

A Regular Meeting of the Durham County Board of Health, held October 11, 2012 with the following members present:

Sue McLaurin, M. Ed., PT; Commissioner Brenda Howerton; John Daniel, Jr., MD; James Miller, DVM; F. Vincent Allison, DDS, Michael Case, MPA , Teme Levbarg, MSW, PhD; Stephen Dedrick, R.Ph, MS and Nancy Short, DrPH, RN, MBA

Excused Absence: Jill Bryant, O.D, F.A.A.O; and Heidi Carter, MSPH

Others: Gayle Harris, Attorney Bryan Wardell, Eric Ireland, Becky Freeman, Rosalyn McClain, Melissa Downey-Piper, Robert Brown, Dr. Jim Harris, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Hattie Wood, Marcia Robinson and Michele Easterling.

CALL TO ORDER: - Chairman Sue McLaurin called the meeting to order at 5:06pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following items were added to the agenda.

- NALBOH Election of Officers
- Board of Health participation in NALBOH Community Guide Training.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Commissioner Brenda Howerton made a motion to approve the minutes for September 13, 2012 meeting. Dr. Levbarg seconded the motion and the motion was approved.

PUBLIC COMMENTS:

There were no public comments at the October 13, 2012 meeting.

STAFF/PROGRAM RECOGNITION:

The Health Department's Dental Division received a Local Health Department Special Recognition Award from the North Carolina GlaxoSmithKline Foundation for their work to increase access to dental care for disadvantaged children throughout Durham. By revamping Dental Clinic and Tooth Ferry staffing patterns, provider contract and patient scheduling, the Dental Division has significantly increased the number of patients receiving dental services. Congratulations Dental Division staff!

The Nutrition Division's Junior Iron Chef Durham program received the Sparkle Award from the NC Public Health Association Wellness and Prevention section. This award is presented to local health departments for the development and implementation of new innovative and creative public health programs that can serve as a model for others. Junior Iron Chef Durham is a nutrition and culinary arts program designed to improve the health of Durham's youth. The program uses unconventional methods such as competition and social media to excite students about health and nutrition. Participants attend a series of workshops with a registered dietitian. Each workshop is comprised of a hands-on nutrition lesson followed by a healthy recipe cook off. By pairing nutrition education with culinary arts training, students learn not only what foods they need to eat to keep their bodies healthy, but they learn how to cook these foods. Most importantly, they learn that healthy foods taste good. Congratulations Junior Iron Chef Durham nutritionists Kelly Warnock, Christy O'Connor, and Heidi Schoepper!

Ann Milligan-Barnes, RN, nurse coordinator of the Health Department's CenteringPregnancy® program, was named a 2012 Great 100 Nurse by The Great 100, Inc. The Great 100, Inc., is a grassroots peer recognition

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organization that honors 100 nurses in North Carolina each year for professional excellence. This once in a life-time award, given to the “best of the best”, is considered by many to be the crowning achievement to a lifetime spent caring for others. Ann, along with 99 other recognized registered nurses, will be honored at a Black Tie gala event in October in Greensboro.

Ms. Harris introduced Melissa Downey-Piper as the new Division Director of Health Education effective October 1, 2012.

Ms. Harris recognized Marcia Robinson, Public Health Administrator for her leadership role in organizing the 2012 Staff Development Day Training on October 3, 2012. The keynote speaker, Susan Hays Heath spoke on the book “SWITCH”.

OLD BUSINESS:

- **Strategic Plan (Activity 15.1) (Board)**

The Board reviewed and discussed the draft strategic plan. The following comments/changes were made:

- **page 10-11** Strengths/Weaknesses/Opportunities/Threats:
 - Add a statement that explains why responses appeared in multiple sections.
- **page 15** Goal Performance Benchmarks
 - Add quantitative part in the description (changes to be made throughout document)
- **page 15** Strategies for FY
 - Add columns: Anticipated Outcomes and Actual Outcomes (changes to be made throughout the document)
- **page 15** Workforce Development
 - Q - Is there an adequate distribution of supervisor/employee and what is the ratio?
A - There are some inadequacies in the distribution of supervisors/employee ratio.
The health department will push to have some type of leadership initiatives established to help employees see themselves in those roles.
- **Page 34** Access to Medical and Dental Care: Change wording of dental benchmark to read “Increase the total number of patients by 25% in the dental clinic”

The changes will be made to the strategic plan document and brought back to the board to be adopted. The board will also review the implementation process at the November 8, 2012 meeting.

Q: Where are we in the County Rankings?

A: In the 2012 rankings, Durham County ranked 8th when compared to the 100 NC counties.

- **Municipal Water Fluoridation (Board)**

The Board acknowledged receipt of information sent by staff and appointed a subcommittee (Dr. Allison, Dr. Short, Dr. Miller and Ms McLaurin, as ex-officio) to review the information that the board has received and to gather any other information regarding fluoridation; then the subcommittee will make a recommendation to the board in the next 60 days. Ms. McClain will contact the subcommittee members to set up a meeting date.

- **Smoke-Free Initiative Update (Activity 34.5) (Gayle Harris/Attorney Bryan Wardell)**

Ms. Harris stated the City has not installed most of the signs as indicated in the Rule. It appears the City sees the Rule as a County project. The next steps will be to write a letter to the County Manager and the County

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Attorney to request assistance in enforcing the implementation of the Rule by the City.

- **NALBOH Community Guide Training** (Teme Levbarg)

Dr. Levbarg discussed with the Board an opportunity presented to her by NALBOH. NALBOH has received funding to continue the Community Guide Program for 4 more years and will be recruiting 4 health department teams that will consist of the health director and 1 board member. That team will be trained to go to a neighboring county to train their board on the Community Guide. The project would involve a short pre-training conference call with NALBOH; one day face-to-face training with a final deadline for reporting on May 31, 2013. The deadline for applications is November 2012. Once the application is accepted a MOU would be signed in early December 2012. The workshop would be held in December 2012/January 2013. The health department would receive a \$1,500.00 stipend for their participation. Dr. Levbarg requested that the Durham County Health Department participate as one of the teams. Ms. Harris and Dr. Short agreed to participate in the Community Guide Training program on behalf of the Durham County Health Department.

- **NALBOH Elections of Officers**

Ballots were distributed. The votes will be tallied and the results will be sent to NALBOH by Chairperson McLaurin.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report: (Activity 33.6) (Marcia Robinson)**

The Board received a copy of the vacancy report which includes information on the currently vacant positions (24.48 FTEs) in September 2012 (15% new positions, 7.48% resignations 1% transfers and 1% terminations). (A copy of the vacancy report is attached to the minutes)

- **1st Quarter Statistical Report (Activity 33.6) (Gayle Harris)**

The Board received a copy of the department's 1st quarter statistical data for FY12-13 (A copy of the statistical report is attached to the minutes).

Dr. Allison requested a breakdown in dental procedures and treatment plans completed be included in the statistical report.

