

A Regular Meeting of the Durham County Board of Health was held September 14, 2017 with the following members present:

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

Excused Absence: Rosemary Jackson, MD

Others present: Gayle Harris, Rosalyn McClain, Joanne Pierce, Bryan Wardell, Dr. Miriam McIntosh, Chris Salter, Jim Harris, Ph.D.; Michele Easterling, Katie Mallette, Mel Downey-Piper, Will Sutton, Dr. Arlene Sena, Hattie Wood, and Khali Gallman

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:03pm with a quorum present.

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

1. Repeal Board of Health Rule: Post-exposure Management of Dogs and Cats (*new business*)
2. County Leadership Opioid Abuse Forum(*new business*)
3. Operating Procedure Manual Approval (*new business*)

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

Chairman Allison requested a moment of silence in remembrance of the victims of the Duke Life Flight crash.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Levbarg made a motion to approve the minutes for August 10, 2017. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS:

There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris stated that Dr. Jackson was recovering from knee replacement surgery.

Ms. Wood recognized Sara Snyder, BSN, RN, Senior Public Health Nurse. Ms. Snyder enhanced her skill sets in professional nursing practice by earning a Bachelor of Science in Nursing (BSN) degree from The University of North Carolina at Wilmington on July 27th.

Ms. Snyder’s BSN represents a nationally recognized standard of nursing competence in her current public health position, and will complement public health and community collaborations that focus on the health and academic success of students attending Durham Public Schools.

The Board applauded Ms. Snyder’s accomplishments.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

● **2017 YMCA Pool Incident Presentation (Activity 7.3)**

Mr. Salter provided the Board an overview of the contributing factors to the August 2, 2017 swimming pool incident at 218 W Morgan Street YMCA. The incident resulted in 43 persons being seen at a local hospital. The overview included information on basic pool chemistry, delivery systems, ventilation, water circulation, and design information.

Mr. Salter stated that after receiving a complaint, John Williams, Registered Environmental Health Specialist was dispatched to investigate. The site had been deemed HAZMAT and everyone had been evacuated. A call from Emergency Management was received at about 5:30 PM notifying the Department of Public Health that people had been taken to the hospital with respiratory problems.

Mr. Salter discussed the complexity of swimming pools and other aspects that were involved in the incident. He noted that pool water is a suspension and needs to be balanced to protect the pool and pool components. It

also needs to be balanced for swimmer comfort and safety. Maintaining proper pH is essential in keeping water balanced and safe to swim in. As pH increases, the ability of chlorine to disinfect decreases.

Mr. Salter reviewed:

- Taylor Test kit, how testing is performed, and pH scale;
 - automated systems and how chemicals are monitored and adjusted;
 - some pool chemicals, most notable in the incident were sulfuric acid and chlorine;
 - pool filtration and how sand filters are cleaned/backwashed;
 - complete setup including monitoring through sensors, water circulation pumps, filters, controllers, chemical pumps, and bulk chemicals;
 - indoor pool ventilation;
 - examples of large pools with large ventilation and perimeter deck drains;
 - aspects that were involved in the incident (chemicals, ventilation and drainage, and filtration and drainage);
 - backwash sump and mystery pipes inside the YMCA equipment room (YMCA pool deck drains discharge to the filter backwash sump. The pool has great/very strong ventilation system. Ventilation in the equipment room is poor and chemical spills result in fumes and gases that fill the room quickly); and
 - ventilation requirements from 15A NCAC 18A .2533 and .2534.
- Videos demonstrating how the gas got from the equipment room and into the pool area were reviewed.

Mr. Salter stated the official cause of the incident was that water backed up into the sulfuric acid supply causing the barrel to overflow. After spilling onto the floor, the sulfuric acid mixed with chlorine residue from a previous spill causing the formation of the toxic fumes

Corrective Action:

- P-traps, blower, new chemical delivery pumps with check valves were installed.
- Environmental Health placed conditions on reissuing new permits in September to include corrections to inadequate ventilation in the equipment/chemical room and routing of the deck drains to a drain outside the equipment room.

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

QUESTIONS/COMMENTS:

Dr. Stewart: Was it chlorine gas...is that what you're talking about?

Mr. Salter: No, it was sulfuric acid...its worse.

Chairman Allison: Chris how many pools are in Durham County that are subject to inspection?

Mr. Salter: Right around three hundred. Sometimes it looks like we are increasing dramatically and then a few of the older ones are dropped because owners don't want to spend the money to keep them open. We are pretty close to three hundred in most years. We have a lot of new ones coming on obviously because of the all of the construction going on.

Dr. Stewart: How often do you inspect them?

Mr. Salter: There are two types of permits for swimming pools – a year round permit and a seasonal permit. The seasonal permit is usually issued in April and expires October 31st. Most people close their seasonal pools after Labor Day; so most of them don't stay open that long. Permits for year round pools expire one year after the permit is issued. We try to go to them one more time in between the expiration of the permit. We do go back to spot check them, especially if there is a history of problems. We will close them if problems are not resolved. On the inspection form, there are some items that have a six point demerit. If any of those items are wrong, we automatically suspend the permit. A few others items on the form prevent them from getting a permit. Frequently, when we go out to issue the initial permit, we don't. We end up making them fix one or two things. Then, we go back to issue the permit.

- **DEMONSTRATION-LANGUAGE LINE VITUAL INTERPRETER SERVICE**

Ms. Harris: We have multiple languages being spoken by our customer base. We also have a significant percentage of our population speaking Spanish. At any time, we can have a need for interpreter services both inside the department and in the field. Marcia Johnson found this system that allows us to expand our capabilities to have additional interpreter services available. We also use Cross Cultural Resources. We have speaker phones in the exam rooms but this gives us another option that we wanted to share with you.

