

A Regular Meeting of the Durham County Board of Health was held December 13, 2018 with the following members present:

F. Vincent Allison, DDS; James Miller, DVM; F. Mary Braithwaite, MD, MSPH; Teme Levbarg, PhD, MSW; Commissioner Brenda Howerton; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN and Spencer “Spence” Curtis, MPA, BS; MPH, CCHP;

Excused Absence: Stephen Dedrick, R.Ph, MS; Rosemary Jackson, MD; Robert Rosenstein, O.D.; and Arthur Ferguson, BS.

Others present: Gayle Harris, Tara Blackley, Joanne Pierce, Rosalyn McClain, Katie Mallette, Hattie Wood, Jim Harris, PhD; Will Sutton, Dr. Chitrakala Jagagdeesan, Michele Easterling, Bryan Wardell, Dr. Arlene Sena, Khali Gallman, Marcia Richardson, Natalie Rich, Willa Robinson, Mel Downey-Piper, Kat Combs, and Dr. James Davis

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

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Dr. Allison reported that a couple of members let him know that they needed to leave early. To maintain a quorum, items requiring a vote would be moved up on the agenda. Chairman Allison and Ms. Harris requested the following additions:

1. Closed Session pursuant to N.C.G.S Section 143-318.11(3) and (7) to consult with an attorney employed or retained by the County of Durham to preserve the attorney-client privilege; and, to discuss a matter related to the planning, executing and reporting of an investigation regarding an allegation of criminal misconduct by a former employee.
2. Budget Amendment (*new business*)

The budget amendment under new business will become item 4 on the agenda. Since we are waiting for another County staff member to arrive for the closed session, we will place that item after the budget amendment. If the staff member has not arrived at that time we will continue with other items on the agenda. We want to make sure that all necessary parties are present for the discussion.

Commissioner Howerton made a motion to approve the additions/adjustments to the agenda. Dr. Levbarg 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 November 8, 2018. Dr. Levbarg seconded the motion and the motion was unanimously approved.

BUDGET AMENDMENT

The Durham County Department of Public Health request approval to recognize funds in the amount of \$1,000 from the NC Department of Health and Human Services (Division of Public Health). This provides funding to local health departments to compensate staff time for reviewing the community health assessments and community health improvement plans in other North Carolina counties.

Mr. Curtis made a motion to approve the budget amendment in the amount of \$1,000. Dr. Fuchs seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: There were no staff/program recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **COMMUNITY HEALTH ASSESSMENT DATA AND ACTION PLANS (*Activity 38.2*)**

Ms. Mortiboy, Partnership for A Healthy Durham Coordinator provided an overview of the 2017 Community Health Assessment Data and Action Plans.

The Community Health Assessment is done every three years in partnership with Duke Health, Durham County Department of Public Health and the Partnership for a Healthy Durham. The purpose is to identify

the top health priorities, identify resources to address them, have community-based discussions, develop a comprehensive report and create community action plans to address the priorities.

The 2017 Community Health Assessment priorities are affordable housing, access to healthcare and health insurance, poverty, mental health and obesity, diabetes and food access. Affordable housing is a new priority in 2017. These priorities are related to health and quality of life for Durham residents. They are not traditional health issues such as heart disease, cancer or stroke but underlying causes that contribute to health outcomes.

The key findings in the 2017 Community Health Assessment are:

- Many Durham assets; High levels of education, number of healthcare providers, abundance of parks and open spaces
- Health disparities continue; Continue to be disparities in nearly all areas
- Very little local primary or secondary data for LGBTQ+ population; Writers found lack of local and regional data for LGBTQ+ population while writing chapter 14, health department staff is having conversations on how to address
- 2018 CHA Prioritization survey captured feelings of the widening inequality in Durham; Community members shared of affordability of housing, healthcare, childcare and healthy foods and changes in Durham
- **Affordable Housing:**
 - Renters make up 40% of households in Durham and almost half of them are defined as cost-burdened (i.e., paying more than 30% of their monthly income for housing)
 - The disparity around housing is nearly 7 in 10 White residents own and occupy their home, compared to 4 in 10 African-American/ Black residents and 3 in 10 Hispanic residents; This is due to historical policies such as redlining and discriminatory loan practices
 - In community listening sessions during the CHA process, the community told us they would like to see protection for renters, landlord accountability, land trusts, rent control and more engagement of residents to address affordable housing in Durham.
- **Access to Healthcare:**
 - During 2015, Durham County's rates of uninsured non-elderly populations (under age 65) was 13.7% compared to 13.0% in North Carolina
 - Hispanic residents were 7 times more likely than whites to be uninsured; Immigration status was one of the top reasons in 2016 CHA survey for not having health insurance
 - In community listening sessions, the community would like to see racial equity training for providers, more mobile and walk-in clinics, extended hours, integrated services and more patient navigators
- **Poverty:**
 - From 2011-2015, the percentage of Durham families living in poverty was 12.7%. The poverty rate is highest for families headed by women with no husband present with related children under 18 years at 38.5%
 - 30% of Durham Hispanic/Latino families live below the poverty line compared to 18% of African-American/Black families and 4% of White families; Existing policies, unequal access to jobs, wage gaps, and access to resources continue to increase the wealth gap
 - The community would like to see the following solutions to address poverty- mandatory, paid parental leave, universal free daycare, redistribution of wealth and reparations
- **Mental Health:**
 - According to the 2017 Youth Risk Behavior Survey, 26% of middle school students and 30% of high school students reported feelings of depression in the past year
 - Rates of depression for High School students- Black- 26%, Latinx- 31%, White- 33%, Other races- 43%; White Americans are less resilient than black and Latinx Americans, which may contribute to higher levels of depression among whites
 - Solutions for mental health suggested by the community includes mental health screenings for all during physicals, campaign to reduce stigma and that mental health is not a moral failing, inclusive classroom and management learning styles, affordable, integrated services and mental health services included in insurance
- **Obesity, Diabetes and Food Access:**
 - As of 2016, 65% of adults in the Piedmont region, which includes Durham, were overweight or obese
 - In 2015, 14.1% of Durham County residents aged 18 years or older who received some level of care from Duke Health and/or Lincoln Community Health Center had diabetes.
 - Duke adult African-American/Black patients were 80% more likely than Whites to have diabetes; Policies have forced people of color to live in neighborhoods where it is harder to

3 A Regular Meeting of the Durham County Board of Health, held December 13, 2018.

access safe place to exercise; The food and beverage industry has also targeted people of color with unhealthy foods

- Community solutions include healthy food options in neighborhoods, support from family and friends, affordable gyms and recreational areas and improved school lunches

The action plan process involved reviewing data from the Community Health Assessment and other sources, committees performing an asset and gaps analysis on the issue, developing goals, holding workgroup meetings of committee members to refine goals and strategies, committee members then voted on strategies, drafted community health improvement plans (CHIPs) and finally received community feedback.

- Action plans for Access to Care and Obesity, Diabetes and Food Access were submitted to the State on September 3.
- Access to Care committee will focus on helping developing tools to help Durham residents navigate the healthcare system, health literacy, facilitate racial equity training for patient care teams, and policy change around HIV/STI testing
- The Communications committee will focus on creating consistent messaging for the Partnership, providing technical assistance to Partnership committees and developing a membership directory for the Partnership
- The Obesity Diabetes and Food Access committee will focus on school meals, researching barriers to using available food assistance programs and parks and trails to determine how to address and examine marketing practices by the sugar sweetened beverage industry

Many community members, partners and Durham County Department of Public Health staff make the CHA possible. Ms. Mortiboy stated, “Thank you for all of your efforts.”

Commissioner Howerton made a motion to approve the Action Plans for the 2017 Community Health Assessment. Dr. Levborg seconded the motion and the motion was unanimously approved.

(A copy of the [PowerPoint Presentation](#) and Action Plans are attached to the minutes.)