- **Health Director's Report: September 2012 (Activity 39.2)** (Gayle Harris)

Staff / Program Recognition

- Public Health Director received the Legacy Award from the Auxiliary to the Durham Academy of Medicine, Dentistry and Pharmacy. This award is presented in appreciation for unselfish dedication and endless devotion toward ending health disparities and inequities.
- Public Health Director, ending the yearlong commitment as President of the North Carolina Public Health Association, convened the annual NCPHA meeting and educational conference in New Bern. She will continue as a leader in the organization another year, fulfilling Past President duties.

Division / Program: DCHD / Working on Wellness (WOW) worksite program

Program description

- Working on Wellness (WOW) is a Health Department employee committee that conducts worksite wellness programs for Health Department staff.

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- Each Durham County Health Department (DCHD) division was responsible for organizing and leading a weekly walking group for DCHD staff in September.

Statement of goals

- To encourage increased physical activity among employees.
- To encourage employees to model health behaviors that we teach to our patients/customers.
- To encourage employee participation in the County Government Choose to Move campaign.

Issues

- **Opportunities**
 - Durham County Government allows employees 30 minutes daily to walk or exercise during working hours subject to their supervisor's approval.
- **Challenges**
 - Many clinic staff report that they want to walk but cannot fit walks into their daily schedule as they cannot leave the clinic.
 - Other staff report that they planned to walk but had a scheduling conflict or got caught up in work and missed the scheduled walk group time.
 - Many people who walk already chose to walk on their own schedule.

Implication(s)

- **Outcomes**
 - Eighteen group walks were led in September.
 - Participation in each of the walks was low.
- **Service Delivery**
 - Walks were advertised with daily emails and posted schedules.
 - All (six) DCHD divisions led weekly walks.

Next Steps / Mitigation Strategies

- Durham County Government plans to pilot ChallengeWave, <http://challengewave.com/>, an internet based physical activity tracking program that has demonstrated success in motivating employees to become more physically active.

Division / Program: Nutrition Division / The DINE Program Container Gardening Event

Program description

- All students at R.N. Harris Elementary School potted a lettuce (Romaine or Red Leaf) plant to take home.

Statement of goals

- To increase R.N. Harris students' and families' consumption of fresh vegetables by exposing them to the flavor of the food and how to grow, purchase and cook the food.
- To teach R.N. Harris students and families how to container garden some fruits and vegetables as a source of food for their family.

Issues

- **Opportunities**
 - The DINE program has been providing nutrition education and information to the students and their families for at least 6 years. This community is primed to take nutrition education to a more tangible level of "growing your own fresh vegetables."
 - The principal would like to start a school garden once the construction at the school is completed. Completion of remodeling is expected sometime next school year.

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- The Lettuce Day container gardening event exposed the whole community to some basic gardening skills.
- The lettuce plants for the program were purchased from a local farmer.
- **Challenges**
 - The construction taking place at R.N. Harris provided some real challenges for program implementation due to very limited outside space available to hold the event.
 - Classes were not allowed to keep their plants at school for a class wide plant growing experience since there was no outdoor space to keep the plants.

Implication(s)

- **Outcomes**
 - 400 plus students, faculty and staff planted a lettuce plant.
- **Service delivery**
 - The students rotated through five learning stations:
 - *Taste a mixed green salad*—students learned lettuce provides important vitamins & minerals to the body to keep it healthy and they tasted a mixed green salad with a vinaigrette dressing.
 - *Learn how to take care of your plant*—students receive a journal that explains how to care for and harvest the plant, growth chart for the plant, recipes and nutritional and buying information for lettuce.
 - *Fill the pot with dirt*—students shoveled dirt into their very own pot.
 - *Plant your lettuce*—students planted their own lettuce plant into their pot.
 - *Water your plant*—students watered their own plant.
 - At the end of the day the students took their plants home to grow, harvest and eat with their families.
 - Nutritional and care knowledge for lettuce plants was given to all 400 plus students and staff.
- **Staffing**
 - Eight DINE Nutrition team members worked the event. Five faculty members (special teachers) from R.N. Harris assisted the DINE team at the event's learning stations.

Next Steps / Mitigation Strategies

- The DINE nutritionist will inquire about the lettuce plants when she is in the classroom to determine how the students are doing with their plants at home.
- The DINE nutritionist will highlight lettuce as a vegetable to the students and their families when she teaches the Fruit and Vegetable lesson in the DINE curriculum.
- The school's wellness committee will investigate availability of grants to help the school start a school garden.

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides timely information to the public on key health issues.

Statement of goals

- To increase the public's awareness and understanding of important health information and the Health Department's programs and services availability.

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- To increase the public's utilization of Health Department programs and services.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Health Department can provide more information to the public on health issues.
 - Media/reporters are eager to use information provided to them by the Health Department for their viewers/readers.
- **Challenges**
 - Prioritizing the topics to publicize.
 - Responding back to media inquiries for follow-up in a timely manner, although with dedicated staff to this issue, this challenge is now an opportunity.

Implication(s)

- **Outcomes**
 - Information and communications about 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**
 - Information and Communications Manager:
 - Worked closely with Radio One Raleigh (K97.5/Foxy 107.1 and 104.3/The Light 103.9) to produce :30 second radio spot, web banner ads, and other content to promote Durham County's new Smoking Rule and cessation assistance. These projects went live on September 28.
 - Arranged and participated in a conference call with the Health Director for officials from Boston (MA) Public Health regarding the implementation of Durham County's Board of Health Smoking Rule.
 - Worked closely with City of Durham's Neighborhood Improvement Services staff to design and disseminate advertising materials for the Durham on the Move event on October 6.
 - Served as one of the media resources for the Doctors for America event held at Lincoln Community Health Center on September 4. This event was a joint hosting venture between Lincoln and the Partnership for a Healthy Durham.
 - Disseminated six media releases/advisories during the month of September on the following:
 - First Healthy Mile Trail to be Unveiled Saturday Near NCCU (Event Advisory – September 5)
 - Durham Health Officials Report Rise in Pertussis Cases, Urge Vaccination (September 6)
 - Lettuce Days to Give Durham Students Fresh Ideas for Growing and Eating Healthy (September 11)
 - Health Department to Offer Diabetes Self-Management Education Series (September 11)
 - Health Department Honored for Program Excellence (September 24)
 - Health Department to Close for the Day on October 3 (September 28)
 - Planning and scripting is underway for the Durham Diabetes Coalition television show, scheduled to debut in November 2012.
 - Planning is underway for the Durham Diabetes Coalition to host the Tom Joyner Morning Show "Take a Loved One to the

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Doctor Day” local event at Durham County Public Health on November 15. This event will bring awareness to the diabetes epidemic in Durham and will allow Durham County Public Health to showcase the new Human Services building.