Marcia Johnson: Language Line Solution device provides 34 virtual video interpreting languages, American Sign Language and 240 audio languages through the audio interpreter feature on the device. The device is an Apple iPad with a Language Solution app used to communicate. The setup utilizes a real-time person to provide interpreting during service offerings in Refugee/Immunization Clinics, Maternal Health Clinic and Family Planning Clinic. The service will be evaluated before expanding it to the other program areas.

QUESTIONS/COMMENTS:

Chairman Allison: Am I understanding this is a stand-alone unit that works as the virtual interpreter?

Ms. Harris: Yes.

Chairman Allison: What are the cost associated with this?

Ms. Johnson: It's actually on a monthly basis or an as-used basis; so, it's \$1.85 per minute for thirty-four languages and for sign language it's \$2.00 per minute.

Dr. Fuchs: What company did you get that?

Ms. Johnson: It's called Language Line Solutions.

Chairman Allison: Are they available 24/7?

Ms. Johnson: They are typically available during business hours; however, during after-hours only some of the languages are available but other languages are still available through telephone. You can actually use this as a telephone and it will show on the prop which ones are available for video and which one are available by telephone based off the little icon on the telephone.

Ms. Johnson: We seem to be having Wi-Fi difficulty right now.

Chairman Allison: While we wait for them to setup, let's move to item 7.

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

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

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

• **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 August 2017 prior to the meeting.

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

Ms. Harris: I did check in with Attorney Wardell to see where we were with some of the properties that have been referred to his office. The first property is 5114 Leesville Road. He is in process of drafting a lawsuit for that property. We have been working with them since February 2016. Properties 6101 Cheek Road, 725 Infinity Road, 3050 Ruth Street-require an operator. The owners have not gotten an operator for their systems; so that's a technical issue rather than a health-related issue. Effluent isn't on the ground. What did you say we needed to do with these Attorney Wardell?

Attorney Wardell: So we generally work with them as much as we can without a lot of pressure on these folk that need an operator to produce evidence that they actually have an operator. We have to be more judicious in follow-up. Each lawsuit cost two hundred dollars to file; so, we're looking at well over a thousand dollars just to file lawsuits for people who haven't turned in the paperwork for the operator. It doesn't cost that much to get certified as an operator. Unless there is an eminent public health problem, we try not to file lawsuits for those. Usually, we file a ten-day demand notice. Then, they contact us and comply. That hasn't happened so we may have to go ahead and file a lawsuit. So, that's what's going on.

Ms. Harris: Perhaps we can draft a letter to them and tell them they can either become the operator for their systems or face a lawsuit for being non-compliant.

Mr. Salter: When permits are issued some of these systems are required to be checked more frequently. We discussed this before...there's no surfacing going on and like you said there's no public health hazard. What a lot of the owners don't realize is by not maintaining their system properly they will fail prematurely and eventually there will be a problem with surfacing.

Ms. Harris: Maybe that should be the focus of the letter. Then there is 2005 Patterson Road. We had a demand letter issued in September 2016; another demand letter in October 2016; and then we had another violation or complaint in August 2017. This is another one that Attorney Wardell is going to address.

Attorney Wardell: So, you do what you have to do. I did want to take this opportunity to revisit the whole issue of these failing systems and what are we planning on doing about it because it's going to become more and more of a problem. I know that we had some discussions with the County Commissioners about putting together some kind of fund bank. We were exploring that; so, I just want to put it back on the table. We will continue to have this problem and there will be costs for the County and the property owner.

Ms. Harris: I think one of the things we have to determine is if any of these properties are included in the doughnut holes that were just annexed. Do we know that yet?

Mr. Salter: I don't think many of them do but we haven't looked at it and if they do, the City will connect.

Commissioner Howerton: Since they passed that bill?

Ms. Harris: Yes. After we determine if they're outside of those areas, we need to have a conversation about setting up a mechanism to financially assist the families with system repairs.

Commissioner Howerton: This has come up more than once....this conversation.

Chairman Allison: I would recommend that staff and Attorney Wardell try to come up with some type of proposal for what we should do in the future and then I'm not sure, of course, if that would have to be approved on the County Commissioner level or our level; I'm not sure.

Ms. Harris: So it's going to take additional money. We would have to work with the Commissioners.

Mr. Salter: Yes, it's also going to be very complicated. You have to remember a lot of these systems were installed back in the '50's or '60s and the property value is not very high for a lot of them. For some of them that's not the case. They may not be able to get an onsite system that we can permit; so, they turn to the state to get a discharging sand filter. The state was issuing permits for those and crossing boundaries that they were not supposed to be in...something called hydraulic trespass. That was occurring frequently and they got hit for it; so, now they are not issuing permits like they used to. There may not be an option.

Chairman Allison: Now I'm curious. On most of these locations that have these violations, are they owner occupied or are they rental properties?

Attorney Wardell: A few of them are rental properties; I would say, sixty percent of them are owner occupied. The ones that are difficult to enforce are sometimes the rental properties. There is one in particular that we have gotten an administrative warrant. I talked to Gayle about this a little bit. We have to get an administrative warrant. We can't go on the property to inspect to see where the problem is coming from because we can't contact the owner and whomever is living there will not answer the door.

Ms. Harris: That property is 704 Hazelwood Street.

Attorney Wardell: So that's problematic.

Commissioner Howerton: I also wonder if they fall in the doughnut hole how is the City going to respond to that.