[Communications Action Plan](#)

The expected arrival of the County staff member did not occur. Due to members needing to leave, Dr. Allison asked for a motion to go into closed session. Dr. Miller made a motion to adjourn into closed session pursuant to N.C.G.S Section 143-318.11(3) and (7) to consult with an attorney employed or retained by the County of Durham to preserve the attorney-client privilege; and, to discuss a matter related to the planning, executing and reporting of an investigation regarding an allegation of criminal misconduct by a former employee.” Dr. Levborg seconded the motion and the motion was unanimously approved.

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

- **HEALTHY VENDING MACHINES (Activity 14.3)**

Ms. Easterling, Nutrition Director provided a presentation to introduce the idea of having some type of healthy vending machine practices in Durham County Government buildings. Representatives from the American Heart Association approached Gayle Harris about this earlier this year. Ms. Easterling stated that Kat Combs and Mel-Downey-Piper, representatives from the American Heart Association (AHA) are here tonight to help answer any questions you may have after the presentation. Healthy vending machines has also been discussed by the Partnership for Healthy Durham and the Durham County Wellness Committee with both supporting pursuing options for best-practices.

Ms. Easterling referred to the Center for Science in the Public Interest infographic (thanks to the AHA for providing this to us) before, starting presentation. This infographic very clearly provides sound logic of why we are having this discussion. As the graphic shows—governments funds obesity and disease prevention strategies and programs yet often have mainly foods available that promote obesity and certain chronic diseases—foods such as candy, high-sugar beverages. Food service guidelines however they are implemented help to address this contradiction. They would help us “walk the talk”.

All photos in the power point presentation were taken in the Human Services Building and old Courthouse/Admin building.

Reasons why healthy vending is a health department priority:

- 100% healthy vending makes the healthy choice the easy choice. Biologically, we are programmed to choose foods high in salt, fat and calories because it kept us alive when food

was scarce. Food is no longer scarce, and this programming is harming our health. We need to improve our food environment because overriding our biological impulses is very hard for most people.

- Increase demands for healthy choices. The more demand for healthier snack items, the more companies will respond to the demand and provide them in small snack-sized packages.
- Model and reinforce best practices. We talk about healthy vending but advertise sugar sweetened beverages in our building. We need to set the example of what good health and a healthy food environment looks like.
- We currently make a substantial amount of money from sugary drinks and snacks high in sugar, fat and salt. It seems wrong to advertise and profit from the foods we tell our customers to limit.
- Our dietary habits are one of the leading drivers of death and disability. Heart disease, stroke, obesity, type 2 diabetes, certain cancers, immune function and brain health are all influenced by what we eat. Poor diet is not just about individual choices, but about systems that make eating poorly the default for many Americans. Food service guidelines are part of system changes that help to make the healthy choice the easy choice.
- The current average item sold in the vending machines are high in sodium, fat, cholesterol and calories. Having 100% healthy items in vending machine makes the healthy choice the easy choice. It promotes an environment that lowers obesity and diet related chronic diseases.
- This in turn lowers health care costs. The amounts that you can find for the costs of obesity/diet-related illnesses are all quite high but still vary. The CSPI info graphic mentioned, and provided to the Board, lists 190.2 billion annually (source: Journal of Health Economics) but can find numbers much higher than this depending on the source. Bottom line is that we are spending way too much, and the amounts are only predicted to get higher. Our own County Government is seeing higher costs associated with diabetes care for employees.
- Healthier employees and residents = higher productivity.

Health impacts of consuming sugary drinks:

- 47% of added sugar in our diet comes from sugary drinks, making sugar sweeten beverages (SSBs) the #1 source of added sugars. Drinking one or more a day increases the risk of developing type 2 diabetes, heart attack, gout and dental caries.

Financial Implications of healthy vending:

- Most vendors find that revenue is unaffected after a 3-6month possible decline
 - Chicago park district implemented 100% healthy vending and saw an increase in sales over 15 months.
 - Baldwin Park, CA saw a slight dip in sales for the first 5 months. Sales have been at previous levels for last 4 years.
- Smooth transition by coupling with nutrition education, taste tests, promotion and changes to pricing

Lessons from Mecklenburg County:

- Directive needs to come from top leadership. They found that an internal policy was not strong enough to really change the system; they eventually enacted an ordinance.
- Needs to be inter-departmental.
- There was pushback, but it was brief.
- After a year, they still must monitor to ensure that the vendor only stocks agreed upon items. Monitoring was required of each machine monthly for a year. They hope to reduce to quarterly.

Vending in Durham County:

- There currently are 19 DCo locations with vending machines. This will increase as new buildings get vending machines.
- DCo generates about a 25-30% commission from vending (profits from selling soda, chips, cookies and candy)
- DCoDPH staff teach clients to limit intake of soda chips cookies and candy
- DCo currently has one vendor – Canteen – to service all buildings. Mecklenburg County also contracts with Canteen. Working together may increase purchasing power.
- Again, all pictures in the slideshow were taken of vending machines in two public areas of DCo buildings.

Healthy Vending Proposal: Vending Machines on DCo County property will have 100% of items that meet American Heart's standards.

Steps:

1. Create a multi-departmental project team (complete – the DCo wellness committee has agreed to spearhead this initiative)
2. Get approval from BOH (pending)
3. Inventory and map vending machines (complete)
4. Survey DCo staff to determine readiness to change and desire to have access to healthy foods. Before vending machines were installed in the Human Services Building, there was a healthy snack sale in the breakrooms of Public Health. This sale was very successful, and people still occasionally ask if it can be reinstated.
5. Draft policy, order, ordinance, or resolution to have 100% healthy vending options in machines on DCo property. Again, Mecklenburg started with an internal policy that was not strong enough to change the environment. American Heart suggests agencies enact a resolution or ordinance that may be better able to withstand staffing changes. American Heart provided many examples for us to review.

Submit for review/approval:

6. Prepare RFP for vendor
7. Create planogram with vendor that outlines foods allowed to be sold. We can base this on Mecklenburg County, who shared their planogram, if we would like.
8. Run educational/awareness campaign. Include taste tests.
9. Launch healthy vending. Monitor monthly for 12 months.
10. Evaluate: Survey staff at 6 and 12 months. Review sales trends.

(A copy of the [PowerPoint Presentation](#), [Infographic](#), [Fact sheets](#) and [Sample Policy](#) are attached to the minutes.)

QUESTIONS/COMMENTS:

Dr. Levbarg: I do have a question now or maybe a comment. I know a lot about food, but I also know I've picked plenty of those things that are in this picture. When you survey, I was thinking that there are a whole lot of people who will hear "healthy choices" and immediately kind of not want to go there because it means none of these. So if the survey had "you can check off all of these different ones that would be there...options for what you think you most likely would enjoy and focusing on that as oppose to "we want to change over to healthy options" I think most people don't know what the range of options are is really my bottom line.

Ms. Easterling: I think that is a good point and there hopefully would be taste test surveys that you would get some of the products that would be in the vending machines.

Dr. Levbarg: That would help a lot.

Ms. Easterling: Kat, not to put you on the spot but do you know of anything that has worked in different counties.

Ms. Combs: Taste testing always works when you show them the options. I even had the opportunity to do that in Wake County as they were going through a little bit of this process just with a different vendor and it was really powerful for their "Wellness Too" campaign that they had identified and had an opportunity to see some of the options. They did the same thing in Mecklenburg County. They wanted to get the buy-in. It's nice when you can see the options. I had no idea of what some of them were and there were lots of variety. Making sure you have a taste testing event for some of the employees would be a great step in the process.

Dr. Levbarg: Free food always works.

Ms. Combs: A lot of times the vendor wants to do that too. Obviously, they want people to buy in if they're going to put food into a machine. They want people to have already seen them so that's not the first time they're seeing it.

