

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

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

Excused Absence: Teme Levbarg, PhD, MSW; and Arthur Ferguson, BS.

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

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

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

1. FY 2017 Performance Measures (*administrative reports*)
2. Opioid Presentation (*administrative reports*)

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for October 12, 2017. Mr. Dedrick seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

The Board recognized Chairman Allison who was inducted into the International College of Dentists as a fellow. Chairman Allison stated that it’s a Dental Honor Society that emphasizes service and uplift. Only about five percent of dentist across the United States are members.

Ms. Wood recognized Marsha M. Edwards RN, MSN, NCSN, a Public Health Nurse Supervisor who was officially recognized for her expertise in school health nursing practice by earning certification as a Nationally Certified School Nurse (NCSN). This certification represents a national standard of competence in school health nursing knowledge, preparation and practice.

The Board applauded the recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **DON’T WASTE DURHAM PROJECT PRESENTATION (*Activity 9.2*)**

Crystal Dreisbach, Executive Director of “Don’t Waste Durham” provided the board an overview how local projects positively impact Durham’s environment and residents and how some of those projects were and continue to be influenced by Environmental Health rules and regulations. She provided a description of how DCo Department of Public Health/Environmental Health lends support and guidance for community projects like “Green to-Go”.

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

QUESTIONS/COMMENTS:

Dr. Fuchs: I have a couple of questions, what is the price difference between the styrofoam container and one that’s biodegradable, the paper?

Ms. Dreisbach: Yes. Of course, styrofoam is widely less expensive than compostable. Don’t Waste Durham is trying to create a Co-op. If you buy huge amounts of compostable products, you’re driving the price down. We have two composting partners, Food Forward and Compose Now. They not only collect and transport compostable products to the compost facility but they also sell compostable service-ware to restaurants. They also have very large warehouses. We’re trying to order in huge bulk so we can offer a very low prices. Hopefully, over time, buying these huge amounts will drive the prices down and make this more affordable. Yes, there is a huge difference and it sometimes takes some convincing of the restaurants. Some restaurants just can’t afford it.

Chairman Allison: Do you see that when restaurants are switching to the compostable are they passing those costs onto the consumers?

Ms. Dreisbach: That’s a good question. Now that, I don’t know. We are all about reuse. Of course the trash is the worst, recycling second best and composting is the next best but reuse is the ultimate best and that’s our main focus. If our composting partners, are helping people switch from styrofoam to compostable, we’re obviously very happy. I would guess that they would have to pass those costs on to the consumer but I’m not sure.

Dr. Fuchs: Have you worked with the hospitals in the county? I can tell you that there are thousands of those styrofoam containers that are used every day.

Ms. Dreisbach: So true.

Dr. Fuchs: So is there a way to do this program in the hospitals?

Ms. Dreisbach: Of course, as I mentioned before, this a community owned program; so, we’re welcoming ideas, input and designs from the community. This would be a great question. If someone has connections to the hospital community and would help facilitate just an exploratory conversation with the hospitals on how that might work, we would be absolutely opened to that. We would love that.

Dr. Fuchs: I will give you my card and we can talk.

Ms. Dreisbach: Sounds great. Thank you.

Dr. Stewart: Do you have any calculations on the environmental and energy costs of the cleaning component of the reusable?

Ms. Dreisbach: Yes. I’m so glad you asked. We do have life cycle analysis of the energy, water, and other resources that go into reuse as oppose to composting as a oppose to recycling that are very interesting. Reuse, despite the washing process, still comes out to be the most cost effective and beneficial for the environment overall.

Mr. Dedrick: This may be beyond your scope; but I noticed for years I’ve met garbage trucks in Chapel Hill headed to Durham every morning and I thought Chapel Hill was bringing their trash to us.

Ms. Dreisbach: It’s true. We did a lot of research around this and it’s so mind boggling. The transfer station down on Club Boulevard is for both Durham County and Orange County trucks; so, all of Orange County and Durham County trash goes to the transfer station on Club Boulevard and is roundtrip semi-trucked every day to Sampson County. There are a bunch of environmental inequity issues going on because Sampson County is a very poor county and they’re bearing a disproportionate brunt of the environmental impact of the landfill and it’s our trash. The Sampson County landfill is predicted to be at capacity as of 2029 which is not that far away. The plan after that is to start trucking the trash to Virginia because the landfill regulations are much more relaxed there. That’s why we always say that it is a crisis - that’s what happening. Not an immediate crisis, not a person-to-person crisis but the crisis is moving and there will come a day when we are going to be doing ridiculous things to move the trash out of here by trucking it to Virginia.

- **1ST QUARTER FINANCIAL REPORT (Activity 39.2)**

Mr. Sutton provided the Board an update on the 1st Quarter Financial Report (July-September 2017). The presentation covered overall quarterly expenditures and revenues for Public Health and the status of the FY2013 Medicaid Cost Settlement in which the new cost settlement statistic was retroactively applied.

FY18 Approved vs Current Budget

Budget	Total	County Funding	Other Funding	% County
Original	26,034,159	18,861,320	7,172,839	72%
Current	26,312,482	19,134,536	7,177,946	73%

Difference between current and approved represents any new funding or year-end carryover from prior year.

Historical Approved Funding (5 Year)

FY	Approved	County Funding	Other Funding	% County
2018	26,034,159	18,861,320	7,172,839	72%
2017	23,831,496	17,579,754	6,251,742	74%
2016	22,134,505	16,126,822	6,007,683	73%
2015	21,841,914	15,719,673	6,122,241	72%
2014	20,876,989	15,023,563	5,853,426	72%

5 Year Average 73%

1st QTR Expenditures (5 Year Comparison)

FY	% Expended
2018	23%
2017	22%
2016	26%
2015	25%
2014	25%

5 Year average 24%

1st QTR Revenues (5 Year Comparison)

FY	% Collected
2018	16%
2017*	12%
2016*	18%
2015*	16%
2014	15%

*Adjusted for Cost Settlement received

5 Year Average 15%

Revenue Comparison 1st QTR

Type	FY 16	FY 17	FY 18	3 Yr AVG
Grants	597,066	468,411	675,671	580,383
Medicaid	403,804	316,700	440,359	386,954
Svc Charges	61,267	79,950	59,725	66,981

These numbers exclude Medicaid Cost Settlement

Medicaid Cost Settlement

FY 2013

- New DMA Statistic FY11
- Lawsuit (Cabarrus)
- New Statistic effective beginning FY13
- FY13 Payback \$558,527 (One-time 473K)
- Option 1 - Accept and pay
- Option 2 - Appeal and cleanup (scrub) then pay
- Duplicates (Dental)

Medicaid Cost Settlement History

- FY 2011 1,171,564
- FY 2012 1,122,594
- FY 2013 1,519,877
- FY 2014 1,438,377
- FY 2015 1,414,760
- FY 2016 1,402,695 (Estimated)

FY 2017 is being prepared

QUESTIONS/COMMENTS:

Commissioner Howerton: So 2018 is a projection?

Mr. Sutton: These are actual revenue for service charges.

Commissioner Howerton: For the 1st quarter or the year?

Mr. Sutton: 1st quarter.

Dr. Fuchs: I have a question, you mentioned earlier in the 1st quarter that some cost centers or lines were over budget. Despite being overall favorable for the 1st quarter from what I could read are some those overage going to continue for the rest of the year and are they going to put us in jeopardy of being over budget? Is there anything we need to worry about?

