

A Regular Meeting of the Durham County Board of Health was held October 12, 2017 with the following members present:

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

Excused Absence: Rosemary Jackson, MD; Dale Stewart, OD; F. Mary Braithwaite, MD, MSPH; and Commissioner Brenda Howerton.

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, Will Sutton, Marcia Johnson, Juma Mussa. Khali Gallman, Pam Maxson, Gail Neely, Joanie Ross and Tamera Coyne-Beasley.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:05pm with a quorum present.

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

1. Budget Amendments (*new business*)
2. TB Case (*new business*)

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Levbarg made a motion to approve the minutes for September 14, 2017. Dr. Miller seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: Repeal Board of Health Rule: Post-Exposure Management of Dogs and Cats (Activity 34.4 & 35.1)

There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized Joanne Pierce, Deputy Health Director who received an award from the NC Office of Minority Health for her work to reduce health disparities by applying a racial equity lens.

Ms. Harris recognized Dr. Alena Sena, Medical Director who was interviewed in Chicago, IL about her work here in the department on non-traditional testing in Hepatitis-C and HIV.

Ms. Harris received the Community Achievement Award from the Foundation for Health Leadership & Innovation.

The Board applauded the recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

● **GUN SAFETY TEAM PRESENTATION (Activity 10.1)**

Dr. Coyne-Beasley and Ms. Joan Ross provided the board an update on the Gun Safety Team: how they started, and the successes and challenges throughout the years,

The Durham County Gun Safety Team was established in 1999 when the Durham County Board of Health decided to address firearm accessibility to children and the tragic consequences. The Gun Safety Team has 25 members and meets on a monthly basis to plan out how they can participate in community wide activities as well as their involvement with worksites and churches. Since 1999, over 10,000 gunlocks have been distributed and the gun safety team has participated in over 700 events.

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

QUESTIONS/COMMENTS:

Dr. Levbarg: Joanie, I have two questions, the first one is can you just show us what a gun lock looks like for those of us who don't own guns and would like to know what that's about?

Ms. Ross: Yes. This is one of the gunlocks. Safe Kids provided these the gun locks.

Dr. Coyne-Beasley: The picture that I am showing you is an evidence-based program and actually demonstrates how this gun lock is used. The gunlock selected can be used on long guns and what we call hand guns and requires you to unload your gun to use it effectively.

Dr. Levbarg: I see that our Board in 1999 started this and my first and foremost thought is to simply say how wonderful it is that there are programs that are put in place that we need and that have continued. My question is, is there something at this point and time that we as a Board should do or need to do to assure the continuance of this program?

Ms. Ross: Well, we're not funded; so we don't need more funding...but we could use the money.

Dr. Coyne-Beasley: I can tell you something that can be very critical and she's going to be very modest about this but the sustainability of this program has really been remarkable because of Joanie Ross's time and commitment and ability to continue that. Most of our programs are in the evening and on weekends when community members can be there. Her ability to have the time to coordinate the activities and be available have sustained the program in a way that I would not be able to do without continued funding. Funders don't support you for twenty years. We have been in existence for almost twenty years now. So please support Joanie having some time to continue to coordinate this work.

Chairman Allison: I just have one question about the gunlocks. In your presentation and in your community education, how much push back have you had from the individual who has a gun at home and say it's for self-protection? They probably come up with the argument that if it's a gunlock on there, I can't get to my gun and readily use it if I have an emergency or need to protect myself or my family. I know that comes up. How do you respond?

Dr. Coyne-Beasley: Great question! There are a number of things that I could say. I would have a conversation with that individual. I would say, "I am interested in knowing if you have a plan? If this were to happen in your house and you're thinking about protection, how do you know the person that you're shooting is not your child coming in through the window or sneaking in the house? What do you have to give you time to get to your gun? Do you have a fire alarm or security system in your home? Have you ever shot a gun? Do you know if the gun shot can go through your wall? What are some alternative ways in which you can do this?" If you talk with some people that are in prison for robbery-related charges, they say one of the biggest deterrent for them in the home is actually the presence of a dog. I would ask people, "Are you sure this is something that you want to do? A gunlock will still give you an opportunity to get to your gun but one of the things you want to think about beforehand is getting an alarm system. If you're able to do that so that you know that if someone is coming in and making sure that the intruder is truly an intruder and not someone that you love or someone that you care about."

Ms. Ross: What I can definitely say is to practice getting that gunlock off over and over again until you get really quick in doing it.

