIA by meeting, successfully maintaining, and continually improving upon the CLIA regulatory standards.
- To set an internal goal of receiving 2 or less deficiencies as identified by the Inspection Team.

Issues

- **Opportunities**
 - Previous CLIA Inspections have been sub-optimal (2015 resulted in 14 deficiencies) leaving many opportunities for improvement.
 - CLIA Inspections are a learning experience for all participants and encourage discussion among peers regarding processes and improvement opportunities.
 - CLIA Inspections offers Lab Technicians and Lab Assistants the opportunity to experience an external inspection process.
- **Challenges**
 - CLIA regulations are numerous, varied, and open to interpretation.
 - Previous 2 years of laboratory documentation must be available to the inspectors.

Implications

- **Outcomes**
 - The Inspection Team cited 2 deficiencies for the Laboratory which met the goal the Laboratory set as an internal metric.
 - The Inspection Team made several suggestions to continue to improve processes within the Laboratory. All suggestions have been implemented.
- **Service delivery**
 - Process changes and planning have been underway since June 2016 by the Laboratory Division Director and Laboratory Technical Consultant.
 - The Plan for Corrective Action was completed by the Allied Health Division Director, Laboratory Technical Consultant, Medical/Laboratory Director, and Deputy Public Health Director.
- **Staffing**
 - DCoDPH staff assisted in process changes, laboratory documentation, record retention, etc. which culminated in a successful inspection.

Next Steps / Mitigation Strategies:

- Implement the Corrective Action Plan for the 2 identified deficiencies.
- Maintain high standards of integrity and efficiency while preparing for the next CLIA inspection in 2019.

COMMITTEE REPORTS:

Smoking Rule Committee report:

Dr. Levbarg: The committee met to: 1) discuss how to deal with regulating smoking in public areas, 2) be sure that we had incorporated the e-cigarette information appropriately, and 3) clean up some of the language that would make it more clear for everyone who is aware of this document, where it is okay and where it is not okay to smoke. One of the issues was the way the language read about sidewalks. We talked about being adjacent to certain buildings and by removing the “adjacent” at the end of that sentence and saying sidewalks that are maintained by the City of Durham. It’s much easier to follow the logic rather than saying, “Well I’m in front of this building, I can’t smoke here or I’m in front of this next building, well no.” If it’s a city maintained sidewalk, then that’s clearer. So we worked on that.....

Dr. Allison: Part of it was also the enforcement piece and where to report all that.

Dr. Levbarg: So, we did work on that as well as - who would enforce those rules and about the educational materials that needed to be available as part of this.

Ms. Harris: I did talk with Greg Marrow, CIO, about the possibility of us being able to 1) add to a feature to the new Durham One Call app that would allow people to report where they saw people smoking inappropriately and 2) if the mobile app would be able to track where the person was at the time of the report. If so, we would be able to see clusters of non-compliance. We would be able to mobilize our team to go to the area for educational outreach. We wouldn't be able to identify the person who was violating the rule but we would be able to educate those at the location.

Dr. Levbarg: Gayle, you had talked about that group being from the medical corps. Is this correct?

Ms. Harris: Yes, our preparedness coordinator is organizing a Medical Reserve Corp. This group of citizens would help out in a variety of ways on an on-going basis including serving during emergency situations. I didn't get a chance to speak with the Sheriff or the Chief of Police regarding their abilities to help educate people about the rule during their community policing efforts. I feel very certain that we can get some assistance.

Dr. Levbarg: Right. We talked about first and foremost they need to be aware of and onboard with what this rule is about so then they could be in position to be informative.

Attorney Wardell: Do you intend to do any particular training for law enforcement for those individuals that actually smoke so they will understand what the rule is all about?

Dr. Allison: You know I'm curious, are officers allowed to smoke in their squad cars?

Ms. Harris: They're not supposed to and they're not to use any tobacco products in the county vehicles and they're not to smoke in the city vehicles.

Dr. Stewart: Are they allowed to smoke on duty?

Ms. Harris: Yes. The former Chief of Police had a designated place for them to smoke; he was unwilling to be compliant with the rule.

Dr. Allison: Was there a change in the document about the signage?

Ms. Harris: No.

Dr. Allison: It stayed the same.

Dr. Levbarg: Right.

Attorney Wardell: Well, it did change a little bit.

Dr. Levbarg: Well, the sign will include the symbol for e-cigarettes as well.

Dr. Allison: But what I'm saying for the committee meeting, we didn't see any changes to the document that we were looking at in the committee meeting. The e-cigarettes symbol was already in that document.

Dr. Levbarg: A number of what is reflected here is what we discussed in the meeting.

Dr. Allison: Right, all the red stuff.

Ms. Harris: I did send this edited version to Sally Herndon and Jim Martin for their review. They were fine with the changes that were made.

Dr. Fuchs: I have a question about how hospital grounds are defined....hospital grounds....number 8.

Dr. Allison: We talked about that a little bit in the meeting.

Dr. Fuchs: So the way that this is described, it covers two hospitals in Durham, nowhere else. It doesn't cover the private institutions that are in town, nor does it cover any urgent care clinic or primary care clinic or other places where the hospitals themselves are actually providing healthcare.

Dr. Allison: From my understanding, because I asked that question at the committee meeting and from what you said Gayle, this is intended to only cover the major hospitals, Duke and Duke Regional.

Ms. Harris: When we first did the rule - Bryan was there- we had an extensive conversation about all of those locations.

Attorney Wardell: The hospitals we can't regulate.

Dr. Allison: But don't all the hospitals have their own rules for their grounds.

