

A Regular Meeting of the Durham County Board of Health was held June 8, 2017 with the following members present:

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

Excused Absence: Vincent Allison, DDS; Dale Stewart, OD; and Arthur Ferguson, BS

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

**CALL TO ORDER:** Vice Chairman Stephen Dedrick called the meeting to order at 5:01pm with a quorum present.

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

1. Updated NOV Report
2. Revised Smoking Rule Recommendation and Vote (*old business*)
3. Environmental Health Legislative Update (*old business*)

Dr. Miller made a motion to accept the additions to the agenda. Mr. Curtis 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 May 11, 2017. Dr. Levbarg seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS: DURHAM COUNTY REVISED SMOKING RULE (*Activity 34.3*)**

There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

There were no staff/program recognitions.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **FORMERLY INCARCERATED TRANSITION PROGRAM (*Activity 12.1*)**

Michele Easterling, Keyanna Terry and Torrey Green shared information with the Board about the Durham County Department of Public Health (DCoDPH) Formerly Incarcerated Transition (FIT) Program – a transition program for recently incarcerated individuals who plan to reside in Durham County. Local partners in the FIT program are the DCoDPH, UNC-Chapel Hill, Department of Family Medicine and Lincoln Community Health Center. The FIT Program is part of the Transition Clinic Network (TCN), a national network of medical homes for individuals with chronic diseases recently released from prison. The TCN is headquartered in San Francisco and has grown to 16+ clinics across the country, including Puerto Rico, to serve thousands of patients recently released from prison. Durham is now considered a TCN site with Lincoln Community Health Center listed as the TCN clinic. DCoDPH staff traveled to San Francisco in May to attend an annual conference for TCN sites.

The FIT Program, utilizing a Community Health Worker, will engage people with chronic disease prior to release to a Transition Site, and along with the local reentry council, develop a comprehensive reentry plan. An essential part of that plan will be coordination of health care services with the local Federally Qualified Health Center, Lincoln Community Health Center, to assure medical, behavioral health and substance use disorder treatment.

The position will also work closely with the Criminal Justice Resource Center. Other key partners and/or stakeholders for the FIT program are the North Carolina Department of Public Health, Chronic Disease and Injury Section and UNC-Chapel Hill Department of Family Medicine.

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

**QUESTIONS/COMMENTS:**

**Dr. Jackson:** The transition sites from the prison...you said local transition sites...Is there one in Durham?

**Ms. Terry:** There will be one in Wake County. Initially, we thought that it would be opened either this month or by the beginning of the fiscal year. We haven't gotten an update that I am aware of. The plan is that any individual that is housed there, is someone who is set to be released within a 24-month time period.

**Dr. Jackson:** So is it Wake Correctional and is it also the Women's Prison in Raleigh?

**Ms. Easterling:** So it's a work in progress so I am not sure of the details at this point.

**Dr. Jackson:** This just came up in a meeting that I was in today. I think it's going to be the Women's Prison.

**Dr. Jackson:** You work with the social workers in the prison system. Is that right?

**Ms. Terry:** Once the transition site is opened, we will begin that partnership but right now we are working primarily with Criminal Justice Resource Center (CJRC) for our referrals.

**Ms. Easterling:** One of the slides skipped but it does talk about the transitional sites that are being planned in North Carolina. Dr. Ashkin from UNC has been in very close contact with them. We are very excited about this program. We are thinking that if people wanted services, the Community Health Worker could actually go into the transition site to provide Diabetes self-management classes or connect with individuals while they are still in the transition site. Staff for the Transition Clinic Network in San Francisco said the primary need they are seeing is for the incarcerated person to have a connection on the outside. They need to know someone cares about them and they have a contact.

**Dr. Fuchs:** So, it requires a referral? Does each person have to be referred to you? It seems like 80% of the people leaving will need some type of help. What's the process to screen?

**Ms. Easterling:** A couple of slides were skipped during the presentation. We did have a slide called "next steps". Still this is a very developing process. We're working on memorandums of understanding (MOU) with the agencies that we will work with. The MOU will include the different procedures that we need to work with the different agencies. This program will not see people who have a diagnosis of HIV/AIDS because it was thought that there are a lot of other resources for this population. Our FIT program funding sources are really looking, particularly, at addressing diabetes first. That focus really starts shrinking the number of referrals. Torrey was hired in mid-February. The three of us received a lot of training in San Francisco. We are just connecting with the North Carolina Public Safety Transition Site; so, we don't know all the details about that yet. This evening we wanted to introduce you to the program. We can come back six months to a year to provide a program update and share success stories. We are still in a learning curve. We will be tracking outputs and outcomes.

