

A Regular Meeting of the Durham County Board of Health, held January 12, 2012 with the following members present:

William H. Burch, R.Ph, John Daniel, Jr., MD, Michael Case, Ronald Spain, DDS, Heidi Carter, MSPH, Commissioner Brenda Howerton, James Miller, DVM, Teme Levbarg, MSW, PhD, Sue McLaurin, Jill Bryant, O.D, F.A.A.O and F. Vincent Allison, DDS

Absent: Nancy Short, DrPH, RN, MBA

Others: Anna Stein, JD and Chandra Green (Staff of NC Tobacco Prevention and Control Branch)

CALL TO ORDER: Chairman Bill Burch called the meeting to order with a quorum present.

INTRODUCTION OF NEW BOARD MEMBER:

Chairman Burch recognized and welcomed Dr. Vincent Allison to the Durham County Board of Health.

RECOGNITION OF BOARD RESIGNATIONS:

Mr. Burch, Board Chair and Dr. Spain were recognized for their outstanding dedication and commitment to the board and citizens of Durham County. Chairman Burch and Dr. Spain received a plaque for their service on the board.

DISCUSSION/ADJUSTMENTS (AND APPROVAL) OF

ADJUSTMENTS TO AGENDA: No adjustments were made to the meeting agenda.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Mrs. McLaurin made a motion to approve the minutes for December 8, 2011 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) (Gayle Harris)**

The Board received a copy of the vacancy report which included information on the 14 currently vacant positions. . Twenty-two percent of the vacancies resulted from dismissals. The board discussed the need for additional staff training in the areas of interviewing and customer service. The Director reported the strategic plans of Durham County and the Department include training focused on interviewing for success and creating an inherent customer service-focused culture. The Department is exploring training using a Disney-like model for health care organizations. The Health Director plans to request funds from the Home Health sale proceeds to fund the initiative.

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

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

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- 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**
 - Use dedicated IT resources to facilitate software application implementation and training resulting in:
 - Systems/Applications Administrator focused on Insight (patient management system and electronic medical record) and resolving issues associated with data transmission to HIS (state billing and data collection system).
 - Project leader overseeing Dexis (digital radiography application) implementation in the Dental Clinic
 - Project leader overseeing implementation of the HL7 interface between Orchard/Harvest (laboratory information management system) and Insight
 - Fully implement software and other strategies to streamline registration and check-out process
 - Work with the Technology Committee of the NC Association of Health Directors and use state-provided algorithm to determine Department's eligibility to receive meaningful use incentives.
- **Challenges**
 - Insight is fraught with complexities and barriers that limit onsite manipulation
 - Staff training/retraining on Insight, February 1, 2012
 - Policies and procedures need to be written
 - Data entry backlog due to staffing shortages
 - Palm Scanning and digital signature training offered at a technical level rather than with end user hands on experiences.
 - Generating reports from Insight that are usable and provide the information needed to make operational decisions is difficult
 - Response time Netsmart is inadequate

Implication(s)

- **Outcomes**

This project has revealed a number of issues, both with regard to the software system being used for billing and encounters, and our need to shore up IT-related training.

 - Formally evaluate the effectiveness of applications and infrastructure in the department's inventories and portfolio.
 - Plan, organize, and control the maintenance of technology to ensure DCHD routinely replaces or retires obsolete assets.
 - Enhance the ability to share data by:
 - determining and implementing the level of data integration required;
 - building and maintaining a program to ensure the modernism and peak performance of technology;
 - Build awareness of the existence and benefits of support systems to promote interest, evaluation, and trial with an eye on enhancing decision quality.
 - Ensure employees receive the proper devices, data and voice services, support, and training necessary to work effectively from.
 - Implement the appropriate processes, policies, and standards to ensure the department manages its resources.
 - Build awareness of the web and videoconferencing services DC IT offers and ensure program areas receive the level of conferencing services needed.