Mr. Sutton: That is a very, very good question. In particular is one that I kind of oversee - departmental budget. I noticed that...actually when I looked at it today it was at 90%. Let me make sure that I explain this. The numbers that I showed you were actuals and when I'm looking in the budget system it takes in consideration encumbrances, monies that are set aside for something specific not necessarily says that we are going to spend it. Chances are that we will unless something happens. What I have yet to do is to try to figure out or try to understand why we are at 90% because that is a concern for me also. The departmental budget covers a lot of things for the department. I'm asked quite often to cover unexpected costs and find funds to cover them. Not that we are overspending the budget yet but it's getting close for that one particular fund center that I have looked at.

Dr. Fuchs: So then I guess you're saying that there is nothing to worry about but you still don't understand what the variance is. Next month, maybe, you might understand what the variance and can tell us.

Mr. Sutton: Yes. I think I had a conversation with someone today and hopefully it's a result of at the beginning of fiscal year there is more activity and then it slows down for the remaining of the fiscal year.

Dr. Miller: In administration you have a lot of salaries in there that are encumbered for the whole year.

Mr. Sutton: Yes but not encumbered.

Dr. Miller: That is taken into account for in that 90% for the whole year.

Mr. Sutton: No. They're two separate budgets. There is an administrative budget, that's the one with the salaries and then there is a departmental budget. There are no salaries in the departmental budget and the departmental can cover a wide range of things.

- **FY 17 PERFORMANC MEASURES (Activity 39.2)**

Ms. Harris stated that Dr. Jen Isherwood compiled the information that is being presented tonight. The county has purchased software, ClearPoint that will analyze the data for us.

Ms. Downey-Piper reviewed the FY 2017 Performance Measures with the Board.

[\(A copy of the FY17 Performance Measures Infographic is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Commissioner Howerton: Is this in-house?

Ms. Downey-Piper: These measures?

Commissioner Howerton: Yes.

Ms. Downey-Piper: So what I was saying is most of these divisions have two to three times this amount that are in-house but these are the ones we have selected to present publicly.

Commissioner Howerton: Ok but the information here, the percentages is that in-house is what I'm asking or is this information...

Ms. Downey-Piper: The percentages is like for example the STI screenings. Is that what you're asking?

Commissioner Howerton: I guess what I'm asking is the percentages that are showing up in this report are they just for staff

Ms. Harris: If you are asking if these measures reflect what we do, yes many of these do. When we presented our budget, Commissioner Reckhow asked that we also report some population measures -measures for the entire Durham County.

Commissioner Howerton: Yes. Are they individuals that have come in for service?

Ms. Downey-Piper: Yes. So everything in your handout, we have collected ourselves and is or will be available soon for the public to review.

Chairman Allison: I just have a suggestion. The dental "no shows" you mention deficiencies. It probably would be better if you compare the same quarter from one year to the same quarter for the next year because this year quarter four...FY17 quarter four that's mostly during school time; FY18 quarter one they're out of school and you would assume the "no shows" would go down because there not in school.

Ms. Downey-Piper: Because we're comparing the same time period?

Chairman Allison: Yes, compare the same time period.

Ms. Downey-Piper: A more accurate presentation of the data - yes. Thank you for that.

Mr. Curtis: School being out from year-to-year at the same time.

Ms. Downey-Piper: Right. Either the full year or doing the exact order.

Chairman Allison: Yes.

Dr. Fuchs: So this is great, there are a lot of really good things here. I have a couple of questions. You speak about standard definitions and reporting to the state. Are there benchmarks available for any of these metrics that you can compare yourselves to? Is there a process to set targets for achievement at all as maybe next steps so that you can focus on continual improvement?

Ms. Downey-Piper: I know for all of them we did have to set like “this is what we anticipated to reach for the fiscal...” in terms of the benchmarks I don’t know....

Ms. Harris: For some things there are.

Ms. Downey-Piper: I would assume for clinical which I’m not as familiar with. In some of the agreement addenda that we have with the state, there are specific benchmarks that we do need to meet like positivity rates or percentage of people that have been screened and that sort of thing.

Dr. Fuchs: So would you get data from some other places to compare yourselves to? Just to see.

Ms. Downey-Piper: It’s a great point. I don’t know the answer. Does anybody else on the leadership team know the answer to that?

Chairman Allison: Does anybody else do it that you know about?

Ms. Downey-Piper: I don’t know.

Ms. Harris: The state has not had a lot of data that they’ve used for benchmarking. It has only been in the past couple of years that they’ve talked about staffing ratios; so they’re inching slowly there.

Dr. Stewart: Maybe we can share our plan with some of the other public health counties that are doing the same things that would be some measures to compare ourselves to.

Mr. Dedrick: It would also be good to know of an intervention in any quarter that we’re looking at. We could compare the percentages knowing when the intervention happened we could trend the impact of that intervention.

Ms. Downey-Piper: Yes. We could compare the refugee health data. We have a policy change that implemented during a quarter and the impact can be seen over time. This helps to tell the story.

- **OPIOID CRISIS AND SAFETY PROGRAM PRESENTATION (*Activity*)**

Dr. Sena provided the Board with an update on Opioid Crisis and Safety Program for Durham County Department of Public Health.

Summary Data:

Data from the NC Injury and Prevention Center indicate that Durham County has a rate of unintentional medication and drug deaths of 7.0 per 100,000 for the period from 2012-2016. This rate is lower than the overall NC rate of 12.0 per 100,000, but our rate in Durham is likely an underestimate due to issues with ICD-10 reporting of opioid related deaths from local hospitals through NC DETECT.

NC Harm Reduction reported 257 community reversals from naloxone in Durham County over a 4-year period, which represents 13% of reversals reported for Region 5 which consists of eight other counties.

The NC Strengthen Opioid Misuse Prevention (STOP) Act was passed earlier this year, which allows practitioners and pharmacists to use standing orders to dispense naloxone to organizations who can assist persons at risk for an opiate-related overdose. The STOP Act also allows local health departments to use county funds to develop needle and syringe exchange programs.

DCoDPH proposes to start a Safe Syringe Program (SSP) with the following details:

- Target start date will be January 2018
- SSP “packets” will be distributed through Pharmacy, Health Education outreach and Bull City United
- SSP services will be provided anonymously with no limit on the number of packets per person (“one-for-one” needle and syringe exchanges are prohibited under NC law)
- HIV and hepatitis C testing will be promoted through the Durham FOCUS program
- SSP clients will be referred as needed for mental health and substance abuse counseling/treatment

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

QUESTIONS/COMMENTS:

Commissioner Howerton: So what is the percentage? Do you have a percentage for this region?

Ms. Harris: We have numbers. The way the slide deck is laid out is that you will have North Carolina data, Local Health Director Region data, and county specific data in all reports. I’ll e-mail the deck to you and the notes are included so that you will have an explanations of each of the slides. So pay attention to the notes section when you receive the slides.

Commissioner Howerton: Yes, because we're getting lots of information from all across the country for other areas, Wrightsville Beach and the mountains. We're just not getting anything from our region.

Ms. Harris: Now there is information that shows the percentages impacted compared to the general population by gender, race, and ethnicity. For example, when we look at race in Durham County our population is 43% White, 38% Black. Our unintentional deaths are 43% White and 50% Black. So some disproportionality is showing up here.

Dr. Sena: I just want you to be aware that the number of deaths reported in 2016 was only 43. So which again shows that there is clearly a under representation.

Dr. Stewart: Gayle is it divided by prescription opioid overdose and illegal overdose?

Ms. Harris: There are charts that break the numbers down in terms of prescriptions and cocaine, heroin, and fentanyl. Even though there are small numbers, we can still see that the numbers are trending up.

Chairman Allison: Can they tell in the overdose, if the heroin has been laced with fentanyl? Did they separate that out?

Dr. Sena: They did talk about that but I don't know if that particular data is here.