**Dr. Jackson:** That is very exciting because like you said for HIV/AIDS and Hepatitis C there are lots of resources for folks in prison and as they make the transition. For years I have always felt for the other chronic diseases, we had absolutely no resources and that's where most of our dollars are going in the prison - all into chronic disease care. There are a tons and you will have lots and lots of numbers for diabetes, for sure.

**Ms. Harris:** Dr. Evan Ashkin is a physician at UNC- Chapel Hill but he lives in Durham. He knows the former branch head for the NC DPH's Chronic Disease Section, Dr. Ruth Peterson. They started to talk about the severity of illnesses found in the formerly incarcerated individuals that he saw in his practice. He also noted that formerly incarcerated individuals have very high suicidal tendencies during the first two months after being released from prison. These outcomes are because they don't know how to navigate the system because their lives have been controlled by others. Everything that they experienced in prison was very routine. When they are released they don't know where to go or what to do. Dr. Ashkin is very passionate about working with us to start this program.

**Dr. Jackson:** That's great, at UNC Family Medicine that have actually been in some meetings...they are going to start coming in...so I don't know if he is the one we have been meeting with. That's very exciting.

**Mr. Green:** The idea from me listening to Dr. Ashkin is that we would meet them within that eighteen month period before they are released to put a face with the program. As Michele said, it's been hard since the program is new, to get a place inside the prison. When they are released now, it's set up so the social worker will give them medicines to last about a month or two. Some get it, some don't. So we are just trying to make sure we close that gap with those just being released right into our care in order to make sure they continue to receive their medications.

**Dr. Jackson:** OK. Well let me know what I can do to help.

**Ms. Harris:** Dr. Jackson works in the correctional system.

**Dr. Levbarg:** So, I just want to be clear, the transitional sites are really like sort of a halfway house sort of situation which we don't have any at the moment in Durham?

**Mr. Green:** No, we don't.

**Ms. Easterling:** We were initially told that the one in Wake County was going to open in January 2017 and it has not.

**Ms. Harris:** Will the people go there and stay for a while?

**Ms. Easterling:** Up to 24months.

**Dr. Jackson:** Although it is transition, it's still with the prison, right?

**Ms. Easterling:** Yes. It is part of the NC Department of Public Safety but it's to start working on that transition.

**Dr. Jackson:** Yes, because right now we send them here, there and everywhere, right before they are ready to release them. So this is actually part of the Strategic Plan to do these transition centers?

**Ms. Easterling:** Yes. Joanne did you...

**Ms. Pierce:** I was just going to say that you're right Dr. Jackson on what they try to do in the transition site is to get folks who are in prison far away get them closer to home while but they are still in prison. It is not quite a halfway house but that's where they can get that basic training and on their release they are closer to home and they're closer to help.

- **ENVIRONMENTAL HEALTH PLAN REVIEW PRESENTATION (Activity 9.1)**

Chris Salter and John Williams provided the Board with an overview of Environmental Health Plan Review activities pertaining to the *Public Swimming Pool* sections to inform the Board of the division's work and daily challenges. Environmental Health's work is frequently thought to be limited to inspections, evaluations, and issuance of permits. However, many people are not aware of the aspect of Plan Review.

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

**QUESTIONS/COMMENTS:**

**Dr. Levbarg:** Are there national standards that we're following or is it state by state?

**Mr. Williams:** The standards are very similar but no, it's state by state.

**Mr. Salter:** How many pools do you have now?

**Mr. Williams:** I have over three hundred. I lose one and gain five or six in its place. If you notice the skyline there are a lot of cranes around Durham and RTP. There will be a lot of pools installed at these new sites.

**OLD BUSINESS:**

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

**Significant Changes in Rule:**

1. Included language supporting the Surgeon General's report that was released at the end of 2016 on e-cigarettes.
2. Changed the information about the sidewalks abutting county grounds, broadened the statement by moving toward public spaces/places.
3. Smoking symbol will have e-cigarette symbol on the sign
4. Included language on the Health Director being able to use enforcement agents.