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- **Service delivery**
 - Our initial project deals with the inadequacies of our billing capabilities.
 - Both our billing software and end users are being assessed with regard functionality (Insight) and training (staff).
- **Staffing**
 - A vacant position has been reclassified to an Applications Administrator which will provide in-house IT expertise to provide project management capabilities for our numerous software applications.
- **Revenue-** Once this project is complete, our ability to enter data and bill for our services will be markedly improved as will our revenue.

Next Steps / Mitigation Strategies

- Provide Insight Training
- Determine Insight functionality
- Determine if Insight meets our needs now or possibly replacing our Insight Software.
- Develop in-house IT staff with the assistance of Durham County IT.

Division / Program: Administration/ NC Debt Setoff Collection

Brief Program Description:

- Working with Kimberly Simpson, Durham County Tax Administrator, the Department implemented the NC Debt Setoff Collection program to collect unpaid bills in excess of \$50.00

Statement of Goals:

- To enhance revenue collections using N.C. G.S. Chapter 105-A the Debt Setoff Collection Act

Issues

- **Opportunities**
 - Six hundred sixty-eight (668) letters were mailed on December 12, 2011 to Health Department clients with past due amounts totaling \$110,041.70.
 - The letter stated “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”.

Implication(s)

- **Outcomes**
 - Payments are being received by mail and in person.
 - Calls from customers identified some flaws in methodology used to create the file.

Next Steps

- The week of January 9th the revised report will be submitted to the Tax Department for submission to the N.C. Department of Revenue for collection.

Division/Program: Nutrition Division / Nutrition Communications

Brief Program Description:

- The Nutrition Communications section of the Health Department's Nutrition Division provides key messaging to Durham County residents about strategies for achieving and maintaining a healthy diet.
- Practicing food safety was a key message in December.
- An article, "Nutritionist offers tips to keep food safe this holiday season" was published in the Durham Herald Sun on December 24th, following a press release from DCHD.

Statement of Goals:

- To increase Durham County residents' awareness on practices for healthy eating.
- To have residents view the Health Department as a source of reliable health information.
- To provide the audience with strategies on safe food handling techniques.
- To prevent food borne illnesses, particularly during the holiday season.

Issues:

- An estimated 76 million cases and 5,000 deaths are attributed to food-borne illnesses each year in the United States.

Opportunities:

- Mass media is an efficient method of disseminating our messaging throughout Durham County.
- The story on food safety had 482 online hits by the end of December and was likely read by hundreds if not thousands of Durham residents in paper copy.

Implications:

- Hopefully readers implemented the recommended food safety strategies and food borne illnesses were prevented.

Next Steps/Mitigation Strategies:

- The Nutrition Communications section plans to release at least bimonthly press releases or other health communications

Division / Program: Nutrition / DINE for Life - School Interventions

Program description:

- The DINE for LIFE program provides nutrition education in targeted elementary and middle schools in Durham. Through a sequential nutrition curriculum, taste tests, environmental cues and school-wide promotions, nutritionists encourage students, staff and their families to adopt healthier lifestyles.
- In December, a DINE nutritionist conducted an intervention new to the DINE program: a cooking class - making sweet potato pancakes - for Lakewood Elementary School English as a Second Language (ESL) classes.

Statement of goals:

- Increase intake of fruits and vegetables (an obesity prevention strategy).

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Issues

- **Opportunities:**
 - To focus nutrition education on an audience with limited English proficiency, modeling the use of a recipe as a vehicle for teaching vocabulary.
 - To collaborate with the Lakewood Garden Program, considering ways to incorporate nutrition education into the garden program as well as incorporating the garden into nutrition teaching.
 - To use produce from the school garden which can allow the DINE program to increase the variety of produce they offer to students while remaining within our budget.