Dr. Coyne-Beasley: The other thing is that we have printed information available, too. The gun lock is something we can give away free but we also have displays that will demonstrate other tools that can be used. For instance, there are lock boxes that you can put a loaded gun into and mount under your bed or put wherever you want to. These have combinations, a series of four buttons that you can do in the dark, so you can get to it quickly. There are a variety of different mechanisms to try to do what you are intending to do but you may be at greater risk to harming someone in your family. If you want to do it, there are other ways to make it safer. Most of the time when people have a gun for hunting or target practice, they don't actually need to have it loaded the entire time. Understanding that these are great hobbies if you choose to do so but these guns don't necessarily need to be loaded in your home.

- **NC GUN LAWS**

In response to a recent request by the Board of Health regarding state of gun laws in North Carolina, Attorney Wardell provided the Board with the following summary information.

PISTOL PERMITS:

In order to buy a handgun, whether from a licensed dealer or a private individual, North Carolinians are required to either: (i) obtain and present a pistol purchase permit from the sheriff of the county in which they reside, or (ii) obtain and present a North Carolina Concealed Handgun Permit. Before issuing a purchase permit, the sheriff's office will subject the applicant to a background check. Concealed Handgun Permits require satisfactory completion of an 8-hour handgun safety course, background check, and completion of the CHP application process.

State law requires the applicant to appear in person with government ID, pay a \$5 fee, undergo a background check and have a reason for owning a pistol (hunting, target shooting, self-defense, or collecting). Because there are 100 different counties in North Carolina, there are different sets of rules and requirements for obtaining such a permit, which can be determined arbitrarily by the local sheriff. Some sheriffs impose other restrictions such as a limit on the number of permits applied for at a time, waiting periods, and/or proof of good moral character (a witness or references, in some cases notarized with affidavits). The Pistol Purchase requirements are a

holdover from Jim Crow laws that were designed to prevent African-Americans and other minorities from easily obtaining handguns. In accordance to North Carolina Law, no county or local government can require handgun registration.

PROHIBITION FROM OBTAINING PERMITS:

A permit may not be issued to the following persons: (i) any person who is under indictment, or has been convicted in any state, of a felony (other than an offense pertaining to anti-trust violations, unfair trade practices, or restraints of trade). However, a person who has been convicted of a felony and is later pardoned may obtain a permit, if the purchase or receipt of the pistol does not violate the conditions of the pardon; (ii) fugitives from justice; (iii) Any person who is an unlawful user of or addicted to marijuana, any depressant, stimulant, or narcotic drug; (iv) anyone adjudicated incompetent or has been committed to any mental institution; (v) any person who is an alien illegally or unlawfully in the United States; (vi) any person who has been discharged from the U.S. armed forces under dishonorable conditions (vii) any person who, having been a citizen of the United States, has renounced their citizenship; (viii) any person who is subject to a court order that: 1. was issued after a hearing of which the applicant received actual notice, and at which the applicant has an opportunity to participate; 2. restrains the person from harassing, stalking, or threatening an intimate partner of the person or child of the intimate partner of the person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and includes a finding that the person represents a credible threat to the physical safety of the intimate partner or child; or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner or child that would reasonable be expected to cause bodily injury.

RESTRICTIONS ON LOCATION OF CARRY:

It is a Class 1 Misdemeanor for any person to knowingly carry concealed on or about his person on any private premises where notice that carrying a concealed handgun is prohibited by the posting of a conspicuous notice or statement by the person in legal possession or control of the premises.

Carrying any dangerous weapon by a person participating in, affiliated with, or present as a spectator at any parade, funeral procession, picket line, or demonstration on public property or private health care facility is also a Class 1 misdemeanor.

It is unlawful for any person to possess, or carry, whether openly or concealed, any deadly weapon, not used solely for instructional or officially sanctioned ceremonial purposes in the State Capitol Building, the Executive Mansion, the Western Residence of the Governor, or on the grounds of any of these buildings, and in any building housing any court of the General Court of Justice.

It is a non-criminal violation of the law (infraction) for an individual to fail to disclose to a law enforcement officer that he has a concealed handgun on/about his person or to provide the concealed handgun permit when required.

Guns were previously banned from school grounds, however, they are now allowed if the school ground in question is a public school, as long as the owner is in possession of a concealed weapons permit, and the gun is inside a locked compartment, which is in turn inside a locked car. Private schools may permit or ban guns on their campuses as they wish. However, it is a misdemeanor, rather than a Class I Felony, for any person to possess or carry, whether openly or concealed, any gun, rifle pistol, or other firearm of any kind, on educational property or to an extra-curricular activity sponsored by a school if the person is not a student attending schools on the educational property, or an employee employed by the school working on the educational property; and the person is not a student attending a curricular or extracurricular activity sponsored by the school at which the student is enrolled, or an employee attending a curricular or extracurricular activity sponsored by the school at which the employee is working; and the firearm is not loaded, is in a motor vehicle and is locked in a container or a locked firearm rack.

