

A Regular Meeting of the Durham County Board of Health, held May 10, 2012 with the following members present:

John Daniel, Jr., MD; James Miller, DVM; Jill Bryant, O.D, F.A.A.O;
Nancy Short, DrPH, RN, MBA; Heidi Carter, MSPH; Stephen Dedrick,
R.Ph, MS; Michael Case, MPA; and F. Vincent Allison, DDS

Excused Absence: Sue McLaurin, M. Ed., PT; and Teme Levbarg, MSW,
PhD

Absent: Commissioner Brenda Howerton

Others: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain,
Tekola Fisseha, Robert Brown, Jim Harris, Michele Easterling, Marcia
Robinson, Rochelle Tally and Attorney Bryan Wardell

CALL TO ORDER: Vice-Chairman Jim Miller called the meeting to
order at 5:05pm with a quorum present.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO
AGENDA:** Discussion on the adoption of a new local rule by the Board
of Health was added to the agenda.

**REVIEW OF MINUTES FROM PRIOR
MEETING/ADJUSTMENTS/APPROVAL:** Ms. Carter made a motion
to approve the minutes for April 12, 2012 meeting. Dr. Allison seconded
the motion and the motion was approved.

PUBLIC COMMENTS:
There were no public comments.

STAFF/PROGRAM RECOGNITION:
Ms. Freeman recognized Jennifer Russ for passing the National Diabetes
Certified Educator Exam. Ms. Russ met the discipline requirements of
professional practice experience and 1000 hours of self-management
education experience.

Ms. Freeman recognized the health department for receiving the NC
Chapter of American Diabetes Association's North Carolina 2012
Provider of the Year Award for our work in diabetes self-management
education, webinars and community programs. The award will be
presented at a Gala in Raleigh on June 30, 2012.

Ms. Freeman recognized Rachel Elledge, a public health nutritionist at the
health department participation in the UNC Gillings School of Global
Public Health Photo Contest. Photographs were to be taken in North
Carolina and to illustrate some aspect of life and health in the state. Ms.
Elledge submitted a photo from a garden project that showed
multigenerational hands examining a tomato. The committee felt that the
image of the adult and child hands exploring and learning about the
tomato spoke well to public health themes, including nutrition and
education.

Ms. Freeman recognized the employee wellness committee made up of
representatives from the divisions within the health department. The
initiative is called "WOW" - Working on Wellness. There were special
activities developed by the WOW committee to celebrate Public Health
Month in April.

Week 1: Wellness posters were displayed at Staff Development Day on
April 4, the tag line was "Healthier Durham Begins Today-Join Us."

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Week 2: WOW committee featured a “Can’t Get Enough” demo and taste testing.

Week 3: “Funky Fit Fun Time” class and food demonstrations

Week 4: “Warm it Up Walks” with the Leadership Team (walked around the completed part of the parking lot-1/4 mile).

Ms. Carter suggested that the WOW committee activities be shared with the City and other partners.

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 (11.2 FTEs) in April. Ms. Robinson stated that 2 positions were filled (Application Administrator and Information and Communication Manager). The Spanish Interpreter and Information Communications Specialist positions will be filled on May 14th. The Public Health Educator Specialist position will be filled on the May 29th. The other positions continue to be advertised and interviewed.

- **BUDGET UPDATE: (Activity 33.6) (Gayle Harris)**

Ms. Harris met with the County Manager on April 13. The County Manager requested that Ms. Harris reprioritize the new positions requested for FY12-13. The positions were reprioritized by the division heads and submitted to Ms. Harris. The following positions were recommended by the County Manager:

Program/Position Title	FTEs requested	Justification
Pharmacist I	0.5	Reduce jail health contract to pay for new position. Can fill jail prescriptions at a cheaper rate.
Public Health Nurse III	2.55	Receiving \$60,000 from Duke Health to help pay for positions-\$126,589 is county share + an additional \$5,262 in operational expenses.
Environmental Health/Public Health Preparedness Coordinator	0.25	Coordinator also handles essential activities not support within grant agreement.
Dental (Tooth Ferry)/Processing Assistant	1.0	Position originally funded by grant from BCBSNC Foundation. Funds end on June 30, 2012. This position works closely with school sites to assure that all paperwork is completed and assures that those eligible for Medicaid are connected with coverage and services. She also assures that a productive schedule is in place for the dental providers each day.
On-site Water Protection/Environmental Health Specialist	1.0	Position needed to implement mandated Falls Lake Nutrient Management Strategies.

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The health department will also have 5.0 FTEs funded by Bristol Meyers Squibb Foundation Diabetes Grant (\$495,276)

The board asked the following question:

Are there any future thoughts to expand mental health services in the schools?

Answer: Mental health doesn't come out of our service menu. The Durham Center is responsible for Mental Health Services. They have expanded to seven schools with the mental health, but we can make a request for additional services.

The Board of Health received a copy of the 3rd quarter statistics for their review. A copy of the statistics will be attached to the minutes.

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

Division / Program: Dental / Outreach Efforts to Serve OB Patients

Program Description:

- The Dental Division has been serving pregnant women on a limited basis. The Division is strategizing ways to treat a greater number of OB patients.

Statement of Goals:

- To improve oral health during pregnancy which is believed to reduce adverse birth outcomes and associated costs and to decrease perinatal morbidity and mortality.
- To offer dental education on good oral health behaviors and nutrition to pregnant women, which is believed to decrease costs associated with treatment of early childhood caries.
- To introduce pregnant women to the baby Oral Health Program (bOHP).

Issues:

- **Opportunities**
 - To safely provide dental treatment during pregnancy to aid in achieving overall health and well-being for women and their infants.
 - To help ensure that the mother brings their infant to the clinic to participate in bOHP so the child establishes good dental habits at a young age.
 - To work with the UNC School of Dentistry and potentially Durham County dentists to devise a strategy to treat pregnant women.
- **Challenges**
 - The Dental Division currently contracts with the UNC School of Pediatric Dentistry for the provision of services, and not all providers will treat individuals that are seventeen and older, and/or those who are pregnant. The Director of Dental Practice serves as the dentist on the Tooth Ferry, and this limits the number of patients she can see in the division dental clinic.
 - The availability of dental services for pregnant women through DCHD has not been widely known nor promoted due to limited availability.
 - A schedule that affords more treatment slots for OB patients needs to be arranged.
 - Maintaining adherence to the referral process is necessary.