Implication(s)

- **Outcomes:**
 - A new bridge was built between the DINE program and the Lakewood ESL program. More classes are likely. This is a way to reach grade levels not already being taught (in this case, third grade, when the normal teaching rotation covers only kindergarten, second and fourth grades).
 - Students learned how easy it can be to make pancakes with added vegetables from scratch and how tasty the result can be. A number of students were enthusiastic about making the recipe at home.
 - The DINE nutritionist gained some ideas for teaching students with limited English proficiency more effectively.
- **Service delivery**
 - The Lakewood ESL program may prove an excellent site for more hands-on nutrition and cooking classes because of the small class size and great interest of the teacher.
 - The growing collaboration between the Lakewood Garden Program Coordinator and the DINE nutritionist may allow for increased DINE nutrition education presence in the garden program and use of garden produce in DINE programming. It is also possible that the Garden Coordinator may be able to offer some education during DINE classes, particularly fruit and vegetable lessons.
- **Staffing**
 - This activity does not affect staffing; it merely redirects a small amount of one nutritionist's time to a very effective setting.
- **Revenue**
 - This type of activity does not generate revenue but also does not cost anything beyond already-budgeted tasting funds.

Next Steps / Mitigation Strategies

- The DINE nutritionist will continue to work with the Lakewood Garden Coordinator to arrange joint programming when it will be effective.
- The DINE nutritionist will offer ESL nutrition/cooking or food preparation classes again.

Division / Program: Dental/ Community Outreach and Collaboration

Program Description:

- The Dental Division has made an effort to reach out to potential community partners to promote its services and to discern gaps in care, in an effort to be a greater resource to the citizens of Durham County.

Statement of Goals:

- To ensure greater usage of the Dental Clinic, serving the Department's already identified priority populations (children 0-20, and pregnant women).
- To identify ways in which the Tooth Ferry might participate in more community events.
- To seek input from customers in order to help the Dental Division improve and/or expand its current array of services.
- To maximize revenue generation for dental services.

Issues:

- Dental Division can promote oral health care in Durham County.
- Families will have access to quality dental care regardless of their ability to pay, and children may receive services at alternative sites, in school during the school year, at summer camps, and while attending other community events.
- The Health Department Dental Clinic population is a target audience for Medicaid reimbursable services.

Opportunities:

- This collaboration will assist the Health Department in meeting its mission to "promote health." Through collaboration with other groups, such as the East Durham Children's Initiative (EDCI); Department of Social Services (DSS); private non-profit agencies; as well as working with other clinics within the Department, the Division will be able to reach more people in need.
- In addition to improved patient outcomes, such collaborations could actually increase revenues to the Dental Division via new patients who are Medicaid eligible.
- In working with other groups, there is the potential to expand the reach of the Health Department's other services within the community.
- Through obtaining feedback from families, the Department will be receiving invaluable information from its customers, as well as ensuring that services are truly community-based and client-driven.

Challenges:

- In order to maintain staff investment, the dental team will need frequent updates as to discussions with specific groups and be afforded the opportunity to provide input on a regular basis, so they will be prepared for, and have a voice in any changes within the clinic and on the Tooth Ferry. This will be especially true if work schedules change.
- Building capacity to be able to provide services to the Department's targeted populations, especially as the Dental Division is seeking to care for more customers.
- Exploring how to keep current levels of funding, as well as identifying additional funds, to care for patients with limited incomes and without insurance.

Implications:

- **Outcomes:**
 - Meetings have begun, and continue with East Durham Children's Initiative and Department of Social Services.
 - Dental currently works with the Nutrition Division, with a Nutritionist in the clinic two mornings per week, and the Women Infants and Children (WIC) clinic.

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- **Service Delivery:**
 - The Division has increased the number of patients treated in both the Clinic and on the Tooth Ferry. Based on current staffing, the Division can treat up to 25 additional patients per week.
 - The Tooth Ferry will begin scheduling for the summer, 2012, and is discussing participation in summer camps within the County.
 - The WIC clinic makes referrals to Dental and the Clinic has been providing comprehensive evaluations and cleanings for these patients, in addition to limited operatory procedures.
- **Staffing:**
 - The Dental Clinic has a hygienist and three dental assistants on staff, and contracts with UNC for providers, inclusive of faculty dentists and pediatric residents. The Clinic also has a full-time Spanish interpreter. The Tooth Ferry has a dentist, hygienist and dental assistant on staff.
- **Revenue:**
 - The Dental Division estimates that if 25 additional patients per week receive services it could generate an additional \$90,000 in Medicaid reimbursements annually (based on a Medicaid reimbursement of \$74 per patient).