- Information and Communication staff continue to working very closely with county public information staff, as the launch of the county’s new branding and website moves closer (scheduled for October 22). This branding will significantly impact Durham County Public Health from logos and a new website to forms and stationary.
 - Subject Matter Experts (SMEs) from various divisions of the Health Department have been identified and will soon be orientated on how to respond to questions from the public and media. Deploying the SME system will allow the Health Department to respond to inquiries more quickly, thus increasing our responsiveness to the community and further building credibility.
- **Staffing**
 - The Information and Communications Manager joined the Health Department in April 2012. Since his arrival, he has collaborated with numerous Health Department staff to initiate, organize and deliver information and communications to the public and our partners.
 - The Information and Communications Specialist (Diabetes) joined the Health Department in May 2012. Since her arrival, she has played in integral role, working with internal and external partners, to build the framework and foundation for diabetes-related media activities, slated to launch this fall.

Next Steps / Mitigation Strategies

- Continue building/developing various external and internal communication channels as well as the Health Department’s delivery of information and communications.

Division / Program: Dental Division / Uniform Schedule and Assignment Rotation

Program description

- During September the Dental Division implemented a uniform work schedule and monthly assignment rotation between Clinic and Tooth Ferry for auxiliary staff.

Statement of goals

- To enhance customer care by enabling each clinical staff member to have the knowledge and expertise needed to cover in the Clinic or Tooth Ferry.
- To maximize appointment slots in the afternoon in the Clinic, ensure predictability in scheduling, and allow greater flexibility in scheduling meetings, trainings, etc.

Issues

- **Opportunities**
 - As the Clinic and Tooth Ferry continually endeavor to open access to care, our clinic hours will not be limited by staff schedules.
 - The Dental Division strives to foster greater staff cohesion and a team environment. Rotations between the Clinic and Tooth Ferry will be instrumental in achieving these goals.
- **Challenges**
 - Maximizing access to care for children with unmet oral hygiene needs is of great concern for the Dental Division.

Implication(s)

- **Outcomes**
 - The team had been prepped for this initiative for the previous eight months, and uniform hours went into effect on September 3rd. The first assignment rotations (one month in duration) began on October 1st.
- **Service delivery**
 - The Clinic has been able to schedule 4-6 additional patients (older youth or OB clients) each week during afternoons. The uniform staff hours ensure that Dr. McIntosh has an assistant to help her treat these patients.
- **Staffing**
 - The uniform hours and assignment rotations apply to Dental Assistants and Hygienists.
- **Other**
 - In addition to seeing additional patients on weekday afternoons, the Division is also discussing the opportunity to add a second operative row on Friday mornings to treat OB patients.

Next Steps / Mitigation Strategies

- In the coming weeks, the Division will address scheduling issues and flow in an effort to further improve customer care.

Division / Program: Community Health Division / Maternity Clinic

Program description

- Maternity Clinic provides comprehensive prenatal services.
- CenteringPregnancy® is method of providing prenatal care in a group setting. The centering groups held in the Health Department Maternity Clinic are led by Certified Nurse Midwives (CNMs) employed by Duke University Health System.

Statement of goals

- To provide comprehensive prenatal care to reduce infant mortality and morbidity

Issues

- **Opportunities**
 - CenteringPregnancy® has been shown to improve birth outcomes.
 - The Duke School of Medicine sponsored a CenteringPregnancy® Basic Training course in September and allowed 6 of our staff to attend.
- **Challenges**
 - The CenteringPregnancy® program was suspended by the Maternity Clinic last summer due to lack of staff but was restarted in January. There have been eleven groups started since then.
 - In order for the program to grow much more, additional space for group meetings will have to be identified.
 - Part of following the CenteringPregnancy® model is to provide each participant with a “Mother’s Notebook” and refreshments for each two-hour session. Additional grant funding will be sought in the future to help cover these costs.

Implication(s)

- **Outcomes**
 - It is too early to evaluate the impact of the CenteringPregnancy® program at the Health Department on birth outcomes since it has restarted with greater intensity.

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- **Service delivery**
 - Each centering group has 8 to 12 participants and meets 10 times.
- **Staffing**
 - A DCHD public health nurse coordinates the CenteringPregnancy® program along with a CNM from Duke. Most of the Maternity Clinic staff has now received training in the program.
- **Revenue**
 - Maternity Clinic is supported by a mixture of funding from Medicaid reimbursements, state funds, sliding scale fees and county funds.

Next Steps / Mitigation Strategies

- The goal is to start 7 more groups before the end of the calendar year, totaling 18 groups this calendar year.

Division / Program: Community Health Division / Pregnancy Care Management

Program description

- Care management of pregnant and immediately postpartum women with Medicaid
- Enrollment based on risk factors rather than entitlement
- Collaboration between NC Division of Medical Assistance (DMA) and Community Care of North Carolina (CCNC)

Statement of goals

- To provide a medical home to pregnant Medicaid recipients
- To improve the quality of prenatal care to Medicaid recipients thereby improving birth outcomes and reducing Medicaid spending

Issues

- **Opportunities**
 - DMA recognizes the value of enhanced services to pregnant women in improving birth outcomes.
- **Challenges**
 - The number of risk screenings performed by the Health Department and other local medical providers continues to grow.
 - Greater numbers of risk screenings require more data entry for each assessment in the Case Management Information System (CMIS) developed by Community Care of North Carolina.
 - The pregnancy care managers must provide care management to all of the women assessed to have priority risk factors.
 - One 80% public health nurse position (PHN) in PCM was left vacant after the retirement of one nurse and lateral transfer of another to that full-time position.

Implication(s)

- **Outcomes**
 - All of the local OB medical providers have signed contracts with CCNC to become Pregnancy Medical Homes (Duke Family Medicine was the last signer).
 - CCNC and DMA will be tracking birth outcomes closely in the future using data in CMIS.
- **Service delivery**
 - The number and frequency of contacts between the PCM and the pregnant woman are determined by level of need.
 - The pregnancy care managers now have caseloads of 80 to 90 women each.

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- **Staffing**
 - Lapsed salary from the 80% PHN position has been used to provide a contract social worker to take over some of the cases.
- **Revenue**
 - The program is fully supported by Medicaid funds.

Next Steps / Mitigation Strategies

- The 80% PHN position has been converted to a full-time social worker position, and is advertised.
- This change increases the FTEs in the program with no increase in cost, and it is usually easier to fill a social worker position than a nursing position.

Division/Program: Community Health Division / Communicable Disease Program

Program description

- The Communicable Disease Control staff of the Durham County Health Department (DCHD) investigates all reported communicable diseases/conditions and ensures that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.

Statement of goals

- To conduct thorough reporting and investigation of communicable diseases and implement prompt communicable disease control management to protect the health of the community.
- To provide enforcement of North Carolina's communicable disease statutes and rules through implementation of appropriate control measures.