Implication(s):

- **Outcomes**
 - While the Division arranges future schedules to serve more OB patients, a dental hygienist has begun presenting at DCHD

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- childbirth classes, in an effort to educate pregnant women about the importance of oral health during/after pregnancy.
- Presentations will alert pregnant women about the oral health of their children.
- **Service Delivery**
 - Following a dental examination, dental procedures will be scheduled early in the second trimester (14-28 weeks gestation). However, the presence of acute infection, abscess, etc., may warrant prompt intervention irrespective of the stage of pregnancy.
 - A comprehensive dental treatment plan will be developed, which includes preventive care with periodontal and restorative treatment if needed.
 - The team will provide health education or anticipatory guidance about oral health practices for OB patient and for her infant to prevent early childhood caries.
 - The Division will work to adopt a schedule that affords sufficient appointment slots for the dentist to complete non-urgent procedures.
- **Staffing**
 - The Division's hygienist and Director of Dental Practice are the team members that currently provide care to OB patients.
- **Revenue**
 - These services will be offered with charges based on the sliding fee scale assessment if patient is uninsured.

Next Steps / Mitigation Strategies:

- Discern the feasibility of scheduling slots for OB patients on a specific day or work in case by case.
- Work with UNC School of Dentistry to secure providers to treat pregnant women in the contract for the upcoming fiscal year (beginning July 1, 2012).
- Increase availability and utilization of dental services (and bOHP) by OB patients.
- Educate dental team as to the importance of our accommodating dental treatment during pregnancy to aid in achieving overall health and well-being for women and their infants - and as a way to ensure that the mother brings their infant to the clinic to participate in the baby Oral Health Program (bOHP).

Division/Program: Community Health Division / School Health Program

Program description:

- The purpose of the School Health Program is to develop, establish, and maintain a comprehensive School Health Program through a collaborative effort with educators and health personnel.
- School Health staff assists the school in setting and implementing health goals, and addressing the health needs of individual students.

Statement of goals:

- Develop, establish, and maintain a comprehensive School Health Program.
- Maintain close collaborations with partners.
- Conduct programs that meet the individual needs of individual schools.

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Issues:

- **Opportunities**
 - Children with vision problems can be identified through an organized vision screening program in elementary schools.
 - This identifies and mitigates a health issue that will deter a child from learning and performing optimally in school.
- **Challenges:**
- There is no routine screening for children over third grade. School nurses will screen older students based on teacher referrals.

Implication(s):

- **Outcomes**
 - Children with vision problems are identified and referred for follow-up and resolution of vision problems.
- **Service delivery**
 - First and third grade students are routinely vision screened by school staff or parent volunteers, organized by School Nurses. (Screening is done using a Snellen letter test wall chart).
 - Prevent Blindness organization helps with orienting/training volunteers.
 - Nurses rescreen all students who fail initial screening. (The same screening method is used).
 - Nurses send a letter to parents of any students who fail re-screening. The letter explains the results and recommends that parents take their student to an eye care professional.
 - School Nurses also screen all students referred for Exceptional Children services, regardless of age.
- **Staffing**
 - Involves all Elementary and Exceptional Children's School Health staff

Next Steps / Mitigation Strategies:

- No changes are planned.

Division / Program: Community Health Division / Communicable Disease Program, School Health Program and Environmental Health Division

Statement of Goals:

- Increase awareness during Public Health Week of the role of county health departments in providing a variety of vital services to the public.

Issues:

- **Opportunities**
 - Durham County Health Department collaborated with Wake County Human Services to display information about public health services at the Halifax Mall behind the General Assembly building in Raleigh during Public Health Month on April 11.
 - The event focused on educating the public on the variety of services performed in counties to "Prevent. Promote. Protect." the public.
 - The event afforded the public an opportunity to understand the role of public health services in everyday life.
- **Challenges:**
 - There were no significant challenges, although there was a threat of inclement weather.

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Implication(s):

- **Outcomes:**
 - Many people learned about the variety of public health services delivered by county health departments in central NC.
- **Service delivery**
 - Participating Durham County Health Department programs developed display materials for the event, and health department personnel manned the displays to provide education and answer questions.
- **Staffing**
 - Two to three staff members from participating programs staffed the event.

Next Steps / Mitigation Strategies:

- No further action needed

Division / Program: Community Health / Communicable Disease

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**
 - The Durham County Health Department (DCHD) participated in a joint investigation of a Salmonella outbreak in Asheville, North Carolina.
 - A Durham County resident, who had traveled to Asheville, tested positive for Salmonella that met the defined criteria for this outbreak.
- **Challenges**
 - On April 26, the client was interviewed and met case definition for this outbreak and was given control measures.

Implication(s):

- **Outcomes**
 - A coordinated effort with the North Carolina Division of Public Health, the local health departments, private sector and the local hospitals was able to identify individuals that met case definition. These individuals were alerted that they needed treatment for this illness.
 - The effectiveness and timely follow-up of individuals averted the potential for continuous transmission of the illness.
- **Service delivery**
 - The investigation was initiated by DCHD Communicable Disease (CD) staff: Earline Parker, RN, Communicable Disease Nurse, Ponice Bryant, RN, Communicable Disease Nursing Supervisor and Hattie Wood, RN Communicable Disease Program Manager.

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- Dr. Arlene Sena, Medical Director of the Durham County Health Department provided guidance regarding the interview of the case by CD staff.
- The North Carolina Division of Public Health contacted the case for further questions as part of the larger state investigation.
- The investigation identified 16 persons with illness onset on or after February 28. There have been 10 isolates that have been lab-confirmed, all matching that same pattern of Salmonella enteric serotype Paratyphi B infections.

Next Steps/ Mitigation Strategies:

- Information regarding salmonellosis was provided to healthcare providers in the county through the Durham County Health Department (DCHD) quarterly Communicable Disease newsletter.
- DCHD will continue to educate the public on ways to prevent the transmission of disease. Key points in the message will recommend: frequent hand washing; properly cooking eggs and meats; and avoiding cross-contamination of foods during preparation.

Division / Program: Nutrition Division / What's In Season? A DINE Fruit and Vegetable Nutrition Program

Program description:

- "What's In Season?" is a culinary focused nutrition education program developed by the Health Department's DINE program that highlights the nutritional benefits of eating fresh fruits and vegetables grown in NC. Eating fruits and vegetables that are in season not only have better flavor, but are also often less expensive.
- "What's In Season?" is currently offered at two Durham Public Schools' afterschool programs at Eastway and Holt Elementary Schools.