A concealed handgun permit does not allow a permittee to carry a gun on any school ground. Guns are not allowed into State buildings unless they are being used for instructional or officially sanctioned ceremonial purposes. It is also unlawful for a person to arm himself or herself with a gun for the purpose of terrifying others and go about so on public highways in a manner to cause terror.

Recent changes to North Carolina law removed the prohibition on legal gun owners from carrying lawfully possessed firearms during a declared State of Emergency via the Emergency Management Act.

Open Carry:

Open carry is legal throughout the State of North Carolina. No permit is required to carry a handgun openly in North Carolina.

- **POPULATION HEALTH INDICATORS PROJECT (Activity 10.1 and 41.2)**

Ms. Maxson and Ms. Downey-Piper provided the Board with an update on the progress made with the population health indicators project, data requested by Ms. Harris nearly two years ago.

The population health indicators project began as a series of conversations among different stakeholders such as the Neighborhood Compass, Durham County Department of Public Health and the Center for Community and Population Health Improvement (CCPHI). It grew out of community interest in current health data that was stratified by neighborhood geographically. Since that time, a process has been created to receive current population-level health data for Durham residents. The original group of collaborators is planning focus groups with community stakeholders to learn the best way and format in which to share this summary health information with neighborhoods.

Next Steps:

- Memorandum of Understanding (MOU) between Duke Health and DCoDPH
- Data sharing agreement between DCoDPH and DataWorks
- MOU describing process of how to select data request priorities and partner roles
([A copy of the PowerPoint Presentation is attached to the minutes.](#))

QUESTIONS/COMMENTS:

Dr. Coyne-Beasley: How do you define a neighborhood?

Ms. Maxson: In this case its census block group so it is not exactly the neighborhoods that people defined but to get the census block group is pretty exciting.

- **APIARY REGISTRATION IN DURHAM COUNTY (Activity 9.5)**

Mr. Salter spoke about the Zika presentations given to the Board last year on the spread and mosquito control efforts, guidance and actions taken. Mr. Salter noted that he had become concerned that aerial spraying was taking place in Florida and they were using organophosphates, a product that was extremely deadly to the bee population. Immediately after one of his presentation he was notified that spraying had taken place the night before in South Carolina and millions of bees had been killed. With the possibility for spraying in Durham, Mr. Salter decided to approach Matthew Yearout, environmental health specialist and president of the Durham Bee Keepers Association, to come up with a notification system. The system would help bee keepers and the County coordinate spraying with minimal effects to the bee population.

Mr. Yearout provided an overview on the need to protect honey bee populations by communicating with bee keepers and coordinating vector control activities should local health conditions require such action.

No local government spraying programs currently exist in Durham County. This could change should local transmission of a high consequence pathogen via a vector such as mosquitoes occur. Honey bee populations are already in a stressed and vulnerable state. Locating apiaries and coordinating vector control activities will be necessary to ensure effective control measures while limiting impact to bee populations.

The overview covered the following information:

- **Reasoning: Description of why the voluntary registration was put together**
 - Zika was prevalent in the news
 - Over 40 hives lost in Summersville due to aerial spraying, unfortunate and heavily covered by the press
 - Unique opportunity to bridge Environmental Health and beekeeping community through my role as the president of the Durham County Beekeepers and an Environmental Health Specialist.
- **Educational opportunity: Why does Durham need a plan and what would it look like?**
 - Aedes species mosquito (Ae. aegypti and Ae. Albopictus). Aegypti is a known vector, but albopictus (Asian Tiger) is a potential carrier. The latter is prevalent in Durham
 - Targeted spraying is different than aerial spraying. The latter is responsible for the widely publicized bee kill. The Foremost is Durham's likely approach.
 - Current voluntary registration through the Department of Agriculture only covers aerial spraying. This would not help Durham's mostly backyard beekeepers, so there was a need for a local registry.
- **Implementation: Steps used to foster participation**
 - Trust, can we register without identifying the exact location
 - Reliability, how do we ensure that accurate information is used to identify
 - Using available resources
 - Durham Neighborhood Campus offered landing point to access broad identifying information that still offered adequate reliability
 - The data can be easily processed in house with already available GIS
 - Outreach through DCBA listserv reaching the 88 members, and 296 participants
- **Results: Was this a success?**
 - No outbreak!!!
 - This may have contributed to the poor participation, 8 beekeepers.
 - Having to look up identifiable information may have also created an additional barrier
- **Going Forward: What was learned?**
 - In the event of an outbreak, it's good that the process was at least in place.
 - May want to simplify the process
 - This is transferable to other applications
([A copy of the PowerPoint Presentation is attached to the minutes.](#))
- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Board received a copy of the vacancy report through the end of September 2017 prior to the meeting. The vacancy rate for September was 8.9%. There were no questions about the report.
([A copy of the October 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 September 2017 prior to the meeting.
([A copy of the October 2017 NOV report is attached to the minutes.](#))

QUESTIONS/COMMENTS:

Dr. Levbarg: Bryan, I did have one question for you. You talked about how there seemed like there was a number of NOV cases that were being moved along as cases and so is there any update about that?