**QUESTIONS/COMMENTS:**

**Mr. Dedrick:** Bryan, you've done a review and are OK with the language.

**Attorney Wardell:** Yes. The biggest change will be the enforcement and that is something that has to be created. The statute allows us to do it. We don't know how the enforcement will look but you will have to review the process. We have already talked about the e-cigarettes and including all sidewalks opposed to sidewalks abutting County and City property.

Dr. Miller made a motion to accept the changes as discussed. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Ms. Harris stated that the next step is to get the revised rule added to a BOCC work-session.

- **ENVIRONMENTAL HEALTH LEGISLATIVE UPDATE**

Mr. Salter provided the Board with an update on Senate Bill 257 which proposes the transfer of On-Site Water Protection Branch of Environmental Health from DHHS to Department of Environmental Quality (DEQ).

In addition to transferring Onsite Water Protection from DHHS to DEQ, section 11E.10. (d) would have the terms of current State Board of Registered Environmental Health Specialist Examiners members expire on July 31, 2017 and then a new board appointed. The new board would have 9 members, not 12 as the current board does. DEQ would play a major role in appointing the new REHS Board members.

This issue was also discussed during the May 11, 2017 Board meeting and was the source of much discussion and concern at the June 2017 NC Local Health Directors' meeting. The NC REHS Board had just released a detailed statement and talking points voicing opposition to the transfer.

Discussion amongst the Board generated more questions about who and why someone would sponsor such a bill. Mr. Eaton addressed the board and informed them that he had attended a recent State of Practice (SOP)

committee meeting where SB 257 was also discussed. No one there could come up with any good reason for the transfer.

Mr. Salter asked that the Board support Environmental Health by contacting members of the legislature and communicating their opposition to the transfer and changes to the REHS Board structure. Ms. Harris asked Mr. Salter to provide the new REHS Board “talking points” document to the Board. Mr. Salter indicated he would provide the document to Ms. McClain for distribution to the Board.

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

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

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

- **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 May 2017 prior to the meeting. However, an updated NOV report that reflected current NOV compliance was given to the Board during the meeting.

[\(Copies of both reports are attached to the minutes.\)](#)

### **QUESTIONS/COMMENTS:**

**Ms. Harris:** We had conversation last time about the property that the City plugged the system, can you tell the Board where we are headed with that situation?

**Mr. Eaton:** Sure. We had an issue recurring with a single property that owner was delinquent on the sewer bills and the City sent out a maintenance team that installed a plug on the sewer tap. Then the sewage just free flows across the yard into the sewer ditch or on to their neighbor’s property. They will go through the motions to work out a payment plan; then go delinquent again. It’s kind of this revolving door. We had a meeting unrelated to that issue with some folks from other counties and the state and one of the guys from Wake County said they had the same problem. They went to the Division of Water Resources and asked the Division to issue a letter stating that the City had to stop plugging these lines because the City was creating a public health nuisance. So, the Division of Water Resources actually wrote a letter to the City of Raleigh stating that if the plugged sewer lines causes a spill they’re going to issue a notice of violation to the property owner and issue a notice of violation to the City utility for doing it. That was the end of it. So we have initiated some contact with the State office to see if we can get down that path to prevent spills.

**Mr. Curtis:** Are they on their own well?

**Mr. Eaton:** That’s the whole issue. The reason that can’t just turn the water off is they are served by well. Also the other component is it’s sort of a legacy problem when the property was connected to the sewer many years ago, yet they were never annexed into the City of Durham. If a property is within the City of Durham, even if it were served by a well and it started discharging sewage, the City of Durham has citation authority and they can actually write them a criminal summons. We don’t have that authority in Environmental Health. The City doesn’t have that authority because it’s outside of their cooperate alignment. Those properties outside of the city own sewer but not water.

**Ms. Harris:** We also discussed that it’s time for us to revisit establishing some financial assistance programs to help people with sewer system repairs because there are so many limited options for people to get what they use to have. We will have those conversations with our Chief Financial Officer and some lending institutions.

**Commissioner Howerton:** What area are they talking about?

**Ms. Harris:** All over has the potential. We have really poor soil and lots of septic systems that are thirty years old or older. In other communities across the state, systems don’t last but about fifteen years; so, our systems have done well. At some point they’re going to fail. With the changing requirements for the drain fields, the lot sizes won’t work.