Statement of goals:

- Identify seasonal produce in NC.
- Discuss benefits of eating local/seasonal produce.
- Explore and taste a variety of fruits and vegetables.
- Identify ways to eat more fruits and vegetables.

Issues:

- **Opportunities**
 - According to the recent 2011 Durham County Community Health Assessment, obesity rates are on the rise. Approximately 18% of students entering kindergarten are overweight or obese.
 - To improve the health status and obesity rates of Americans, the recent 2010 Dietary Guidelines for Americans highlighted increased fruit and vegetable intake as a key recommendation to improve health. In addition, a key Healthy NC 2020 objective is to increase the percentage of adults who consume 5 or more servings of fruits and vegetables each day.
 - "What's In Season?" is a skills-based program that allows children to explore and taste fruits and vegetables that may be new or unfamiliar. Students may be more willing to accept novel fruits and vegetables if they assist in the food preparation process. The expectation is that students will enjoy the taste of fruits and vegetables and will continue their consumption of fruits and vegetables into adulthood. Also, students will learn valuable cooking skills that will spark an interest in preparing foods at home as they age.

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- **Challenges**
 - Necessary food preparation requirements, such as a sink and electrical outlets, are limited in classrooms.
 - Often classes are large, and the process to adequately facilitate a culinary focused lesson is time intensive.
 - Due to Federal SNAP-Ed grant restrictions, the taste test budget must be limited to \$0.50 per participant. Recipes must be carefully selected so they do not exceed the taste test allowable cost.

Implication(s):

- **Outcomes**
 - Students were exposed to fruits and vegetables that are at the peak of flavor, nutrition, and lower in cost.
 - During each session, students learned many aspects of a featured fruit or vegetable that is in its peak season. Students explored how the featured fruit or vegetable is grown, discussed what nutrients it contained, and finally prepared and tasted a recipe prepared with the fruit or vegetable.
 - One recent session in March 2012 featured kale as the select seasonal produce. Students successfully prepared green “Shamrock Smoothies” using raw kale, apple juice, and bananas. Many participants commented that they liked the taste of kale and intended to prepare the recipe at home with their families.
- **Staffing**
 - The program was delivered by a DINE nutritionist. Staff at afterschool programs helped students with the food preparation process.

Next Steps / Mitigation Strategies:

- Extend the program reach by offering “What’s In Season?” to more DINE-eligible schools or the community to increase consumption of fruits and vegetables by Durham residents.

**Division / Program: Nutrition Division / Clinical Nutrition Services—
Nutrition Services for Children with Autism**

Program Description:

- The Clinical Services Team of the Nutrition Division now offers specialized nutrition counseling for children with autism and their families.

Statement of Goals:

- To provide evidenced-based nutrition assessment and counseling to children with autism and their families in order to optimize growth and development.
- To educate families on the role of healthy nutrition and physical activity habits to optimize the growth and learning of children with autism.
- To maximize potential revenue generation for Nutrition Services.

Issues:

- **Opportunities**
 - A specialization in nutrition for children with autism will assist the Health Department in meeting its mission to “promote health” for a increasing population affected by autism

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- **Challenges**

- Recently autism has been in the public spotlight. In April 2012, the Centers for Disease Control and Prevention released study results reporting that 1 in 88 children in the United States has been identified as having an autism spectrum disorder (ASD). This estimate represents a ten-fold (1,000 percent) increase in reported prevalence of autism over the last four decades.
- Research shows that children with autism are more likely to experience gastrointestinal issues that involve nutrition and development than their neurotypical peers.
- A growing number of uninsured and underinsured children are affected by autism.
- The need to provide interpretation services for the large number of Spanish speaking families in the community continues to be a challenge.

Implication(s):

- **Outcomes**

- With individualized nutrition counseling, parents of children with autism are better equipped to provide optimal nutrition for improved growth and development of their child.
- In addition to improved patient outcomes, this new focus will increase revenues to the Nutrition Division through Medicaid/insurance reimbursement and billing a state nutrition grant which is specifically for nutrition counseling for children with special needs who have no payer source for nutrition counseling.

- **Service delivery**

- Referrals are made by medical providers.
- A nutrition assessment is conducted and care plan formulated with the family that includes follow-up and communication/consultation with the referring provider.

- **Staffing**

- The Nutrition Division includes two registered dietitians who specialize in pediatric nutrition including one with specialized training in nutrition for autism. There are no other nutritionists in Durham or the region who specialize in autism.

Next Steps / Mitigation Strategies:

- Continue outreach to families and health care providers, case managers, therapists, and schools in the community.
- Continue to track visits for children with autism and review the numbers and outcomes of children/families served.

Division / Program: Administration / Debt Setoff Program

Program Description:

- A debt setoff joint clearinghouse sponsored by North Carolina Association of County Commissioners (NCACC) and the North Carolina League of Municipalities (NCLM)
- Local governments may submit any outstanding delinquent debt (totaling \$50 or more) through the clearinghouse to the NC Department of Revenue to attempt to offset delinquent debts against individual income tax refunds.
- Accounts that have been inactive for one year are submitted to the clearinghouse.

Statement of Goals:

- Continue to work collaboratively with the Tax Department in an effort to submit bad debts for collection through the NC Debt Setoff Collection Act.

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- Clients that meet the Debt Setoff Collection Act criteria are added to the bad debt report on a monthly basis and will receive a collection letter. The department's collection efforts will not cease after tax season is over. The collection efforts will continue throughout the year given that collection letters that go out to our clients will generate good results.

Issues:

- **Opportunities**
 - Letters were mailed on December 12, 2011 to Health Department clients with past due amounts. The letter stated that "as authorized by N.C. G.S. Chapter 105-A the Debt Setoff Collection Act, Durham County intends to submit the debt listed to the N.C. Department of Revenue for collections by applying this debt against any income tax refund in excess of \$50.00."
 - Clients had the opportunity to pay the outstanding bill before claims submitted to the state.

Implications:

- **Outcomes**
 - The amount collect year-to-date is \$18,581.30. The funds were applied as follows:
 - Family Planning \$14,662.65
 - Maternal Health \$ 3,656.85
 - Nutrition \$ 261.80

Next Steps / Mitigation Strategies

- Continue to use the Debt Setoff Program to collect outstanding debts.

Division / Program: Administration/Information Technology

Program description:

- DCHD uses information technology to decrease the time it takes to design, deliver, and market the benefits and services it offers, increase access to information, document care, bill for services delivered, and integrate value-added functions.