Mr. Salter: The City has a municipal code or rule that says "if your system fails and sewer is available you must connect." So we don't have anything to say about that.

Commissioner Howerton: Will that be very costly for the owner of the property?

Mr. Salter: It is. It's typically can run around anywhere from fifteen to thirty-five thousand dollars based on road frontage and the flat rate and then based on every layer of foot of road it's fifty dollars extra.

Chairman Allison: Did you say fifteen thousand to thirty-five thousand not fifteen hundred.

Ms. Salter: Fifteen Thousand.

Chairman Allison: OK. Just wanted to make sure I heard you right and in some of these cases that's fifty percent of the property value or more. Like I said, I guess we need to have some type of options to look at in terms of where to move forward.

Ms. Harris: We started those conversations a while back and so I think we can start those again.

Attorney Wardell: I mean we got a lot of information on it.

Chairman Allison: I think it's one of those things that you can have something like a flow chart. If "X" is this, it goes that way and if it's "Y", it goes that way. If it's just a matter of certifying an operator, it could go one way versus if it's a lot more complicated.

Attorney Wardell: Most of them are not operator issues. Most of them are actually due to effluent on the ground which can be seasonal. You may have problems in the spring and not have problems in the winter.

Chairman Allison: I'm just thinking outside the box. Could this be something we can work with the Housing Authority in terms of if someone has to be relocated and the property condemned because it's not cost effective to fix the system? Can we work with the Housing Authority to try to relocate some of these folk in a cost effective way? I mean that's thinking outside of the box.

Attorney Wardell: That's way outside of the box.

Chairman Allison: I mean, I'm sure that finances are keeping them from taking care of this.

Attorney Wardell: It's absolutely a finance issue. What we discussed before was different innovative ways of financing the repairs but now as Chris was saying we have this additional problem that even if they have the money, they can't get a permit. So, that's another problem.

Chairman Allison: So, if there is some way they can be relocated, does the property have to be condemned?

Attorney Wardell: So, then how do you condemn a property when they can't get a permit because the state won't allow them to have a permit even if they have the money? You can get into constitutional issues with the state...

Commissioner Howerton: That's going to get complicated...I can hear it now.

Attorney Wardell: But you have to have a conversation...

Ms. Harris: It's an issue that's going to come up.

Mr. Curtis: Can't you just condemn a property that doesn't have proper sewage disposal? I mean if you're running effluent across your neighbor's yard and you're endangering somebody's health, you'd think you could condemn the house.

Attorney Wardell: You can. According to the rules, you can force them to abandon the property. Typically the options are either permanent pump and haul which is extremely expensive or some other permit. In the past, there could be permits for sand filtration systems that were expensive but they fixed the problem. So, it looks like now it's just down to the permanent pump and haul unless you have an accessible stream that runs across

the property. So, let's say someone has a property that can get the sand filtration system and they can't get the permit that the state issues. What do you do? Do you tell them they've got to go to permanent pump and haul?
Mr. Curtis: Yes.

Attorney Wardell: And that coincides with family...

Mr. Curtis: I hear that and hear all the concern for people. But when we've known about this issue for a long time and a little girl gets a contagious disease because she plays out there, there is nothing that's going to protect us from looking like a bunch of idiots. I'm sorry it's real straight forward.

Attorney Wardell: So let me explain our standpoint in the Legal Department. My experience has been that the Commissioners don't want to put people out of their homes. They don't want us to bring actions against homeowners that will force them to leave their homes.

Commissioner Howerton: Would that be the only alternative?

Attorney Wardell: Sometimes yes.

Ms. Harris: The permanent pump and haul...Chris how much is that?

Mr. Salter: That will vary on the circumstances.

Dr. Levbarg: So, one of the barriers that we keep saying in this conversation is back to whether the state will permit or not. Is there also any avenue for us or an entity to work with the state about this? Every single time we talk about this we say "well, but the state won't permit"; so that's why we're stuck and that's why if people even had the money...If we figured out a way to work with a credit union to be sure that people could get a loan if there's an option to....

Commissioner Howerton: Could we have staff to research it and come back to us? Right now we're just guessing.

Dr. Levbarg: Well, that was my out of the box piece.

Ms. Harris: We can check with the state to see what the options are and have this conversation again in a small group.

Mr. Salter: I'm not sure if the state will change their mind on how they're doing business now.

Mr. Curtis: Well, looking at it from this standpoint of environmental health, we don't look at it if somebody has a restaurant on whether it's going to cost him too much to bring the restaurant up to standards because the possibilities of making people sick. We don't take that into consideration. We don't take into consideration on a swimming pool or anything else. It's not anything that anybody wants to do but if that's the case then, especially if it's a rental, I'm sorry we have to stand tall on this issue. Somebody's going to get sick out there and it's because we haven't taken any action.

Ms. Harris: We will reconvene our small group...

Chairman Allison: I think your statement is fair.

Mr. Curtis: No. I worked in public health in Chris's job for seven years before I went to IBM in environmental health. You had to go put a condemned sign on a door sometimes. It happens; but you've got to stand tall. Otherwise somebody is living with that effluent running down a ditch in front of their house all the time.

Chairman Allison: I think that message should also be relayed to the County Commissioners so they understand that we've got to do it.

Commissioner Howerton: First, we need to do the research and figure out what's possible.

Chairman Allison: Yes, we have to do our due diligence but I think as we get to the end of the day....

Commissioner Howerton: At the end of the day it's about human safety.

Chairman Allison: Ok, it looks like we have our interpreter so we can jump back up to our demonstration.