**Commissioner Howerton:** So do we have a mapping on what we need to do?

**Ms. Harris:** Absolutely.

**Mr. Eaton:** I spoke about three years ago and made a presentation to the BOCC. We have some estimates from 2014 and that hasn’t changed very much.

**Mr. Salter:** It’s somewhere between ten to twelve thousand systems that are about thirty years old.

**Mr. Eaton:** And many of those properties don’t have a designated repair area on the lot and some are left really grasping for straws for solutions.

**Ms. Harris:** So when new developments are built, doughnuts are created with older homes being surrounded by annexed land that is connected to City water and sewer.

**Health Director's Report**

**June 8, 2017**

**Division / Program: Perfect Service Overview Session with UNC School of Pediatric Dentistry (SOPD)**  
**(Accreditation Activity 27.3– The local health department shall employ a quality assurance and improvement process to assess the effectiveness of services and improve health outcomes.)**

**Program description**

- On May 17, 2017 members of the UNC School of Pediatric Dentistry (including the Chair) met with Jim Harris and Peter Anlyan (consultant) to discuss the Department's Perfect Service initiative.

**Statement of goals**

- To provide UNC with written overview of the Perfect Service program, and to reinforce that all contractors and vendors will respect our vision, goals, and treatment objectives within the Dental Division.
- To articulate the Department's vision *to be the best local Public Health Department in North Carolina as a well-prepared, high performing work force that delivers high-quality customer service that meets the needs of our community.*
- To review Department's *Perfect Service Handbook* and the Dental Division's *Expectations for Our Work* documents.

**Issues**

- **Opportunities**
  - The session provided the chance to discuss the Division's goal to provide exceptional care to all internal and external customers. Because patients do not differentiate between Public Health and contracted providers, the meeting served to share common standards and expectations to meet this goal – including evaluating service delivery to ensure continual improvement.
- **Challenges**
  - All providers could not attend the session, and, although the Division Director has shared information with providers, it would have been good to meet as a group.

**Implication(s)**

- **Outcomes**
  - UNC was in agreement with the initiative and will share the *Expectations* document with providers, residents and students.
  - Division Director is working with UNC faculty on development of Student Orientation for students visiting the Dental Clinic for the first time.
  - In addition to receiving the documents reviewed during the session, the Chair was provided a copy of "Inside the Magic Kingdom: Seven Keys to Disney's Success."
- **Service delivery**
  - A past service delivery issue was discussed during this session, and it was agreed that all incidents should be vetted between the Department and SOPD immediately.
- **Staffing**
  - Division Director and consultant met with UNC SOPD representatives.
- **Revenue**
  - N/A

**Next Steps / Mitigation Strategies**

- Division Director will assist in developing Student Orientation checklist, and meet with SOPD Chair and designated faculty members to continue discussions in coming months. In addition, and as surveys are developed and completed, this information will be shared with the school.

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**Division / Program: DINE Healthy School Environments – Afterschool Program Wellness Policy**  
**(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 Durham families.
- Healthy School Environments (HSE) is a subprogram of the DINE school program. HSE aims to make the healthy choice the easy choice for students through facilitating nutrition and physical activity policy, systems and environmental changes at schools.
- The HSE nutritionist has collaborated with the afterschool program at two DINE-eligible Durham Public Schools (DPS) elementary schools to add a wellness policy to their program. The policy includes components involving: nutrition/physical activity programming, family wellness information, and staff training resources.

### **Statement of goals**

- To create a policy change by adding a wellness policy component to the afterschool program at participating schools. The policy is an effort to improve the health environment by increasing student's physical activity time and exposure to nutrition education and healthy eating opportunities.
- To collaborate with each school's afterschool coordinator to create goals that meet their specific needs and staff capacity.
- To provide tools and resources to enable afterschool program coordinators and staff to add more organized physical activities and nutrition education/healthy eating opportunities to their regular programming.

### **Issues**

- **Opportunities**
  - Students spend a significant amount of time each day (up to three hours) in the afterschool program. Afterschool wellness policies and programs provide the opportunity for healthier out-of-school time for these students.
  - Afterschool coordinators are required to plan organized activities each day, which offer the opportunity for these activities to be related to physical activity and healthy eating.
  - Afterschool coordinators are also required to write monthly newsletters for parents (an often hard to reach population). This provides the opportunity to share wellness information such as child nutrition tips, healthy recipes, and physical activity ideas for the family.
  - The afterschool coordinators at both participating schools expressed great interest in implementing the wellness policy and were already working on wellness initiatives such as allowing only healthy snacks to be brought from home. This buy-in allowed for an easier transition to the policy.
- **Challenges**
  - There is high staff turnover throughout the afterschool program in DPS. This could potentially cause difficulty with continuity for the wellness policy from year to year.
  - Both participating schools were understaffed the entire year. This made it difficult to have trainings/meetings about the wellness policy for afterschool staff members. The majority of the communication was between the DINE nutritionist and the afterschool coordinator only. The coordinator then relayed the information to her/his staff.

