

A Regular Meeting of the Durham County Board of Health, held March 8, 2012 with the following members present:

Sue McLaurin, John Daniel, Jr., MD, Michael Case, James Miller, DVM, Teme Levbarg, MSW, PhD, F. Vincent Allison, DDS and Jill Bryant, O.D, F.A.A.O

Excused Absence: Nancy Short, DrPH, RN, MBA, Heidi Carter, MSPH and Commissioner Brenda Howerton

Others: Attorney Bryan Wardell, Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Marcia Robinson, Sue Guptill, Tekola Fisseha, Robert Brown, Jim Harris, Dr. Miriam McIntosh, Laura Jensen, Erica Hall and NCCU Students

**CALL TO ORDER:** Chairman Sue McLaurin called the meeting to order at 5:09pm with a quorum present.

**DISCUSSION/ADJUSTMENTS (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** No adjustments were made to the meeting agenda.

**REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:** Dr. Levbarg made a motion to approve the minutes for February 9, 2012 meeting. Mr. Case seconded the motion and the motion was approved.

**PUBLIC COMMENTS:**  
There were no public comments.

**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 13.2 currently vacant positions (A copy of vacancy report is attached to minutes).

- **Expenditure/Revenue Report:** (*Activity 33.6*) (*Marcia Robinson*)

The Board received a copy of YTD Expenditures and Revenue for FY2012 (A copy of expenditure/revenue report is attached to minutes).

- **Statistical Report:** (*Activity 33.6*) (*Gayle Harris*)

The Board received a copy of 2<sup>nd</sup> Quarter Statistical Report for FY2012 (A copy of statistical report is attached to minutes).

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

**Division/Program: Nutrition / National Nutrition Month Highlighted on In Touch with Durham County**

**Brief program description:**

- A 25-minute television segment on healthy eating was taped February 13th and will air on "In Touch with Durham County" on cable TV8 during the month of March which is National Nutrition Month.

**Statement of goals:**

- To highlight National Nutrition Month. The theme this year is "Get Your Plate in Shape."

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- To promote eating balanced meals and the USDA's new tool and website MyPlate ([www.choosemyplate.gov](http://www.choosemyplate.gov)). Specific topics included:
  - Eating more fruits and vegetables
  - Organic vs. conventional produce
  - Healthy ways to prepare produce
  - Healthy eating on the run
  - Healthy choices for breakfast and snacks
- To promote eating more meals at home by providing the audience with simple, low-cost, and healthy meal ideas.

**Issues:**

- **Opportunities**
  - Television is an effective form of media to reach a broad audience with nutrition and health messages.
  - When a similar show aired in December, the Cooperative Extension received many requests for the recipes used and for further nutrition information.
- **Challenges**
  - About 65 percent of adults living in Durham County, 28 percent of Durham Public Schools (DPS) high school students, and 18 percent of DPS kindergarteners are overweight or obese.
  - Twenty percent of adult residents state they eat fast food three or more times a week. On average, meals eaten at home contain fewer calories, less fat and sodium, and more vitamins, minerals and fiber than meals eaten outside the home.
  - Durham's high rate of obesity and related health problems negatively effects Durham's economy and residents' quality of life.

**Implication(s):**

- **Outcomes**
  - Hopefully viewing Commissioner Page and Deborah Craig-Ray sample the different recipes will motivate the viewers to cook them at home and/or create healthier habits as those talked about on the show.
- **Service Delivery**
  - The program will air at noon and 6:00 pm on most if not all days in March.
- **Staffing**
  - The Communications and Health Promotion Program Manager from the Nutrition Division and an agent from the Cooperative Extension partnered to create this show.

**Next Steps / Mitigation Strategies:**

- Recipes made on the show will be sent to viewers upon request.
- If the show is well received by viewers, a similar show may be created in the future.

**Division / Program: Dental Division / Dental Screenings in Durham Public Schools**

**Program Description:**

- The Dental Division screens all kindergarten and fifth grade students in Durham Public School on an annual basis.