• **DEMONSTRATION-LANGUAGE LINE VITUAL INTERPRETER SERVICE** (*continued*)

Ms. Johnson provided a demonstration to the Board on how the virtual interpreter service works. Ms. Johnson stated that the department gets customer feedback on how helpful the service is to our clients.

QUESTIONS/COMMENTS:

Chairman Allison: I'm just curious, are all the interpreters as emotionless as that one was?

Ms. Johnson: Of course, they want to make sure they keep eye contact and refrain from facial expressions that might influence the message... getting away from body language.

Commissioner Howerton: So there will be someone typing in the information for the interpreter?

Ms. Johnson: There is an option where if I'm asking the customer to take two pills by mouth or if I am giving a prescription, the interpreter is telling him this is what you need to do. Sometimes the interpreter will type the message onto the screen so that the customer will understand what is being asked of him

Chairman Allison: Was there a start-up cost or is it all based on per session?

Ms. Johnson: It's based on per session. We have licenses and, of course, it's as you use them.

Dr. Braithwaite: Can your providers use their own cell phones if they have the app.

Ms. Johnson: Yes. That's a good question. So, again it's based on licenses. When you set up the license per phone, it's based on saying that Marcia Johnson has it on her iPad so that the division will know how many times I used it in order to associate the cost when paying the bill.

Chairman Allison: Do you know if that can be PC based also or it's strictly Apple based?

Ms. Johnson: No. It is PC based. This is Apple but it's also available for Android devices as well.

Dr. Levbarg: Does it cover all languages we need?

Ms. Johnson: It does. It covers a large majority, again there are thirty-four that are virtual and two hundred and fifty that can be used over the telephone.

Chairman Allison: I've always known there's a difference between Mexican Spanish, South American Spanish and Spain Spanish. Do you know if they account for that? I know it's a slight dialect difference or do you know? I'm just curious.

Ms. Johnson: Ok. We can show you that.

Mr. Mussa: For instance you can see for the Chinese, they have different ones and for Spanish they have several types of Spanish; depending on which one you need.

Ms. Johnson: Of course, if you don't know which language it is you can also type in that particular country.

Ms. Harris: For compliance with the Civil Rights Act, we have a list, hard copies, of different languages that we show people for them to identify their language. So, this system very similar in that regard.

Chairman Allison: Thank you. That's really cool!

- **RESEARCH STUDY PARTICIPATION UPDATE**

Ms. Wood provided the Board with an overview of the research studies that the Durham County Department of Public Health is currently participating in.

[\(A copy of the list of research studies is attached to the minutes.\)](#)

Dr. Sena provided an update on a new research study "A Multi-Centre Evaluation of the Atlas Genetics io® CTNG system used in centralized and Point of Care Settings." The study is for diagnostics of gonorrhea and chlamydia.

Dr. Sena stated it's a point of care test using a very simple instrument that can provide results in thirty minutes. An enrollment of 5,000 participants at all sites, up to 250 participants at the UNC/DCoDPH site, depending on prevalence of infection. Higher prevalence of chlamydia and gonorrhea will shorten the study; lower prevalence may extend the study. Patients will be consented and specimen collection and processing will be conducted by UNC Research personnel at the Durham County Department of Public Health.

Health Director's Report

Division / Program: Dental Division/ Back to School Smiles Event

(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- On Friday morning, August 25th, the Dental Clinic hosted its annual Back to School Smiles event, prior to the start of the traditional school year.

Statement of goals

- To provide exams (including x-rays), to children who are not covered through insurance and do not have a dental home;
- To serve current patients who were on wait lists to receive more timely appointments;
- To provide oral health instruction to patients and their families; and
- To afford children the chance to start the school year with a treatment plan in place that addresses oral health issues.

Issues

- **Opportunities**

- In addition to our Director of Dental Practice, UNC School of Dentistry sent additional faculty members and residents.
- Due to the number of providers, in addition to exams, the team offered other services as time permitted, such as cleanings, fillings, extractions, and other services.

- **Challenges**

- In spite of the event provided complimentary care, there were still three patients that did not show up. This meant that in addition to the scheduled patient not receiving services, an additional child was prevented from being scheduled.
- The event continues to run as a morning-only session, minimizing the number of patients seen.

Implication(s)

• **Outcomes**

- The dentists and auxiliary staff worked expeditiously, and numerous parents expressed their appreciation for the exams.
- Follow-up appointments or referrals were arranged for all patients.

• **Service delivery**

- The event ran from 8:30 a.m. – 12 p.m. and 22 patients were treated.

• **Staffing**

- Services providers included the Public Health Director of Dental Practice, two UNC faculty members, three residents, and four dental assistants.

• **Revenue**

- The Division provided the patients with \$4,200 in services.

Next Steps / Mitigation Strategies

- The team is rethinking future events, and specifically reviewing hours of operation, considering moving the event to a full day.

Division / Program: Nutrition Division /Clinical Nutrition - Lactation Support

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

Program description

- August was national breastfeeding month. Durham County Department Public Health supports breastfeeding in a variety of ways including provision of a lactation support room for the Human Services building, breastfeeding education for clients, and allowing flexible break schedules for lactating employees.

Statement of goals

- To recognize lactation support as an integral part of service provision by the Durham County Department of Public Health

Issues

• **Opportunities**

- Because of its significant health advantages, breastfeeding is recommended by all major medical organizations as the optimal way to feed infants.
- The benefits of offering breastfeeding support as a public health service translates into both highest quality healthcare provision and lower health care costs.