Attorney Wardell: Yes. I have come to the determination that we can certainly prescribe the naloxone kits and its agents can give it to any third party with proper training that qualifies under the statues and that would be you, Dr. Sena.

Dr. Sena: So as a provider I am comfortable doing the standing order to prescribe the medication. For example, we had a couple organizations that came up wanting to get some kits for naloxone. We currently don't have additional funds and we were hesitant to provide kits to those organizations. I can complete this standing order. I wanted you to be aware that this was something that we were moving towards under the direction of the state at this point.

Dr. Stewart: I have a question about the needle exchange kit. So the individual puts his used syringes and needles in the sharps container. Then he brings the sharps container in and if he has three of them in there, they are exchanged for three?

Dr. Sena: That's what it says. It says exchange three by North Carolina law. You don't want to do a one for one exchange. Basically, if John Doe comes in and says "I want some clean needles or syringes" you just give them to him and want to encourage that next time he brings in your needles it in the sharps container. We are not going to count them one for one. Using the guidance from the North Carolina Opioid site and best practices used by others, that is discouraged because the whole issue is that you want them to come in with no concerns about being judged or any facing other constraints.

Dr. Stewart: So they get something whether they bring them in or not but you would like them to use sharps container.

Dr. Sena: Yes.

Chairman Allison: As far as the referral to substance abuse counseling/treatment, are there going to be resources available? I guess financial resources for those who may not be able to afford counseling or treatment?

Dr. Sena: That's a bigger question. We did talk about that.

Ms. Harris: We will connect individuals to Alliance Behavioral Healthcare's referral line. Capacity to serve the uninsured is certainly a conversation for the Leadership Forum. If we're doing all this work, how can we assure that uninsured or underinsured folk will have resources available. We want to know what steps we need to take to assure if someone wants treatment, they can get treatment. So again, I want all of you to mark on your calendars. February 27, 2018, 8:30-12noon is the date and time for the Leadership Forum that will be held here. We will have some dialogue and come away with components for a community plan to address the problem. We will send the save the date e-mails shortly.

Dr. Sena: Are there any other questions?

Dr. Braithwaite: Is HepB included in the testing?

Dr. Sena: I think anything like syphilis that we can do by blood as well we will offer testing. I'm just sort of following the guidance provided by the state. Let me just say one thing, I think we will have to consider what the state will allow us to do to deal with our hepatitis testing. There are certain state restrictions. So unless we wanted to offer that independently I think that as a minimum HIV and Hep-C should be done if the state will allow us to.

Dr. Miller: I have a question about the naloxone kit. Is that outside of the safe syringe program?

Dr. Sena: Actually, it's supposed to be part of the overall comprehensive program because all should have access to naloxone. This is where we need to think this through. I haven't thought it through yet. Anonymity is allowed in the safe syringe program and identity is required in the other testing programs. We will work it out but again there are a few kinks I have to think through. If we're trying to really serve an active user, this is different from any population than we have dealt with.

Commissioner Howerton: Is there a budget already for it?

Dr. Sena: For naloxone out of the five thousand we're going to get maybe forty to fifty naloxone kits. They're seventy-five dollars.

Ms. Harris: We're going to check with EMS to determine if we can get cheaper pricing through the EMS vendor.

Attorney Wardell: The naloxone is a different population and the naloxone will be distributed to the people who can possibly treat someone who's having an overdose.

Dr. Sena: But there is still an overlap. Let's say the naloxone request is made for a family or friend, that's true, that's a different population, someone who could actually administer the medication. We would provide that training for that person to administer the nasal naloxone. However, if an active user comes in and wants the clean needles and syringes you would want to tell him or her about naloxone.

Attorney Wardell: But you can't give it to them.

Dr. Sena: But we should be able to under this plan. As I said, I have to think this through.

Attorney Wardell: Let's talk about why I say you can't. Naloxone is provided for the actual treatment.

Dr. Sena: I don't think so.

Ms. Harris: Early on in our training, we reviewed the training provided in hospitals and chronic care pain clinics. They were training the individual who was getting the medicine on how to administer it so they could go home and train a family member.

Chairman Allison: Yes, right there, it says it right there (NC Session laem2017-74 House Bill 243 Part 2 Section 2 GS 90-12.7(b3) ...It says "A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to any governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors, for the purpose of distributing, through its agents, the opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or ..." That's the person at risk. It right up there in the statute.

Attorney Wardell: The person who gets it...

Chairman Allison: Can be the person at risk.

Attorney Wardell: I don't read it that way.

Dr. Sena: That's what it says.

Chairman Allison: It's in the statute. Its right above the red...that's one of the people it can be given to.

Attorney Wardell: I'll look at it again.

Mr. Dedrick: I'm pretty sure there is a standing order from the State Health Director. All you have to do is write the State Health Director.

Dr. Sena: Yes. Amanda Fuller said they're still working on finalizing it and said she could send me whatever they have so far.

Dr. Miller: So regarding the naloxone kits - my other question was in regard to the Durham Police Department. In our previous conversations about naloxone and the police department, does that need to be brought up later?

Ms. Harris: I have talked with Chief Davis and offered to provide some assistance in talking with the legal department. She said that she just wanted to handle it. She knows the benefit.

Dr. Miller: And she knows we are here if she needs help?

Ms. Harris: Yes.

Dr. Sena: Any other questions on this topic?

Ms. Harris: And we want them to go on record approving this proposal.

Chairman Allison: Ok. We need a motion to approve this proposal.

Commissioner Howerton made a motion to approve DCoDPH Safe Syringe Program proposal. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **TB CASE UPDATE**

Dr. Sena reported that staff conducted T-spot testing at Northern High School on October 19, 2017. Two hundred twenty-three (223) students and staff who had potential exposure to a TB case were tested. The TB investigation is still ongoing at this time, but no other students or staff at the school have been identified with active TB disease. Repeat T-spot testing will be conducted on a subset of this group in early December.

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

The Board received a copy of the vacancy report through the end of October 2017 prior to the meeting. The vacancy rate for October was 7.7%. There were no questions about the report.

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

- **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 October 2017 prior to the meeting.

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

Health Director's Report

Division / Program: Health Education Community Transformation / Maternal-Child Health Grant Health Equity Impact Assessment

(Accreditation Activity 19.2: The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups)

Program description

- A group of 16 stakeholders and community members met to assess the equity impact of the HUD Rule for smoke-free public housing.
- The tool used was a Health Equity Impact Assessment (HEIA) that was developed by #impactEQUITYNC, a collaboration between NC Child; the NC Division of Public Health Women's Health Branch; NC Office of Minority Health and Health Disparities; and the Rockingham County Health Department
- Durham County is one of five pilot sites for the HEIA across the state, through the "Improving Community Outcomes for Maternal and Child Health" (ICO4MCH) grant Durham County received in June 2016.