Attorney Wardell: There's one in particular, 2005 Patterson. So that is a lawsuit that is about to be filed. We have run into a bit of a snag. The listing owner of the property died a couple of years ago and didn't have a will. The heirs took the property and haven't really maintained the property very well. We can't identify who all the heirs are; so, it will be a little bit more of an elaborate process to get service on the two owners of the property. We know one person in fact that has been listed as an owner but we think there are at least three more.

Chairman Allison: Is it occupied?

Attorney Wardell: It is occupied. That's why it's a problem.

Chairman Allison: Is it a rental or owner occupied?

Attorney Wardell: That's what we are not sure of. We think it's a rental but we believe at least one of the owners live there as well. So that's the case we're working on right now. We did send out some pending letters on some of the other properties and are waiting to hear back from those.

Health Director's Report

Division / Program: Nutrition / DINE/ DPS Wellness Summit

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- The DINE school team provides nutrition education and support for wellness initiatives at sixteen Durham Public Schools (DPS) elementary schools and up to seven middle schools.
- DPS convenes a Wellness Summit each year to bring together wellness leaders from all district schools to learn about school health resources.
- The DINE school team was invited to participate in this year's DPS Wellness Summit to share information about the nutrition program and discuss possible collaborations with the wellness leaders.

Statement of goals

- To increase awareness of the DINE school program.
- To network and seek collaboration opportunities with school wellness leaders.

Issues

• Opportunities

- The DPS Wellness Summit provides a great opportunity to meet and network with wellness leaders from across the district.
- DINE nutritionists were also invited to participate in the breakout sessions during the Wellness Summit, which included resources for increasing physical activity during the school day, updates on the district wellness policy, and information on Alliance for a Healthier Generation's Healthy Schools Program. This allowed DINE nutritionists to learn about current policies and resources, and to connect directly with school wellness leaders to discuss plans for the school year.

• Challenges

- The DINE program is grant-funded in large part by SNAP-Ed, and therefore is able to serve schools where 50% or more of the student population is eligible for free- or reduced-price lunch. In Durham, 23 of the 30 elementary schools qualify for the DINE program based on these guidelines. However, since the DPS Wellness Summit includes representatives from all schools, there are some schools that may be interested in DINE but do not qualify for the program, limiting what services can be provided. However, DINE nutritionists are able to share resources with these schools, including toolkits and lesson plans.
- The participants of the DPS Wellness Summit are the "wellness champions" for their respective schools, and while many of them are excited and motivated to make healthy changes at their schools, there are many challenges they face when attempting to implement these changes. Challenges may include lack of support/enthusiasm from a school's administration, staff and/or parents, limited financial resources, lack of enforcement or incentives for adhering to policies, and time constraints.

Implication(s)

• Outcomes

- DINE nutritionists connected with wellness leaders from across the district, and discussed possible collaboration efforts.

• Service delivery

- The DINE school team had an informational table at the DPS Wellness Summit, with a program display board, DINE fact sheets, curricula descriptions, and examples of parent handouts, educational incentives, and wellness toolkits.

• Staffing

- Five DINE nutritionists attended the 2017 DPS Wellness Summit in rotating shifts covering the entire event.

• Revenue

- No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- The DINE program will continue to collaborate with DPS wellness leaders and to deliver nutrition programming for students in Durham. DINE nutritionists will continue to work with schools to create healthy learning environments and promote policies that allow students and staff to make healthy choices while on campus.

Division / Program: Nutrition / DINE/ Healthy Corner Store Project with Wood Retail Consulting
(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment).

Program description

- DINE for LIFE Healthy Environments Program is a nutrition program aiming to increase Durham residents' access to healthier foods and assist corner stores and grocery stores to make changes that promote healthy eating.
- Assistance is given to corner stores to improve availability and enhance visibility of healthy items and promote healthy eating.
- Three corner stores and one grocery store are currently working in partnership with the DINE Healthy Environments program to improve the options offered at their stores and ultimately make the healthy choice the easy choice for customers.
- Two of the corner stores received focused attention through a special consultation visit that was funded through the Healthiest Cities and Counties Challenge award funds.

Statement of goals

- To improve the physical appearance of the corner stores, making them more appealing for customers to buy grocery items.
- To increase the availability of fresh fruit or vegetables in stores located in areas lacking access to fresh foods.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.