### **Implication(s)**

- **Outcomes**
  - Afterschool wellness policies were implemented at Bethesda and Spring Valley elementary schools.
  - The DINE school team provided afterschool nutrition and/or physical activity sessions throughout the school year in an effort to model wellness activity programming and provide support to afterschool staff.
- **Service delivery**
  - The DINE HSE nutritionist wrote customized afterschool wellness policies for both participating schools.
  - The DINE school team provided a combined six afterschool nutrition education, cooking and/or physical activity sessions at both schools, reaching 89 unduplicated and 223 duplicated contacts from January to May 2017.
  - The DINE HSE nutritionist wrote seven family wellness blurbs for the afterschool newsletter, reaching 346 indirect contacts.
  - Monthly check-ins were conducted with afterschool coordinators via email or phone providing activity ideas and internet links to additional relevant resources.
- **Staffing**
  - One DINE nutritionist
- **Revenue**



- No revenue is generated by this activity.

#### **Next Steps / Mitigation Strategies**

- This program can be expanded to additional DINE-eligible schools in future school years based on afterschool coordinator interest.
  - Participating schools also have before school programs, this wellness policy could be adapted to add a component for the before school program.
  - Feedback will be collected from afterschool coordinators/staff to determine successes and challenges in an effort to improve the program for the next school year.
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#### **Division / Program: Nutrition Division/Clinical Nutrition/Use of Best-Practice Interventions** **(Accreditation Activity 10.3- The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)**

#### **Program description**

- Durham County's Department of Public Health Nutrition Division has participated in several events, both in clinic settings and in the community, highlighting Mindful Eating.
- Durham County's Department of Public Health Clinical Nutrition Team offers individualized Medical Nutrition Therapy (MNT) geared towards current evidence-based nutrition science to all patients. When counseling, Registered Dietitians (RDs) take into account each individual's clinical status and socio-economic and cultural backgrounds. RDs in the clinic also participate in special activities and speaking engagements geared towards promoting health in the community. RDs must stay abreast of current food trends in the U.S.

#### **Statement of goals**

- To deliver current research to laypersons in a manner that allows them to use the information to make positive changes in their health.
- To inform consumers how to put these trends into practice in their daily lives.

#### **Issues**

- According to Pollock Communications and Today's Dietitian's fifth annual report, "What's Trending in Nutrition", dieting is out and mindful eating is in for 2017. This national food trend survey, which polled over 1,700 RDs across the country, revealed a decline in consumers' interest in dieting and, instead, found that consumers are choosing "clean and mindful eating" as their path to healthier living.
- Neuroscientist, Sandra Aamodt, states that the brain's weight-regulation system will maintain a stable, healthy weight for most people if it's allowed to do its job without interference from dieting and other short-sighted slimming strategies. Her recommendations include to stop focusing on weight and start concentrating on regular exercise, good food choices and stress reduction instead.
- According to Traci Mann, professor of psychology at the University of Minnesota, "Several studies indicate that dieting is actually a consistent predictor of future weight gain". At the University of Minnesota's Health and Eating Lab, she found that both men and women who participated in formal weight-loss programs gained significantly more weight over a two-year period than those who had not participated in a weight-loss program.
- **Challenges**
  - Mindful Eating is an abstract concept that must be practiced over and over to result in behavior changes.
  - Behavior changes based on Mindful Eating practices can be difficult to measure. While these practices may result in weight loss or improved lab values, goals include being more aware of eating habits, the sensations experienced when eating, and the thoughts and emotions about food. It is more about how you eat than what you eat.

#### **Implication(s)**

- **Outcomes**
  - The Clinical Nutrition RDs are now more intentional about discussing Mindful Eating when counseling patients.