Statement of goals

- To gather stakeholders and impacted people to discuss the health equity impact of implementing the HUD Rule for smoke-free public housing in Durham
- To evaluate a Health Equity Impact Assessment (HEIA) tool developed by #impactEQUITYNC and gather feedback on its effectiveness as a tool

Issues

- **Opportunities**
 - Capitalizing on the skills and influence of public housing residents to help provide cessation support
 - Getting resident feedback on what would best support them in this transition
 - Creating a healthier environment for public housing residents to live and thrive
 - Continuing to offer Fresh Start smoking cessation classes and a monthly Stay Quit support group, both on-site and in the community.
 - Partnering via a contract with Quitline NC via a contract to ensure all Durham County residents have access to tobacco/smoking cessation counseling services and nicotine replacement therapy (NRTs).
- **Challenges**
 - Getting meaningful input from public housing residents because of time commitment, transportation barriers, and that it was an in-person meeting
 - Existing power dynamics between impacted populations (community members and public housing residents) and Durham Housing Authority (DHA) as well as public health stakeholders

Implication(s)

- **Outcomes**
 - The opportunity for stakeholders from the Durham community, DHA, and public health to all connect and work together
 - Next steps on how to best support public housing residents in the transition to going smoke-free
- **Service delivery**
 - In-person meeting
- **Staffing**
 - The HEIA was facilitated by the MCH Program Manager and Tobacco Health Educator. Other staff members and leadership team members from DCoDPH also participated.
- **Revenue**
 - The HEIA was funded by the ICO4MCH grant. Costs included lunch and incentives for community members for time and transportation

Next Steps / Mitigation Strategies

- Meeting with Resident Councils and the Resident Advisory Board to get resident feedback on what will best support the transition to going smoke-free
- Securing funding for nicotine replacement therapy to offer during Fresh Start cessation classes to residents free of charge

- Identifying residents who are interested in serving as ambassadors or peer support specialists for other residents who are trying to quit smoking
 - Securing funding to compensate the resident peer support specialists
-

Division / Program: Health Education: Attending the Fall 2017 NCPHA Fall Education Conference (Accreditation Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials. 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

- Partnership for a Healthy Durham Coordinator Marissa Mortiboy and Evaluation and Grant Specialist Jen Isherwood attended the 2017 North Carolina Public Health Association (NCPHA) Fall Education Conference in Asheville, NC from September 27-29. Mortiboy and Isherwood also presented at the conference.

Statement of goals

- To share the work of the Partnership for a Healthy Durham and Durham County Department of Public Health with local health departments across North Carolina
- To learn which evidence-based programs and initiatives are being implemented at local health departments across the state
- To discover new tools and resources for implementing programs and initiatives in the field of Public Health

Issues

- **Opportunities**
 - Making connections across state with public health staff addressing similar issues and challenges
 - Discussing the structure and function of the Partnership for a Healthy Durham with public health stakeholders from across the state
 - Sharing Healthy Mile Trail data with public health stakeholders from across the state
- **Challenges**
 - Cost and distance of attending conference (Asheville, NC)

Implication(s)

- **Outcomes**
 - Approximately 30 individuals attended the Leveraging Community Partnership panel on which Mortiboy participated.
 - Isherwood won the “practitioner” award for the NCPHA Academic Participatory Based Research Section for her oral presentation.
 - Data highlights for Healthy Mile Trail (HMT) evaluation based on resident surveys were completed in Spring 2017 for the newest (at the time) HMT in the Old North Durham neighborhood (n=52):
 - ❖ 25% of the sample had used the trail. Of those 25%, nearly half reported an increase in their physical activity as a result of the trail
 - ❖ Another 39% of users reported maintaining their level of activity through the trail
 - ❖ About 40% of people who used the trail did so 5+ times per week
 - ❖ Nearly half (46%) of trail users felt that the HMT represented a sense of community support for physical activity
- **Service delivery**
 - Isherwood used a PowerPoint presentation
 - Mortiboy spoke to group using notes
- **Staffing**
 - The Partnership for a Healthy Durham Coordinator and Evaluation and Grant Specialist prepared presentations and talking points for the conference.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to share the work of the Partnership for a Healthy Durham
- Continue to evaluate existing Healthy Mile Trails

- Work with a regional or statewide collaborative to address public health issues

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
 - DCoDPH to Close on October 4 for Annual Staff Development Day – 10/2/2017
 - Stay Connected with DCoDPH October Activities – 10/5/2017
 - TB Exposure at Durham High School – 10/17/2017
 - *Media Advisory: Spring Valley to Host Inaugural ‘Bee Healthy MyPlate Color Run’ – 10/24/2017*
 - Website Updates
 - All Press Releases Added to Website
 - October Events Added to PH Calendar
 - Input October BOH Meeting Agenda on Website
 - Updated January-August BOH Minutes on Website
 - Community Connections eNewsletter sent on October 10.
 - *CDC Health Advisory for Health Care Providers Treating Patients in or Recently Returned from Hurricane-Affected Areas, Including Puerto Rico and the US Virgin Islands* on Website
 - Media Archives
 - *TEEN PREGNANCY MEDIA*
 - [Teen Pregnancies are Way Down in NC. Here’s Why.](#) – October 4, 2017 – The Herald Sun
 - *TUBERCULOSIS MEDIA*
 - [Durham High School Student Has Tuberculosis, Officials Confirm](#) – October 17, 2017 – WNCN
 - [Officials: 200 Students, Staff Exposed to Tuberculosis at Durham’s Northern High School](#) – October 17, 2017 – WRAL
 - Student Diagnosed with Tuberculosis at Durham’s Northern High School – October 17, 2017 – [WCCG 104.5FM](#)/Wilmington TV
 - [Northern High Student Tests Positive for Tuberculosis](#) – October 17, 2017 – The Herald Sun

- [NC: TB Exposure at Durham's Northern High](#) – October 18, 2017 – FluTrackers.com
- Up to 266 Possibly Exposed to TB at Durham School – October 18, 2017 – [ABC 11 News/CLG News legitgov.org/](#)
- [More than 200 Potentially Exposed to Tuberculosis at Durham's Northern High, Officials Say](#) – October 18, 2017 - WNCN
- [Health Workers Check Tuberculosis at Durham High School](#) – October 19, 2017 – thetimesnews.com
- [As many as 266 Students and Staff May Have Been Exposed to Tuberculosis at Durham High School](#) – October 19, 2017 – Foxy 107.1/104.3
- [Durham Student Diagnosed with Tuberculosis](#) – October 19, 2017 – Spectrum News
- [Local Durham School Exposed to TB](#) – October 19, 2017 – The Light 103.9FM
- [Durham's Northern HS Tests Students, Staff for Tuberculosis](#) – October 19, 2017 – WNCN
- [Health Workers Check Tuberculosis at Durham County High School](#) – October 19, 2017 – WITN Associated Press
- [Health Department Testing More Than 200 Potentially Exposed to TB at Durham School](#) – October 19, 2017 - WRAL
- How Widespread is Tuberculosis Exposure at Northern High? Students, Faculty Tested – October 19, 2017 – [News and Observer/ Herald Sun](#)
- [Health Workers Check Tuberculosis at North Carolina School](#) – [KTAR News Associated Press](#) – October 19, 2017
 - KTAR News Associated Press
 - AM 720 KDWN
 - Chicago Tribune
 - Houston Chronicle
 - WMBFNews
 - Charlotte Observer
 - Idaho Statesman
 - Island Packet
 - Lexington Herald Leader
 - Miami Herald
 - Myrtle Beach Sun News
 - Associated Press
 - US News
 - Merced Sun Star
 - The Wichita Eagle
 - The Bellingham Herald
 - The Sun Herald
 - Tri-City Herald
 - WLOS
- [Health Department Testing Hundreds Exposed to TB](#) – October 20, 2017 – ReadthePoint.com
- [Tuberculosis At Durham High School](#) – October 21, 2017 - Foxy 107.1/104.3
- *STD MEDIA*
 - [Syphilis Surge 'Alarming' in Durham. Where to Get Tested](#) – October 25, 2017 – The Herald Sun
 - [North Carolina Makes Top 10 Lists for Three STDS](#) – October 27, 2017 - WUNC

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
- Internal communications strategies

Division / Program: Community Health Division / Communicable Disease

(Accreditation Activity: 11.2: The local health department shall involve community members in assessing, setting priorities, and establishing desired outcomes for addressing community health issues and needs.)