Issues

• **Opportunities**

- The two corner stores participating in the consultation project are located in areas that provide an opportunity to reach low income Durham residents where they shop for snacks and occasional groceries.
- Healthy Environments Program staff are building relationships with corner store managers and offering help with cleaning the store, adding signage, and providing assistance displaying pricing in exchange for their willingness to try selling fresh produce and allowing DINE staff to move healthier products to more visible locations. Store managers have been pleased to receive this help and are willing to try stocking fresh produce.
- Healthy Environments Program staff connected with a merchandising consultant and began plans to work together in November of 2016. Building a relationship prior to his visit allowed for more flexibility of work and better interactions. This relationship may also be helpful in the future, when looking for expert advice for the expansion of the project.

• **Challenges**

- Store owners tend to be very busy and may not have the time or manpower to maintain the cleanliness of the store or continue to stock healthy items in the same manner. It may be challenging to sustain the changes provided.
- Some store owners are under the impression that they will not succeed in selling fresh produce being that the nature of their stores is more of a quick stop for snacks and drinks. Starting with bananas was an easy compromise they were willing to make as these have been shown to sell more easily.

Implication(s)

• **Outcomes**

- Express Mart (located on the Corner of Geer St and North Roxboro) underwent deep cleaning and re-merchandizing. Outside cigarette stickers were removed, grocery section was consolidated, healthier snack choices were placed at eye level, and a cooler featuring only water was created. A two tiered basket was given to store for the purpose of stocking produce.
- Dearborn Minimart (located on the corner of Dearborn Dr. and Martin St.) also underwent deep cleaning and re-merchandizing. Expired food was thrown away, a grocery and personal care section were consolidated, a cooler featuring water was created, and an area was cleared and identified as a good place to feature produce. A two tiered basket was given to this store for this purpose.

• **Service delivery**

- The Healthy Environments Nutritionist helped facilitate the subcontract with Wood Retail Consulting through Reinvestment Partners.
- The Healthy Environments Nutritionist visited corner stores on a weekly basis prior to the consultant's visit, in order to improve relationships and prepare managers for upcoming project.
- The Healthy Environments Nutritionist helped coordinate the consultant's visit as well as organizing volunteers for the two day project.

- Healthy Environments program staff together with one staff person from Reinvestment Partners helped spearhead the physical work of the project. Community volunteers helped as needed.
- **Staffing**
- The two day project was staffed by the Healthy Environments team and community volunteers. Frequent store visits are conducted by the Healthy Environments Nutritionist.
- **Revenue**
- No revenue was generated by this activity.

Next Steps / Mitigation Strategies

- The DINE Healthy Environments program will continue working with these stores by empowering managers to sustain the changes created and helping to improve other aspects such as labeling and pricing of foods in an effort to promote healthy choices.
 - The Healthy Environments program plans to continue adding stores as more relationships are built with other managers.
 - As part of an evaluation plan, the Healthy Environments staff will continue visiting managers to collect feedback on sales of healthy items and will plan on surveying customers for their opinions on the changes created and their willingness to choose healthier products.
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Division / Program: Nutrition Division/Clinical Nutrition Services/Nutrition Education for Durham County Public Schools Personnel

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

Program description

- The Clinical Nutrition team at the Durham County Department of Public Health (DCoDPH) provides nutrition education to school personnel that serve as Diabetes Care Managers (DCMs) for their specific school within the Durham Public School System (DPS).

Statement of goals

- DPS is mandated by federal law to provide diabetes education to school personnel that may be in contact with students living with diabetes. As a result, a school nurse employed by the DCoDPH provides a yearly training to DCMs from each school. A Registered Dietitian provides the nutrition education component of the training.

Issues

- **Opportunities**
- Optimal blood sugar control in children living with diabetes decreases the risks of acute and long term complications. Blood sugar levels during the school day impact overall diabetes control.
- **Challenges**
- School personnel on a diabetes management team need a general understanding of how foods impact blood sugar levels and how the amount of carbohydrate eaten at a meal or snack relates to the student's medication needs and risk of acute adverse effects on blood sugar control.

Implications

- **Outcomes**
- School personnel are able to assess food's impact on blood sugar control and risk of hyper- or hypoglycemia.
- **Service delivery**
- A Registered Dietitian/Certified Diabetes Educator (RD/CDE) provided training to 60 school personnel. There are two more trainings scheduled over the next 3 months.
- **Staffing**
- The training was provided by one RD/CDE.
- **Revenue**
- The training is not a source of revenue for the DCoDPH.

Next Steps/Mitigation Strategies

- Staff will continue to provide nutrition education to DPS school personnel on an annual basis to contribute to the safety and well-being of children living with diabetes while at school and while participating in school related activities.
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Division / Program: Laboratory/ Syphilis Health Check Assay

(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

- On September 5, 2017, the DCoDPH Laboratory introduced the Trinity Biotech Syphilis Health Check assay for the detection of *Treponema pallidum*. Syphilis Health Check is a qualitative membrane immune-chromatographic assay that provides rapid results.