- **Service delivery**

- One of the weekly themes during National Nutrition Month was Mindful Eating. Prior to their appointments, the Clinical Nutrition team engaged clients in a trivia game that allowed the RD to then continue the conversation during the individual consultation.
- During OB Orientation in March, one RD facilitated a discussion on Mindful Eating and challenged the participants to be intentional throughout their pregnancies when choosing what foods to eat.
- At the Wellness Booster offered to both Durham County and Durham City employees, RDs on the Clinical Nutrition team manned a table designed to teach participants about Mindful Eating. Individuals were given a food sample and then taught to use 5 key principles (Observe, Savor, Aware, Nonjudgment, In-the-Moment) when eating the sample. Participants were invited to make f/u appointments in the Nutrition Clinic to put more mindful eating strategies into practice.
- One RD gave a presentation to an AP Psychology Class at one of the Durham Public High Schools (DPS). Students participated in role playing, designing research experiments and brainstorming ways to add mindful eating practices to their daily routines.

- **Staffing**

- Three 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**

- Patients seen in the Nutrition Clinic for MNT are billed for services. Fees for nutrition counseling are based on a sliding scale fee and Medicaid and other 3<sup>rd</sup> party reimbursement sources are billed if applicable.
- While the Wellness Booster and DPS speaking engagement did not produce revenue, these events were used to promote the Nutrition Clinic and its services to the participants.

#### **Next Steps / Mitigation Strategies**

- The RDs will need to continue to educate themselves on ways to incorporate Mindful Eating techniques that are measurable in the clinic setting since teaching Mindful Eating involves a learning curve for the RDs in the Nutrition Clinic.
- Staff will have access to recently ordered books on Mindful Eating and will continue to discuss this topic in upcoming meetings.

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#### **Division / Program: Nutrition/Double Bucks/Presentation on a National Webinar**

**(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**

- Double Bucks is a program run in collaboration with local farmers' market. Customers can shop with their SNAP/EBT cards (formerly known as food stamps) and the Market doubles the amount up to \$10 every time they shop. DCoDPH assists with technical assistance, grant writing and promotion/marketing.
- A Nutrition Program Manager presented on a national webinar organized by the USDA about how Double Bucks is marketed in Durham County.

#### **Statement of goals**

- To inform the USDA, other funding agencies, farmers' markets and public health professionals how Durham promotes their Double Bucks program.

#### **Issues**

- **Opportunities**

- The webinar provided a platform to reach 150 individuals throughout the country at one time with little effort. The webinar was recorded so the number of individuals will likely increase.
- In a pre-webinar conference call, staff at the USDA were very impressed with how SNAP-Ed staff in Durham County were promoting and marketing the Double Bucks program and requested Durham's



participating in the webinar. The USDA is the funding source for the Nutrition Division's DINE program, a SNAP-Ed program.

**Implication(s)**

- **Outcomes**
  - Since the webinar (presented on May 23, 2017), two agencies have reached out to learn more about how DINE and Durham Farmers' Market promotes Double Bucks. They hope to model some of their promotional materials off of what Durham has created and hopefully improve healthy food access in their communities.
- **Staffing**
  - The Nutrition Program Manager who oversees the community services of the DINE Program presented on the webinar.

**Next Steps / Mitigation Strategies**

- Follow-up with the agencies that want more information and with the USDA who also had follow-up questions.
- Continue to identify funding sources and promote Double Bucks throughout Durham County.

**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 May Activities – 5/2/2017
    - DCoDPH to Close in Observance of Memorial Day – 5/18/2017
    - 2016 State of the County Health Report Now Available – 5/24/2017
  - Website Updates
    - All Press Releases Added to Website
    - May Events Added to 'Upcoming Events' page
    - Memorial Day Closing Announcement Added to Home Page
    - Added Revised Board of Health Smoking Rule Document on Home Page

- Rabies Prevention through Minimizing Exposures to Bats and Wildlife at Summer Camps document added to CD Information for Healthcare Providers page
- Recommendations for Bat-Proofing Camp Buildings and Keeping Campers Safe document added to CD Information for Healthcare Providers page
- Community Connections eNewsletter sent on May 2.
- Media Archives
  - [Violence Interrupters Now 'Part of the Solution'](#) – 5/1/2017 (Herald Sun)
  - [Public Health Department Announces May Offerings](#) – 5/2/2017 (News & Observer)
  - [East Durham Children's Initiative Announces New Board Members](#) – 5/18/2017 (News & Observer)
  - ABC 11 Eyewitness News liked our Tweet about the SOTCH report. – 5/24/2017

#### **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

#### **COMMITTEE REPORTS:**

There were no committee reports.