Dr. Fuchs: They do but let's say...let's look at the primary care clinics or specialty care clinics that may be sitting in leased space on a sidewalk that they don't own in a shopping center; so they sorter don't fall under this rule.

Dr. Allison: Right.

Dr. Fuchs: So they sorter fall under hospitals....

Dr. Allison: No, because that private property.

Attorney Wardell: Right. Now they may be covered under the business restrictions not in this rule because they have rules that cover businesses. In the case of an urgent care facility, it is covered under this law that covers businesses but private establishments you can't regulate.

Dr. Fuchs: So most urgent cares are in strip malls...

Attorney Wardell: Right. I'm talking shopping centers and strip malls.

Dr. Fuchs: But strip malls are covered in this, only enclosed malls.

Attorney Wardell: Right, but there's the 1993 ordinance that does cover that. It covers all businesses. It cover businesses whether they are enclosed or outside a strip mall.

Dr. Levbarg: That would be inside the building but not the sidewalks abutting to the door.

Attorney Wardell: We don't have the authority to regulate that.

Dr. Allison: I do know that the strip mall contracts, they have their own rules about smoking. I know the part that I'm located, we have our own rules about smoking outside. You have to move away from the front door. Actually, at my place, you have two places that you can smoke. One is near the dumpster and one is a little further down but we did discuss that at the committee meeting.

Dr. Allison: Are there any other questions? Is this something that needs action?

Ms. Harris: Absolutely.

Dr. Levbarg: As I understand it the next thing would be to set up the two week notice.

Ms. Harris: Yes. Once you approve the....

Dr. Allison: We have to approve the recommendations?

Ms. Harris: They have to approve for us to put this before the public?

Attorney Wardell: Approve the changes...yes, then public notice.

Ms. Harris: We intend to send the notice to the media so that it advertises at least ten days before the June 8th board meeting inviting people to come to that meeting to make public comments. You can then consider the comments, make adjustments, if desired, or approve as written. If any adjustments are made do we have to do another public hearing?

Attorney Wardell: If you make adjustments then you have another public comment period and the public will comment on those changes. Once you have it finalized, you can go forward with a presentation to the Board of County Commissioners and subsequent approval.

Mr. Curtis made a motion to accept the changes to the smoking rule. Mr. Ferguson seconded the motion and the motion was approved unanimously.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

- **SENATE BILL 257 (Activity 40.2)**

Ms. Salter stated that Senate Bill 257 proposes the transfer of On-Site Water Protection Branch of Environmental Health from Department of Health and Human Services (DHHS) to Department of Environmental Quality (DEQ) and also proposes changes to the Board of Environmental Health Specialists Examiners.

- There is no clear reason for doing this but there are a lot of reasons not to.
- Section 11E.10.(d) would have the terms of current Board members expire on July 31, 2017 and then a new board appointed. The new board would have 9 members, not 12 as the current board does. DEQ would play a major role in appointing the new REHS Board members.
- Section 11E.10.(j) (3a) would allow DEQ to recommend the one staff member from Environmental Health assigned to the Local Health Department Accreditation Board.
- Transferring the Onsite Branch from DHHS to DEQ would split Onsite and Food & Lodging programs that have traditionally operated under one umbrella. The bill does not outline anything relative to the logistical nightmare the transfer would cause nor does it address basic Administrative issues that will arise should the transfer be confirmed by the House. SB 257 does not provide any logical reason, no reasons at all, for the proposed transfer.

Mr. Salter asked that the Board support DCo Environmental Health by opposing the transfer. Dr. Allison asked that talking points be provided to the Board members. Ms. McClain will send talking points to the Board members.

QUESTIONS/COMMENTS:

Dr. Stewart: Can we withdraw a permit if the system fails?

Mr. Salter: We would have to place it on the NOV list and start the process. We are not required to approve the permit. We are just required to write it because the engineer approved it.

Attorney Wardell: But as long as it's working its fine; but if it fails, then we can act upon it?

Mr. Salter: That's what we don't know. If it fails, we're going to write a NOV but who's going to fix it.

• **AGENDA ITEMS JUNE 2017 MEETING**

- Public Comment--[Revised Smoke-Free Rule](#)
- Formerly Incarcerated Transition Program (*if time allows*)
- Perfect Service Initiative (*if time allows*)

INFORMAL DISCUSSION/ANNOUNCEMENTS:

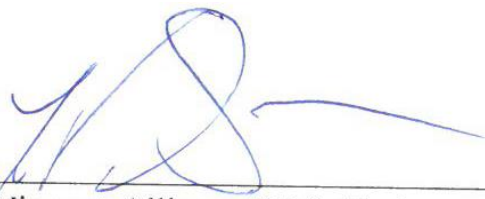
Ms. Harris stated that Eric Ireland, Deputy Health Director will be retiring effective September 1, 2017. The position will be advertised very soon.

Ms. Harris reminded the Board of the 2017 NALBOH conference. Attorney Wardell, Dr. Miller and Dr. Braithwaite are interested in attending.

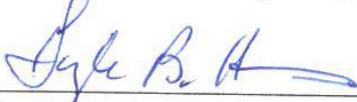
Dr. Allison asked about the impact on inmate health services with the appointment of the new jail director. Ms. Harris stated that she don't anticipate any impact because we are allowed to operate the facility and work in consultation with Detention Center staff.

Dr. Levbarg asked if the Board had voted to cancel the July 2017 meeting this year. Ms. Harris stated that when the meeting schedule was established earlier in the year. A July 2017 meeting was not included on the schedule.

Dr. Jackson made a motion to adjourn the regular meeting at 5:53pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director