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- The Tooth Ferry visits eight schools per year and screens 1<sup>st</sup> – 4<sup>th</sup> graders at those schools.

#### **Statement of Goals:**

- To discern the dental needs of students and young children in the public school system, and share the findings with parents/guardians, as well as the school system.
- To ensure the Health Department Dental Division has information to schedule the Tooth Ferry at the schools where it is most needed.
- To provide the required screening statistical information to the State.

#### **Issues:**

- **Opportunities**
  - To continue the trend in which fewer students have cavities. The results of this year's screenings show that 10% of kindergartners had cavities. In 2008-09: Durham was at 11% compared to the State at 17%. Fifth graders remained the same at 3%.
  - To work with community groups to schedule summer screenings and other events to serve students from schools not visited by the Tooth Ferry this year.
- **Challenges**
  - During the 2011-12 screening cycle (August – February), the Division screened only 70% of students in some schools. This necessitates the need for Dental personnel to assist in making certain that parents are aware of how important the screenings are.
  - There are currently 14 public elementary schools in Durham in which 75% or more of students receive free or reduced lunches, with the Tooth Ferry only being able to visit up to eight of those each year.
  - It may take up to two academic years before the Tooth Ferry can treat students at all the schools in which 75% or more of students receive free or reduced lunches.
  - Building capacity (i.e. utilizing the Health Department's Dental Clinic) to serve the number of low-income families is needed.

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

- **Outcomes**
  - The Division has completed screenings in Durham elementary schools and Head Start centers. It continues to screen preschool children in daycare centers upon request.
- **Service Delivery**
  - Division personnel screened 8,325 students at school sites from August 2011 – February 2012. This includes 4,576 kindergartners and fifth graders in all elementary schools and 3,369, 1<sup>st</sup> – 4<sup>th</sup> graders, at specific schools.
- **Staffing**
  - The Tooth Ferry maintains a dentist, hygienist, dental assistant, two part-time drivers, and a Coordinator.

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

- Review clinic and Tooth Ferry schedules and staffing to be certain that we are maximizing our service capacity.
- Given the number of students that require sealants, the Dental team is discussing participation in a sealant project, similar to those

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conducted by many North Carolina counties, to improve the oral health of children.

**Division / Program: Dental Division / National Children's Dental Health Month**

**Program Description:**

- The American Dental Association (ADA) recognizes February as National Children's Dental Health Month. Therefore, the Dental Division arranged for, and participated in numerous events during the month.
- The Dental Division participated in the *Give Kids A Smile* program on Friday, February 3<sup>rd</sup>, a national event sponsored by the ADA to provide free dental care to children and adolescents from underserved families.
- In addition to the *Give Kids A Smile* event, Dental also conducted educational presentations for children and families throughout the month of February.

**Statement of Goals:**

- To educate children, parents and caregivers in issues of health and prevention.
- To promote avenues to increase access to dental and other health related services for underserved populations in Durham County.
- To provide training opportunities for students and professionals (UNC students and pedodontic residents) to deliver quality dental and other health services to the underserved.

**Issues:**

- **Opportunities**
  - To provide quality dental care to children in low-income families who may not otherwise receive treatment due to being uninsured.
  - To practice collaboration with other organizations, including local dental offices, as well as other divisions within the Department, to assist the residents of Durham County.
  - To provide training opportunities for students (i.e. UNC students and pedodontic residents) to deliver quality dental and other health services to the underserved.
- **Challenges**
  - According to the US Surgeon General, dental care is one of the most prevalent unmet health needs among American children, with cavities and gingivitis among the most common dental problems.
  - Many pediatric dental problems exist due to poor dietary habits, not brushing and flossing properly, and missing the opportunity to introduce children to pediatric dentists. Prevention is one of the key components to avoiding dental problems.
  - There are challenges in finding low-cost dental care, especially if the family does not qualify for Medicaid.
  - Building capacity to serve the number of underserved families that could have participated in the program is needed.
  - Publicizing *the Give Kids A Smile* event to reach greater numbers is needed.