#### **QUESTIONS/COMMENTS:**

**Mr. Dedrick:** Where are we with the Energy Drink?

**Ms. Harris:** Eric is out of town and we do have a new infographic designed that we shared with the committee. We can send it out for the Board to review. If there is anything that you think is missing in the message, you can send it to us so that we can revise it before the August meeting. We would like to get retractable banners made. I think the staff is still working to produce videos that we can use to share the message about the dangers associated with energy drinks.

**Dr. Levbarg:** We had talked about the videos as being potentially something that could be in this system here that could hit everybody's desk who works in the County and who is connected. That could be a very powerful tool.

#### **NEW BUSINESS:**

- **AGENDA ITEMS AUGUST 2017 MEETING**
  - Energy Drinks
  - Update on Bull City United Program
  - Perfect Service Initiative Presentation
  - NALBOH Report

Commissioner Howerton asked if one of DCoDPH programs could be highlighted at the County Commissioners Conference on August 9-12, 2017.

**Commissioner Howerton:** One of the hottest topics state wide is the opioid epidemic. NCACC is asking counties to hold local forums about the epidemic. A representative from NCACC is delivering to each county a box of information that guide the discussion. One county held their meeting and there were more than 70 people in attendance.

**Ms. Downey-Piper:** Durham County data is not solid data. There is a problem with the way the data is coded in the Emergency Departments. NC DETECT data is not showing the increase.

**Dr. Fuchs:** Is there something that I can do to help?

**Ms. Downey-Piper:** I have a meeting with ED staff tomorrow. I will talk with them and let you know if your help is needed.

Mr. Dedrick: I just posted an announcement about an upcoming webinar and over 800 people have already registered

#### **INFORMAL DISCUSSION/ANNOUNCEMENTS:**

Dr. Sena provided the Board with an overview of a UNC-STI Research Study and requested Board approval to move forward. UNC is requesting approval to conduct a study titled "*Mycoplasma genitalium* among men with uncomplicated urethritis attending STD clinics in the US: Assessing burden, risk factors and co-infections." This is a multicenter study sponsored by the NIH and the CDC.

*Mycoplasma genitalium* is an emerging STI that is very common among sexually active men and women. However, there are currently no tests for *M. genitalium* approved by the US Food & Drug Administration (FDA).

The purpose of this study is to learn: how common *M. genitalium* infections are among men with urethritis, how common it is for men to have *M. genitalium* infections together with other STIs, and how well standard treatments work against *M. genitalium* infections.

UNC will enroll up to 300 men for the study recruited from the STI Clinic population. Participants will receive \$40 for one additional extra swab. I will have an additional nurse practitioner to work with the program.

**Questions/Comments:**

**Dr. Braithwaite:** Are the other symptoms similar to the others? Sometimes they are asymptomatic.

**Dr. Sena:** Yes. Actually, the first association was back 1980. Now it's associated with pelvic inflammatory disease and cervicitis. There is also an asymptomatic population. and I actually have a paper that I'm working on for the NIH. We looked at women fifteen to twenty-five years old and there was among all asymptomatic women. The prevalence was twenty percent.

**Commissioner Howerton:** Does it have any birth defects associated with it?

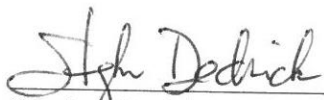
**Dr. Sena:** Eventually yes...preterm birth has been associated with this based on studies. The same thing goes with Chlamydia and maybe ten years from now we will have a great surveillance system for it.

**Dr. Braithwaite:** Do you know how effective Azithromycin is?

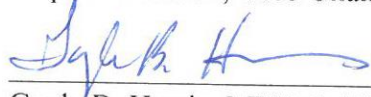
**Dr. Sena:** Not very. Treatment failure has been as high as thirty to forty percent so that means only fifty to seventy percent might actually clear it; but then now there is resistance to Doxycycline. So it is an emerging infection and quite difficult to manage.

Dr. Jackson made a motion to move forward with the study. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Dr. Miller made a motion to adjourn the regular meeting at 6:30pm. Commissioner Howerton seconded the motion and the motion was unanimously approved.



Stephen Dedrick, Vice-Chairman



Gayle B. Harris, MPH, Public Health Director