Statement of goals:

- To employ expanded use of modern technologies
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization

Issues

- **Opportunities**
 - Insight, the Department's patient management/electronic medical record system, needs to be replaced.
 - Funds are available from the Home Health sale proceeds to support the replacement.
 - An executive steering committee to lead the replacement has been established. The committee will:
 - Determine the guiding principles of the project
 - Make key decisions throughout the project
 - Review the RFP and evaluate responders
 - Attend the scheduled meetings
- **Challenges**
 - The RFP process may be cumbersome.

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- Developing and staying on timeline in an environment with competing priorities

Implication(s)

- **Outcomes:**
 - Guiding Principles established and followed
 - Vendor selected that can meet the needs of the project
 - Staying within budget and adhering to timeline
- **Service delivery**
 - Project Implementation
- **Staffing**
 - Executive Steering Committee will include:
 - Senior Management
 - DCHD IT Staff
 - Durham County IT and Business Analyst staff
- **Revenue**
 - During project design and RFP phase there will be little to no impact on revenue
 - Implementing the new system may result in a temporary decrease in the number of client encounters as staff learn to use the system

Next Steps / Mitigation Strategies

- Convene executive steering committee
- Review RFP and submit RFP to possible vendors
- Select vendor and software
- Review scope of services with vendor and sign contract
- Begin implementation

Division / Program: Administration / Workforce Development

Program description:

- Support and provide orientation, education, and workforce training for all Durham County Health Department (DCHD) employees that assures a well-trained, competent workforce ready to provide excellent public health leadership, programs and services.

Statement of goals:

- Assess training needs of DCHD employees annually
- All employees develop a personal training plan annually based on Department, County, State, Federal, and/or credentialing requirements as well as career development aspirations. This training plan is the professional development objective in each employee's workplan in the County's performance management process.
- Support and facilitate access to workforce development opportunities that enables employees to successfully complete their annual training plans.

Issues:

- **Opportunities**
 - The smoking ordinance provides an opportunity for all DCHD staff to assist in educating the community
 - Biannual staff development days and the first Wednesday afternoon of each month are generally good times for Departmental workforce development.
 - Biannual staff development days are planned by a group of DCHD employees
 - Quarterly staff meetings which include workforce development segments are planned by DCHD Leadership Team.
 - Wake AHEC met with several Health Department leaders in December 2011 to discuss DCHD workforce development needs.

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- Wake AHEC provides educational workshops and conferences for health professionals with continuing education units at a low cost.
- **Challenges**
 - Logistics of all DCHD staff registering for Wake AHEC courses.

Implication(s):

- **Outcomes**
 - The majority of DCHD staff completed two Wake AHEC trainings and a DCHD provided training that meets NC accreditation standards.
 - All DCHD staff were trained on the smoking ordinance and introduced to educational tools they will use in educating their clientele and the community at large.
- **Service Delivery**
 - DCHD staff attended a Wake AHEC webinar on March 7 on cultural sensitivity which was shown in the County Commissioner's Chambers.
 - Wake AHEC provided an on-site workshop on health literacy at no cost on April 4 during a DCHD staff development day. This workshop was conducted for the entire staff at the downtown Armory.
 - For both events, Wake AHEC handled registration and awarded completion certificates to all staff who attended.
 - DCHD Health Education Program Manager Willa Robinson conducted training on the smoking ordinance for all health department staff during the April 4 staff development day. Educational materials are available for distribution

Next Steps / Mitigation Strategies:

- Continue to plan and conduct workforce development opportunities for DCHD staff that promotes competency and skills-development and meets required training needs.

Division / Program: Environmental Health/ Public Health

Preparedness (SNS Planning)

Program Description:

- The Strategic National Stockpile (SNS) is a federally maintained cache of medications, equipment, and ancillary supplies that are used to supplement local public health efforts in responding to a community-wide event such as terrorism or pandemic illness, which otherwise would exhaust local resources.
- The CDC mandates that each local public health agency develop and maintain an SNS plan that outlines everything from requesting the SNS, to distribution of materials to the public.

Statement of Goals:

- To develop a plan that identifies resources and supports to successfully deploy the items received from the SNS stockpile.
- To achieve a Technical Assistance Review (TAR) score greater than 69%.

Issues:

- **Opportunities:**
 - Achieving a score of greater than 69% ensures that the Durham County Health Department's Preparedness Program will continue to receive the maximum funding allowed for the upcoming grant year.

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- **Challenges:**

- Due to continued funding cuts and new CDC requirements, each health department is now required to maintain a minimum score of 69%.
- Failing to achieve this minimum score will result in funding cuts to the local health department.

Implications:

- **Outcomes**

- On April 6, 2012 the Durham County Health Department received the final score for its annual review from NC PHP&R.
- The score for the FY 2011-2012 was a perfect 100%. This is the first perfect score for the Durham County Health Department, and the first known perfect score in the central region.

- **Service Delivery**

- This score reflects that our plan should provide an ideal method of ensuring that we can protect the nearly 270,000 citizens of Durham County in the event of a county-wide event.

- **Staffing**

- Little to no impact on staffing

- **Revenue**

- This score ensures that the Durham County Health Department will continue to receive the maximum funds available for the grant year 2012-2013.

Next Steps / Mitigation Strategies:

- Maintain score at current level to ensure that funding for grant year 2013-2014 remains at the highest allowable amount.

Division/Program: Environmental Health / Public Health Preparedness (Radiation Preparedness)

Program Description:

- On April 18, 2012, the Preparedness Coordinator, Matt Leicester, participated in a tabletop exercise at the National Institute of Environmental Health Sciences (NIEHS) at their RTP campus. This exercise simulated a radiological emergency created by a militant employee who, with assistance, stole radiologic material from an irradiator on campus, and resulted in a hostage situation and later explosion of radiologic material in a bomb blast at the Environmental Protection Agency's (EPA) RTP campus.
- Also participating in this exercise were representatives from Durham County Emergency Management, Durham City Fire, Parkwood Fire, Durham County Sheriff's Office, NC Public Health Preparedness & Response (NC PHP&R), the FBI, EPA, NIEHS, NNSA, North Carolina Emergency Management, Department of Homeland Security, and many others.

Statement of Goals:

- To determine the abilities and limitations of the Health Department to respond to radiological emergencies within Durham County.
- Determine next steps in improving radiological response within Durham County.