Next Steps / Mitigation Strategies:

- Continue meetings with community-based partners as well as the DCHD clinics and Department of Social Services. .
- Host stakeholder forums for families that have utilized Dental Division services, and administer surveys to applicable parties.
- Review Clinic and Tooth Ferry schedules and staffing to be certain that we are maximizing our service capacity.

Division / Program: Health Education, Community Health / Teen Pregnancy Prevention

Program description:

Family Planning Clinic, School Health, and Health Education jointly provide information, programs, and services to reduce the rate of teen pregnancies in Durham County. The specific services and activities are described below. In addition, staff from both School Health and Health Education work as part of the Durham Adolescent Pregnancy Prevention Committee to engage partners across the county in preventing teen pregnancies.

Statement of goals:

- To prevent teen pregnancies

Issues

- The teen pregnancy rate for 2010 was just released. There was a significant reduction in the rate for the state in general, and Durham County in particular.
- In prior years, the Hispanic teen pregnancy rate had been of particular concern in Durham.
- This table shows change from 2009 to 2010:

Durham Teen Pregnancies					
Total teen pregnancies	2009		Total teen pregnancies	2010	
	Overall rate*	Hispanic rate*		Overall rate*	Hispanic rate*
597	68.7	180	478	53.4	93.6

*Rate=Number of pregnancies per 1000 adolescent females

Implication(s)

- **Outcomes:** Reduction in teen pregnancies is a factor in improving overall pregnancy outcomes, parenting outcomes, and future life course for young women and their partners.
- **Service delivery:** Reduction in teen pregnancy is a collaborative effort of many community organizations. Within the Health Department, the following efforts are specifically aimed at pregnancy prevention:
 - **Family Planning Clinic:** Offers extended hours on Tuesday evening to specifically encourage teens to attend. Prioritizes teen appointments.
 - **School Health:** Offers group work in 5th grade (Human Growth and Development), Middle School (specifically pregnancy prevention), and High School (pregnancy prevention and parenting groups to prevent repeat pregnancies). Offers one-on-one work with individual teens to help them get connected to contraception services, reinforcing correct contraceptive use, and helping clarify misunderstandings about conception.
 - **Together Everybody Accomplishes Something (TEAS):** a youth development program in which youth are engaged in activities to meet their basic personal, social and spiritual needs, and build skills and competencies that allow them to function and contribute in their daily lives. The total program lasts for 9 months per year for five years. During the 9-month program, teens and their parents receive monthly life skill education, conduct service learning projects and participate in group recreational activities. This program is thirteen years old, and has served an average of 42 youth per year. In addition, teens are assigned a Baby Think It Over (infant simulator) for a designated time. During this time, a pre and post test is conducted and teens record their experience in journals.
 - **Durham Coalition on Adolescent Pregnancy Prevention (DCAPP):** a coalition of 20 agencies that develop and implement strategies that promotes pregnancy prevention through education, training and advocacy. DCAPP conducts two annual teen summits per year and hosts a community leaders brunch. DCAPP has a teen youth advisory board and works closely with TEAS to stay current with adolescent issues and provide youth a voice in program planning.
 - **Plain Talk Durham: Ended May 2011:** A promising practice intervention in which community residents were trained to be Walkers and Talkers and conduct Home Health Parties. Home Health Parties were conducted in the homes of adults in targeted communities for four years. The purpose of the Home Health Parties were to give parents and other community adults the information and skills they needed to communicate more effectively with teens about responsible sexual behavior. Plain Talk Durham goals were to increase education and communication in the community, to create consensus among parents and adults about the need to protect sexually active youth by encouraging early and consistent use of contraceptives, and increase access to contraceptives which would result in fewer pregnancies and STD's among youth.
- **Staffing:** All School Health and Family Planning staff in the Community Health Division; one staff member in the Health Education Division for TEAS and DCAPP, and one Health

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Educator and Community Health Technicians (through May, 2011) for Plain Talk.