Issues

- **Opportunities**
 - Pertussis, more commonly known as whooping cough, is a highly contagious bacterial disease that causes uncontrollable violent coughing, making it hard to breathe. Pertussis can be fatal.
 - Pertussis is a reportable disease with specific control measures.
 - The Health Department is responsible for ensuring that those measures are carried out and for eliminating barriers.
- **Challenges**
 - Pertussis Cluster #1
 - Initiated response on August 29. Closed response activities on September 7
 - Identified four positive cases
 - Involved a private school and a group gathering
 - Contacted 72 people who were exposed
 - Provided 24 people post exposure prophylaxis; 10 others received care from their provider
 - Pertussis Cluster #2
 - Initiated response on September 5. Closed response activities on September 14
 - Identified two positive cases
 - Involved two families and an elementary and a middle school where several classes of children had been exposed
 - Contacted 175 people who were exposed
 - Provided 18 people post exposure prophylaxis; four others received care from their provider
 - Extending clinic hours and staffing time to ensure a timely response necessary to contain the spread of pertussis.

Implications

- **Outcomes**
 - Efficient/effective/rapid response of Communicable Disease and Epi Team contained the spread of pertussis.
- **Service delivery strategies for both outbreaks**
 - Conducted extensive epidemiological investigation and surveillance for each cluster to identify individuals who were exposed and organize response.
 - Extended staff normal work hours to make multiple phone calls, mail letters and send e-mails as part of the notification process for exposed individuals.
 - Extended clinic hours into evenings to increase access for exposed individuals to receive post-exposure prophylaxis and pertussis vaccinations.
 - Sent blast fax to local medical providers alerting them of the incidence of pertussis in the community and signs/symptoms of pertussis.
 - Issued press release regarding the increased prevalence of pertussis in the community and the need for vaccinations or Tdap booster.
 - Provided educational literature to parents regarding CDC recommendations for vaccination for childhood diseases.
- **Staffing**
 - For Cluster #1, the Incident Command System was mobilized to organize employee response and actions. For both clusters, the Immunization Clinic, Communicable Disease staff and the Epi Team were involved.

Next Steps/Mitigation Strategies

- Continue surveillance and control according to North Carolina Communicable Disease guidelines.
- Continue to educate the public that while many childhood diseases have been nearly eliminated by vaccinations, pertussis is still a major problem.
- Inform parents and caregivers that even though pertussis is often thought of as being only a childhood disease, adults and adolescents are also capable of contracting and spreading this serious disease.

Division/Program: Community Health Division / Immunization Program

Program description

- Provide influenza vaccinations to Health Department employees

Statement of goals

- Increase to 100% of Health Department employees who receive influenza vaccination to decrease transmission of influenza by employees to staff and patients.
- Promote employee wellness.
- Eliminate barriers that delay or prevent delivery of influenza vaccinations to Health Department employees.

Issues

- **Opportunities**
 - DCHD provides influenza vaccination to employees at no cost.
 - Obtaining influenza vaccination in the workplace is convenient for employees.
 - On September 26, an internal influenza vaccination campaign was implemented.

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- **Challenges**

- Some Health Department employees continue to be reluctant to get their flu vaccinations despite universal recommendations for health care workers.
- Health Department employees who choose not to receive the influenza vaccination are required to submit a completed declination form to their supervisor.
- Employees who decline to receive the influenza vaccination and who work directly with customers will be required to wear a face mask in the event of a high incidence of influenza in Durham according to State CD control.

Implications(s)

- **Outcomes**

- Eighty percent of Health Department employees received influenza vaccine during the campaign in September, reflecting 133 employees out of 167.

- **Service delivery strategies**

- The importance of influenza vaccination was presented during September's quarterly staff meeting.
- The Immunization Clinic staff provided onsite flu vaccinations at each clinical/ program area in the Department to increase convenience/access.
- This approach proved to be very effective for the employees. Employees received the vaccine and left work areas for only a brief period.
- The Immunization Clinic continues to vaccinate employees who missed the campaign opportunity.

- **Staffing**

- This campaign did not require staffing changes.

Next Steps/ Mitigation Strategies

- At the end of the influenza vaccination season, evaluate success of these strategies.

Division/Program: Community Health Division / School Health Program

Program description

- Develops, establishes, and maintains a comprehensive School Health Program by providing public health services to students and families enrolled in fifty-four (54) Durham Public Schools (DPS), school faculty and staff, administrators, and the larger community.

Statement of goals

- To support students in attaining and maintaining optimal health status in order to achieve the maximum benefit from their educational experiences.
- To promote and develop positive health practices and attitudes among members of the school community to promote lifelong wellness.
- To advocate for a safe and healthy school environment.

Issues

- **Opportunities**

- In response to recent outbreaks of pertussis (whooping cough) across North Carolina, through September 30th, state health officials provided Tdap vaccine free of charge for individuals age 7 years and older (regardless of insurance status), to protect

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citizens against this highly contagious but preventable respiratory disease.

- Rising 6th graders attending public schools are required to receive a Tdap vaccine if five years or more have passed since their last dose of tetanus/diphtheria toxoid.
- The School Health Program collaborated with Durham Public Schools (DPS) to vaccinate students at middle schools during September.
- Clementine Buford, Middle School Nurse Supervisor and Shirley Stock, Immunization Clinic Public Health Nurse were interviewed on NBC 17 Carolina Today and Ms. Buford responded to questions in a DPS media conference to assist in educating the public about this vaccine requirement and program initiative.
- Students' ability to receive this state required vaccination at school site clinics facilitated accessibility to the vaccine.
- This collaboration continued to strengthen the partnership between Durham County Public Health and the Durham Public Schools.
- **Challenges**
 - Information regarding the October 1st changes in eligibility for the North Carolina Immunization Program's state funded vaccines will need to be shared with parents/guardians, and DPS administrative and school staff.
 - Handling and transporting the vaccine to the various locations required additional training, personnel, planning and equipment.

Implications

- **Outcomes**
 - The Health Department and DPS collaboration resulted in the immunization of 580 students onsite in 12 middle school Tdap clinics.
- **Service Delivery**
 - Provided Tdap clinics at all 12 DPS middle schools during September.
 - Provided Tdap make-up clinics at the DPS Staff Development Center for year round and traditional school students.
 - Monitored individual schools for students in need of the Tdap vaccine.
- **Staffing**
 - Temporary staffing nurses were hired with lapsed salary funds to conduct the vaccinations.
- **Revenue**
 - The State supplied the Tdap vaccine at no charge.

Next Steps / Mitigation Strategies

- Ongoing education will be conducted with students, parents and the general public to publicize awareness and increase timely compliance with the Tdap requirement for students entering 6th grade in NC schools.

Division / Program: Environmental Health/ General Inspections

Program description:

- Mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions

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Statement of goals:

- To assist Mecklenburg County in addressing food safety and security related to the convergence of food vendors in Charlotte in conjunction with the Democratic National Convention.