• **Challenges**

- Entrance to Lactation Room is possible only with badge access. HHS building staff and clients needing access to the room often have to be badged in through the Nutrition Clinic. This can be disruptive to Nutrition Clinic client service.

Implication(s)

• **Outcomes**

- DCoDPH promotes breast milk as the expected, optimal food for growth and development of infants.
- Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.
- Breastfeeding employees can successfully merge their priorities of family and work through onsite lactation support.

• **Service delivery**

- Inclusion of breastfeeding promotion and education to clients and staff encourages a positive attitude toward women who are breastfeeding and/or expressing milk and empowers mothers with the ability to choose optimal health behaviors.
- The lactation support room is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child. This dedicated room is equipped with a sink, a diaper changing table, a rocking chair, and facilities for electrical breast pump use.
- DCoDPH employees who are lactating are allowed a flexible break schedule to accommodate time to collect and save breast milk.

• **Staffing**

- The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.

Next Steps / Mitigation Strategies

- DCoDPH will continue to promote breastmilk as the optimal food for babies. The dedicated area for lactation in the Human Services building will continue to be available to employees, clients, and visitors. Breastfeeding education and promotion will be provided to clients and flexible break schedules will be allowed for lactating employees.
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Division / Program: Administration / Communications and Public Relations

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

Program description

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

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability;
- To increase the public's utilization of the Department of Public Health's programs and services; and
- 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
 - Back to School Immunizations Required by Law for Kindergarteners and 7th Graders – 8/1/2017
 - Labor Day Closing – 8/30/2017
 - Website Updates
 - Added both press releases to website.
 - Added August DCoDPH events to the calendar.
 - Added Increase in Cyclospora cayetanensis Infections Nationally and Statewide document to Information for Medical Providers page (8/10/2017)
 - Added Increase in Reported cases of Cyclospora cayetanensis Infection, United States, Summer 2017 document to Information for Medical Providers page (8/7/2017)
 - Public Newsletter
 - Community Connections eNewsletter sent on August 1.
 - Media Archives
 - Chris Salter interviewed with ABC 11 about the YMCA chemical spill in the pool – 8/3/2017 <http://abc11.com/as-durham-ymca-reopens-search-for-answers-continues/2274044/>
 - Keyanna Terry and Torrey Green were featured in the [UNC-led FIT Program helps former prisoners take on chronic illnesses](#) article.

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: Administration / Information Technology

(Accreditation Activity 32.2 The local health department shall ensure that staff are able to use the management information system to participate in electronic communications and public health program implementation.)

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; and
- To ensure customer service standards for internal and external customers.

Opportunities

- Three (3) Language Line Solution Virtual Interpreting Devices were deployed within the department.
- Language Line Solution Device provides 34 virtual video interpreting languages, American Sign Language and 240 audio languages through the audio interpreter feature on the device. The device in an apple iPad with a Language Solution app used to communicate utilizing a real-time person to provide interpreting during service offerings in Refugee/Immunization Clinics, Maternal Health Clinic and Family Planning Clinic.
- The devices are currently being tested by the clinical area and more expansion will be reviewed to all the clinical areas and community programs.

Implication(s)

• **Outcomes**

- The department will meet the federal and state requirements for Language Access Services for recipients of Federal funds
- The service will provide multiple resources for access to interpreting services as we see more patients in clinics and in the community.

• **Service delivery**

- Provide outstanding customer service
- Compliance with Language Access Services
- Improves staff efficiency by streamlining the communication process

Next Steps / Mitigation Strategies

- Receive feedback from the clinics using the tool and receive feedback and discuss future deployments for more devices.
-

Division / Program: Health Education Division / Durham County Sheriff's Office Health Fair

(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 Durham County Sheriff's Office Health Fair was held on Friday, June 30, 2017 at the Durham County Detention Facility from 11:00am-2:00pm. Health Education staff and other agencies participated in this event.

Statement of goals

- Increase awareness of communicable and chronic disease in the Durham community
- Link the staff at the Durham County Detention Facility (DCDF) with health resources in the community
- Increase the rapport between the staff at the DCDF and DCoDPH

Issues

- **Opportunities**

- The health fair was held during lunch hours to allow staff to participate.
- Incentives were given to all in attendance (brochures, pamphlets, bags, pens)
- All vendors successfully attended
- Reached majority of the Sheriff's office population at work on the day of Health Fair.
- Health Fair was held in the hallway leading to the cafeteria, so employees had to walk by for lunch which helped raise awareness of event.

- **Challenges**

- Health Fair was completed on a Friday before a holiday weekend (4th of July), which may have affected the potential amount of participants in attendance.
- More Sheriff's office employee were prone to call out on that day because it was a Holiday weekend.
- It took several weeks to reserve a room for the event.

Implication(s)

- **Outcomes**

- A total of 45 participants attended and completed a survey at the event about services received and any additional services/organizations they wished to see at the event in the future.
- Free blood pressure screenings were provided by CAARE, Inc.
- One employee was tested for HIV/STDs

- **Service delivery**

- Flyers were developed and distributed throughout the courthouse and detention facility. Diane Roghelia emailed the flyer to the detention facility staff and supervisors at the courthouse.

- **Staffing**

- The Health Education Enhanced Jail Testing team led the event planning and staffed the event.
- Additionally, staff from the health education division, CAARE, Inc., Alliance Behavioral Health, and Triple P participated in the event.