- **Revenue:** In Family Planning Clinic, Medicaid can be billed for those eligible. TEAS uses part of a state grant for pregnancy prevention.

Next Steps / Mitigation Strategies

- We will continue the funded efforts and explore other funding opportunities.

Division / Program: Community Health Division / Child Coordination for Children (CC4C) Program

Program description:

- Care Coordination for Children (CC4C) is a care management program whose goal is to improve the quality of care in children from birth to 5 years of age and who meet one or more high risk criteria.
- The relationship between each Medical Home and the CC4C Care Manager(s) assigned to work with their clients supports an effective exchange of information to improve the health of these children and to help address child/family needs and concerns by providing referrals to valuable resources, services and programs.
- Like PCM, CC4C works in close collaboration between the Division of Medical Assistance (DMA) and Community Care of North Carolina (CCNC), again with CCNC as the lead agency.

Statement of goals:

- To improve the health of children and to help address child/family needs and concerns by providing referrals to valuable resources, services and programs.
- To increase Medicaid cost savings in this specific population of children

Issues:

- **Opportunities**
 - Continuing facilitation of family support and networking;
 - Ongoing ability of Care Managers to understand and incorporate the developmental needs of infants and children and their families into service delivery systems
 - More effective identification of children in the CC4C population due to the relationship with the local CCNC network. The program has access to reports which include Medicaid eligible children from birth to 5 years of age and are based on the child's county of residence.
- **Challenges**
 - Implementing ongoing updates in state mandated policies and procedures for working with CC4C eligible children/families
 - Meeting in a timely and consistent manner with community partners to educate/update regarding Care Managers' roles/responsibilities.

Implications:

- **Outcomes**
 - No outcome data is available since the program is so new, but CCNC and DMA will be tracking outcomes closely in the future using data in the Case Management Information System (CMIS).

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- **Service delivery**
 - Program guidance has had some variation regarding which patients to screen out for services. Potential clients can still self-refer and will be enrolled if they fit into any of the broad risk factors. The model allows contact by phone when appropriate and possible, but home visits continue to be a significant contact mechanism. Patients are stratified as heavy, medium, or light intensity for service.
- **Staffing**
 - There has been no impact on staffing yet. Staff consists of three PHN's, three social workers, and one PHN Supervisor.
- **Revenue**
 - The program is designed to be revenue neutral. The agency receives a per-member-per-month amount based on a formula related to the number of children up to age 5 in the county.

Next Steps/Mitigation Strategies:

- The program will continue to implement guidelines and mandates of the CC4C care management model for child health services.

Division / Program: Community Health / Pregnancy Care Management

Program description:

- The purpose of the Pregnancy Care Management Program is to provide care management of pregnant and immediately postpartum women with Medicaid.
- Care management includes working with patients to remove barriers to prenatal care and treatment and to negotiate getting other environmental and financial needs met. Staff enroll patients based on risk factors.
- A pregnancy care manager is assigned to each prenatal care provider who is enrolled with the state as a Pregnancy Medical Home to facilitate communication between that provider and the PCM staff.
- This project works in close collaboration with the Division of Medical Assistance (DMA) and Community Care of North Carolina (CCNC). CCNC is the lead agency for overall management of services, and DCHD actually provides the services and data entry.
- This program replaces Maternity Care Coordination (MCC). In the former MCC program, women with Medicaid were automatically entitled to services, regardless of other risks.