Program description

- A regional syphilis summit sponsored by DCoDPH in conjunction with Wake County Human Services and the N.C. Division of Public Health's Communicable Disease

- Branch was hosted by the Medical Director of DCoDPH, Dr. Arlene Sena, on October 30, 2017. The summit was held in the Human Services Building in Durham, N.C.

Statement of goals

- To review our regional HIV/syphilis epidemiology
- To improve regional collaboration
- To develop a feasible action plan that addresses the rates of syphilis and HIV in our community

Issues

- **Opportunities**
 - Collaborating with regional partners to formulate a plan to prevent the rise of syphilis and HIV in our community.
- **Challenges**
 - Collaborating with partners present to brainstorm ideas for decreasing the incidence of syphilis in this region.

Implication(s)

- **Outcomes**
 - Strategies were discussed for possible ways to provide education to providers and targeted community to encourage testing and treatment of syphilis
 - Strategies were discussed regarding providing cultural competence for the LGBTQ community.
 - Strategies were discussed regarding outreach to the community for high-risk groups regarding testing and treatment of syphilis.
 - Data regarding syphilis trends in this region was presented.
- **Service delivery**
 - Twenty-five participants from DCoDPH, Wake County Human Services, and the N.C. Division of Public Health's Communicable Disease Branch were present for the summit.
- **Staffing**
 - Administrative staff from the Community Health Division of DCoDPH assisted with this event.
- **Revenue**
 - N/A

Next Steps / Mitigation Strategies

- Participants were encouraged to take various ideas presented and utilize them in their individual counties.

Division / Program: Community Health / Communicable Disease Program

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

Program description

- On October 19, 2017, 223 students and faculty who were contacts to a student (index case) with mycobacterium tuberculosis (TB) were tested at Northern High School.
- Various programs in the Durham County Department of Public Health (DCoDPH) participated in this large scale investigation including Community Health (TB Clinic, STI Clinic, and School Health), the Laboratory, Emergency Preparedness, Health Education, Communications, Environmental Health, Administration, and Registration. Other stakeholders participating were Disease Intervention Specialists from the State Communicable Disease Branch, Oxford Diagnostic Laboratory, and Durham County's Medical Reserve Corp.

Statement of goals:

- To screen all students, faculty, and staff identified as contacts to the index TB case with the T-Spot blood test.
- To assess all known contacts for symptoms of TB disease.
- To provide written TB educational material and an opportunity to ask questions to all screened.

Issues

- **Opportunities**
 - To provide education about the TB disease to the public.
 - To provide education about the TB disease to all screened and parents of students identified as contacts to the index case.
 - To access in one place (Northern High School) all needing TB screening.
 - To utilize the Incident Command System for this event.
- **Challenges**
 - Some of the students did not bring their signed consent forms, making it necessary for the parent/guardian to be called to obtain verbal consent.

Implication(s)

- **Outcomes**
 - 223 individuals were tested for TB exposure
- **Service delivery**
 - Students and faculty were tested using the T-Spot laboratory test
- **Staffing**
 - Multiple DCoDPH departments (noted above) assisted in the event.
 - The Incident Command System was used to conduct the event.
- **Revenue**
 - County funding was reallocated and placed in the Tuberculosis Program budget for payment of the T-Spot laboratory tests.

Next Steps / Mitigation Strategies

- Certified letters have been sent out to all those tested noting the results of the test.
- All testing negative will be retested December 2017.
- Any former student identified as a contact during the previous school year was sent a certified letter providing instruction to come in to the DCoDPH for TB testing.

Division / Program: Community Health / Communicable Disease and Disaster Preparedness Programs
(Accreditation Activity 7.4: The local health department shall have a public health preparedness and response plan that:

- **corresponds to existing local and state emergency and Bioterrorism plans**
- **establishes roles and responsibilities of plan participants**
- **identifies training for participants in those roles**
- **establishes a chain of command among plan participants**
- **describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event is available to staff on site)**

Program description

- On October 4th, DCoDPH held a Staff Development Day at the Marriott Convention Center. Part of the Staff Development activities included a Public Health Preparedness Point of Dispensing (POD) exercise.
- This planned exercise consisted of the administration of influenza vaccine to 163 employees of DCoDPH and DCo Fire Marshall's Office staff within 32 minutes.

Statement of goals

- To immunize health department employees and 12 employees of the Fire Marshall's Office against influenza.
- To prevent an outbreak of influenza among the employees of DCoDPH.
- To protect our internal and external customers against the flu.
- To carry out the flu clinic as a Disaster Preparedness activity.
- To test our ability to provide prophylaxis to our first responder community.

Issues

- **Opportunities**
 - Prevention of influenza outbreak among the employees of DCoDPH.
- **Challenges**
 - Some staff members left their completed paperwork at home, needing to complete the paperwork upon arriving at the flu exercise.

- Upon entering the POD, many employees were confused as to what line they should join, although POD members were directing them.

Implication(s)

- **Outcomes**
 - In 32 minutes, 32 POD members immunized 163 DCoDPH employees and office staff from the Fire Marshall's office.
- **Service delivery**
 - 22 declinations
 - 16 staff provided proof that they had previously received the vaccine
- **Staffing**
 - Multiple staff throughout the agency planned and carried out the exercise.
- **Revenue**
 - Insurance information was collected. No staff was/will be billed.

Next Steps / Mitigation Strategies

- Another preparedness flu clinic exercise will be held on Staff Development Day in 2018.
-

Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham

(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.
- Typically, the program does not provide gardening opportunities for students but will partner with active school garden programs to incorporate produce grown in taste-tests or cooking activities for the students.
- DINE is piloting a four-lesson gardening/nutrition education series for Southwest 3rd and 5th graders this year. The program gives the students both nutrition education and hands-on learning about gardening/plant ecology. Time spent in the garden includes planting and caring for fall vegetables, while classroom time focuses on nutrition education. The last lesson will include harvesting and preparing a dish with the fall vegetables.

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.
- To encourage increased daily consumption of a variety of fruits and vegetables.
- To increase basic gardening and culinary skills and self-efficacy
- To reduce obesity, overweight and chronic disease risk in Durham's at risk youth and their families

Issues

- **Opportunities**
 - Third and fifth grade students in North Carolina take an Ecology science unit in which they learn about plant anatomy, what plants need to grow and food webs (specific to fifth grade). The gardening instruction piece of the program aligns with the NC Standard Course requirements of the Third and Fifth Grade Ecology science unit. The common vocabulary used in both the science units and the gardening/nutrition education allows students to make real world connections between what they learn in the classroom and their experience with plants, specifically, fruits and vegetables. Combining plant and food web education with nutrition education through a garden program allows the DINE program to support required DPS programs while delivering nutrition messages. This is a win for both parties.
 - A few years back Southwest Elementary was awarded a Whole Foods school garden grant which provided the funds to build six raised beds and purchase some simple gardening equipment for students, (gloves, trowels, etc.). The garden has not been utilized for the last couple of years for multiple reasons, including pressure to improve student academic performance in reading and math and lack of a garden coordinator to plan educational programming and maintain the garden. Having the DINE nutritionist do garden education along with planting and harvesting improves this situation

- These grades had not previously received DINE programming, so the gardening/nutrition education program provides additional services to these two grades.
- **Challenges**
 - Allies within the school community must be found to coordinate the maintenance of the garden, weeding and watering when the DINE nutritionist is serving other schools.