- **Revenue**

- None

Next Steps / Mitigation Strategies

- Next Health Fair will not be scheduled and executed on any Friday going forward
- Will not have Health Fair close to a holiday weekend

Division / Program: Health Education

(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

- Many public health educators participated in this year's National Night Out, held Tuesday, August 1, 2017. National Night Out is an annual community-building campaign held in all 50 states, U.S. territories and military bases worldwide. The mission is to promote police-community partnerships, neighborhood camaraderie, neighborhood safety and communities of care. In Durham, hundreds of neighborhoods hosted block parties, festivals, parades, cookouts and various other community events to celebrate this event.
- Focusing on communities with some of the greatest health disparities, DCoDPH set up health promotion booths at six Durham Housing Authority communities (Club Boulevard, Cornwallis Road, Franklin Village, McDougald Terrace, Morreene Rd, and Weaver St), three churches (Antioch Baptist, Fisher Memorial United Holy Church, One Love Ministry) and five communities (Southside-Hillside Park, Nash St, Swan's Mill, Cook Rd and Birchwood Heights).
- HIV/STD testing was offered at McDougald Terrace, Cornwallis Rd and Franklin Village. At these sites staff also discussed the prevention of sexually transmitted diseases.
- A Gun Safety Exhibit and gun lock distribution site was set up at McDougald Terrace.
- Diabetes education games, discussions and materials were provided at Club Boulevard.
- At Morreene Road discussions and materials were provided on chronic disease self-management, men's health programs, obesity, physical activity and tobacco cessation methods and resources.
- At Cornwallis Road, Franklin Village, McDougald Terrace, Antioch Baptist, Southside (Hillside Park), Fisher Memorial United Holy Church, Nash Street, and One Love Ministry, Project BUILD (Building Uplifting Impacting Lives Daily) staff provided information on their program's mission and encouraged community members to utilize their services for youth at risk for gang involvement.

- Bull City United staff connected with residents and provided information on their violence reduction activities at events at McDougald Terrace, Cornwallis Rd, Southside, Fisher Memorial United Holy Church, Swan's Mill, Cook Road, and Birchwood Heights.
- Partnership for a Healthy Durham attended the Franklin Village event. They provided information on the Durham Knows campaign, which promotes Durham residents knowing their HIV status. They also provided information on Healthy Mile Trails and low cost / free medical options.

Issues

• **Opportunities**

- Collaborate and network with law enforcement, leaders of Durham and the residents of each community.
- Disseminate health promotion materials and gun safety educational supplies.
- Distribute incentive gifts to promote safety, health and education, i.e., gunlocks, back packs, water bottles, diabetes plates and measuring bowls, condoms, pens, pencils, harmonicas, etc.
- Network with other participating community agencies.
- Educate the community about healthy living practices, making them more aware of their bodies and behaviors.
- Provide resources and incentives to help individuals make healthier choices.
- Build trust within these communities and become familiar faces.
- Educate communities about resources to prevent high-risk youth from joining gangs and help youth involved in gangs find healthier lifestyle choices.
- Increase awareness within the community of Durham County's violence intervention program (Bull City United) and ways that residents can get involved in this initiative.

• **Challenges**

- Many individuals do not want others to know they have a firearm; therefore, they will not ask for gunlock.
- Many gun owners believe they can just hide their loaded gun in an out of reach place and the child will never find it.
- Events include music, dancing and demonstrations, which can make it difficult for individuals to hear health messages.
- Follow-up with individuals can be challenging if they are not comfortable sharing their contact information and because many have temporary phone numbers that change frequently.

Implication(s)

• **Outcomes**

- 39 individuals educated on gun safety.
- 29 gunlocks given to gun owners.
- 80 individuals educated on proper condom use.
- 300 condoms distributed to community members.
- 100 individuals received information on HIV/STD prevention and management.
- 300+ individuals provided with educational materials and engaged in conversation about Project BUILD and Bull City United.
- 41 individuals engaged in conversation about educational games about diabetes prevention and awareness.
- 37 individuals engaged in conversation about our chronic disease self-management, men's health programs and resources, dangers of tobacco use and resources for tobacco cessation.
- 50 individuals engaged in conversation about activities of the Partnership for a Healthier Durham.
- Staff contact information shared at all sites.
- Written education materials and resource listings shared at all sites.

• **Service delivery**

- Educational quiz games for prizes.
- Discussions on health risks and ways to avoid them.
- Learning tools and visuals for each topic.
- Flyers on upcoming programs.
- Health education materials and resources.
- Listings of local clinics.
- HIV/STD testing offered at three sites.
- Distribution of back packs, water bottles, condoms, gun safety locks, diabetes plates, measuring bowls, pens, pencils, clips, harmonicas, etc.

• **Staffing**

- Public Health Educators, Outreach Workers, Violence Interrupters, and Supervisors: Arkeem Brooks, Antoan Jefferies, Fred Farrington, Randy Trice, Irma Ortega, Jeff Michalski, Joan Ross, Dennis Hamlet, Joyce Page, Paul Weaver, Timothy Moore, Christopher Mack, Chelsea Hawkins Natalie Rich, Marissa Mortiboy, Michelle Young, Dorel Clayton, Keshia Gray, Demetrius Lynn, Convellus Parker, Carlos Wilson, Lewis McCallum, and David Johnson.

Next Steps / Mitigation Strategies

- The Public Health Educators will continue throughout the year to educate citizens of Durham County about health and safety concerns and prepare for National Night Out 2018!
-

Division / Program: Health Education Division / Durham County Sheriff's Office Health Fair **(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)**

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- To link the staff at the Durham County Detention Facility (DCDF) with health resources in the community; and
- To increase the rapport between the staff at the DCDF and DCoDPH

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Implication(s)

• Outcomes

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• Service delivery

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• Staffing

- The Health Education Enhanced Jail Testing team led the event planning and staffed the event.
- Additionally, staff from the health education division, CAARE, Inc., Alliance Behavioral Health, and Triple P participated in the event.