Statement of goals

- The assay will be utilized as an immediate confirmation of syphilis diagnosis in the clinic rather than the routine confirmatory assay from the NC Public Health Laboratory.
- The assay will reduce the wait-time for confirmation of syphilis diagnosis leading to quicker treatment for patients.

Issues

• **Opportunities**

- Current confirmatory testing turn-around is approximately 1 week from collection to resulting, whereas the Syphilis Health Check is a rapid test that can provide results in 12 minutes.
- The addition of a confirmatory syphilis assay to the Laboratory test menu demonstrates DCoDPH's commitment to improving patient care by offering emerging laboratory technologies.
- Offers Lab Assistants and Lab Technicians the opportunity to learn new techniques.

• **Challenges**

- Testing of venous specimens marks this assay as moderately-complex per CLIA standards which opens the assay, and staff who perform it, for examination during future CLIA inspections.
- Confirmatory testing from the NC Public Health Laboratory may still be required in cases where Syphilis Health Check assay results differ from RPR assay results.

Implications

• **Outcomes**

- Syphilis diagnosis will be confirmed rapidly and in the clinic rather than waiting for confirmation through the NC Public Health Laboratory.
- Rapid detection will lead to quicker treatment in the community and will aid in reducing the spread of syphilis.

• **Service delivery**

- Planning, validation, and implementation was completed by the Laboratory Division Director, Laboratory Supervisor, and Laboratory Technical Consultant with DCoDPH Laboratory staff participating in vendor training and validation testing. STI Clinic staff also participated in vendor training.
- The Validation Report was reviewed and approved by the Medical Director, Dr. Arlene Sena, on 5/26/17.
- Testing was introduced in the laboratory on 9/5/2017.

• **Staffing**

- Validation procedures were performed by DCoDPH Lab staff.

Next Steps / Mitigation Strategies:

- Review monthly statistics to ensure the continued usefulness of the Syphilis Health Check assay.

Division / Program: Community Health /OBCM

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

Program description

- OB Care Management (formerly called PCM) services are provided to assist Medicaid eligible pregnant women in accessing resources and other services that will lead to good pregnancy outcomes. OBCM services are also provided to some patients who are not eligible for Medicaid -these are primarily Spanish-speaking patients.

Statement of goals

- To increase the number of risk screenings received from Duke High Risk OB Clinic (DHROB), in collaboration with CCNC, through a fully embedded OBCM pilot model.
- To maintain client engagement and rapport through the post-partum period.

Issues

Challenges

- As part of North Carolina's OBCM Large County Learning Collaborative (LCLC) initiative, two OBCMs from DCoDPH were fully embedded into DHROB in May 2017. However, the two OBCMs who were onsite at Duke full time, five days a week were not enough manpower to handle the additional patient care case load for clients who were admitted to Duke or who were out of county clients. To resolve this situation, DCoDPH OBCM, CCNC and DHROB collaborated and decided that a third OBCM from DCoDPH should be fully embedded at DHROB.

Opportunities

- As of September 19th, another OBCM who is a Nurse was assigned to DHROB clinic to fill the identified gap. This additional OBCM staff will float between DHROB and the hospitals to ensure that in-patient clients that are on admission for long periods of time are assessed and followed through their pregnancy by the OBCM. The OBCM will also assist out of county clients that receive care at Duke.
- The third OBCM from DCoDPH will also be fully embedded at Duke and function as part of the Duke's interdisciplinary team.
- The third OBCM staff will be readily available to provide assistance with accurately completing risk screening forms.

Implication(s)

Outcomes

- Although, the addition of a third OBCM is still in its early stages (just two weeks old), Duke and CCNC report a positive outcome because Duke's in-patient and out of county clients are receiving much needed OBCM care onsite.

Service delivery

- In collaboration with CCNC, DCoDPH OBCM staff continue to be a leader in piloting embedded models in NC via the North Carolina's OBCM Large County Learning Collaborative (LCLC) initiative.
- Year round trainings occur at conferences or workshops that are designed to meet the needs of a facility, county or NC state at large.

Staffing

- There are three full time OBCM staff onsite at Duke, while five OBCMs remain on-site at DCoDPH to cover the rest of Durham County and some out of county clients.

Revenue

- Additional mileage expenditure will occur as the supervisor needs to provide some onsite supervision to the OBCMs at Duke.

Next Steps / Mitigation Strategies

- Continue to increase the number of Duke OB clients who receive timely and pertinent OBCM care.
- The additional care received is also expected to reduce health disparities and maternal and child morbidities.