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**Implication(s):**

• **Outcomes**

- The Division planned and participated in two distinct events in support of National Children’s Dental Health Month.

• **Service Delivery**

- *Give Kids A Smile* events conducted on February 3, 2012
  - Provided dental services to 28 children in the Health Department Dental Clinic including six extractions, five crowns, two pulpotomies, sixteen sealants, three fillings, and nine comprehensive exams with x-rays. Four families participated in nutritional counseling sessions.
  - Conducted educational session to 83 children and teachers at Leathers/Meachem Head Start site on the importance of good oral hygiene, including the proper brushing method, the importance of fluoride, correct flossing techniques, and the importance of visiting a dentist every six months.
- *Lessons in a Lunchbox* program conducted at YE Smith Elementary School on February 29, 2012 reaching 210 students and teachers.
  - *Lessons in a Lunch Box* is an oral health literacy program designed to give children and their families the proper knowledge about routine dental care, oral health maintenance, and good dietary choices.
  - The lunch box illustrates flossing and brushing on the inside.
  - *My Plate*, a nutritional diagram, is displayed on the inside of the box.
  - The lunch box includes a “Dental Care in a Carrot” case with a toothbrush, toothpaste, and dental floss, etc.
  - Inside the lunch box is also a reflective, metallic sticker illustrated as a smile that reads, “*See Yourself Becoming A Dentist*”.
  - The Division assisted UNC School of Dentistry to conduct this program.



• **Staffing**

- The Clinic contracts with the UNC School of Dentistry to provide faculty and pedodontic residents for operatory procedures. The Clinic employs one hygienist, three dental assistants, and director. The Department provides an interpreter and front desk staff through the Administrative Division.

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- **Revenue**

- The Dental Division provided dental procedures to children valued at approximately \$5,000 on *Give Kids A Smile* day.
- The UNC School of Dentistry secured 200 lunch boxes from the Children's Oral Health Institute for the *Lessons in a Lunchbox* program.

**Next Steps / Mitigation Strategies:**

- Begin planning the 2013 *Give Kids A Smile* event in the fall of 2012.
- Involve more dentists from the community and expand to a full day schedule.
- Consider existing technologies to reach more families in Durham County, including ties to specific community groups.

**Division / Program: Community Health / Family Planning Clinic**

**Program description:**

- Provides comprehensive contraceptive services to women and teens
- Services include physical exams, testing for infection, counseling and education on different methods of birth control, and the dispensing of the chosen method of birth control

**Statement of goals:**

- Prevent unwanted pregnancies
- Reduction of infant mortality and morbidity

**Issues:**

- **Opportunities**
  - Federal, State, and County funds are available to meet the contraceptive needs of many of the low-income women and teens in this community.
- **Challenges**
  - It has been difficult to keep the two physician extender positions filled in Family Planning Clinic. The nurse practitioner who has been the full-time PE II is resigning as of March 30, 2012. The part-time position has been vacant since October.

**Implication(s):**

- **Outcomes**
  - The part-time position will be filled by contract with Duke Maternal/Fetal Medicine and that should happen very soon. The full-time position will be advertised on the County website in the next one to two weeks.
- **Service delivery**
  - Having an unfilled position has resulted in patients waiting a long time (up to 2 months) for an appointment for an exam.
- **Staffing**
  - The Family Planning Clinic needs at least two full-time physician extenders to keep the waiting time for appointments reasonable.

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- **Revenue**
  - About 30% of Family Planning Clinic patients have Medicaid, and others are billed on a sliding scale according to income. Fewer patient visits result in less revenue.
- **Other**
  - There are women who desire birth control who are having difficulty accessing it.

**Next Steps / Mitigation Strategies:**

- Encourage Duke to provide a nurse practitioner within two weeks.
- Put a rush on the County hiring process to fill the full-time position.