Ms. Easterling: So, Gayle I guess this is for information purposes only.

Chairman Allison: We can't do anything at this point, we've lost the quorum.

Dr. Levbarg: I don't think that we need to at this point...do we?

Ms. Harris: It's basically for information.

Mr. Curtis: Can we put it on next month for approval.

Chairman Allison: Yes, we can do that.

Dr. Levbarg: I think that's a great idea.

Dr. Miller: I don't think we will have a problem approving this.

Mr. Curtis: I don't either. Like I said this is not the first place that vendors have done this. When you start talking to the vendors They have listings that can be customized.

Chairman Allison: That was my only concern that they might be worried about their bottom line if their sales go down when you change things.

Mr. Curtis: Request for Proposals (RFPs) can be issued. We will do business with someone who can meet our needs.

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

The Board received a copy of the vacancy report through the end of November 2018 prior to the meeting. The vacancy rate for November was 9.0%. There were no questions about the report.

[\(A copy of the December 2018 Vacancy Reports is attached to the minutes.\)](#)

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

[\(A copy of the December 2018 NOV report is attached to the minutes.\)](#)

Health Director's Report November 2018

Division / Program: Nutrition / DINE / Elementary After-School Program Wellness

(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. In addition to providing nutrition education during the school day in Durham Public Schools (DPS), the DINE School program delivers nutrition education and supports wellness initiatives in after-school programs.
- DINE staff provided training for before- and after-school managers about how to adopt practices that support students in making choices that are conducive to their health and wellbeing

Statement of goals

- To increase the nutrition knowledge of DPS students and their families.
- To provide information and resources on nutrition, physical activity, and wellness for Durham before- and after-school program managers.
- To encourage simple changes in practices during after-school programs that encourage healthier eating habits and lifestyles among students.

Issues

- **Opportunities**
 - The DINE School program primarily serves students in Durham Public Schools during the school day, however many students spend a substantial amount of time in before- and after-school care. This time spent in before- and after-school programs provides an opportunity for nutrition and physical education and organized physical activity.
 - Additionally, these programs provide an opportunity to connect with parents and families to extend healthy behavior changes to the home setting.
 - After-school program managers have monthly meetings, which allows for conducting training with all program leaders in a single setting.
- **Challenges**
 - Due to current levels of resources and staffing, DINE is not able to provide direct nutrition education or in-depth wellness support to all qualifying elementary school after-school programs.

Implication(s)

- **Outcomes**
 - During the 2017-2018 school year, DINE nutritionists provided nutrition education to 508 unduplicated elementary school students in the after-school setting. This was achieved through 61 sessions (including duplicated), and occurred at 17 locations (Bethesda, Club Blvd., Eastway, EK Powe, the Emily K Center, Glenn, Holt, Hope Valley, Lakewood, Maureen Joy,

7 A Regular Meeting of the Durham County Board of Health, held December 13, 2018.

Oak Grove, Parkwood, RN Harris, the Salvation Army, Sandy Ridge, Spring Valley, and WG Pearson).

- During the 2017-18 school year, DINE nutritionists worked closely with three afterschool program managers to implement wellness policies at those three schools.
- On October 10, 2018, DINE nutritionists provided a training for 33 after-school program managers and assistants about creating a culture of wellness in their programs.

- **Service delivery**
 - DINE after-school educational sessions include nutrition lessons, physical activity games, taste tests and cooking.
 - After-school wellness policies include guidelines and goals for creating environments that make it easier for students to make healthy choices, such as weekly nutrition/physical education, guidelines for healthy celebrations, and parent workshops and newsletter blurbs.
 - The manager training included an explanation of why student wellness is important, exercise and nutrition recommendations for elementary-school-aged children, why the after-school setting is a good fit for wellness initiatives, and specific ways that program managers can be champions of wellness.
- **Staffing**
 - After-school nutrition education was provided by eight DINE School Nutritionists throughout the school year.
 - The manager training was provided by two DINE School Nutritionists.
- **Revenue**
 - No revenue is generated through this educational outreach.
- **Other**

Next Steps / Mitigation Strategies

- The Team will continue to work with the DPS after-school programs to provide direct nutrition education, as well as supporting them in efforts to implement wellness policies and create healthy environments in the after-school setting.

Division / Program: Nutrition Division /Clinical Nutrition

(Accreditation Activity 12.2 - The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)

Program description

- Durham's Department of Public Health provides nutrition assessment and counseling to clients of Lincoln Community Health Center (LCHC). Currently, the DCoDPH Nutrition Clinic is the sole source of clinical nutrition support services for LCHC clients.

Statement of goals

- To make Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT) available to all LCHC clients.

Issues

- **Opportunities**
 - In May 2018, LCHC's nutritionist position became vacant and remains so. At that time, the Nutrition Clinic of Durham's Department of Public Health begin receiving the referrals from LCHC for all clients needing nutrition services. Currently, clients in need of nutrition counseling are referred from all clinics at LCHC to the DCoDPH Nutrition Clinic. These nutrition referrals include clients from the Early Intervention clinic, the OB clinic, the Adult and Pediatric Medical clinics, as well as WIC and LATCH programs. Medical Nutrition Therapy is provided for clients with a wide range of diagnoses including diabetes, overweight or obesity, gestational diabetes, inappropriate weight gain or weight loss, and chronic medical conditions such as cancer, HIV, hypertension.
 - The number of referrals received from LCHC to DCoDPH has increased from an average of 125/month in 2017 to an average of 250/month currently.
- **Challenges**
 - Lack of a shared electronic medical record system between LCHC and DCoDPH has made communication regarding the referrals and client assessments cumbersome.
 - Of the referrals received, about 33% result in an actual client visit to the Nutrition Clinic due to difficulty in contacting clients (telephone numbers and addresses changing) and a 39% "no show" rate for appointments.

Implication(s)

- **Outcomes**
 - Approximately 50 new clients and 50 follow-up clients from LCHC are seen each month in the Nutrition Clinic for medical nutrition therapy.

9 A Regular Meeting of the Durham County Board of Health, held December 13, 2018.

- Approximately 2 new clients from LCHC begin the Diabetes Self-Management Training program each month.
- **Service delivery**
 - 90% of LCHC nutrition referrals are for clients with a diagnosis of diabetes or pre-diabetes. DCoDPH Nutrition Clinic can offer both MNT and DSMT to clients living with diabetes.
- **Staffing**
 - The DCoDPH Nutrition Clinic is staffed with Registered Dietitians Monday through Friday from 8:30am- 5:00pm and on Tuesday until 7:00pm. A processing assistant is also in the clinic during these hours.
 - 55% of LCHC clients seen in the DCoDPH Nutrition Clinic are Spanish speakers. The Nutrition Clinic has 1 FT, Spanish speaking RD on staff. Interpreters are also available to interpret for nutrition counseling visits.
- **Revenue**
 - The DCoDPH Clinical Nutrition staff includes Registered Dietitians and Licensed Dietitians/Nutritionists who are credentialed providers for billable MNT services.
 - Fees for MNT and DSMT are based on a sliding fee scale. Medicaid and third-party reimbursement sources are billed when applicable.

Next Steps / Mitigation Strategies

- Durham's Department of Public Health Nutrition Clinic and Lincoln Community Health Services will continue to collaborate in providing nutrition services to our clients. We will continue to work together to enable the necessary exchange of information in the most efficient manner possible with the hope that a shared electronic medical record will be an option in the future.

Division / Program: Pharmacy / Needle Disposal Box

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

Program description

- In September 2018, DCoDPH Pharmacy installed a Needle Disposal Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for used or expired needles and syringes.

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - ❖ Used or expired needles and syringes
 - ❖ Used or expired medications with attached needles (i.e. Epipens)
 - Reduce environmental concerns caused by improper needle disposal.
 - Reduce accidental needle sticks caused by improper needle disposal.
 - Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
 - Reduce the risk of security personnel being exposed to used needles by placing the disposal box before the security checkpoint.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.