Issues

- **Opportunities**
 - In July, Mecklenburg County, through the State Environmental Health Branch, requested assistance from food authorized Environmental Health Specialists (EHS) across the State to serve as surge capacity for the Democratic National Convention (DNC) in Charlotte. The Mecklenburg County Environmental Health staff needed additional inspectors to conduct food service inspections and provide oversight of catered food transport to the various venues associated with the Convention. Jan Jackson, Durham County EHS, volunteered to assist.
- **Challenges**
 - Coordination with federal, state and local programs for food safety and security for a large city with tens of thousands of visitors for a national event

Implication(s)

- **Outcomes**
 - The Mecklenburg County Health Department and the FDA, with assistance from the State Environmental Health Branch, had set up a Unified Command to handle the demands of this large scale event.
- **Service delivery**
 - Ms. Jackson was mobilized on Saturday, Sept. 1st at the request of Kimberly Livsey, FDA, IC, Unified Command. On Monday, Sept. 3rd, Ms. Jackson traveled to the Emergency Operations Center at the Mecklenburg County Health Department where she was briefed, checked in, and placed in the First Responders Branch within the Operations Section.
 - Ms. Jackson was assigned to Queen City Catering, an establishment that was preparing boxed meals for the first responders associated with the DNC. She spent several hours at the site monitoring operations and intervening when necessary to protect food safety. Boxed meals were placed in a refrigerated truck. Prior to the truck leaving for deliveries, Jan documented food temperatures and other information on the Transport Log. She sealed the back door of the truck and gave the transport log to the caterer so it could be shown to the receiving inspector at the venue. Upon completion she returned to the EOC and then traveled home.
- **Staffing**
 - Ms. Jackson provided 12 hours of time for the event and was demobilized on Tuesday September 4th.
- **Revenue**
 - No revenue was generated for Durham County through participation in this event.

Next Steps / Mitigation Strategies

- General Inspections staff will be briefed on the details of Ms. Jackson's experience at the next staff meeting. Environmental Health staff is encouraged to participate in these types of events to gain experience that can be valuable to Durham County.

Division/Program: Environmental Health/Public Health Preparedness

Program Description

- The Preparedness Program conducted a functional exercise as part of our Strategic National Stockpile (SNS) plan on September 18.

Statement of Goals

- To test our receiving site process and see areas of weakness and ways that we can improve our response in the event of an SNS activation.

Issues

- **Challenges**
 - The SNS is a rarely used asset which means that many of our employees and volunteers have little to no experience with handling SNS materiel.
 - As Matt Leicester has grown the program, we have more partners involved in the process, most of who have never participated in an SNS response.
- **Opportunities:**
 - We had the opportunity to test our response using pill bottles and boxes, some purchased through local Preparedness funds, and others on loan from NC Public Health Preparedness & Response (PHP&R), allowing our workers and volunteers to get hands-on training with the SNS.
 - In addition to several Durham County Environmental Health staff, we had partners participate from Durham EM, Durham Sheriff's Office, NCEM, Duke, Durham Regional, Durham VA, NC Specialty Hospital, NC Central University and CERT, RTI, American Red Cross, Durham County Medical Reserve Corps, Orange County Public Health Reserve Corps, Alamance Health Department, Durham County CERT, Orange County CERT, and NC PHP&R.

Implications

- **Outcomes**
 - We were able to identify areas of weakness within our plan, including communication issues, documentation issues, and order processing issues that can all be addressed to improve our efficiency when/if an SNS activation occurs.
 - We were able to utilize volunteers both within Durham County and from surrounding areas, provide them Just-In-Time Training on-site, and they were able to function and assist us easily.
 - We identified the successful parts of the exercise, and overall felt it went well.
- **Service Delivery**
 - Our response capabilities will be improved based on the results of this exercise.
 - We will be able to better implement our process in the event of a real-life activation of the SNS.
- **Staffing**
 - No staffing impact.

Next Steps/Mitigation Strategies

- We will be completing an after-action report and corrective action plan (AAR/CAP) for the identified issues and deficiencies and implement strategies for improvement in future exercises.
- We will conduct future trainings and exercises that address both weak and strong points, to further enhance our response capabilities.

16 A Regular Meeting of the Durham County Board of Health, held October 11, 2012.

NEW BUSINESS:

- **Budget Ratifications/Amendment** (Gayle Harris)

The health department requests approval to recognize the following budget ratifications/amendment.

\$58,000- in pass-through funds from the NC Department of Health and Human Services, Communicable Disease Branch for the Duke Partners HIV/STD Treatment activities. The Durham County Public Health Department will subcontract with Duke Partners in Caring and The Alliance for AIDS Services-Carolina to provide the following services:

- Targeted HIV, syphilis, Hepatitis B & C combination panel, gonorrhea and Chlamydia trachomatis testing and referral services in substance abuse centers
- Make direct care and/or treatment referrals for clients who test positive
- Collaborate with other community agencies to determine and prioritize prevention needs in Durham County

\$199,146- Centers for Disease Control and Prevention for the Community Health Division, Communicable Disease Program. Funds will be used as follows:

- Provide hepatitis C virus (HCV) testing to high risk groups in the community
- Provide preventive services to HCV-infected persons, including education and vaccination
- Facilitate linkage of newly diagnosed HCV-positive persons to medical services
- Hire a full-time (1.00) Project Coordinator (Human Services Coordinator III) and part-time (.50) HCV Bridge Coordinator (Community Disease Control Specialist I) to assist with the activities described above over the one year grant period
- Build support for long-term sustainability of state and local HCV funding

\$13,840 - NC Division of Public Health, Public Health Preparedness and Response Branch for the Environmental Health Division Local Public Health Preparedness Program. The funds support public health preparedness and response activities as detailed in the Agreement Addendum.

Dr. Short made a motion to approve the budget amendment in the amount of \$58,000. Mr. Dedrick seconded the motion and the motion was approved

Dr. Allison made a motion to approve the budget ratifications in the amount of \$199,146 and \$13,840. Dr. Short seconded the motion and the motion was approved.

- **Agenda Items November 2012 meeting**
 - County Ranking Data
 - Strategic Plan (adopt by Board/Implementation Plan)

INFORMAL DISCUSSION:

- Oct 22-County Branding Launch, 11:30 – 1:00 at Central Park
- Oct 25-Partnership for A Healthy Durham Community Forum: Unscrambling Healthcare Reform, 5:30 – 7:30 at the Center for Senior Life
- RFP for new software -received 7 proposals. A team will review and score the proposals and select the finalists for face-to-face interviews and demonstrations.

17 A Regular Meeting of the Durham County Board of Health, held
October 11, 2012.

- HB438 which expands local BOCC authority to create a Human Services Agency - information distributed. Item will be discussed at next meeting.

Dr. Allison made a motion to adjourn the meeting at 7:00pm. Dr. Daniel seconded the motion and the motion was approved.