Implication(s)

- **Service delivery**
 - All third and fifth grade classes (11 classes) at Southwest Elementary are receiving the gardening/nutrition education program that will culminate in the students harvesting and preparing a dish with the vegetables they grew in the garden.
 - Each student will be given a recipe card for the dish made along with other handouts specific to the nutrition topics covered in class.
 - The program is delivered during the students' dance class period once a month in an effort not to compromise core subject instruction time.
- **Staffing**
 - The DINE nutritionist assigned to Southwest provides the gardening/nutrition education programming.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- To date the series is a great success. The students love going out to the garden, checking on the plants, observing the growth and providing some garden maintenance. The DINE nutritionist will continue to provide nutrition instruction as part of this garden program.
- Southwest has an English/Spanish Dual Language program. The DINE nutritionist, and Southwest's Two-Way Spanish Language Immersion Program Coordinator have met with Emily Chavez from the UNC-Duke Consortium in Latin America & Caribbean Studies to discuss expanding the garden next year to incorporate vegetables from Latin America. Including Latin American vegetables will allow the program and the school to highlight the Hispanic culture and get some of the Hispanic families, who might otherwise feel isolated from the general school community, involved.

Division / Program: Nutrition/DINE in Childcare/Community Collaborative

(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 in Childcare aims to improve the nutrition and physical activity environments of childcare settings at which over 50% of those enrolled are SNAP-eligible families.
- Harvest of the Month is a collaboration between DINE, Durham Head Start (DHS) and Childcare Services Association (CCSA) that launched in October 2017. Harvest of the Month is a well-rounded approach towards nutrition education for early childhood. CCSA will offer at least one fresh and seasonal fruit or vegetable each month. The item will be highlighted in a monthly newsletter written by the DINE Nutritionist and emphasized by Head Start teachers in classroom lessons and activities.

Statement of goals

- To increase exposure to unfamiliar, seasonal, fresh fruits and vegetables.
- To encourage parent involvement in helping their children develop healthy eating habits.
- To equip teachers with easy-to-use resources to integrate nutrition into the classroom.
- To provide resource for hands-on learning.
- To encourage opportunities for learning outdoors.

Issues

- **Opportunities**
 - This program uses many avenues to teach children nutrition which increases the likelihood that children increase knowledge and make behavior changes.
 - To strength and reinforce the Harvest of the Month program, the DHS and DINE collaborated to install an 8 bed school garden at the DHS Seminary location. The project was funded by a grant from Duke's Latin American and Caribbean Studies program. This garden will be maintained by the

classroom teachers and students, providing another avenue for nutrition education and exposure to fruits and vegetables. Teachers were provided a gardening curriculum, entitled “Grow It, Try It, Like It,” that includes fun activities for preschool children. The curriculum is available for free from the USDA.

- **Challenges**
 - Maintaining excitement about the garden so that teachers will continue to maintain it.
 - Growing and maintaining parent support is often a challenge for programs involving parents of young children because they are very busy with day-to-day life.

Implication(s)

- **Outcomes**
 - The program will be evaluated through teacher and parent surveys to determine effectiveness.
- **Staffing**
 - One DINE Nutritionist is spearheading the project.

Next Steps / Mitigation Strategies

- Continue to implement the program, adapting it based upon partner and parent feedback.
 - Continue to grow parent involvement in the gardens.
-

Division / Program: Nutrition / Chronic Care Initiative / Creation and Implementation of a Food Pantry Assessment Tool

(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

- DCoDPH Nutrition Division’s Healthy Environment Nutritionist and staff from the Chronic Care Initiative collaborated with the coalition End Hunger Durham (EHD) and with the Food Bank of Central and Eastern NC to create a food pantry assessment tool.
- The goal of the tool is to have food pantry operators self-assess their policies and practices and identify areas in which they would like to improve or grow. This will allow DCoDPH staff and EHD members know how to best assist the food pantries. Examples of possible improvements include: increasing the variety and quality of food choices, providing nutrition education to clients, providing staff and volunteers with training, increasing marketing of the food pantry.

Statement of goals

- To facilitate policy, systems and environmental (PSE) changes at food pantries with the end goal of increasing access to and consumption of more nutritious foods.
- To create an assessment tool that can be used to benchmark PSE work in food pantries.
- To create an avenue for pantry operators to identify and communicate the barriers that are stopping them from making PSE changes so that DCoDPH staff and EHD members can best assist them.

Issues

- **Opportunities**
 - The model for the food pantry assessment tool is based off a model used in childcare centers called Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) that was created at the University of North Carolina at Chapel Hill. NAP SACC is an evidence based, gold standard assessment tool.
 - The newly developed food pantry assessment can serve as a gateway strategy for nonjudgmental discussions about existing food pantry services.
 - Food pantry staff can learn about best practices in food pantry operation while filling out the assessment and also learn about steps in which to reach their goals.

Implication(s)

- **Outcomes**
 - Assessment tool created and implemented.
- **Service Delivery**
 - Eleven food pantries filled out the new food pantry self-assessment tool at a recent food pantry training and created goal plans.

- **Staffing**

- The assessment was created by a nutrition program manager and the Healthy Environments Nutritionist and was reviewed/edited by CCI staff, EHD, and Food Bank members including food pantry operators.
- CCI, EHD, Food Bank, and Nutrition staff assisted the pantries in filling out the assessment and goal plans. They will continue to follow up with the food pantries staff to connect them to needed resources and assist with implementation of goal plans.

Next Steps / Mitigation Strategies

- Work with 11 food pantries to assist in implementation of goal plans.
- Ask pantry operators to reassess pantries next October in order to evaluate if PSE changes were implemented.
- Continue to adapt assessment tool based upon feedback of participants.

Division / Program: Nutrition / DINE and Chronic Care Initiative/ Nutrition Workshops for Food Pantry Operators

(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

- DCoDPH Nutrition Division's DINE Healthy Environments Nutritionist partnered with the Chronic Care Initiative (CCI), End Hunger Durham (EHD), and the Food Bank of Central and Eastern NC to design and convene a series of three nutrition workshops for food pantry operators.

Statement of goals

- To provide a space for pantry operators to share their knowledge about nutrition and learn more about new or unfamiliar concepts in an interactive workshop.
- To utilize the new Food Pantry Assessment Tool (See Health Director's Report above on *Creation and Implementation of a Food Pantry Assessment Tool*) in order to better understand the needs of each individual food pantry and their goals towards improving access to nutritious foods.

Issues

- **Opportunities**

- Curriculum was developed for a total of 3 lessons and topics were chosen based on community requests and feedback provided by various food pantries. The curriculum can be used repeatedly in future workshops.
- The new Food Pantry Assessment tool will allowed Nutrition Division staff to follow the progress of the pantries, assist with goal implementation as needed, and track development of Policy, Systems and Environment (PSE) changes. It also provided a space for pantry operators to assess their policies and practices and determine if they want to make any changes/improvements.
- The partnership created amongst the various organizations led to a very fruitful series of workshops. All partners worked hard to make the project work and all are in favor of working together on this or other projects in the future.

- **Challenges**

- Due to the high number of food pantry interested in making PSE, a potential challenge is that there is not enough technical assistance support available. Currently, there is only one DINE nutritionist dedicating part of her workload to this project. The nutritionist plans to utilize other partners and resources to maximize efficiency in facilitating and sustaining PSE changes.

Implication(s)

- **Outcomes**

- A total of 31 food pantry staff members (operators and volunteers) participated throughout the 3 workshops. Seventeen Durham based pantries were represented, 14 of which participated in all 3 workshops.
- Eleven food pantries completed the Food Pantry Assessment tool, writing goals and creating action plans for next steps.
- Evaluations of the workshops showed that pantry operators found them very beneficial and would recommend them to other pantries.