Implications

- **Outcomes**
 - As this is a new service, statistics have not yet been collected.
- **Service delivery**
 - Planning and implementation was completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.

- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Piedmont Biomedical is contracted to dispose of the used needle and syringes.

Next Steps / Mitigation Strategies:

- The disposal box will be monitored regularly and emptied when necessary.
- Statistics from the Needle Disposal Box will be monitored and reported to the Board of Health quarterly as part of the Safe Syringe Program report.

Division / Program: Pharmacy & Health Education / Safe Syringe Program

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

Program description

- On April 2, 2018, the DCoDPH Pharmacy launched the Safe Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

Statement of goals

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

Issues

- **Opportunities**
 - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
 - Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
 - Connect participants with community resources including treatment options, health care, and housing assistance.
 - The following items are provided in the Safe Syringe Kit:
 - ❖ 10 sterile 1.0mL syringes with fixed needles
 - ❖ Alcohol swabs
 - ❖ Tourniquet
 - ❖ Condoms
 - ❖ Sharps Container
 - ❖ Additional injection supplies
 - ❖ Participant ID card
 - ❖ Printed material for harm reduction and ancillary services
 - Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**
 - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
 - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby. There is a sign on the box asking that needles and syringes be brought to the pharmacy or laboratory for safe disposal.

Implications

- **Outcomes**
 - The following statistics have been collected for September 2018:
 - ❖ Unique individuals: 7
 - ❖ Total contacts: 12
 - ❖ Syringes dispensed: 360
 - ❖ Syringes returned: ~20
 - ❖ Sharps containers dispensed: 12
 - ❖ Fentanyl strips dispensed: 25

- ❖ Naloxone kits distributed (with SSP): 4
- ❖ Naloxone kits distributed (non-SSP): 18
- ❖ Naloxone reversals reported: 0
- Year-to-date statistics, FY18-19:
 - ❖ Unique individuals: 16
 - ❖ Total contacts: 25
 - ❖ Syringes dispensed: 620
 - ❖ Syringes returned: ~1775
 - ❖ Sharps containers dispensed: 28
 - ❖ Fentanyl strips dispensed: 37
 - ❖ Naloxone kits distributed (with SSP): 13
 - ❖ Naloxone kits distributed (non-SSP): 76
 - ❖ Naloxone reversals reported: 1
- **Service delivery**
 - Planning and implementation was completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
 - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

Next Steps / Mitigation Strategies:

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health monthly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.

Division/Program: Providing Dental Care to Pregnant Women

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

Program description:

- The Dental Division is working with Women's Health clinic to increase dental services to pregnant women.

Statement of goals:

- To extend care to pregnant women and discuss oral health for both infant and new mother that sets a good foundation to minimize preventable oral diseases in the infant.

Issues

- **Opportunities**
 - As the Department treats pregnant women in adjacent clinic, there is an opportunity to provide dental services to same patients.
 - Dental Practice Administrator is General Dentist and can treat pregnant women.
 - Dental hygienists (including one bilingual team member) had been providing information to Centering Groups, but, in October, the team has begun participating in orientation sessions for new patients. This gives the clinic the opportunity to schedule patients for dental care closer to the start of pregnancy.
 - Patients receive comprehensive exams, dental prophylaxis and treatment plan, ideally during first trimester. Restorative work is completed in second trimester.
 - Upon birth of newborn, parent has dental clinic to provide care to child.
- **Challenges**
 - While it is ideal to begin providing dental care during first trimester, there are many patients who arrive for care during second trimester.
 - For pregnant women who are not patients at the Department, they may come to the dental clinic without a referral form – which delays services.

Implication(s)

- **Outcomes**
 - The Division has opened access for OB patients, offering flexibility when scheduling appointments.
 - Dental hygienists have begun meeting with patients prior to receiving dental care, providing information on the importance of oral health care during pregnancy.
 - Providers offer information on the Baby Oral Health Program to OB patients during a second or third appointment during pregnancy.
- **Service delivery** – During the first quarter, the clinic had 41 pregnant patients visits, and the number has continued to increase in October.
- **Staffing**- Director of Dental Practice (DDS provider) one dental assistant, two hygienists, and interpreter (as needed).
- **Revenue** – The Division provided OB patients \$5,200 worth of dental services.
- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division will discuss ways to expand services and continue to meet with Women’s Health clinic.

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 3rd for Staff Development Day– 10/2/2018
 - Stay Connected with DCoDPH October Activities – 10/11/2018
 - Website Updates
 - All Press Releases Added to Website Newsroom Page
 - October Events Added to PH Website Calendar
 - Input October BOH Meeting Agenda on Website
 - Community Connections eNewsletter sent on October 9

- Media Archives
 - N/A
- Social Media
 - All press releases, events, and monthly observances in Facebook, Twitter, and/or Instagram rotation.

Next Steps / Mitigation Strategies

- Disseminate consistent & timely content
 - Engage the public on social media to increase page likes and followers
 - Increase the number of monthly eNewsletter subscribers
 - Promote internal communications strategies
-

Health Director's Report December 13, 2018

Division / Program: Nutrition / Food Pantry Utilization of Self-Assessment Tool

(Accreditation Activity 10.2 - The local health department shall carry out or assist 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 DINE Healthy Environments Program worked closely with three food pantries since October 2017. The Nutritionist connected the pantries to resources in the community and facilitated policy, systems, and environmental (PSE) changes. A self-assessment tool created by DCoDPH staff was used to illustrate best practices in food pantries, assist in goal planning, and track changes.

Statement of goals

- To improve the nutrition environments in food pantries and the diet quality for clients using food pantries.

Issues

- **Opportunities**
 - The Food Pantry Self-Assessment tool allows Healthy Environments program staff to follow the progress of the pantries, assist with goal implementation as needed, and track development of PSE changes.
 - The tool also offers pantries many creative opportunities for change, which may inspire them to set goals that are more realistic and sustainable.
- **Challenges**
 - Finding the time to meet with pantry operators can be challenging as many of them are volunteers and have very limited availability.
 - While this is a Self-Assessment that could be done solely by the operators, the presence of the Healthy Environments Nutritionist can be useful in walking them through the different areas and ensuring that every small change is documented. This may limit other communities from using the tool.

Implication(s)

- **Outcomes**
 - DCoDPH Healthy Environments program worked closely with three food pantries for the last year. Pantry volunteers and staff completed the assessment tool in October 2017 and again in 2018.
 - Three pantries implemented a total of 11 PSE changes.
 - When completing the post-assessment with the Healthy Environments Nutritionist, the volunteers and operator of Feed My Sheep food pantry identified 8 PSE changes they made during the year. Technical assistance and support from the Healthy Environments Nutritionist facilitated some of these changes. Others were prompted because the volunteers learned about

the best practices from the assessment tool and worked to create a healthier environment by themselves. Changes included:

- Providing a partial client choice arrangement
- Writing nutrition policies and ensuring volunteers are trained in them
- Adding an extra source of food to increase the offerings of fresh produce.
- This pantry demonstrated that with training and community connections they were able to achieve many of their goals on their own.
- The use of the Self-Assessment tool proved critical in the discovery of these PSE changes that may have otherwise gone unnoticed.
- **Service delivery**
 - The Healthy Environments Nutritionist meets one-on-one with pantry operators and helps them work through the Self-Assessment tool. Operators look through the previous completed Self-Assessment and get to see how much progress they've made towards their goals. Once the new Self-Assessment is complete, new or revised goals are drafted for the upcoming year. Strategies to achieve these goals, as well as ways the Healthy Environments program can help, are discussed.
- **Staffing**
 - One grant funded nutritionist works on this project.