**Division / Program: Administration / Pharmacy and Community Health / Family Planning Clinic**

**Program description: Family Planning Clinic**

- Provides comprehensive contraceptive services to women and teens
- Services include physical exams, testing for infection, counseling and education on different methods of birth control, and the dispensing of the chosen method of birth control

**Program description: Pharmacy**

- Provides prescribed medications to clients receiving services from Health Department Clinics
- Counsels each patient for possible drug interactions or any potential problems that may arise

**Statement of goals: Family Planning Clinic**

- Prevent unwanted pregnancies
- Reduction of infant mortality and morbidity

**Issues:**

- **Challenges**
  - Pharmacy received notice that there was a recall on a specific lot number of Lo/Ovral birth control pills due to a problem with packaging (not a defect in the product)

**Implication(s):**

- **Outcomes**
  - Working together, Pharmacy and Family Planning Clinic were able to identify and account for all except 11 recalled packs of Lo/Ovral
- **Service delivery**
  - The initial recall only included pills in stock. All of these were returned to the vendor.
  - The recall was later expanded to include pills that had already been dispensed.
  - The pharmacy ran a report to identify all patients who had received Lo/Ovral from October, 2011 to present
  - Pharmacy and Family Planning Clinic staff contacted all of the above patients (36), and spoke with them or left messages asking for the lot number on their pill packs.
  - Twenty-five patients' packs were checked; of these, only two had pills from the affected lot numbers. These packs were replaced with a generic version
  - The pharmacy and clinic staff continue to look for the 11 patients that have not had their packs checked; however,

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most of them received their pills after the Lo/Ovral was pulled from stock, so were probably not affected

- **Staffing**
  - Involved Pharmacy staff and Family Planning Clinic staff

**Next Steps / Mitigation Strategies:**

- None; the staff of the two areas worked cooperatively to address this issue quickly and efficiently

**Division/Program: Community Health Division / School Health Program**

**Program description**

- Provide ongoing nursing assessments, care planning and ongoing evaluations
- Identify health problems which may interfere with a student's performance in school
- Provide consultation on health concerns such as communicable disease control and managing chronic health concerns.

**Statement of goals:**

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

**Issues:**

- **Opportunities**
  - Clementine Buford, RN, MPH, was invited to the Durham Public Schools (DPS) Superintendent Dr. Eric J. Becoats media briefing on February 23, 2012 to answer questions regarding the Tdap requirements for rising 6<sup>th</sup> graders in DPS.
  - Throughout February 2012, Clementine Buford and Catherine Medlin, School Health Nurse Supervisors, presented at Tdap question and answer sessions with DPS Middle School Principals.
  - Ongoing education for students/parents and the general public will publicize awareness and increase timely compliance of the Tdap requirement for children entering 6<sup>th</sup> grade.
- **Challenges**
  - All rising 6<sup>th</sup> graders who have not had a tetanus/diphtheria toxoid vaccination within the past 5 years are required to have a Tdap (tetanus/diphtheria/pertussis) booster prior by the beginning of the school year.
  - The 2012 Tdap vaccination effort will focus on early parent notice and efforts to capitalize on opportunities to vaccinate students before they leave elementary school.
  - This decision was made, in part, due to the elimination of the "free" vaccinations that have been available through state funds.



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**Implication(s):**

- **Outcomes**
  - Every rising 6<sup>th</sup> grade child in DPS will have the required immunizations by the beginning of the school year.
- **Service Delivery**
  - School Health nurses continue ongoing collaboration with DPS to provide opportunities for rising 6<sup>th</sup> graders to comply with the Tdap vaccination mandate.
- **Staffing**
  - Clementine Buford, RN, MPH, and Catherine Medlin, RN, BSN, will coordinate Tdap educational offerings and school site clinics.

**Next Steps / Mitigation Strategies:**

- Program staff will continue to participate in activities that promote the health and well-being of students and their families.