Sue McLaurin, M. Ed., PT-Chairperson

Gayle B. Harris, MPH, Health Director

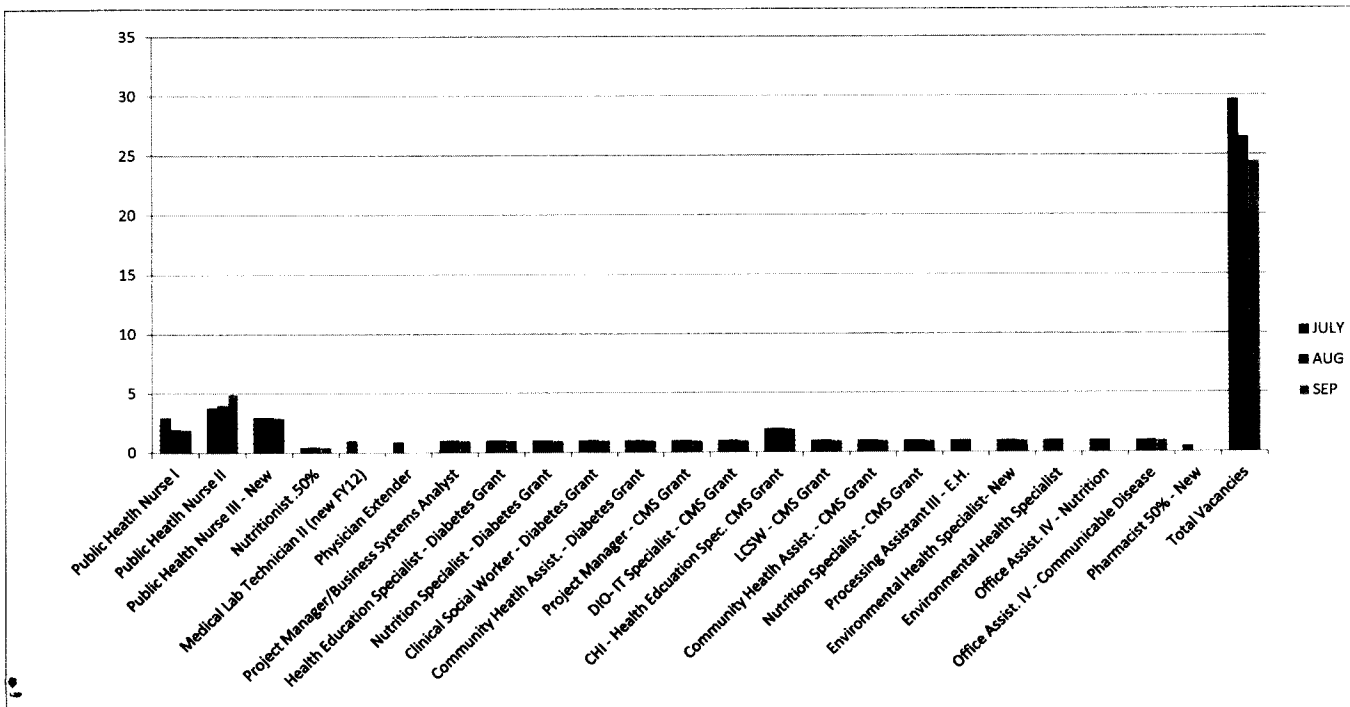
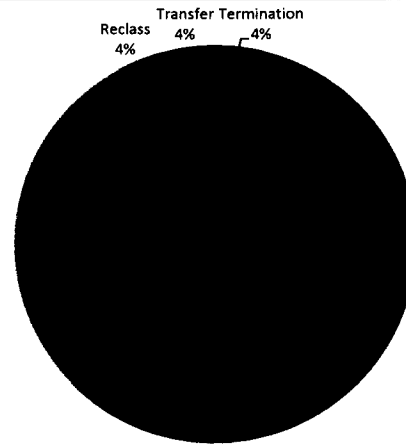
Public Health Vacancy Report

	JULY	AUG	SEP	
Public Health Nurse I	3	2	2	
Public Health Nurse II	3.8	4	5	
Public Health Nurse III - New	3	3	3	
Nutritionist .50%	0.48	0.48	0.48	
Medical Lab Technician II (new FY12)	1			
Physician Extender	0.9			
Project Manager/Business Systems Analy	1	1	1	
Health Education Specialist - Diabetes Gr	1	1	1	
Nutrition Specialist - Diabetes Grant	1	1	1	
Clinical Social Worker - Diabetes Grant	1	1	1	
Community Health Assist. - Diabetes Gra	1	1	1	
Project Manager - CMS Grant	1	1	1	
DIO- IT Specialist - CMS Grant	1	1	1	
CHI - Health Education Spec. CMS Grant	2	2	2	
LCSW - CMS Grant	1	1	1	
Community Health Assist. - CMS Grant	1	1	1	
Nutrition Specialist - CMS Grant	1	1	1	
Processing Assistant III - E.H.	1	1		
Environmental Health Specialist- New	1	1	1	
Environmental Health Specialist	1	1		
Office Assist. IV - Nutrition	1	1		
Office Assist. IV - Communicable Disease	1	1	1	
Pharmacist 50% - New	0.5			
Total Vacancies	29.68	26.48	24.48	Total FTEs 209.76

Vacancy Reasons

New Positions	15
Resignations	7.48
Termination	1
Transfer	1
Total	24.48

Vacancy Reasons



Department of Public Health FY 12-13 Quarterly Activity Summary

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	40,826	11,562	-	-	-	11,562	28%
# of treatments/encounters	159,894	50,738	-	-	-	50,738	32%
# of educational presentations	19,639	3,739	-	-	-	3,739	19%
# of participants	78,216	5,499	-	-	-	5,499	7%
TOTAL SERVICES	220,359	66,039	-	-	-	66,039	30%

DIVISION: DENTAL HEALTH

OBJECTIVE #1: Promote Wellness In All Children in Durham Through Monitoring and Case Finding and Providing Education & Treatment

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
Educational Services	40	10				10	25%
Children	1300	226				226	17%
Adults	340	85				85	25%
DPS Children Screened	8500	1922				1922	23%
With need for treatment	600	182				182	30%
Head Start Screened	370	385				385	104%
With need for treatment	50	64				64	128%
Early Head Start Exam/Fluoride	65	112				112	172%
Mobile Dental Van Encounters	1500	335				335	22%
Mobile Dental Van Procedures *	5200	1226				1226	24%
Clinic Encounters	4600	1539				1539	33%
Clinic Procedures *	22500	6975				6975	31%
Broken Appointment % in Clinic	28	28				28	100%
Interpreter Utilized in Clinic	2800	810				810	29%

* does not include parental consent , consultation, etc. treatment complete notes, etc.