Next Steps / Mitigation Strategies

- The Healthy Environments Nutritionist will work closely with at least four pantries this fiscal year. The DINE Early Childhood Nutritionist is also working with two preschools that are starting food pantries and may use the self-assessment tool.
- The Healthy Environments Nutritionist will continue to meet with other pantry operators and work with them to complete the follow up Self-Assessment.
- Throughout the year, technical assistance will be provided to food pantries as they move forward with their action plans.
- Pantry operators will re-assess their progress a year from now (October 2019) to help track any PSE changes made.

Division / Program: DINE in Schools /Healthy Food Choices in Schools Webinar

(Accreditation Activity 13.1 -The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroot organizations, and increasing their awareness of public health through outreach and training.)

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE staff presented a webinar about the DINE in Schools program for the Healthy Food Choices in Schools Community of Practice (CoP) group. This group provides tools and resources for school administration/teachers, school food service staff, health professionals and parents to “. . . make changes that encourage children to make healthier food selections in school food environments, without undermining revenue”. The CoP group is part of the eXtension Foundation which is a non-profit branch of the Cooperative Extension System.
- DINE was asked to present the webinar by staff from the Smarter Lunchrooms Movement national office at Cornell University during an informational phone call between the two programs.

Statement of goals

- To present a webinar about the DINE in Schools program to inform participants about processes and components of the nutrition education program, share challenges and success stories, and provide useful resources such as curriculum and evaluation methods.
- The presentation objectives stated that participants would be able to:
 - Understand how to apply the socioecological model to deliver a multi-faceted nutrition program to elementary and middle school students.
 - Describe how to utilize community partnerships to implement policy, systems, and environmental (PSE) changes in schools.
 - Understand how to use the DINE curriculum and know where to access lesson plans and other resources on the DINE website.

- Give examples of ways to evaluate outputs and outcomes of direct nutrition education and PSE changes.

Issues

- **Opportunities**
 - The webinar provided an opportunity for the DINE program to gain publicity and reach individuals and organizations that may have not been previously aware of the program.
 - The webinar recording can be shared at any time with various stakeholders such as schools and grantors to provide an in-depth presentation about the DINE schools program.
 - Working on this project strengthened DINE's relationship with the Healthy Food Choices in Schools CoP. This could lead to additional opportunities such as presentations, collaboration and consultation.
- **Challenges**
 - Due to the focus audience, the presentation focused primarily on the DINE in Schools program and only briefly covered the DINE community program.
 - The presentation required substantial preparation time which was challenging to coordinate among DINE nutritionists due to busy work schedules.

Implication(s)

- **Outcomes**
 - As of 11/26/18, the webinar had 85 viewers: 29 people who watched live and 56 who viewed the recording.
 - Two viewers followed up with questions for the presenters during and/or after the webinar.
- **Service delivery**
 - On November 7th, 2018, the 30-minute webinar was presented live. It was also recorded for others to view later. The Healthy Food Choices in Schools CoP invited participants via email and website promotion.
 - The DINE nutritionists presented the webinar from the Durham County Department of Public Health via the Zoom video conferencing program.
- **Staffing**
 - Four DINE nutritionists were involved in planning and creating the webinar. Three nutritionists presented the webinar.

Next Steps / Mitigation Strategies

- DINE in Schools will stay in communication with the Healthy Food Choices in Schools CoP as well as the Smarter Lunchrooms Movement staff regarding future opportunities for collaboration.
- The webinar recording is available at <https://learn.extension.org/events/3528> to share with anyone interested in learning more about the DINE schools program.

Division / Program: Nutrition/Clinical Nutrition/Bull City Bucks Program

(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

- The DCoDPH Nutrition Clinic has begun collaborative work with Reinvestment Partners to enroll participants in the "healthy food for better health" *Bull City Bucks* program. *Bull City Bucks* allows SNAP (Supplemental Nutrition Assistance Program) participants to earn additional money to purchase fruits and vegetables at Food Lion grocery stores.

Statement of goals

- Reinvestment Partners' mission is to foster healthy and just communities in Durham by addressing problems of poverty and social injustice.
- The DCoDPH Nutrition Division delivers health promotion and disease prevention education and medical nutrition therapy to the residents of Durham County.
- The *Bull City Bucks* program makes healthy foods more affordable.

Issues

- **Opportunities**
 - Collaboration between the Nutrition Division and Reinvestment Partners promotes the goal of both agencies: to engage citizens in self-care toward optimum health.
 - Reinvestment Partners, a 501-3 non-profit organization, received grant funding from the US Department of Agriculture's Food Insecurity Nutrition Incentive ("FINI") program to implement *Bull City Bucks*.
 - SNAP participants receiving nutrition education get an additional \$40.00 per month to purchase fruits and vegetables.
 - A diet high in fruits and vegetables is part of a healthy lifestyle for disease control and prevention.
- **Challenges**
 - The electronic management system for the Food Lion MVP card has encountered some technical difficulties when extra monies were loaded onto the card. These issues are being addressed by Food Lion.
 - Staff at Food Lion stores are not always aware of the *Bull City Bucks* program details.

Implication(s)

- **Outcomes**
 - All SNAP participants who receive nutrition education through DCoDPH Nutrition Division will be offered the opportunity to enroll in the *Bull City Bucks* program.
 - Enrolled participants will receive \$40.00 credit each month on their Food Lion MVP card toward purchase of fruits or vegetables. (MVP=member value participant)
- **Service delivery**
 - Fruits and vegetables for purchase with *Bull City Bucks* can be fresh, frozen, or canned and must not have added sugar, salt, or fat.
 - Nutrition clients who enroll in the program will receive recipes for incorporating additional fruits and vegetables in their diets.
- **Staffing**
 - The DCoDPH Nutrition Division includes 9 staff persons registered to enroll clients in the *Bull City Bucks* program.

Next Steps / Mitigation Strategies

- DCoDPH's Nutrition Division staff will continue to collaborate with community agencies in the shared goal of educating and empowering citizens for optimal health and selfcare.
- DCoDPH and Reinvestment Partners will monitor the number of participants enrolled in the *Bull City Bucks* program and will assess for increased intake of fruits and vegetables by client self-report.

Division / Program: Pharmacy & Health Education / Safe Syringe Program

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

Program description

- On April 2, 2018, the DCoDPH Pharmacy launched the Safe Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

Statement of goals

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

Issues

- **Opportunities**
 - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.

- Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
- Connect participants with community resources including treatment options, health care, and housing assistance.
- The following items are provided in the Safe Syringe Kit:
 - ❖ 10 sterile 1.0mL syringes with fixed needles
 - ❖ Alcohol swabs
 - ❖ Tourniquet
 - ❖ Condoms
 - ❖ Sharps Container
 - ❖ Additional injection supplies
 - ❖ Participant ID card
 - ❖ Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**
 - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
 - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby. There is a sign on the box asking that needles and syringes be brought to the pharmacy or laboratory for safe disposal.

Implications

- **Outcomes**
 - The following statistics have been collected for October 2018:
 - ❖ Unique individuals: 3
 - ❖ Total contacts: 3
 - ❖ Syringes dispensed: 70
 - ❖ Syringes returned: 70
 - ❖ Sharps containers dispensed: 1
 - ❖ Fentanyl strips dispensed: 2
 - ❖ Naloxone kits distributed (with SSP): 0
 - ❖ Naloxone kits distributed (non-SSP): 34
 - ❖ Naloxone reversals reported: 0
 - Year-to-date statistics, FY18-19:
 - ❖ Unique individuals: 16
 - ❖ Total contacts: 28
 - ❖ Syringes dispensed: 690
 - ❖ Syringes returned: ~1845
 - ❖ Sharps containers dispensed: 29
 - ❖ Fentanyl strips dispensed: 39
 - ❖ Naloxone kits distributed (with SSP): 13
 - ❖ Naloxone kits distributed (non-SSP): 90
 - ❖ Naloxone reversals reported: 1
- **Service delivery**
 - Planning and implementation was completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
 - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

Next Steps / Mitigation Strategies:

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health monthly.
 - The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.
-

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 November Activities – 11/7/2018
 - Website Updates
 - All Press Releases Added to Website Newsroom Page
 - November Events Added to PH Website Calendar
 - Input November BOH Meeting Agenda on Website
 - Community Connections eNewsletter sent on November 6
 - Media Archives
 - [CHA Receives Grant to Address Opioid Crisis](#) – Independent Tribune.com – 10/31/2018
 - [Free HIV Testing Locations](#) – Qnotes – 11/16/18
 - Social Media
 - All press releases, events, and monthly observances in Facebook, Twitter, and/or Instagram rotation.