Statement of goals:

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

Issues

- **Opportunities**
 - In this extremely tight budget year DMA is still funding enhanced services to pregnant women. Risk factors are broad, and most of the clients who would have been seen under MCC are still eligible.
- **Challenges**

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- Interpretation by CCNC and consultants of written guidelines changes frequently so Health Department staff must be extremely flexible. There is also a lot of data entry of risk screenings that must be done.

Implication(s)

- **Outcomes**
 - No outcome data is available since the program is so new, but CCNC and DMA will be tracking outcomes closely in the future using data in the Case Management Information System (CMIS).
- **Service delivery**
 - Care managers report that clients are hardly aware of the change from MCC to PCM. Potential clients can still self-refer and will be enrolled if they fit into any of the broad risk factors.
 - The model encourages contact by phone when appropriate and possible.
 - Patients are stratified as heavy, medium, or light intensity for service.
- **Staffing**
 - There has been no impact on staffing. The same staff can make more contacts since less time is spent on home and in-clinic visits.
- **Revenue**
 - The program is designed to be revenue neutral.

Next Steps / Mitigation Strategies

- Care managers can probably increase number of active clients by 10 each before they reach capacity.
- State consultants strongly recommend that one person in each agency be responsible for data entry. This is presently being done by the program supervisor. A data entry person will be trained in CMIS and provide this service for PCM and CC4C.

Division / Program: Community Health / Communicable Disease

Program description:

- The purpose of the Communicable Disease Control program of the Durham County Health Department (DCHD) is to
 - investigate all reported communicable diseases/conditions and
 - 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:

- **Opportunities**
 - The Durham County Health Department (DCHD) received a phone call from a member of the community on 12/28/2011, who reported that there might be a Norovirus outbreak at a local assisted living facility.
 - The Norovirus illness is characterized by acute onset of nausea, vomiting and diarrhea. Norovirus is highly contagious.

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- **Challenges**

- The facility management staff required continued education on the rapid transmission of a possible Norovirus.
- The clinical and administrative staff of the facility was reminded of the importance of notifying the local health department of a potential outbreak.
- Quickly obtaining stool specimens from elderly patients was potentially difficult; in this case, they were obtained in a timely manner.
- As a general matter, although Norovirus is not a reportable illness, it is essential to provide control measures, guidelines, and education to halt further transmission. In this case, the Health Department might not have known about the disease if a patient's daughter had not reported it.

Implication(s):

- **Outcomes**

- Five stool samples were collected and sent to the North Carolina State Public Health Lab for identification. The results were confirmed as positive for Norovirus.
- The effective and timely investigation, initiation of control measures, and active surveillance by the Durham County Health Department communicable disease and environmental health staff halted the potential for continuous transmission of the illness.
- Health Department staff identified 31 individuals that met the case definition of Norovirus.

- **Service delivery**

- Recommendations, literature and control measures were given by 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 hours after their last symptoms. This information was communicated to the assisted living facility staff by Donna Edwards, RN Communicable Disease Nurse.
- The investigation was initiated by DCHD/Communicable Disease staff.
- Donna Edwards, RN, Communicable Disease Nurse and Ponice Bryant, RN Communicable Disease Supervisor conducted several telephone conference calls with the assisted living facility staff regarding recommendations, counseling and educational materials.
- Dr. Zack Moore, State on-call Epidemiologist approved the processing of the stool samples at the North Carolina State Public Health Laboratory
- Robert Brown, Environmental Health Supervisor and Chris Salter, Environmental Health Specialist, transported containers for stool collection to the facility.
- Amber Campbell, Environmental Health Specialist, reviewed the control measures with the dietary personnel.

- **Staffing**

- Medical Director, Communicable Disease Program Manager, Communicable Disease Nursing Supervisor, Communicable Disease Nurse and Environmental Health personnel provided the services.

Next Steps/ Mitigation Strategies:

- With no new cases at the facility, this case is closed.
- The staff will continue to educate the assisted living facility on the prevention of Norovirus and other disease transmission.