Issues:

- **Opportunities:**

- This exercise gave us the unique opportunity to sit down at the table with other local, state, and federal agencies and hear what

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their procedures are, and work together to determine strategies for best practices within Durham County.

- **Challenges**
 - There is a 10-mile Ingestion Pathway Zone (IPZ) that covers all businesses and residents around Shearon Harris Nuclear Power Plant. The IPZ looks at protecting those persons within that 10-mile radius who may be exposed to airborne radioactive contaminants during a radiation release at the plant. These are the people who are provided Iodine to use in case of emergency.
 - Since Durham does not fall within that IPZ, there has been no radiologic response plan developed to handle a potential radiologic incident in Durham County.
 - However, as was shown in this tabletop exercise, there a number of research and medical facilities in Durham County that have radiologic sources, that could pose a threat if an emergency such as an explosion or theft were to occur.

Implications:

- **Outcomes**
 - As a result of this exercise, it was determined that a county-wide response plan for radiological emergencies does not exist, either within the Health Department or Emergency Management.
- **Service Delivery**
 - Development of this plan will greatly improve delivery of service in regards to a potential radiological emergency.
- **Staffing**
 - The Preparedness Coordinator will be responsible for working with Durham County Emergency Management on development of a radiological response plan.

Next Steps/Mitigation Strategies:

- Based on the deficiencies noted during this exercise, the Preparedness Program is already in talks with Durham County Emergency Management and NC PHP&R about the development of a local response plan.
- NC PHP&R has provided information from their level, including how to set up community reception centers (similar to shelters) for evacuated persons, including how to monitor and deal with contaminated persons.
- Durham County Emergency Management will be developing the portion of the plan that deals with initial response, mitigation, and recovery efforts.
- DCHD will be developing the community response side including reception centers, and monitoring of food, water, and agricultural issues that develop following a radiologic event.
- Matt Leicester has also been selected to serve on a committee with other representatives for North Carolina Radiation Protection to help develop plans and grant guidance on how to integrate radiation experts into local Medical Reserve Corps units.
- Participating in this grant development may open sources of funding for DCHD and its Medical Reserve Corps unit.

Division / Program: Environmental Health / On-site Water Protection

Program description:

- The On-site Water Protection (OSWP) program is working toward compliance with Fall Lake Nutrient Management Strategy (FLNMS) requirements as they affect on-site septic systems in Durham County.

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Statement of goals:

- Among other requirements, FLNMS legislation requires that Durham:
 - Establish an inventory of septic and sand filter systems within the Falls Lake Watershed by January 15, 2013.
 - Establish the failure rate of septic systems within the Falls Watershed based upon field survey work by January 15, 2013.

Issues:

- **Opportunities**
 - Matthew Yearout, of Durham County Environmental Health, has worked diligently for nearly three years creating an inventory of systems within the Falls Lake Watershed.
 - Environmental Health is collaborating with City and County IT Departments to improve our Laserfiche search capabilities and refine these numbers by overlaying them with City water and sewer billing records.
 - A field survey of existing septic tank systems was organized and implemented to determine current failure rates of onsite septic systems in Durham County through collaboration with volunteer staff from NCDWQ, NCDENR, Orange County, and Wake County.
- **Challenges**
 - The time frame of the mandated deadline will pose a real challenge with current levels of staffing. Collaboration with other agencies has assisted in the accomplishment of portions of these two goals.

Implication(s)

- **Outcomes:**
 - Septic System Inventory**
 - To date, Matthew Yearout has identified properties served by septic and sand filter systems, as well as those with municipal sewer available.
 - During the month of April, City IT reviewed and praised Matthew's work. They will now apply updated water and sewer billing records and other inputs to provide us with a more robust (accurate) inventory.
 - City IT has also agreed to take a look back in time and prepare the 2006 Baseline Inventory
 - County IT has also offered assistance as we seek to "clean up" our recently digitized records and add additional fields of information which will allow us to run queries needed to complete the inventory.
 - Establishment of Septic System Failure Rate**
 - With assistance from Department of Health and Human Services On-Site Water Protection Branch, Division of Water Quality, and Wake and Orange county Environmental Health staff assisting Durham County Environmental Health, a survey of 232 systems was conducted earlier this month.
 - Seventeen teams of two surveyed over six different days. It is standard procedure for two staff to assess each system and agree upon the system's status. Nine volunteers assisting five Durham Environmental Health staff greatly accelerated the process.
 - Barring outside assistance, this survey was estimated to take approximately 40 days to complete. With assistance, the task was completed in six days.
 - One hundred sixty-seven of the 232 properties evaluated had systems under Health Department jurisdiction.
 - Two hundred systems surveyed would be a 2% sample of systems within the watershed. A failure rate of 9% was found during the survey.

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- This number will be wedded with other statistics collected from several years of monitoring to produce a final report to DWQ, but this preliminary finding is encouraging.
- Professional relationships formed over the years coupled with an economic downturn allowed this collaborative effort which normally could not be expected. A special thanks is expressed to the following for their contribution to this effort:
 - DHHS Staff – Steven Berkowitz, OSWP Engineer; Trish Angoli, OSWP Engineer; Kevin Neal, OSWP Regional Soil Specialist; Nancy Deal; OSWP Senior Specialist
 - DWQ Staff – Mack Wiggins and Tom Ascenzo of the Raleigh Regional Office
 - Orange County Environmental Health Staff – Tom Konsler, EH Director; Bert Mills, REHS LSS
 - Wake County Environmental Health Staff – Eric Green, REHS
- **Service delivery**
 - Environmental Health staff completed all mandated service requests during this survey period with only limited delays in other services.
- **Staffing**
 - All available Durham Onsite Water Protection staff was involved in this project. An immediate need of 2 additional positions was identified in the 2013 budget to meet all FLNMS requirements by the January 2013 deadline.
- **Revenue**
 - The Falls Lake Rules are an unfunded mandate from the state. No revenue will be generated for compliance efforts. However, the compliance cost for Durham County is projected to be in the millions of dollars so ensuring efficient, accurate data collection is of high importance.

Next Steps / Mitigation Strategies

- Durham On-site staff will continue to provide essential mandated services and work toward meeting the FLNMS objectives.

Division/Program: Health Education/Smoking Ordinance

Brief program description/statement of goals:

- The Durham Smoking Ordinance will go into effect on August 1, 2012. Concentrated efforts are being made to educate the public about the ordinance and support those who are interested in quitting smoking.