Next Steps / Mitigation Strategies

- Disseminate consistent & timely content
- Engage the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers
- Promote internal communications strategies

Division / Program: Health Education / Community Transformation

(Accreditation Activity 10.1 the local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public; Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description

- DCoDPH partnered with Durham Housing Authority (DHA) and Duke Cancer Center to design and test a program to help DHA residents quit smoking, using a Community Engaged Research model.

Statement of goals

- To recruit and train 5-7 DHA residents to serve as Community Health Ambassadors
- To identify barriers and facilitators specific to DHA residents trying to quit smoking
- To develop and pilot test a program to help DHA residents quit smoking

Issues

- **Opportunities**
 - Use funding from Improving Community Outcomes for Maternal and Child Health (ICO4MCH) and a grant from Duke Clinical & Translational Science Institute to recruit and pay Community Health Ambassadors (CHAs)
 - Provide CHAs with compensation, job training, and experience
 - Increase capacity for providing services to DHA residents to quit smoking
 - Increase reach of services, because CHAs have high credibility as fellow DHA residents
- **Challenges**
 - Maintaining a consistent team of committed CHAs, given life stressors, housing stability, and health issues.

Implication(s)

- **Outcomes**
 - A total of six Community Health Ambassadors have been hired from four DHA communities: McDougald Terrace, Cornwallis Road, Hoover Road, and JJ Henderson Towers.
 - Four CHAs have been trained as Smoking Cessation Navigators, a four-hour training with the American Lung Association.
 - Since September, CHAs have held five meetings, during which they developed a Problem Statement, identified Barriers & Facilitators to addressing smoking among DHA residents, and brainstormed ideas for programs.
- **Service delivery**
 - Health Educators and DHA staff recruited CHAs at National Night Out and Resident Council meetings.
 - CHAs were selected based on an application, an interview, and feedback from two references.
 - CHAs attend meetings every two weeks and complete required trainings, all of which are held at T.A. Grady Recreation Center.
- **Staffing**
 - Tobacco Health Education Specialist, one DHA staff member, and two Duke researchers are working together to recruit, train, and support the Community Health Ambassadors (CHAs). The CHAs will develop and deliver the quit smoking program in their respective DHA communities.
- **Revenue**
 - Funding came from the ICO4MCH grant and a grant from Duke Clinical & Translational Science Institute (CTSI)

Next Steps / Mitigation Strategies

- CHAs will develop a program to pilot test in their community.
- Tobacco Health Education Specialist and Duke Cancer Center staff will document the process and evaluate the results.
- Results of the project will be presented at each of the 4 communities via community forum.
- Tobacco Health Education Specialist, DHA, Duke Cancer Center and CHAs will work together to create a plan to sustain and possibly expand the program.

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

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

Program description)

- The Chronic Care Initiative health educators held two installments of the What's the 411-workshop series in July 2018 and November 2018. The topics covered were:
 - Pain Management (July 31, 2018)
 - Healthy Holidays with Diabetes (November 20, 2018)

Statement of goals

- To provide strategies to manage pain and optimize wellness.
- To learn how to thrive with chronic pain and disease.
- To provide strategies to stay healthy during the holiday season.

Issues

- **Opportunities**
 - Reoccurring community outreach health education sessions and events allowed for wider distribution of flyers and personalized recruitment. Flyers were also distributed to local partners during various community meetings.
 - These sessions were designed with community input and addressed topics in which past participants had expressed interest.
 - Participants attending this event were able to receive information about other events and resources at DCoDPH.
- **Challenges**
 - There were no major challenges during these two sessions.

Implication(s)

- **Outcomes**
 - On Tuesday, July 31, 2018 the 12th workshop in the "What's the 411?" series, Pain Management, was held at the Durham County Human Services Building from 11:00 AM – 12:00 PM. Dr. Padma Gulur from the Duke University Health System was the speaker. She led a discussion on managing pain and living healthy with chronic pain and other chronic conditions. Twenty-two (22) participants attended the session. 100% of participants completing the evaluation reported that they learned something new. 83% reported that they were likely to make a change based on something they learned in the presentation. Some of these changes included: "To take my life back and to live with my pain and embrace my life." and "More exercise to improve knew pain.:"
 - On Tuesday, November 20, 2018 the 13th workshop in the "What's the 411?" series, Pain Management, was held at the Durham County Human Services Building from 12:30 PM- 2:00 PM. Dr. Bryan Batch from Duke University Medical Center was the speaker. Twenty-two (22) participants attended the session. 88% of participants completing the evaluation reported that they learned something new. 88% reported that they were likely to make a change based on something they learned in the presentation. Some of these changes included: "Will consider eating vegetables first at parties." and "Give up sodas, junk food, exercise more."
- **Staffing**
 - 1 Health Education Specialist staffed the event.

Next Steps / Mitigation Strategies

- Health Education Specialist will plan for next event in Early 2019.
- A top requested topic is hypertension/heart disease.

COMMITTEE REPORTS:

- **NOMINATION COMMITTEE APPOINTMENT**

Dr. Braithwaite, Dr. Miller and Dr. Jackson were appointed to the Nomination Committee. Dr. Braithwaite, will lead the Nomination Committee. Slate of officers will be presented at the next Board meeting.

- **PERSONNEL COMMITTEE APPOINTMENT**

Mr. Curtis and Dr. Levbarg were appointed to the Personnel Committee. Mr. Dedrick, Vice-Chair will lead the Personnel Committee. Chairman Allison will act as Ex-officio. Ms. McClain will send committee a copy of the evaluation survey questions.

- **FINANCE COMMITTEE APPOINTMENT**

Dr. Fuchs and Commissioner Howerton were appointed to the Finance Committee. Mr. Dedrick, Vice-Chair will lead the Finance Committee. Chairman Allison will act as Ex-officio. February Board Meeting will be used to review/approve FY19-20 budget request.

OLD BUSINESS:

• **DUKE SMOKE-FREE CAMPUS POLICY (*Activity 14.1*)**

Dr. James Davis was invited to update the Board on the Duke University Smoke-Free Rule and to share the rationale for not including e-cigarettes.

Dr. Davis serves as medical director of the Duke Center for Smoking Cessation, an NIH funded research center; director of the Duke Smoking Cessation Program, a network of clinics providing specialized treatment for tobacco dependence; and co-director of the Duke-UNC Tobacco Treatment Specialist Training Program, designed to provide specialized training to medical professionals in the treatment of tobacco dependence. He sees patients who would like to be free of tobacco dependence at Duke Cancer Center and the Duke Outpatient Clinic and is an investigator on several NIH-funded grants and conducts research at the Duke Cancer Institute on various behavioral and medication-based treatments for smokers. Dr. Davis came to Duke about four years ago. With new leadership (Chancellor Washington and President Vincent Price), he thought they may have an opportunity to make the University smoke-free. The current policy is that July 1, 2020, Duke University will go smoke-free and that would include all grounds or buildings leased/owned by Duke.

Dr. Davis stated when he began looking into this about two years ago. He was amazed that the health system had gone smoke-free back in 2007 and the university said no, they were not interested.