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	8500	2307	0	0	0	2307	27%
# of encounters	6165	1986	0	0	0	1986	32%
# of presentations	40	10	0	0	0	10	25%
# of participants for presentations	1640	311	0	0	0	311	19%

DIVISION: ENVIRONMENTAL HEALTH FY 2012
OBJECTIVE #6 Prevent and Control Communicable Diseases

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected Number
Food, Lodging & Instit. Inspec.	2,600	784				784	30%
F,L & Inst. Compliance Visits	1,300	361				361	28%
Lead Invest./Visits	15	1				1	7%
Swimming Pool Insp./Visits	490	144				144	29%
Well Site Consult.	400	96				96	24%
Site/Soil Eval. & Consult.	1,000	230				230	23%
Water Samples	150	37				37	25%
						-	
TOTALS	5,955	1,653	-	-	-	1,653	28%

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings							
# of treatments/encounters **	5,955	1,653	-	-	-	1,653	28%
# of educational presentations							#DIV/0!
# of participants							#DIV/0!

** Inspections & Complaints

DIVISION: HEALTH EDUCATION

OBJECTIVE #1 Decrease teen pregnancies

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# educational presentations	150	4				4	3%
# participants	2,000	86				86	4%

OBJECTIVE # 2 Achieve a statistically significant reduction in Durham's infant mortality rate

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	90	27				27	30%
# participants	800	201				201	25%

OBJECTIVE # 3 Promote disease prevention and wellness through consultation and education

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	350	101				101	29%
# participants	15,000	875				875	6%

OBJECTIVE # 4 Reduce the incidence of domestic violence by education and referral

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	10	2				2	20%
# participants	350	40				40	11%

OBJECTIVE #5 Promote reproductive health and safety through school health education

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# educational presentations	130	31				31	24%
# participants	2,000	671				671	34%

OBJECTIVE # 6 Prevent the occurrence and secondary spread of infectious diseases

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	1,200	426				426	36%
# of educational presentations	100	74				74	74%
# participants	3,000	700				700	23%

OBJECTIVE #7 Provide Lead education screening to parents and children residing in neighborhoods identified with lead contaminations

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	400	167				167	42%
# of educational presentations	40	22				22	55%
# participants	100	330				330	330%

OBJECTIVE #8 Create awareness of gun safety through education, consultation and referral.

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of educational presentations	20	4				4	20%
# participants	700	115				115	16%

HEALTH EDUCATION SUMMARY	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# of screenings	1,600	593	-	-	-	593	37%
# of educational presentations	890	265	-	-	-	265	30%
# of participants	23,950	3,018	-	-	-	3,018	13%

**DIVISION: Community Health
Program: Communicable Disease**

Obj#4 Decrease Chronic Disease

Performance Indicators	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
BCCCP exams	136	19				19	14%
Refugee CD exams	162	44				44	27%
Tobacco use screening	2658	758				758	29%

Obj#5 Dec Injury Domestic Violence

Performance Indicator	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
Monthly Screen women in clinics	3776	366				366	10%

Obj#6: Prevent/Control comm disease

Performance Indicators	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
Outreach immunization clinics	31	0				-	0%
Immunizations given	8932	2,624				2,624	29%
HIV Counseling & Testing	9827	2,370				2,370	24%
STD patient visits	3897	1,015				1,015	26%
TB PPDs given	1488	396				396	27%
TB CXR for infection and disease	450	89				89	20%
TB prevention	139	26				26	19%
Laboratory tests	43757	11,435				11,435	26%
Prescriptions filled	22501	9,727				9,727	43%

GENERAL HEALTH SUMMARY DATA	Projection	Q 1	Q 2	Q 3	Q 4	Total	% of Projected
# of screenings	6,732	1,187	-	-	-	1,187	18%

DIVISION: Community Health

Program: Family Planning

OBJECTIVE #2 Decrease teen pregnancies by 5%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Teen Initial FP Visits	128	37				37	29%
Teen Annual FP Visits	88	11				11	13%
Other Teen FP Visits	391	104				104	27%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Adult Initial FP Visits	389	128				128	33%
Adult Annual FP Visits	1,653	445				445	27%
Other Adult FP Visits	2,906	710				710	24%

FAMILY PLANNING SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
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**DIVISION: Community Health
Program: Jail Health**

OBJECTIVE # 1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# Physical Assessments Provided to Youth Home Residents	156	33				33	21%
# of Mental Health encounters to Youth Home Residents	90	14				14	16%

OBJECTIVE # 3 Reduce Infant Mortality Rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of pregnant inmates	32	7				7	22%

OBJECTIVE # 6 Improve the health status and quality of life for adults with chronic health conditions

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# Sick Call Encounters	6,832	2,488				2,488	36%
# 14 Day Health Assessments	3,255	660				660	20%
# Mental Health Assessments	1,612	740				740	46%
# Dental Encounters (treatments)	608	77				77	13%

OBJECTIVE #4 Prevent the occurrence and secondary spread of infectious disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# PPD's Administered	2,300					-	0%

JAIL HEALTH SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of screenings	5,023	1,433	-	-	-	1,433	29%
# of treatments/encounters	7,562	2,586	-	-	-	2,586	34%

Division: Community Health
Program: Maternal Health

OBJECTIVE #3 Reduce infant mortality rate to 10.5 per 1000 live births

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of Clinic Visits	9263	2,060				2,060	22%
# New Non Hispanic Patients	707	184				184	26%
# New Hispanic Patients	687	155				155	23%
# of Teens Enrolled 1st Trimester	79	18				18	23%
# of Adults Enrolled 1st Trimester	703	172				172	24%

SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
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**DIVISION: Community Health
Program: School Health**

OBJECTIVE #1 Promote wellness in children through monitoring, case finding, education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Student Screenings with F/U Parameters	2,724	101				101	4%
Performance of Skilled Procedures for Students	228	87				87	38%
Case Management for Ill & At-Risk Children	15,279	2,658				2,658	17%
# of Educational Presentations for Students	180	9				9	5%
# of Attendees for Students Educa Presentations	9,184	630				630	7%
# of Educational Presentations for Adults	52	8				8	15%
# of Attendees for Adults Educa Presentations	1,227	661				661	54%

OBJECTIVE #2 Decrease teen pregnancies by 5%

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Individual student counseling	173	14				14	8%
# of Educational Presentations for Students	136	-				-	0%
# of Attendees for Students Educa Presentations	3,179	-				-	0%
# of Educational Presentations for Adults	2	-				-	0%
# of Attendees for Adults Educa Presentations	70	-				-	0%

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Individual student counseling	195	7				7	4%
# of Educational Presentations for Students	67	-				-	0%
# of Attendees for Students Educ Presentations	404	-				-	0%

OBJECTIVE # 6 Improve health status and quality of life for adults with chronic disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Staff Screenings for Chronic Disease with F/U	189	48				48	25%
# of Educational Presentations for Adults	8	-				-	0%
# of Attendees for Adult Educ Presentations	68	-				-	0%