- **Service delivery**
 - Three, 3 hour workshops, were conducted on the first three Mondays in October. Nutritionists from CCI, Food Bank, and DCoDPH taught the lessons and provided food demonstrations.
- **Staffing**
 - CCI, Food Bank, and DINE staff collaborated on creating and delivering the lessons. EHD staff assisted with workshop logistics and teaching about other community resources available throughout Durham.
 - The Healthy Environments Nutritionist will follow up with pantries and assist with implementation of the action plans.
- **Revenue**
 - No revenue was generated by this activity.

Next Steps / Mitigation Strategies

- DINE staff will connect pantries to desired resources and facilitate implementation of action plans.
- Pantry operators will re-assess the pantries October 2018 to track changes made.
- A second series of workshops is being considered to reach more pantries.

Division / Program: Nutrition Division/Clinical Nutrition/Holistic Health Fair

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

Program description

- Durham County's Department of Public Health Nutrition Division/Clinical Team participated in a holistic health fair sponsored by a local faith-based program and hosted at the Southwest Branch of the Durham County Library.

Statement of goals

- To increase awareness of and promote services offered in the Nutrition Clinic to residents of Durham County.
- To network and collaborate with other Durham County organizations and with community and faith-based organizations.
- To educate participants about evidence-based and safe nutrition practices in the area of Integrative and Functional Medicine (IFM).

Issues

- **Opportunities**
 - Interacting with practitioners and residents in the community is a way to market services provided by the four Registered Dietitians (RDs) in the Nutrition Clinic.
 - Integrative medicine is emerging as a cost-effective remedy to the epidemic of chronic diseases. According to Ralph Snyderman, Chancellor Emeritus at Duke University, James B. Duke Professor of Medicine, and director of the Duke Center for Research on Personalized Health Care, "The integrative approach flips the health care system on its head and puts the patient at the center, addressing not just symptoms, but the real causes of illness. It is care that is preventive, predictive and personalized." Participation in health fairs aimed towards IFM allows the Nutrition Clinic RDs to position themselves as experts in this emerging field and to provide accurate, evidence-based information.
- **Challenges**
 - Nutrition plays a pivotal role in IFM and invites the opportunity for quackery and for those not trained in nutrition to give inaccurate and harmful advice. Some of the participants that attended the event were misinformed, and a health fair setting is not always optimal for correcting inaccuracies.
 - This event was held in a hidden room at the back of the library and, therefore, was not conducive to walk-in traffic.

Implication(s)

- **Outcomes**
 - Approximately 30 participants attended the event. Rethink Your Drink was the theme presented at the table, but many nutrition topics were discussed. This table had the most traffic compared to other tables at the event and participants stayed longer. Participants had many questions related specifically to IFM.

- **Service delivery**
 - One RD, LDN, CDE staffed this event. She is currently participating in Next Level Functional Nutrition's Integrative and Functional Medicine Certificate of Training one year course.
- **Staffing**
 - Four full time Registered Dietitians staff the Nutrition Clinic from 8:30am to 5:00pm Monday through Friday. The Clinic is open until 7:00pm on Tuesdays.
 - One part time RD provides home visits to children and their families in the local community.
- **Revenue**
 - While the Holistic Health Fair did not produce revenue, this event was used to promote the Nutrition Clinic and its billable services.

Next Steps / Mitigation Strategies

- Staff will continue to participate in Health Fairs in the community.
- Staff will continue to stay abreast of integrative and functional medicine nutrition therapy (IFMNT) opportunities via classes, webinars, and professional association meetings.

Division / Program: Dental Division / Tooth Ferry Returns to Schools

(Accreditation Activity 20.2: Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- On October 16th the Tooth Ferry mobile dental unit begun serving children in Durham's Elementary schools.

Statement of goals

- The Tooth Ferry offers oral health services to students in Durham Public Elementary Schools. The first school visited was Merrick-Moore.

Issues

- **Opportunities**
 - The Tooth Ferry was built on a 2017 Freightliner chassis, and was delivered last December.
 - The unit is equipped with ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted televisions, sound systems, wheel chair lift, and expanding wall in clinic area.
 - Since delivery, operators have had three trainings with LifeLine Mobile, the builders of the vehicle.
 - The unit is equipped with technological advances, including patch pane, internal antenna wiring and Dexhub mount to help connect software (registration, charting, Meaningful Use) and complete x-rays in real time at community locations.
- **Challenges**
 - While the Tooth Ferry was delivered ahead of schedule, there have been numerous mechanical and structural issues identified. All have been addressed, and were covered under the manufacture's various warranties.
 - Additional funds need to be identified for installation of carport roof where the unit is parked at the Department.
 - General services had to re-route the sewer line and develop mechanism to keep door open while children and/or visitors are entering and exiting the Tooth Ferry.
 - General Services fashioning slide to mount on door arm to keep it propped open when children/staff are entering and exiting the Tooth Ferry.
 - LifeLine had to fabricate additional leveling blocks for the unit.

Implication(s)

- **Outcomes**
 - The Dental Division has completed the first two weeks of seeing students at Merrick-Moore Elementary.
 - The team is working through any technology glitches with IT, which have been minimal.
 - Henry Schein has been scheduled to visit the Tooth Ferry to adjust hand piece and oiler hoses, etc.
- **Service delivery**
 - The Tooth Ferry visited its first school (Merrick-Moore) on October 16, 2017.

- **Staffing**

- Dr. McIntosh will provide dental treatment on the Tooth Ferry. A dental assistant (Markita Baltimore) and hygienist (Fariba Mostaghimi) also work on the van. The Division also employs a driver (Herbert Wigfall). Coordinator for the Tooth Ferry is Yolandas Elias.

Next Steps / Mitigation Strategies

- Provide dental services at Merrick-Moore until the Thanksgiving break.
 - Begin dental services at Holt Elementary.
-

Division / Program: Laboratory/ STI Testing for Orange County Health Department

Program description

- On October 2nd, the Laboratory began accepting and testing patient specimens from the Orange County Health Department (OCHD) for the detection of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) using the Hologic Panther instrumentation system.

Statement of goals

- To establish DCoDPH as a reference laboratory for outside labs and clinics
- To demonstrate that DCoDPH Laboratory results are accurate, reliable, and affordable.
- To generate revenue for DCoDPH Laboratory.

Issues

- **Opportunities**
 - OCHD currently only offers CT and GC testing of urine specimens. This partnership will enable OCHD to offer CT and GC testing of rectal and pharyngeal specimens which will add in the diagnosis and treatment of STIs.
 - Offers Lab Assistants and Lab Technicians the opportunity to interact with their colleagues at OCHD.
- **Challenges**
 - OCHD is providing the transportation of specimens to DCoDPH Lab through the NC State Lab Courier which results in an approximate 2 day turn-around time.

Implications

- **Outcomes**
 - Diagnosis and treatment of rectal and pharyngeal CT and GC will lead to quicker diagnosis and treatment of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* and will aid in reducing the spread of STIs in the community.
- **Service delivery**
 - Planning and implementation was completed by the Laboratory Division Director with DCoDPH Laboratory staff participating in the workflow design.
- **Staffing**
 - Testing procedures are performed by DCoDPH Lab staff.
 - Current staffing is adequate to perform the additional test volume.
- **Revenue**
 - Based on the estimated average of 70 specimens per month for GC and CT testing, DCoDPH will generate approximately \$25,200 for the remainder of the fiscal year.

Next Steps / Mitigation Strategies:

- Continue to deliver timely, reliable results to OCHD.
-

Division / Program: Public Health / Environmental Health General Inspections

(Accreditation Activities 16.3: Environmental health staff shall be trained in the implementation of laws, rules, and ordinances that they enforce and shall have access to copies of the laws, rules, and ordinances)

Program description

- On October 5th, General Inspections enrolled in the FDA Voluntary National Retail Standards Program.
- The Retail Program Standards apply to the operation and management of a retail food regulatory program that is focused on the reduction of risk factors known to cause or contribute to foodborne illness and to the promotion of active managerial control of these risk factors.