Next Steps / Mitigation Strategies

- Next Health Fair will not be scheduled and executed on any Friday going forward
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QUESTIONS/COMMENTS:

Dr. Levbarg: I have a comment, one of the things in the report was about the website update. I don't know if other people have gone to the website but I think it looks really, really good. I like that there are press releases on there. It just puts us forward a little bit to remind people that there are issues that we're dealing with. The other thing that was in there...I don't know if this is being sent to all of the board members, I know I get the e-newsletter, *Community Connections*, I don't know if other people have been getting it. It's really very good. I was wondering, what things we can do to broaden the reach of who is going to get that.

Ms. Harris: Is Khali here?

Dr. Levbarg: Khali is doing a great job with that.

Ms. Harris: What are your contacts? To whom do you send it? How far is distributed?

Ms. Gallman: It's anything from community members, churches, community leaders.

Ms. Harris: Do you have the listserv for the neighborhoods?

Ms. Gallman: Yes. They're included in there. Right now we have four hundred and ninety people in there. We have registration papers in the clinics to try to get additional people signed up.

Dr. Levbarg: Well, one of my questions was whether you're using nextdoor?

Ms. Gallman: No, we're using mailshot. Nextdoor is for a neighborhood safety initiative. If anyone from nextdoor wants to give us their information then we can reach out to them.

Dr. Levbarg: You said also churches...how do you reach out to churches?

Ms. Gallman: When I first started here two years ago, I was with the Durham Diabetes Coalition. I googled churches to get all of their contact information for the Durham Diabetes Coalition. I also collaborated with Willa Robinson to get information about churches participating in the Health Ministry Network. We have approximately one hundred and twenty churches that we offer the newsletter to. Some churches didn't want to be on the listserv but we reached out to them to let them know we were doing this for the community.

Dr. Levbarg: Is there a way that individuals can then pass this forward in like Instagram or Facebook?

Ms. Gallman: Yes. There's social share at the top and bottom of the newsletter. It says sharing is caring and it has a Facebook logo.

Dr. Levbarg: When I hit Facebook it took me right back to the county's website. That's why I was asking.

Ms. Gallman: When you shared it?

Dr. Levbarg: Well, I was trying to share the Facebook one.

Ms. Gallman: I will check on that. Each letter has its own web link when you forward it.

Dr. Levbarg: I will look again.

Ms. Harris: We can send the process to Board members in case you want to share the newsletter.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

- **UPDATE-REVISED SMOKING RULE (*Activity 34.3*)**

Ms. Harris stated that she did not place the revised rule on the Board of County Commissioners' August worksession because there were a number of items to be discussed since there was not a July worksession. The meeting in September was held on the Tuesday after Labor Day and the agenda was shortened. The revised Rule will be on the agenda for October worksession. Ms. Harris noted that the Board did not discuss an effective date for the Rule. Ms. Harris stated that there are about 5,000 signs available for posting. We will have to release a request for proposals (RFP) to select a vendor to post the signs. The signs are the size of the parking/no-parking signs. We are going to put them on the back of those signs when possible. Those should be easy to do but because the Rule is covering public places, we might have to put up some posts and some other things to get these new signs in place.

Commissioner Howerton: So this is going to be downtown?

Ms. Harris: The Rule covers Durham County?

Commissioner Howerton: So it's spreading to a lot more restaurants and walking areas.

Ms. Harris: Restaurants aren't covered in this Rule; but there is no smoking inside restaurants by state law and restaurant owners are encouraged to restrict e-smoking/vaping inside their facilities.

Commissioner Howerton: I was just thinking about the new restaurants on Chapel Hill Street....people on the street.

Ms. Harris: On the sidewalks? They shouldn't be smoking there should they?

Attorney Wardell: I think the law says that the restaurant is responsible for the area immediately in front of the restaurant itself and so they get to regulate what goes on there. Usually, there's a barrier and that's the responsibility of the restaurant and without that barrier it's kind of part of the restaurant. We can regulate what's on the sidewalk.

Ms. Harris: We need to think through those questions when we go before the Commissioners. In terms of setting an effective date, do you want to say six months? The first version of the Rule was implemented in about six months.

Dr. Fuchs: So, how long will it take to get everything ready in terms of a timeline?

Ms. Harris: The RFP process will probably take three months

Chairman Allison: Well, if you think it's going to take three months to get the RFP and put the signs out, should we say nine months?

Commissioner Howerton: How much is this going cost?

Ms. Harris: We received a quote that indicated it could be forty-five thousand or one hundred thousand depending on the complexity of the placements. The last time we used General Services to install the signs. They put signs up but they didn't cover all locations in the Rule. We paid the staff overtime because they did the work in addition to their regular job assignments.

Commissioner Howerton: So it's not just making the signs but paying someone to put them up?

Dr. Stewart: So do they have all the locations already identified?

Ms. Harris: We have all of the bus stops and Natalie please come up front to respond to this question.

Ms. Rich: We actually have a GIS map with all of the locations (trails, parks and most used bus stops) ready to give to the contractor.

Dr. Stewart: Multiple signs at locations?

Ms. Rich: Yes, multiple signs at locations. So if you think about parks and recreation places their going to have multiple signs and....

Ms. Harris: We didn't do the sidewalks around the schools.

Ms. Rich: No we did not. We haven't mapped them.

Ms. Harris: So do you think six months or nine months?