**Division / Program: Community Health / Communicable Disease**

**Program description:**

- Investigate all reported communicable diseases/conditions
- Ensure 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: Norovirus event #1**

- **Opportunities**
  - The Durham County Health Department (DCHD) received a phone call from Dr. Carl Williams at the N.C. Division of Public Health on February 15, 2012 that there may be a possibility of a nor virus outbreak at a local assisted living facility.
  - The norovirus illness is characterized by having an acute onset of nausea, vomiting and diarrhea. Norovirus is highly contagious.
  - Recommendations, literature and control measures were given from the DCHD Medical Director, Dr. Arlene Sena, for ill clients to be restricted to a private room area and ill staff to be excluded from work until 48 hrs after last symptoms.
  - This information was communicated with the assisted living facility staff by Donna Edwards, RN, Communicable Disease Nurse.
- **Challenges**
  - The necessity of providing expertise guidelines and education to protect further transmission.
  - Managerial staff requiring continued education on the rapid transmission of a possible norovirus.
  - The importance of notifying the local health department of a potential outbreak.

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- The need for rapid collection of stool samples from the elderly population.

**Implication(s):**

• **Outcomes**

- Staff managed a coordinated effort with the assisted living staff to identify clients and staff that require stool collection for lab processing in order to determine the organism causing the clients to experience nausea, vomiting & diarrhea.
- The facility was able to collect at least five stool samples which were analyzed by the State Laboratory.
- The results were confirmed as: one-positive for norovirus, two-indeterminant results for norovirus and two-negative for norovirus.
- The effective 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 staff Donna Edwards, RN, Communicable Disease Nurse. Ponice Bryant, RN, Communicable Disease Supervisor conducted several telephone conference calls with the assisted living facility staff regarding recommendations, counseling and educational materials.
- Dr. Carl Williams, State on-call Epidemiologist approved the processing of the stool samples at the North Carolina State Laboratory.
- Marc Meyers, Environmental Health Supervisor, Kristi Miller and Chris Salter, Environmental Health Specialists, transported containers for stool collection to the facility.
- The investigation identified 31 residents and 9 staff that met the case definition of norovirus.

**Next Steps / Mitigation Strategies:**

- Continue to educate the assisted living facility on ways of preventing the transmission of disease.

**Issues: Norovirus event #2**

• **Opportunities**

- A select group of clerical employees with Durham County Health Department (DCHD) exhibited symptoms of norovirus.
- An assessment of a possible norovirus outbreak in DCHD was conducted on February 1, 2012.
- Recommendations, literature and control measures for ill staff to be excluded from work until 48 hours after the last symptoms were given from the DCHD Medical Director, Dr. Arlene Sena, to all DCHD staff via email.

• **Challenges**

- Reporting our internal outbreak to the NC Communicable Disease Branch and conducting the investigation among our own staff.
- Provision of immediate education to staff on the rapid transmission of a suspected norovirus
- The importance of DCHD staff to be compliant with the guidelines, especially exclusion from work until 48 hours after the last symptoms.
- The need for rapid collection of stool samples from ill employees

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**Implication(s):**

- **Outcomes**
  - Communicable Disease staff led a coordinated effort to identify DCHD staff who required assessment and stool collection for lab processing in order to determine the organisms causing the nausea, vomiting and diarrhea.
  - Communicable Disease staff arranged collection of five stool samples from ill employees which were processed and sent to the State Laboratory for analysis.
  
- **Service delivery**
  - The investigation was initiated by DCHD Communicable Disease staff. Donna Edwards, RN, Communicable Disease Nurse and Ponice Bryant, RN, Communicable Disease Supervisor, counseled the ill staff and assisted with transporting stool samples to the DCHD laboratory for processing.
  - Dr. Zack Moore, State on-call Epidemiologist, approved the processing of the stool samples.
  - Marc Meyer, Environmental Health Supervisor and Eric Ireland, Deputy Health Director, implemented the use of a bleached based disinfectant solution for DCHD staff to use in their work areas (specifically in common areas, e.g., . keyboards, door handles, surface areas). Cavicide, a disinfectant towelette, was distributed throughout DCHD for use in the clinical areas with high patient contact.