The policy has three arms: 1) communications and outreach over at least two-year transition period and the major funding to support campaign; 2) treatment that is effective and available to people who don't have free transportation, to students and to employees; and 3) punitive consequences for use of combustible tobacco. We decided not to use punitive structures around e-cigarette use but to go after e-cigarette use through messaging and treatment. That was a compromise that allowed us to get this thing through. I don't think this is an ideal policy, but we were thrilled to get something through. Any questions?

QUESTIONS/COMMENTS:

Chairman Allison: The punitive measures that's what concerns me the most especially with the employees in the lower level positions. We all know how addictive smoking is. I'm worried that a lot of folks will end up losing their jobs because they just have to smoke that cigarette.

Dr. Davis: I'm glad that you brought this up. This is actually the conversation I was having with the academic counsel and others. Some people said:, If we don't include any punitive measures and it has no teeth then the people will go on doing what they do; We can't have people that have been at Duke for thirty years getting fired for having an illness and smoking is an addiction and an illness and there are people who can't quit. The loop hole if you will, in this is a smoker can use an e-cigarette.; They can buy one and side step punitive measures. That's where that loop hole came in. It's not an ideal loop hole because students are increasing their e-cigarette use. The objection that you're bringing up was considered intolerable to faculty and administrators at Duke. We would not tolerate a policy that would lead to firing people because they couldn't overcome an illness.

Chairman Allison: I know you said you would be offering smoking cessation programs to all your employees and students. Is there something written in the policy that if an employee is caught smoking that one of the ways they can keep their job is to enter into a smoking cessation program because it's voluntary initially?

Dr. Davis: That's not in the big advertisements but that's in the fine print. When you actually look into what we had before if brought up for insubordination, they're brought through mediation which means how can we get you treatment, how can we help you. The insubordination is when somebody says, "I don't care, I'm going to keep doing this regardless of what you say." That's kind of a final hard stop. The pathway is let's get you into treatment; then, let's make treatment free and as effective as possible.

Dr. Levbarg: It's going to be a lot more vaping.

Dr. Davis: It's going to be some vaping. I think it's an imperfect policy. I think that we're aware of that but I'm quite proud of the leadership at Duke and the people who are part of moving this through because it's failed so many times and had tremendous opposition. There probably will be a decrease in smoking.

Mr. Curtis: It's a start that you can improve on.

Dr. Davis: Yes. Well said.

Mr. Curtis: IBM in the mid-90s cut smoking at their sites, not just the buildings but also on the grounds. It was a pretty amazing move. It helped but it took a while.

Dr. Davis: The data from higher institutions that have gone through this transition says that there is typically major opposition then after the transition there are many people who said, "This wasn't so bad; we can live with this." We are actually running surveys to access that.

Chairman Allison: I'm just curious, the student population at Duke has a higher international percentage than most institutions and you know the smoking is not viewed as bad in a lot of other nations as it is in the United States. I'm just thinking outside the box. What kind of issues do you think you may have with international students?

Dr. Davis: The survey that we ran showed that the percentage of international students who smoke daily was 16.5%, the highest percentage on campus. We assumed that international students would have the strongest opposition to the policy. In fact, we found that when we went to interview students in the international houses, we found that many of them wanted to fit in with American ways and American culture. They felt that smoking demarginalized them. They felt that this was something they wanted to overcome. In fact, they're one of the groups that have the highest support of a smoke-free policy. That was one of the surprises that we ran into. With that being said, it's going to take some handholding with that group to make this transition.

Dr. Levbarg: When we first started the smoke-free initiative and the iterations of that, one of the things we had on our wish list was that someday Duke University and public housing would come on board and do the same as public health.

Chairman Allison: Gayle do you know if NCCU and Durham Technical Community College have a policy?

Ms. Harris: Willa,

Ms. Robinson-Allen: NCCU went from twenty-five feet to one hundred feet from the door and Durham Tech I'm not sure.

Attorney Wardell: Why wouldn't they be covered under the state regulations.

Ms. Robinson-Allen: They are. That's why they can't be smoke-free.

Attorney Wardell: Their covered under the state regulations.

- **NO-SMOKING SIGN INSTALLATION UPDATE (Activity 34.2)**

Ms. Harris stated that the City Manager, Tom Bonfield said that he didn't receive the letter that was sent in May 2018 concerning the installation of the no-smoking signs. It came to his attention because we needed to get his permission to apply to the Appearance Commission to put the signs up in historic Downtown Durham. The City Manager is the only one who can sign the application or give a person requesting an application permission to apply to the Appearance Commission for approval to install the signs. A copy of the letter, the revised Smoking Rule, and a map of the existing locations of City-installed signs in the Downtown District were sent to Mr. Bonfield. Sally Herndon, Attorney Bryan Wardell, Natalie Rich and I are going before the City Council on Thursday, December 20, 2018 to update them on the smoking rule.

Ms. Robinson-Allen provided the Board with an update on the no-smoking sign installation.

Timeline:

- April 2012: General Services installed original signs at select locations (small no smoking signs)
- Fall 2018: Contractor paid to install signs on existing posts.

Sign Installation: Phase I

- Natalie Rich & Denver Jameson worked with GIS department to develop a GIS map of sign locations
- Phase I initially included bus stops but GoDurham added No Smoke/Vaping to new bus stop signs which were recently installed.
- Phase I included city- and county-owned buildings, parks and rec sites, and trail heads.

Sign Installation: Phase I

- This photo was taken at Lake Michie Overlook Park in Bahama, an example of Phase I sign install
- Notice e-cigs included on new sign and sign is in English and Spanish

Sign Installation: Phase II

- IN PROCESS—focus on covering “city and county-maintained sidewalks.”
- We are installing signs on existing posts. Map shows public sidewalks and the existing parking-related sign posts that we hope to use to install signs.
- Orange areas mark local historic districts; working to get approval to post signs in these areas.

Sign Installation: Phase II

- We have 1,000 signs specific to sidewalks

- Depending on how many signs we go through in high traffic public sidewalks, we may work with DPS to install sidewalk signs around schools.

Sign Installation Phase II: Issues we are working through

- securing permission to install signs in historic districts,
- securing permit from public works and transportation to install on existing sign posts.
- communicating clearly with contractor where signs should and should not go.

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

QUESTIONS/COMMENTS:

Chairman Allison: Excuse me but why do you have to get permission to put the signs up around the public schools if it's not on school property?

Attorney Wardell: So, sidewalks are maintained by the City. The County doesn't maintain the sidewalks. Sidewalks are within the right of way and are owned by the state and are maintained by the City, so the City does the maintenance.

Chairman Allison: So that means all the schools within the city limits.

Attorney Wardell: I'm just not talking about sidewalks that are associated with sewer; any sidewalk.

Chairman Allison: There're no sidewalks in the county?

Attorney Wardell: There are some, but we typically don't build or maintain sidewalks. That's by statute a City function.

Ms. Harris: But we didn't have to get approval from the City for the rule.

Attorney Wardell: No, you don't have to get approval for the rule but in order to put signs up on the sidewalks, they have to allow you to put it in the right way.

Dr. Miller: In regard to the historic district with the signs does the City have a policy on what the sign has to have. For example, signs can go into the historic district, but they have to be blank size.

Ms. Harris: I'm not sure but we were aiming to put our signs on the back of no-parking signs and they are through-out the historic district.

Dr. Miller: I guess where I was going is does our signs meet their ordinance?

Attorney Wardell: As an existing sign they should but the sign ordinance is about to change.

Dr. Levbarg: Do you have any direction of how it's going to change.

Attorney Wardell: The biggest changes are to what you can and can't regulate. You can't regulate content in any way and so lots of time people would regulate or say "you can't have this kind of sign in this right-a-way. The only thing you can regulate is placement, size and those sorts of things. So, they revamped the whole entire sign ordinance to be in compliance with that court case and everything will be a lot more uniformed but the biggest problem that they are facing is political ties.