Issues:

- **Opportunities**
 - In support of the ordinance, smoking cessation resources have been made available to help those who are interested in quitting. This reduces the burdens placed on the residents of Durham and North Carolina related to tobacco use.
 - Any DCHD staff member can present information about the Ordinance as materials such as handouts, presentations and talking points have been prepared for use in the community, worksite and faith-based settings.
- **Challenges**
 - Smoking is a sensitive topic. Many smokers view policies and legislation as taking away their rights. While on the other hand, exposure to Environmental Tobacco Smoke (secondhand smoke) is just as dangerous as smoking.
 - While the ordinance does not cover all areas of Durham County, it sets a precedence to reduce exposure to Environmental Tobacco Smoke, improve overall air quality and health for those living in and visiting Durham.

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Implication (s)

- **Outcomes staffing, revenue, etc.):**
 - Educational presentations will continue to be developed and delivered to County Government departments, community and faith-based organizations and at community events.
- **Service delivery**
 - Media efforts include billboards, bus ads, flyers, educational business and palm cards, emails, social media (Facebook & Twitter), webpage(s), print and broadcast venues
 - Talking points, Frequently Asked Questions and other documents have been developed in support of the ordinance.
- **Staffing**
 - Existing DCHD staff are being used to carry out implementation and education
- **Revenue**
 - No revenue generated

Next Steps/Mitigation Strategies:

- Educational campaigns will be launched each quarter to promote awareness of the ordinance and reduce the number of Durham residents that smoke.
- Cessation and education resources will continue even after the August 1, 2012, as they are routine for the Health Education Division
- Since the launch in April, over 300 individuals have been reached through presentations.

The board had the following questions on vision care services.

1. What would it take to expand vision screenings in DPS to sixth grade? We will ask the question.
2. What is your stance on having a vision service at the health department? We can discuss the possibilities.
3. What happens when a need is detected and a patient can't afford the service? Are there any resources available? There are resources and our public health nurses work very hard to make sure the students get what they need.
4. Is the auditory screenings done in the schools? We have worked with a program at North Carolina Central University in the past. Ms. Harris will check on this.

The board requested more information on the SNS stockpile process (availability/shortage of supplies).

COMMITTEE REPORTS

- **Smoking-Free Initiative Update (Activity 34.5)** (Attorney Bryan Wardell)

Attorney Wardell explained that this is a public health rule not an ordinance; a public health rule applies to any municipality in the confines of the County. There is an issue with the City as to whether or not they are going to comply with the rule; legislation says that if the rule is passed by a board of health; the rule had to be approved by an ordinance of the Board of County Commissioners. The key is not approved as an ordinance by the Board of County Commissioners, just approved **by** an ordinance. This means legislation acknowledges that the rule is there, rule is the operative document. The City is taking the position that this is an ordinance and not a rule; if it is an ordinance, the City has to pass a resolution to allow the County to amend the rule to the confines of the City. The County is taking the position that it is not an ordinance; it is a rule so it applies. Attorney Wardell stated the City sent a letter stating that the City would comply with the rule but the City reserves the right to designate smoking areas in all City grounds/property at their sole

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discretion. If the parties can't reach an agreement, a judge will make a decision. The County will have all enforcement responsibilities of the rule but it is not an inpunitive rule, so the most you can impose is a \$50.00 civil penalty.

- **OTHER ITEMS**

Plans for a New Board of Health Rule

Ms. Harris stated the new rule she mentioned early is about improving health outcomes with people with type 2 Diabetes. The Board has the authority to enact a local rule establishing a local diabetes/chronic disease registry. Health departments in other states have established similar registries. The registry would allow tracking and surveillance similar to what is done related to communicable disease control. A full proposal will be presented to the Board at a later date.

Remaining Pictures Needed

Dr. Short and Mr. Dedrick will send a picture to be downloaded to the public health website.

- **Operating Procedures-Board of Health (Activity 37.2) (Gayle Harris)**

Ms. Carter reported that the Operating Procedures Committee met and lifted the language from the previous by-laws and inserted it in the appropriate place in the document below. Ms. Harris addressed questions on the Executive Committee composition in other counties; Open meeting Laws and Robert Rules of Order. See comments attached to the document.

Operating Procedures of the Durham County Board of Health

1. Name and Office

The name of this organization is the Durham County Board of Health (hereinafter "Board"). The principal office of the Board is located at 414 East Main Street, Durham, NC 27701.

2. Officers and Committees

a. Chair and Vice-Chair:

The Board shall elect a Chair and Vice-Chair by majority vote each year at the January meeting.

b. Secretary:

The local health director shall serve as secretary to the Board, but the director is not a member of the Board. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee.

c. Standing Committees

The Board shall have the following standing committees:

Nominating Committee: three Board of Health members
Personnel Committee: Vice Chair and three other Board members

Operating Procedures Committee: three Board members appointed by the Chair to review operating procedures annually
Budget and Finance Committee: Vice Chair and three other Board members

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The Chair shall be an ex officio member of all ad hoc Board committees.

d. Executive Committee

The Board shall have an Executive Committee which will consist of the Chair and Vice-Chair, on the Board of Health. The Executive Committee shall be empowered to speak and act for and on behalf of the Board when such action is necessitated due to considerations of time and circumstances; provided, that any action approved and undertaken by the Executive Committee shall be communicated to the members of the Board as soon as practicable following such action and, providing further that a report of such action then be presented at the next Board of Health meeting.

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

e. Temporary committees

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

3. Meetings

a. Regular Meetings

The Board shall hold regular meetings on the second Thursday of the months at least once per quarter, except that if a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The meeting shall be held at the Board's office and begin at 5:00 pm.

At or about the first regular meeting of the new calendar year, the Board shall have an organizational meeting at which it shall elect a Chair, Vice-Chair, and approve a schedule of regular meetings.

b. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any Board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda only if permitted by and in accordance with the North Carolina open meetings laws.

c. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of the members present at the meeting shall preside.

Comment [gh1]: Check Open meeting laws.

Committees made up of a quorum of the full board are subject to open meetings law; must be advertised appropriately and minutes maintained.

Committees comprised of a number less than a quorum for the full board do not have to be advertised but should keep minutes.