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
 - Stay Connected with DCoDPH September Activities – September 6th.
 - Keep Cool and Stay Hydrated During Fall Sports – September 13th.
- Website Updates
 - All press releases added to website
 - September events added to PH Calendar
 - Input September BOH meeting agenda on website
 - Added a subpage with previous Community Connections Newsletters.
 - Community Connections eNewsletter sent on September 11th.
- Media Archives
 - Stay Quit Smoking Support Group – Added to monthly *IndyWeek* services

Next Steps / Mitigation Strategies

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

Division / Program: Health Education and Nutrition/ Clinical, Chronic Care Initiative
(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 Office of Minority Health and Health Disparities is providing funds to continue offering an evidenced-based diabetes prevention program targeting African-Americans, Hispanic/Latinos and American Indians (Minority Diabetes Prevention Program or MDPP).
- Durham County offers this program as part of a 9-county collaborate (Region 5) in the state.
- As part of the agreement with the state, Durham County partnered with the Region 5 MDPP Collaborative and North Carolina Central University to raise awareness about pre-diabetes, type 2 diabetes, and MDPP.
- North Carolina Central University wanted to bring awareness to diabetes at the football game on September 9th. Staff partnered to increase awareness and provide diabetes screening at the event to meet obligations set forth by the state.
- Screening was provided to university students at football game pep rallies leading up to Saturday's football game.

Statement of goals (*pertains to the desired outcomes for activity or event being reported*)

- To bring awareness to pre-diabetes and type 2 diabetes in minority populations.
- To provide diabetes screening, to identify individuals with pre-diabetes, and recruit participants to DCoDPH programs such as DSME, CDSMP, and MDPP.

Issues

- **Opportunities**

- Staff members were able to interact with a high volume of people, particularly African Americans (one of the target populations of MDPP).
- Staff collaborated with other counties in Region 5 (Alamance, Guilford, Orange, Caswell, Chatham, Person, Randolph, and Rockingham) and North Carolina Central University, including students in the Health Education Department.
- Staff strengthened community DCoDPH's relationship with North Carolina Central University.

- **Challenges**

- Not all attendees were eligible for DCoDPH services because they were not Durham County residents.
- Pre-game promotions did not clearly communicate that diabetes screening would be available prior to start of the game.
- Location of screening tables was not conducive to encourage game attendees to stop and get screened/tested.
- Identifying roles and responsibilities between the 3 agencies coordinating the promotion was challenging.

Implication(s)

- **Outcomes**

- A total of 430 paper diabetes risk tests were completed.
- A total of 30 hemoglobin A1C tests were completed.

- **Service delivery**

- This promotion included 3 events September 7-9th at North Carolina Central University.

- **Staffing**

- 5 staff members from the Health Education Division, 5 staff members from the Nutrition Division, and other members from the Region 5 MDPP Collaborative.

Next Steps / Mitigation Strategies

- Reach out to individuals to offer the opportunity to enroll into DCoDPH programs and events.
-

Division / Program: Environmental Health/Public Health Preparedness

(Accreditation Activity 7.4 - The local health department shall have a public health preparedness and response plan. Activity 7.6 – The local health department shall annually test or implement the local public health preparedness and response plan)

Program description:

- DCoDPH First Responder Point of Dispensing Exercise was held on October 4th. The objective of the exercise was to test the DCoDPH Medical Countermeasure (MCM) Plan. This plan details how public health will rapidly dispense mass prophylaxis to the entire Durham County population within 48 hours of exposure in the event of a terrorist attack, disease pandemic or a major natural disaster. The exercise threat scenario was an influenza pandemic, causing the need to immunize the first responder community to avoid a depletion in the Durham County workforce. The 2017 Influenza Vaccine was used to exercise the health department's capability to provide mass prophylaxis by establishing a point of dispensing (POD) off site.

Statement of goals:

- To establish the POD within 30 minutes of arriving at the venue
- To process/vaccinate all clients representing DCoDPH and DCo Fire Marshal's Office within 45 minutes of opening the POD

Issues:

- **Opportunities**

- Identifying partners and establishing relationships
- Identifying shortfalls and areas for needed improvement
- Provide elected and appointed officials, observers, media personnel, and players from internal and external organizations the opportunity to observe or participate

- **Challenges**

- Maintaining unbroken medication cold chain
- Ensuring the correct amount of vaccine was available at the appropriate temperature while being dispensed
- Managing consent forms and dispensing per state vaccine protocols
- Documenting what happened, what needed to happen but might not have happened

Implication(s):

• **Outcomes**

- 32 minutes after starting the exercise 163 staff members had been immunized
- 36 additional staff members were processed through the POD to receive consultation, 22 of those declined the vaccine
- 16 staff had already received vaccination prior to the exercise and this was documented
- 215 total staff members were processed through the POD in 32 minutes

• **Service delivery**

- Durham County will be better prepared to stand up a POD in response to a real world event

• **Staffing**

- 32 DCoDPH staff members participated and executed the POD operations

• **Revenue**

- Execution of the exercise satisfies training requirements needed to sustain critical grant funding to the department

Next Steps / Mitigation Strategies

- Continue ongoing and dynamic refining and improvement of the plan
- Continue to develop new and existing community partnerships

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

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

Ms. Harris and Attorney Wardell presented the smoking rule revisions during the October 2nd worksession of the Board of County Commissioners. During the worksession, one edit was made to break up a long sentence that lacked clarity. The Board of County Commissioners voted during their October 9th regular session to approve the edited rule with an effective date of July 1, 2018.