OBJECTIVE # 4 Prevent occurrence and spread of infectious disease

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
Doses of Immunizations Administered	436	556				556	128%
# of Educational Presentations for Students	91	3				3	3%
# of Attendees for Students Educa Presentations	2,329	108				108	5%
# of Educational Presentations for Adults						-	#DIV/0!
# of Attendees for Adult Educa Presentations						-	#DIV/0!
Immunization Records Reviewed for Compliance	9,886	3,813				3,813	39%

SCHOOL NURSING SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% of Projected
# of screenings	12,799	3,962	-	-	-	3,962	31%
# of treatments/encounters	16,311	3,322	-	-	-	3,322	20%
# of educational presentations	536	20	-	-	-	20	4%
# of participants	16,461	1,399	-	-	-	1,399	8%

DIVISION: Community Health

Program: Child Health - CC4C

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# Total Active Medicaid Clients	3,404	851				851	25%
# Total Active Non-Medicaid Clients	128	32				32	25%
# Total Medicaid Referrals Assigned	428	107				107	25%
# Total Non-Medicaid Referrals Assigned	64	16				16	25%
# Total Encounters	1,806	1,660				1,660	92%

CC4C SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	of Projected
# Screened	3,532	883	-	-	-	883	25%
# of treatments/encounters	1,806	1,660	-	-	-	1,660	92%

Division: Community Health
Program: Pregnancy Care Management

OBJECTIVE #3 Reduce infant mortality rate

Performance Indicators	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# of PCM Visits	5,144	5,359				5,359	104%
# of Patients Enrolled in PCM	644	224				224	35%

MATERNAL HEALTH SUMMARY DATA	Projected	Q1	Q2	Q3	Q4	Total	% Projected
# of treatments/encounters	5,144	5,583	-	-	-	5,583	109%

DIVISION: NUTRITION

FY11 July 1, 2012 - June 30, 2013

DIVISION SUMMARY

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys	1,400	803				803	57%
Encounters	600	63				63	11%
Group presentations	1,010	39				39	4%
# participants	24,420	647				647	3%
Consultations & public inquiries	600	271				271	45%

OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	of Projected
Screening/surveys	-					-	
Encounters	300	61				61	20%
Group presentations	10	1				1	10%
# participants	120	3				3	3%
Consultations & public inquiries	400	55				55	14%

OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	of Projected
Screening/surveys	-	-				-	
Encounters	-	10					
Group presentations	3						0%
# participants	50						0%
Consultations & public inquiries		2					

OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	of Projected
Screening/surveys	300	394				394	131%
Encounters	300	80				-	0%
Group presentations	95	19				19	20%
# participants	1,300	375				375	29%
Consultations & public inquiries	40	8				8	20%

OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr.	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters	200	155				155	78%
Group presentations	20	12				12	60%
# participants	200	50				50	25%
Consultations & public inquiries	200	49				49	25%

SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr.	3rd Qtr	4th Qtr	Total	of Projected
Screenings/surveys	2,640	1,197	-	-	-	1,197	45%
# of treatments/encounters	2,640	754	-	-	-	662	25%
# of educational presentation	1,248	71	-	-	-	71	6%
# of participants	26,090	1,075	-	-	-	1,075	4%

DIVISION: NUTRITION

FY11 July 1, 2012 - June 30, 2013

Clinical Team

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters	600	63				63	11%
Group presentations	2	1				1	50%
# participants	30	30				30	100%
Consultations & public inquiries	750	148				148	20%
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters	300	61				61	20%
Group presentations	10	1				1	10%
# participants	120	3				3	3%
Consultations & public inquiries	400	55				55	14%
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters		10				10	
Group presentations						-	
# participants						-	
Consultations & public inquiries		2				2	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters						-	
Group presentations						-	
# participants						-	
Consultations & public inquiries						-	
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters	400	155				155	39%
Group presentations	20	12				12	60%
# participants	200	50				50	25%
Consultations & public inquiries	200	49				49	25%
SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screenings/surveys							
# of treatments/encounters	2,450	543				543	22%
# of educational presentations	32	14				14	44%
# of participants	350	83				83	24%

DIVISION: NUTRITION

FY11 July 1, 2012 - June 30, 2013

Community Team

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys	1,400	803				803	57%
Encounters							
Group presentations	1,000	38				38	4%
# participants	24,000	617				617	3%
Consultations & public inquiries	200	123				123	62%
OBJECTIVE # 3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters						-	
Group presentations						-	
# participants						-	
Consultations & public inquiries						-	
OBJECTIVE # 4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters						-	
Group presentations						-	
# participants						-	
Consultations & public inquiries						-	
OBJECTIVE # 5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys	300	394				394	
Encounters							
Group presentations	75	19				19	
# participants	1,000	375				375	38%
Consultations & public inquiries	40	8				8	20%
OBJECTIVE # 6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters							
Group presentations							
# participants							
Consultations & public inquiries							
SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screenings/surveys	1,400	1,197	-	-	-	1,197	86%
# of treatments/encounters	240	131	-	-	-	131	55%
# of educational presentations	1,075	57	-	-	-	57	5%
# of participants	25,000	992	-	-	-	992	4%

**DIVISION: NUTRITION
Communications Team**

FY11 July 1, 2012 - June 30, 2013

OBJECTIVE #1 Promote wellness in all children in Durham through monitoring and case finding and providing education and treatment							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters						-	
Group presentations	20					-	0%
# participants	300					-	0%
Consultations & public inquiries						-	
OBJECTIVE #3 Achieve a statistically significant reduction in Durham's infant mortality rate							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters						-	
Group presentations		-	-	-	-	-	
# participants		-	-	-	-	-	
Consultations & public inquiries						-	
OBJECTIVE #4 Prevent Occurrence and Spread of Infectious Diseases							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters						-	
Group presentations	3				-	-	0%
# participants	50				-	-	0%
Consultations & public inquiries						-	
OBJECTIVE #5 Promote Disease Prevention and Wellness							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys						-	
Encounters	300	80				80	27%
Group presentations	20					-	0%
# participants	300					-	0%
Consultations & public inquiries						-	
OBJECTIVE #6 Improve Health Status and Quality of Life							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screening/surveys							
Encounters							
Group presentations							
# participants							
Consultations & public inquiries							
SUMMARY DATA							
Performance Indicators	Projected	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	of Projected
Screenings/surveys		-	-	-	-	-	
# of treatments/encounters	300	80	-	-	-	80	27%
# of educational presentations	43	-	-	-	-	-	0%
# of participants	650	-	-	-	-	-	0%

DIVISION: ADMINISTRATION**Objective #8: Develop Opportunities For Revenue Enhancement**

Performance Indicators	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
Birth Certificates	5,208	1,330				1,330	26%
Death Certificates	2,976	687				687	23%

SUMMARY DATA	Projected	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total	% of Projected
# screenings							
# of treatments/encounters	8,184	2,017				2,017	25%
# of educational presentations							
# of participants							