Ms. Rich: I think we have all of the materials ready, really except for the signs and once we get those up I think we will be good but I don't know.

Ms. Harris: Working with a vendor whose total focus is putting up the signs is quite different than working with individuals whose other job is their major focus.

Chairman Allison: That's what I was saying, if it takes three months for the RFP then six months after that is nine months.

Ms. Harris: That would be July 1, 2018.

Dr. Stewart: I was going to say that because it gives us to the beginning of the fiscal year.

Mr. Curtis made a motion to implement the revised smoking rule effective July 1, 2018. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Ms. Harris reminded the Board at another meeting Attorney Wardell stated that we will need to talk about the enforcement portion of the Rule and how that would work. Natalie has been working on a proposal.

Natalie Rich provided the Board with an overview of her thoughts on how the enforcement of the smoking rule could work.

Ms. Rich: What we have in place:

- Spreadsheet to track complaints and follow-up
- 5,000 no smoking/no vaping signs
- Medical Reserve Corp (MRC) volunteers to conduct education
- Print and digital campaign materials
- [Videos](#) in English and Spanish for:
 - HSB
 - Bus Stop
 - Playground

Next Steps:

- Signs installed
- Cooperation from City employees & security personnel
- Cooperation from County employees & security personnel
- Durham One Call reporting system for violations
- Escalation for noncompliance

DATA WORKS CONTRACT (Activity 39.4)

Ms. Harris stated that she would like to start presenting contracts that exceed thirty thousand dollars for Board approval.

Ms. Harris requested approval of the data works contract that supports three key efforts to deliver actionable HIPAA-compliant health information to Durham and to better understand and serve its neighborhoods.

The first of these is the Health Indicators Project, a partnership of Durham Public Health, Lincoln Community Health, Duke's Center for Community and Population Health Improvement, and Data Works. This effort will serve locally-derived data on chronic conditions – starting with diabetes – through the Neighborhood Compass.

The second is a new effort between Public Health in Durham and Orange Counties and Data Works (with support in summer 2017 from Data + at Duke) that will deliver vital records summaries through the Compass, including life expectancy and more detailed mortality information. Each of those efforts represents novel and transformative opportunities to move Durham past reliance on national data sets where local, more accurate information can be used for better results.

The third is an effort to deploy these data resources in regular reporting to the Durham community on social determinants of health. With the comprehensive scope of local data sources now curated by Data Works it is time to examine more closely the relationships between transportation, jobs, child care, education, housing, safety and health - and put this information to work for equitable outcomes across Durham neighborhoods.

While public health staff members will work with Data Works on these projects additional technical expertise is needed. Based on Data Works' current stage of administrative development, they are making a lean effort to incrementally broaden their capacity in the coming year. To that end Data Works NC was budgeted \$43,000 from Durham County for fiscal year 2018.

Mr. Dedrick made a motion to approve the contract with Data Works in the amount of forty-three thousand dollars. Mr. Curtis seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

REPEAL RULE: POST-EXPOSURE MANAGEMENT OF DOGS AND CATS (Activity 34.4 and 35.1)

Dr. Miller made a motion to repeal the current rule for Post-Exposure Management of Dogs and Cats at the October 12, 2017 Board meeting. Ms. Fuchs seconded the motion and the motion was unanimously approved.

Next Steps:

- Advertise Public Comment Notice in the Herald Sun
- A public comment period will be held at the Board of Health Meeting on October 12, 2017.

DURHAM COUNTY LEADERSHIP OPIOID ABUSE FORUM (Activity 41.1)

Ms. Harris stated that Commissioner Howerton is president of the North Carolina Association of County Commissioners. Ms. Harris stated that the immediate past president began an initiative that has each local jurisdiction hosting a County Leadership Forum on Opioid Abuse. Durham County will host a forum on February 27, 2018 from 9am-12noon in the Human Services Building. Ms. Harris requested Board participation in the forum.

● **ANNUAL REVIEW OF BOARD OF HEALTH OPERATING PROCEDURES MANUAL (Activities 34.1 and 36.1)**

The following documents were updated in the 2017 Board of Health Operating Procedures Manual.

- FY 17-18 meeting schedules
- Current BOH member roster
- FY 17 approved BOH policies

Mr. Dedrick made a motion to approve FY 2017 Board of Health Operating Procedures Manual with the correction to the dates on FY18 meeting calendar. Mr. Curtis seconded the motion and the motion was unanimously approved.

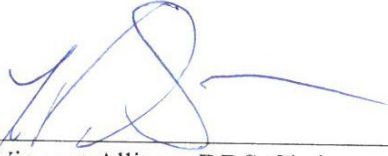
● **AGENDA ITEMS OCTOBER 2017 MEETING**

- Gun Safety Presentation
- NC Gun Laws
- Public Comments related to the Repeal of Board of Health Rabies Rule
- Closed Session

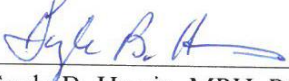
INFORMAL DISCUSSION/ANNOUNCEMENTS:

- Ms. Harris stated that we need to move forward with the Infographic banner in a retractable screen and revisit doing the script for the video.
- Ms. Harris stated that Dr. Levbarg asked her to contact Dr. Dorothy Cilenti, Interim Health Director in Orange County to see if they needed any of our materials related to fluoridation of municipal water because anti-fluoridation activists will appear before the Orange Water and Sewer Authority (OWASA) Board. Ms. Cilenti stated that at this time they didn't need anything because this was being handled by OWASA; but if they need anything, they will reach out to us.

Mr. Dedrick made a motion to adjourn the regular meeting at 6:58pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director