**Next Steps / Mitigation Strategies:**

- Continue to educate the DCHD staff on ways of preventing the transmission of disease and being aware of potential areas of concern that may pose as a health risk to themselves.
- Implementation of a departmental infection control policy.

**Division / Program: Community Health / Tuberculosis Program**  
**Program description:**

- Provides prevention and treatment for clients with Tuberculosis (TB)
- Investigates and reports all TB cases to the State
- Conducts outreach efforts to rapidly identify individuals who are high priority contacts to a known or suspected TB case

**Statement of goals:**

- To promote public health through the identification and elimination of Tuberculosis (TB) disease by
  - Reducing the spread of TB among individuals at risk in Durham County
  - Assuring that those testing positive for TB receive appropriate treatment and services.
  - Providing education and outreach.

**Issues:**

- **Opportunities**
  - On February 17, 2012, an individual who is a native of Kenya was referred to the TB Clinic to rule out active TB after being examined at a local community health center. The client presented to the TB Clinic wearing a mask.
  - The client subsequently had symptoms of active TB, abnormal chest x-ray and sputum smears that were positive (i.e. highly infectious to others). There were also concerns that Kenya is considered an endemic TB region, and studies have found high levels of drug resistant TB in Kenya.

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- Based on the client's clinical presentation and radiographic findings, Dr. Arlene Sena, the TB staff, Ellen Fortenberry, TB State Consultant, and Dr. Jason Stout, North Carolina State TB Director, gave approval to use the HAIN test.
- The HAIN test is a new improved molecular test for multidrug-resistant Tuberculosis (MDR-TB). This test is a fast track new tool that is used both on culture-based isolates and directly on smear positive sputum samples from clients with pulmonary TB. The preliminary data suggests that the test can detect at least 90% of MDR-TB cases in only a few hours. The conventional methods of detecting drug resistance can take as long as two to three months to produce results. Consequently, this new test may revolutionize TB diagnostics.

- **Challenges**

- Sputum isolates must be sent to Florida for testing
- Robin Obrien at the State Laboratory made arrangements to ship the sputum isolate to Florida.

**Implication(s):**

- **Outcomes**

- The decision to use the HAIN test molecular diagnostic tool enabled a rapid determination of whether the client may be resistant to two of the first line TB medications.
- The patient was found to have significant TB infection, and a large contact investigation has been initiated.
- Because there was an infant in the patient's home, the person has been temporarily housed in a local motel until there is no more danger of infection.

- **Service delivery**

- The client received expert screening/testing and care in the DCHD TB Clinic.

- **Staffing**

- The North Carolina State TB Director, the DCHD Medical Director, DCHD Tuberculosis staff and the North Carolina State Laboratory worked collaboratively to arrange for use of the HAIN test.

**Next Steps/ Mitigation Strategies:**

- Continue to educate the public on ways of preventing the transmission of disease.
- Continue to consider the use of different methodology to rapidly obtain accurate results to protect the community.

**Division / Program: Environmental Health/ General Inspections (Educational Outreach)**

**Program description:**

- The General Inspections Section has partnered with the Orange County Health Department, the Durham Cooperative Extension office and Orange Cooperative Extension office in a semi-annual offering of the ServSafe manager's certification class. The most recent classes occurred on February 28, February 29, March 1, and March 5. This partnership has been ongoing since 1997. These certification classes are based on the FDA food code and have trained more than 1000 food service professionals over the past 14 years.

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**Statement of goals:**

- To prevent and control the spread of communicable disease by promoting the improvement of public health and environmental quality related to food safety.

**Issues:**

• **Opportunities**

- ServSafe classes address training needs for foodservice professionals and allow presentation of the latest information on food safety standards.
- The Statewide implementation of the FDA food code is scheduled for the fall of 2012 and this class is a vehicle to promote awareness of the pending changes to North Carolina's food regulations.

• **Challenges**

- Providing information to the diverse food service industry will require many educational opportunities in addition to ServSafe certification classes.

**Implication(s)**

• **Outcomes**

- Durham Environmental Health is able to reinforce the State rule requirements and provide food service operators the opportunity to learn about food safety and the future of North Carolina's food safety program.