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d. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum.

e. Attendance (Taken from old procedures)

- 1) The Board of Health deems it essential to its ability to effectively and efficiently discharge its responsibilities that meetings be attended regularly. Habitual failure to attend may result in removal by the County Board of Commissioners' (GS.130A-35 (g)(4).
- 2) The attendance roster will be submitted quarterly to the Clerk to the Board of County Commissioners.

f. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an absenteeism.

g. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes from the Secretary of the Board or from the County's website:
<http://www.durhamcountync.gov/departments/bocc/Boards/Minutes/phb/index.html>

4. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

5. Public Comments

Members of the Public (Durham County Residents) may address the Board of Health during a public comment period held at each regularly scheduled meeting. The Public Comment period will provide three minutes per speaker, up to five speakers per meeting, for a total of fifteen minutes. The Public Comment period can be expanded by a majority vote of the Board members present.

Comment [gh2]: Check Robert's Rules of Order

This statement is taken from the General Statutes: **§ 153A-43. Quorum.** A majority of the membership of the board of commissioners constitutes a quorum. The number required for a quorum is not affected by vacancies. If a member has withdrawn from a meeting without being excused by majority vote of the remaining members present, he shall be counted as present for the purposes of determining whether a quorum is present. The board may compel the attendance of an absent member by ordering the sheriff to take the member into custody. (Code, s. 706; Rev., s. 1317; C.S., s. 1296; 1945, c. 132; 1951, c. 904, s. 1; 1961, c. 154; 1967, c. 617, s. 1; 1969, c. 349, s. 1; c. 1036; 1973, c. 822, s. 1.)

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6. Other Procedural Matters

The Board shall refer to the current edition of Robert's Rules of Order Newly Revised (RONR) to answer procedural questions not addressed in this document, so long as the procedures prescribed in RONR do not conflict with North Carolina law.

Board of Health members desiring additional information from staff shall make the request to Health Director rather than to individual staff members. This process provides the Health Director the opportunity to determine if the request should be treated as an individual request or as a request for information needed by the full board.

7. Compliance with North Carolina law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws set forth the powers and duties of local Boards of Health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Approved and adopted by the Durham County Board of Health
on _____

Chair, Durham County Board of Health

Secretary, Durham County Board of Health

Mr. Dedrick made a motion to adopt the new operating procedures for the Board of Health. Mr. Case seconded the motion and the motion was approved.

OLD BUSINESS:

- **Training: Accreditation (Activity 36.3)** (*Rochelle Tally*)
Ms. Tally led the BOH in a discussion of Benchmark 40 & 41 as a requirement of accreditation.

Benchmark 40: The BOH shall advocate in the community on behalf of Public Health.

- Key role for BOH is as an advocate for public health in the community they serve as board members.
- BOH should be involved in informing elected officials, policy makers, stakeholders, partners & the public on the work of the department and of public health.
- The two activities demonstrate BOH's role as advocate
- The first provides evidence of how board members inform elected officials & boards about the public health issues that affect the community.
- The second activity demonstrates board advocacy for laws or regulations to protect the public's health.
- This benchmark builds on Benchmark 14 for the health department & staff.

Activity 40.1: The BOH shall inform elected officials & community boards about community health issues.

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Board members are appointed as residents so they can serve as effective spokespeople when talking with elected officials.

- To a degree, BOH serves as public health representatives to the BOCC.
- It is an important responsibility of the BOH to keep BOCC informed about public health issues and the health department's work.
- An important role of the BOH is to inform all elected officials, especially those with fiscal and policy controls, about health issues affecting the community.

Documentation: One of the following related to community health issues: Correspondence between BOH/Health Director & an elected official, BOCC minutes reflecting a presentation by the BOH/Health Director, media articles showing BOH support for community health issues, or documentation of BOH/Health Director presenting at meetings with other boards or commissions related to community health issues.

- Community health issue may be long-standing or an issue identified through the Community Health Assessment (CHA).
- *Option 1:* Correspondence can be letter, memo or email.
- *Option 2:* BOCC minutes recording presentation by BOH, BOH member or Health Director on behalf of BOH. Submit copy of presentation with minutes.
- *Option 3:* Requires printed press release or may document BOH meeting discussion or participation at a local event or meeting.
- *Option 4:* Documentation such as an agenda, participant's list, minutes, copy of presentation to a joint meeting with other boards/commissions related to community health issues.
- All evidence should show the board is sharing appropriate information regarding community health issues.
- It is understood that the Health Director may serve as the designee for the BOH for this work and therefore most communication will be from the Health Director.
- It is expected that some type of link back to the BOH showing their support, a discussion, and/or approved communication must be provided (i.e. BOH minutes).

SVT Review & Questions: Review evidence provided to verify that the BOH has informed elected officials and community boards about community health issues.

Activity 40.2: The BOH shall communicate support for the enactment & retention of laws and rules and the development of public health interventions that protect health and ensure safety.

- BOH must show active role in protecting the health of the communities served.
- May be related to rules or ordinances of the local department, county or district or may relate to work concerning a state-wide law or changes to a state law.
- Relates to board being & representing residents by their support for overall protections for the whole community or jurisdiction of the health department rather than individual health care needs.

Documentation: One of the following related to communicating support for laws, rules, and public health interventions: Correspondence between

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BOH/Health Director and an elected official, BOCC minutes reflecting a presentation by the BOH/Health Director, media articles showing BOH support for laws, rules, and public health interventions, or documentation of BOH/Health Director presenting at meetings with other boards or commissions.

- Documentation difference from 40.1 is that 40.1 must relate to community health issue while 40.2 must relate to communicating support for laws, rules, & public health interventions.
- Documentation should show the board is supportive of a law, rule or intervention that protects the public's health.
- Documentation options are otherwise the same as 40.1.

SVT Review & Questions: Review evidence provided to verify that the BOH has communicated support for the enactment & retention of laws and rules and the development of public health interventions that protect health and ensure safety.

Benchmark 41: The BOH shall promote the development of public health partnerships.

- Relates to BOH promoting public health partnerships between the community & the department.
- Compliments *4th Essential Service*: "Mobilizing community partnerships to identify & solve public health problems".
- Benchmarks 11 thru 13 relate to work of the department in developing & sustaining partnerships. This benchmark demonstrates how the BOH supports the HD 's work with partners within its jurisdiction.
- May include efforts by staff, programs or overall agency participation.
- Activities measure how BOH works to ensure that needed resources are available to the agency.
- The three activities build upon each other: First demonstrates openness of BOH to encourage input by the public; second demonstrates BOH support of partner building by the department; third supports resource coordination between department & partners to achieve stated objectives of both.