- **TIRE STORAGE AND MOSQUITO BREEDING**

At the last Board meeting, Chairman Allison asked about a possible BOH Rule that would address tire storage as a breeding source for mosquitos and what other communities are doing?

Mr. Salter's provided the Board with information on what has been adopted in other counties and then discuss whether they would like to pursue invoking a rule to control tire storage.

CABARRUS HEATH ALLIANCE BOARD OF COMMISSIONERS RULE AUTHORIZING MOSQUITO CONTROL

It is the intent of this Rule to control and reduce the mosquito population of Cabarrus County by removing, draining, treating, altering or otherwise eliminating breeding sources for mosquitoes. The Cabarrus Health Alliance shall establish an effective program of mosquito control, including, but not limited to, elimination or treatment of breeding sources for mosquitoes, elimination of identified mosquito populations, and alleviation of all other such conditions found to be conducive to the reproduction or proliferation of mosquitoes. This shall be accomplished through the processes of education and public information, conference, conciliation, persuasion, and these having failed, by administrative and judicial proceedings for the explicit purpose of controlling the breeding of mosquitoes, the presence of which constitutes a danger to the public health.

DEFINITIONS:

"Artificial Container" means any bucket, barrel, tire, bottle, tub, tank, gutter, bird bath, swimming pool, ornamental pond, flower pot, jar or, any other such manmade items capable of collecting water.

IREDELL COUNTY:

By action of the Iredell County Board of Health, the following rules governing the control of mosquitoes through removing, filling, draining, emptying, treating, altering, or otherwise eliminating mosquito breeding sources, for the express purpose of protecting the public health, are hereby adopted pursuant to chapter 130A-39(a) of the General Statutes of North Carolina. These rules shall apply throughout Iredell County, including, but not limited to, all cities and towns, whether incorporated or unincorporated.

PURPOSE:

It is the intent of these rules to control and reduce the mosquito population of Iredell County by removing, draining, treating, altering or otherwise eliminating all breeding sources for mosquitoes. The Iredell County Health Department shall establish an effective program of mosquito control, including, but not limited to, elimination or treatment of breeding sources for mosquitoes, elimination of identified mosquito populations, and alleviation of all such conditions found to be conducive to the reproduction or continued existence of mosquitoes. "Artificial Container" means any bucket, barrel, tire, bottle, tub, tank, gutter, bird bath, swimming pool, ornamental pond, flower pot, jar, or any other such manmade items capable of collecting water.

MECKLENBURG COUNTY HEALTH ORDINANCE RULES GOVERNING MOSQUITO CONTROL

Be it ordained by the Mecklenburg County Board of Commissioners (while exercising the power of the Board of Health, which powers it has assumed and conferred upon itself by action taken pursuant to G.S. 153A-77) that the following regulations governing the control of mosquitoes through removing, filling, draining, emptying, treating, altering, or otherwise eliminating mosquito breeding sources, for the express purpose of protecting the public health, are hereby adopted pursuant to Chapter 130A-39(a) of the General Statutes of North Carolina. These regulations shall apply throughout Mecklenburg County, including, but not limited to, all cities and towns, whether incorporated or unincorporated.

PURPOSE:

It is the intent of these regulations to control and reduce the mosquito population of Mecklenburg County by removing, draining, treating, altering, or otherwise eliminating all breeding sources for mosquitoes. The Mecklenburg County Health Department shall:

- establish an effective program of mosquito control, including, but not limited to, elimination or
- treatment of breeding sources for mosquitoes, elimination of identified mosquito populations,
- and alleviation of all other such conditions found to be conducive to the reproduction or
- continued existence of mosquitoes.
- (a) "Artificial Container" means any bucket, barrel, tire, bottle, tub, tank, gutter, bird bath,
- swimming pool, ornamental pond, flower pot, jar or, any other such manmade items
- capable of collecting water.

WAKE COUNTY: 50.04 STORAGE AND DISPOSAL

- (A) No owner, occupant, tenant or lessee of any property may deposit, store or permit to accumulate any solid waste on his or her property that is not stored or disposed of in a manner prescribed by this chapter.
- (B) The owner, occupant, tenant or lessee of any property shall remove or cause to be removed all solid waste from his or her property at least once each week (seven-day period).
- (C) Garbage shall be stored only in a container that is durable, rust resistant nonabsorbent, watertight and easily cleaned, with a close-fitting, fly-tight cover in place with adequate handles or bails to facilitate handling. Solid waste receptacles, as defined by this chapter, may also be used for storage provided they meet the requirements of this section. The number of containers shall be adequate to store one week's accumulation of garbage. Each container shall be kept clean so that no odor or other nuisance condition exists.
- (D) Refuse shall be stored in a manner that will resist harborage to rodents and vermin and will not create a fire hazard. Regulated refuse under this section includes, but is not limited to, lumber, boxes, barrels, bottles, cans, tires, paper, cardboard, rags, old furniture and other bulky waste, and white goods.



- FINAL 2017 Wake BOH Rule

NEW HANOVER COUNTY:

New Hanover County Board of Health Mosquito Control Policy. New Hanover County Health Department (NHCHD) provides mosquito control services to protect and promote the public’s health as authorized by North Carolina General Statutes Chapter 130A-39. NHCHD uses Environmental Protection Agency (EPA) approved pesticides to achieve effective control of mosquitoes with the least impact on human health and the environment. NHCHD’s preferred mosquito control strategy is the reduction of mosquito larva numbers through public education, source reduction, and the use of mosquito larvicides. However, the attractions of a coastal environment include characteristics and features that support the rapid development and succession of mosquito populations during much of the year. Therefore, methods to control adult mosquitoes are also required. The recognized practice and standard for adult mosquito control, by ultra-low volume (ULV) application of pesticide, is conducted using truck-mounted equipment in residential areas for nuisance abatement and to protect the public’s health from mosquito-borne disease.

ADULT MOSQUITO NUISANCE CONTROL

Moderate to large numbers of mosquitoes can adversely impact the quality of life for citizens and visitors to New Hanover County. In recognition and response, the New Hanover County Board of Health establishes this policy addressing implementation of measures to control adult mosquito populations in residential areas of New Hanover County. A rule that requires breeding source reduction and specifically cited tires was crafted several years ago but evidently did not get finalized and or adopted.

Note: New Hanover has the second largest adulticide program in the state.

DURHAM:

Neither County or City ordinances address mosquitos in Durham County. They do address tires as solid waste.

QUESTIONS/COMMENTS:

Dr. Levbarg: It seems to me that we are not in a position to do anything and also seems to me that until this issue comes up as a big community concern in Durham because of some kind of mosquito outbreak problem or that the tire dealer industry also comes up with some sort of concern and change. It’s like we monitor it and that we’re aware of it but there’s not an action we can take.

Chairman Allison: This is one of those things that until it becomes a crisis the public would not be willing to do anything.

Mr. Salter: We send a letter every year to all the tire dealerships encouraging them to be responsible for that.

Chairman Allison: I would encourage you to continue doing that.

Ms. Harris: Maybe we can add the Chair’s signature to the letter.

Chairman Allison: Yes. I will definitely sign it.

NEW BUSINESS:

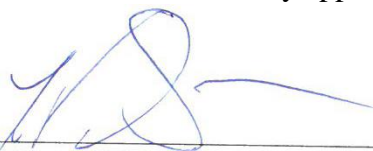
• **AGENDA ITEMS JANUARY 2019 MEETING**

- Nominating Committee Recommendations
- Healthy Vending Machine Proposal Action
- Issues around Medicaid Revenue
- Update: City Council Meeting (no-smoking signage)
- Communicable Disease Report

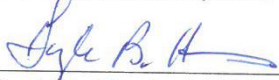
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Mr. Curtis made a motion to adjourn the regular meeting at 7:30pm. Dr. Miller seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director