• **Service delivery**

- Environmental Health staff will continue the ServSafe certification class partnership and is exploring options for additional classes once the food code is adopted.

• **Staffing**

- Five of the General Inspections staff are currently involved in presenting the certification classes.
- The staff time required for educational outreach through the ServSafe initiative and other educational opportunities is anticipated to increase significantly due to the number of procedural changes required by Food Code implementation.

• **Revenue**

- No effect on revenue is anticipated due to this action.

**Next Steps / Mitigation Strategies**

- Environmental Health staff will be developing additional materials and classes to specifically address food code implementation issues.
- A proposed reduction in the class hours required by State rules for ServSafe certification may allow for an increased frequency of ServSafe classes.

**Division / Program: Administration / NC Debt Setoff**

**Program Description:**

- Two functions of the division are billing and collection for services rendered.

**Statement of Goals:**

- The goal of the debt setoff program is to provide a means for the DCHD to recover outstanding debt owed to the department.

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**Issues**

- **Opportunities**
  - Letters were mailed on December 12, 2011 to Health Department clients with past due amounts. The letter states 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.
- **Challenges**
  - Reconciling debt owed with current Insight software capabilities.

**Implication(s)**

- **Outcomes**
  - In February, Health Department received \$4,963.27 in reimbursement from the NC Department of Revenue Debt Setoff program.
  - In January, the Health Department received \$2,171.70 directly from clients.
  - Total Revenue received YTD as a result of joining the NC Debt Setoff Program is \$7,134.97.
- **Service Delivery**
  - Little to no impact on service delivery
- **Staffing**
  - Minor impact, from the standpoint of preparing necessary documentation for the Tax Department.
- **Revenue**
  - Positive impact on revenue

**Next Steps**

- DCHD will continue to submit to the NC Department of Revenue by way of the Durham County Tax Department uncollected revenue greater than \$50 throughout the tax season to collect past due debts.

**COMMITTEE REPORTS**

- **Finance Committee (Activity 33.6)** (*Vice-Chairman Jim Miller/Marcia Robinson*)

The Board received a copy of the department's proposed budget and priority request for FY12-13. After reviewing and discussing the budget in its entirety, Vice-Chairman Jim Miller made a motion to adopt the proposed FY12-13 budget. The motion was unanimously approved.

- **Smoking Rule/Proposed Smoking Ordinance Amendment Update (Activity 34.5)** (*Gayle Harris/Attorney Bryan Wardell*)

The BOCC adopted the smoking rule/ordinance on Monday, February 13, 2012. No further action needs to be taken by the City. Public Health is moving forward with the implementation process that will include signage, billboards and staff education. Gayle Harris will discuss the smoking rule implementation process at the NCPHA Legal Conference on April 25, 2012.

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

Heidi Carter, Sue McLaurin, Dr. John Daniels and Dr. Jill Bryant will meet to discuss the operating procedures for the Board.

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**OLD BUSINESS:**

There was no old business discussed.

**NEW BUSINESS:**

There was no new business discussed.

**INFORMAL DISCUSSION:**

Board received NCPHA information and was encouraged to join as a member.

Board received information on (2) letters of support

1. Community Family Life and Recreation Center at Lyon Park
2. Centers for Disease Control and Prevention entitled "Identifying Reasons for Racial/Ethnic Disparities with Completing the HPV Vaccine Series among Adolescent Females"

Board received information and an invitation to the "2012 Kick Butts Day Kickball Tournament" on March 24, 2012.

Dr. Jim Miller made a motion to adjourn into closed session pursuant to G.S. 143-318.11(A)(6) to discuss a personnel matter. Dr. Teme Levbarg seconded the motion and the motion was approved.

Dr. Miller made a motion to adjourn closed session, return into regular session and adjourn the meeting at 6:50pm. Dr. Daniel seconded the motion and the motion was approved.

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Sue McLaurin, M.Ed., PT, Chairman

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Gayle B. Harris, MPH, Health Director