Activity 41.1: The BOH shall take actions to foster community input regarding public health issues.

- BOH members as residents may not represent all segments, views & needs of the county
- BOH has responsibility to foster/promote input to the board by the community by any variety of methods
- Residents input:
- ensures work of the agency aligns with defined needs of the community
- ensures all populations being served by the agency have opportunity for input as issues are identified

Documentation: One of the following: Notice of town meeting, public forum, public hearing, media article, web posting, etc., which demonstrates actions to foster community input regarding public health issues.

- Issue can be any kind of public health topic including hazards, programmatic related issues, diseases or outbreaks.

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- Issue can concern entire jurisdiction or one for a specific population
- Documents should show that the input is requested by the BOH or that BOH is involved in the process i.e. department sponsored forum that is attended by the BOH to hear public input
- Other documentation that demonstrates action taken to foster input could be through board minutes, letter of response to a citizen or group, report or white paper, action of the board as documented in the minutes, or media, such as newspaper articles.

SVT Review & Questions:

- Review documentation provided to verify that the BOH has taken actions to foster community input regarding public health issues.
- Does the documentation demonstrate actions by the BOH to foster community input?
- While the action taken may have been done by the Health Director on behalf of the board, the documentation must demonstrate BOH involvement.
- BOH minutes may be used to help substantiate the documentation submitted

Activity 41.2: The BOH shall take actions to foster local health department partnership-building efforts and staff interactions with the community.

- One role of BOH is to serve as liaison for the department to the communities served.
- BOH should be knowledgeable of & involved in the work of the agency through partnerships.
- BOH should support staff that work with community partners & encourage department's involvement in the community at large.
- This activity may be led by the staff & supported by the BOH or may be the direct involvement of the BOH with department partners.

Documentation: Evidence of agency partnership efforts **AND one of the following:** BOH minutes reflecting discussion of partnership **OR** letters of support from BOH for partnership efforts.

- Issue can be any kind of public health topic including hazards, programmatic related issues, diseases or outbreaks.
- Issue can concern entire jurisdiction or one for a specific population
- Documents should show that the input is requested by the BOH or that BOH is involved in the process i.e. department sponsored forum that is attended by the BOH to hear public input
- Other documentation that demonstrates action taken to foster input could be through board minutes, letter of response to a citizen or group, report or white paper, action of the board as documented in the minutes, or media, such as newspaper articles.

Evidence of agency partnership efforts include:

- development of a new partner
- maintaining or developing a current partnership
- support for staff interactions/involvement in the community

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Type of evidence can be materials from a partnership building effort including:

- meeting agendas & minutes
- joint statements
- news articles
- participant lists showing involvement of department staff
- brochures or flyers

Letters of support should be signed by the BOH, such as the chair, & may be jointly signed by the Health Director. The letters may support involvement with the partner in a community effort, support a proposed project, support a request for funding by the partner or acknowledge efforts within the partnership to achieve defined objectives.

- First part of the evidence does not need to show BOH involvement but must show efforts by the department in building a partnership. (Stronger body of evidence if BOH involvement is shown.)
- Second part must show BOH involvement

SVT Review & Questions:

- Is there evidence of agency efforts to build a partnership?
- Do minutes submitted provide discussion on partnership matters or building relationships with BOH support, encouragement, involvement or oversight?
- Have letters of support been written by the Board to show support for activities of partners or with partners?

Activity 41.3: The BOH shall take actions to foster the coordination of resources to enhance partnerships and collaboration to achieve public health objectives. BOH should understand the public health objectives of the agency (including working with/through community partners) and the actions needed to be successful in meeting them.

This success involves coordination of resources (people, time & money) provided by the agency and other partners.

Documentation: One of the following relating to partnerships and the coordination of resources: BOH minutes reflecting discussion; evidence of BOH member participation on community coalition, steering committee, or advisory committee; BOH minutes reflecting a decision that the Health Director was the best representative to such a group AND evidence of the Health Director's participation.

- BOH minutes should document discussion linking a department partnership & the coordination of resources.
- Evidence of BOH participation should be on a steering committee, community coalition or advisory committee shown by a report/discussion in BOH minutes, an agenda, a participant list or minutes of the coalition or committee in which the board member participates & shows BOH involvement.
- If Health Director is the participant, must be a record in the BOH minutes of discussion & the decision that the HD was the best representative to the coalition or committee.
 - There must also be evidence of HD participation and evidence of a link back to the BOH by a report of the HD.
- Evidence must show a relationship between a specific partnership and the coordination of resources with the overall purpose of the resource coordination to achieve public health objectives.

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- Objectives may be of a particular partnership, task force or steering committee or objectives stated in the CHA or action plans/health improvement plans.

SVT Review & Questions:

- Do BOH minutes provided discuss the coordination of resources (beyond that provided by the health department)?
- Is there evidence that a BOH representative or the Health Director participated in a community coalition of some type?
- If the Health Director is the representative, is there evidence of BOH discussion showing the Health Director as the best choice and that the Health Director participated in the coalition or committee?

NEW BUSINESS:

• **Budget Ratifications:** (Gayle Harris)

Prior approval received from Chair and Vice Chair

The Health Department requests approval to recognize funds in the amount of \$15,175 from the N.C. Department of Health and Human Services to support mandated training for staff in Motivational Interviewing techniques. Funding will cover training for 44 persons, including 16 people in the Care Coordination for Children and Pregnancy Care Management Programs and any internal and external partners that meet state criteria.

The Health Department requests approval to recognize funds in the amount of \$57,424 allocated by the North Carolina Department of Health and Human Services, Division of Social Services. The Health Department will use the funds to support the DINE program activities including purchasing materials and supplies that support nutrition education programs in Durham Public Schools and community settings; costs associated with publishing and mailing the quarterly ALIVE newsletter to over 23,000 SNAP-Ed households in Durham County; developing and displaying ads on DATA buses that promote healthy eating and increased physical activity; and continuing education on food safety for DINE staff.

Dr. Allison made a motion to approve the ratifications. Mr. Case seconded the motion and the motion was approved.

Dates for Annual Board of Health Training (Gayle Harris)

Rosalyn McClain will poll the board for their availability in August, 2012 for the Board of Health Training.

Mr. Case made a motion to adjourn the meeting at 7:20pm. Mr. Dedrick seconded the motion and the motion was approved.

Sue McLaurin, M.Ed., PT, Chairman

Gayle B. Harris, MPH, Health Director