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- The results of a self-assessment against the Standards may be used to evaluate the effectiveness of food safety interventions implemented within a jurisdiction.
- The Standards also provide a procedure for establishing a database on the occurrence of risk factors that may be used to track the results of regulatory and industry efforts over time.

Statement of goals:

- To promote active managerial control of the risk factors most commonly associated with foodborne illness in food establishments, and
- To establish a recommended framework for retail food regulatory programs within which the active managerial control of the risk factors can best be realized.

Issues:

- **Opportunities**
 - Identify program areas where an agency can have the greatest impact on retail food safety
 - Promote wider application of effective risk-factor intervention strategies
 - Assist in identifying program areas most in need of additional attention
 - Provide information needed to justify maintenance or increase in program budgets
 - Lead to innovations in program implementation and administration
 - Improve industry and consumer confidence in food protection programs by enhancing uniformity within and between regulatory agencies
- **Challenges**
 - Increased workload for General Inspections staff and management
 - Extra and ongoing additional training

Implication(s)

- **Outcomes**
 - More uniform application of rules and regulations by DCo Environmental Health staff as they apply to retail food service establishments
 - Durham County becomes more uniform with respect to the state of North Carolina as well as the majority of the United States
- **Staffing**
 - Program will involve all regulatory staff members of the General Inspections section, 15 people, which includes the Division Director
- **Revenue**
 - Potential AFDO (association of food and drug officials) and NACCHO (national association of county and city health officials) grant opportunities

Next Steps / Mitigation Strategies

- Complete program self-assessment

Division / Program: Community Health Division/School Health Program

(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Public Health school nurses increased community awareness and provided public health nurse support to families and the community at large regarding NC immunizations and requirements, and provided resources to meet compliance mandates.
- Public Health school nurses coordinated school site immunization clinics at Durham Public Schools (DPS) middle schools to provide Tdap (tetanus, diphtheria and acellular pertussis) and Menactra (for bacterial meningitis) vaccines to support DPS students' compliance with the N.C. 7th grade immunization mandate.

Statement of goals

- To help provide protection for DPS 7th grade students against tetanus, diphtheria and acellular pertussis (whooping cough) and bacterial meningitis;
- To help protect the health of our community by immunizing individual children;

- To assist parents to comply with N.C. immunization requirements and
- To decrease the number of students non-compliant with the 7th grade immunization mandate by day 30 by 25% (Applicable time frame April 10, 2017 – September 26, 2017).

Issues

- **Opportunities**
 - To present N.C. immunization requirements at the Durham County Library Summer Reading Kickoff, at DPS Middle School Open House events and to distribute flyers to parents/guardians, students and the community at large.
 - To coordinate with middle school principals and DPS Chief Communications Officers between June-August to provide email communications and Robocalls for 7th grade families to inform and remind of vaccine events and school site immunization clinics.
 - To provide an additional point of access for DPS 7th grade students to obtain these required immunizations.
 - To provide medical home referrals for families without a primary health care provider.
 - To promote and develop positive health practices and attitudes among students and families to promote lifelong wellness and
 - To maintain a close collaborative professional relationship with Durham Public Schools and other community partners.
- **Challenges**
 - A large investment of time went into coordinating, communicating, and assessing school sites prior to clinics,
 - A large investment of time went into delivering packets to each of the clinic sites and retrieving completed consents for review and verification at Public Health prior to the scheduled school immunization clinic
 - After consulting the assigned school nurse and/or principals, five schools were not offered clinics due to their successful history of timely compliance with the mandatory compliance time frame.

Implication(s)

- **Outcomes**
 - Public Health School Nurses organized Tdap clinics to provide every rising 7th grade student in Durham Public Schools additional opportunities to be immunized against diphtheria, tetanus and acellular pertussis and bacterial meningitis,
 - The number of students non-compliant with the 7th grade immunization requirements by day 30 was decreased by 68% (575 to 186 students)
 - Public Health School Nurses immunized a total of 86 students in 12 middle schools : 66 students received the Tdap vaccine; 84 students received the Menactra vaccine,
 - Total School Health Medicaid immunization reimbursements to date: \$1,124.00.
- **Service delivery**
 - Parents/guardians of students who did not receive the vaccine were provided information on providers in the community,
 - Public Health school health nurses continued ongoing collaboration with the Immunization Program and Durham Public Schools (DPS) to provide opportunities for DPS 7th grade students to comply with NC immunization mandates.

Next Steps / Mitigation Strategies

- Continue to participate in activities that promote the health and well-being of students and their families.

Division / Program: Community Health Division / Jail Health

(Accreditation Activity 22.3: The local health department shall comply with laws and rules relating to programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda.)

Program description

- On October 24th and 25th, Correct Care Solutions, the contracted vendor which provides health services to inmates of Durham County Detention Center and to the residents of the Durham County Youth Detention Home, provided suicide and behavioral health training to the Detention Officers.

Statement of goals

- To educate detention staff on suicide-related issues encountered in the correctional setting
- To educate detention staff on other behavioral health issues encountered in the correctional setting

Issues

- **Opportunities**
 - Additional training was provide to detention staff
- **Challenges**
 - Providing training to all shifts of detentions staff.

Implication(s)

- **Outcomes**
 - The training was provided in four sessions over a 2 day period for Detention Staff in order to provide training to all shifts
 - Approximately 200 Detention Officers received the training
- **Staffing**
 - The training was provided Dr. Bill Kissell, Regional Vice President for CCS.

Next Steps / Mitigation Strategies

- Offer the training annually in addition to the standard training detention offices receive through the Sheriff's Department.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

- **NANOSTRING TECHNOLOGY STI RESEARCH STUDY**

Dr. Sena provided an update on a new research study "Nanostring Technology STI" Research Study. The proposed study will involve enrollment of 50 men and women in the STI clinic in order to collect vaginal, cervical, and urethral swabs for the development of a rapid test using Nanostring technology that will determine the bacterial burden of STIs (chlamydia, gonorrhea, and *M. genitalium*), antibiotic resistance, and host inflammatory response. Study incentives will be provided for a one-time visit at \$40 for men and \$30 for women. The study will be supported by UNC-CH and conducted by study staff in the STI clinic.

Mr. Curtis made a motion to approve the Nanostring Technology STI Research Study. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **2018 NALBOH CONFERENCE PRESENTATION/SUBCOMMITTE APPOINTMENT**

Dr. Levbarg, Dr. Braithwaite and Dr. Miller were appointed to the 2018 NALBOH conference presentation sub-committee. Dr. Levbarg was appointed to lead the sub-committee. Chairman Allison will act as Ex-Officio.

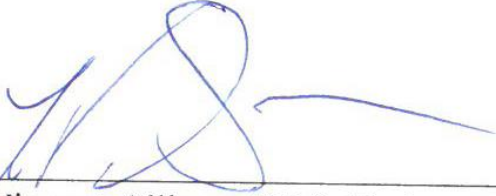
- **AGENDA ITEMS December 2017 MEETING**

- Finance Report Follow-Up—departmental budget usage
- Bull City United Update
- Smoking Rule Update
- Follow-up discussion on the rule: Naloxone/Needle Exchange Plan

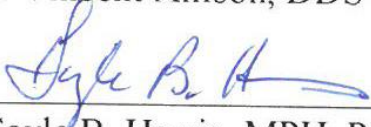
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

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



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director