Attorney Wardell: Durham County will need to be the enforcement agent, oversee the process for having the signs put up and inform people that this is a Durham County law that covers sidewalks and pretty much any outdoor space.

Ms. Harris: Health Education Community Transformation staff is working to realign some funding so that we can have more cessation options for people (i.e. classes, gum, patches etc.). Most people say they need the nicotine replacement gum and patches.

Chairman Allison: Are you going to have some targeted education for different facilities? This is back to what I talked to you about at an outside meeting where we see folks smoking just off the property at the Brian Center. These people are both patients and staff. I'm sure there are several places like that - where smoking is not allowed in the facility or on the grounds; so, they come off the property actually onto the public space to smoke. Is it going to be a way to target some of the facilities that you foresee that being a problem?

Ms. Harris: I think that using Durham One Call, the phone app that people can use to report violations will help us target places for outreach and education. We will promote Durham One Call during the education campaign. Since we already know that there is a problem near the Brian Center, we have an opportunity to educate the staff and patients.

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

Dr. Miller made a motion to repeal the current rule for Post-Exposure Management of Dogs and Cats. Mr. Spence seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

• **BUDGET AMENDMENTS:**

The Durham County Department of Public Health request approval to recognize donation funds in the amount of \$1,046.50 from Benjamin C. Klein and Tru Deli, LLC to support Cure Violence Initiative (Bull City United).

Dr. Levbarg made a motion to approve the budget amendment in the amount of \$1,046.50. Mr. Curtis seconded the motion and the motion was unanimously approved.

The Durham County Department of Public Health request approval to recognize a funds in the amount of \$2,000.00 from the Shift NC to support Project Build Activities.

Mr. Dedrick made a motion to approve the budget amendment in the amount of \$2,000.00. Dr. Levbarg seconded the motion and the motion was unanimously approved

TB CASE:

Dr. Sena reported that DCoDPH identified a local high school student with active pulmonary tuberculosis (TB) on October 11th. The contact investigation for this TB case will involve students and staff spanning two academic years, and is expected to involve over 200 individuals. Due to the size of the investigation, DCoDPH activated its Epi-Team. DCoDPH plans to offer TB screening for contacts at the school using a blood test (T-spot) that is more sensitive and costly compared to the skin test, but avoids the need to have students return in 2-3 days for reading of the skin test.

QUESTIONS/COMMENTS:

Chairman Allison: Being that this can potentially be a public health crisis, is there emergency funding available of any level to deal with this?

Ms. Harris: Will is going through our budget...

Chairman Allison: I mean outside of the department.

Ms. Harris: The state says they don't have any money. We thought they were going to have some extra money. Dr. Sena did you talk with the consultant today.

Dr. Sena: There was an e-mail in which our consultant said they didn't have any funds.

Chairman Allison: Well, I guess my question would be if we couldn't find the funds in our budget, will we just have to run a deficient or would it not be done? That's my question.

Ms. Harris: It will get done. We will re-align existing funds.

• **AGENDA ITEMS NOVEMBER 2017 MEETING**

- 2018 NALBOH Presentation
- 1st Quarter Financial Report
- Performance Measurements

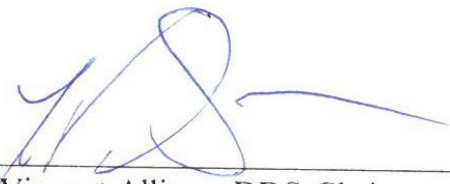
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no formal discussion.

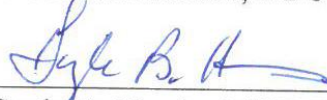
Dr. Levbarg made a MOTION TO ADJOURN INTO CLOSED SESSION PURSUANT TO N.C GEN. STAT. SECTION 143-318-11 TO CONSULT WITH THE COUNTY ATTORNEY IN ORDER TO PRESERVE THE ATTORNEY-CLIENT PRIVILEGE IN THE MATTER OF WILLIAMS ET AL V. PERKINS, 15 Cvs. Mr. Dedrick seconded the motion and the motion was unanimously approved.

Dr. Miller made a motion to reconvene into regular meeting. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Mr. Curtis made a motion to adjourn the regular meeting at 6:34pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director