Division / Program: Community Health / Tuberculosis Program

Program description:

- The purpose of the Tuberculosis (TB) program is to prevent the spread of tuberculosis by
 - treating patients with active and latent tuberculosis,
 - investigating all identified cases,
 - reporting the information to the state, and
 - conducting outreach to identify individuals who are high priority contacts to known or suspected TB cases.

Statement of goals:

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

Issues:

- **Opportunities**
 - Dr. Arlene Sena and the TB staff had the opportunity to collaborate with Dr. Jason Stout, North Carolina State TB Director, and Melissa Miller, UNC Lab Director, in being instrumental in implementing the usage of the “Gene X-pert” to rapidly determine the infection status of a client.
 - The Gene X-pert is a non-laboratory based molecular assay designed to determine with accuracy that the client was not infectious. The X-pert test has superior performance for rapid diagnosis of Mycobacterium Tuberculosis over the existing acid fast bacilli (AFB) smear microscopy methodology. The X-pert machine is housed at the University of North Carolina (UNC) lab.
- **Challenges**
 - Dr. Jason Stout has to make the decision of the use of the Gene X-pert device from the State level. A UNC technician was able to assist with transporting the sample from the State Lab in Raleigh to the UNC lab for Gene X-pert analysis. Dr. Stout provided funding for the testing.

Implication(s):

- **Outcomes**
 - The decision to utilize the Gene X-pert diagnostic tool allowed the agency to avoid a huge unnecessary contact investigation involving several hundred students and faculty at a local university.
- **Service delivery**
 - The investigation was initiated by Durham County Health Department (DCHD) Tuberculosis Clinic staff. Dr. Arlene Sena contacted Dr. Jason Stout and a mutual decision to utilize the Gene X-pert at UNC was approved.
- **Staffing**
 - The North Carolina State TB Director, DCHD Medical Director, DCHD Tuberculosis Staff.
- **Revenue**
 - This is not a revenue generating program. It is funded by a combination of State and CDC grants and county funds. Use of this technology did prevent an unnecessary use of resources.

Next Steps/ Mitigation Strategies:

- Continue to use emerging technology as available and appropriate for disease control

Division / Program: Community Health / School Health Program

Program description:

- The purpose of the School Health Program is to provide nursing services to students and families enrolled in fifty-two (52) Durham Public Schools (DPS) (including the Alternative Educational Programs), school faculty and staff, administrators, and the larger community.
- The primary goal of the program is to develop, establish, and maintain a comprehensive School Health Program by utilizing the nursing process through a collaborative effort with educators and health personnel.
- School Health services are provided by school nurse positions financed by the County, the Durham Public Schools Exceptional Children's Program, and the state of North Carolina.

Statement of goals:

- To enhance and improve the health of DPS students and staff
- To establish care plans for children with health care needs that will allow them to reach their potential as students
- To support safety within schools

Issues

- **Opportunities**
- **Challenges**-Maintaining a high-quality school health program with limited staff.
 - Over the past five years, the number of Durham Public School sites has increased, but nurse staffing has decreased. This reduces the ability of School Nurses to have a regular presence at their schools:

FY Comparison

Year	# of school sites	# of School Nurses*
FY 2008	44	22
FY 2012	52	19

*In addition to this number, there are two supervisors who each carry a school and serve as backup. This number does not include 4 Exceptional Children's positions. Five of the positions included in this total are DPS staff with the Child and Family Support Team (CFST) project.

- Positions lost: 1 county-funded position in fiscal year (FY) 10, 1 state-funded (CFST) position in FY 11; 1 state-funded School Nurse Funding Initiative position in FY 12.
- There are regularly requests for high-level skilled procedures (intermittent catheterizations, nebulizer treatments, injections) that our staff does not have the capacity to accommodate. Our staff is able to train school employees; however, those employees are reluctant to take this level of responsibility, and by law cannot be required to.
- During public health emergencies, staff time is diverted to the emergency, requiring tight prioritization of services to schools; this generally means stopping some preventive efforts, such as health groups or health teaching.
- As of January 9, 2012, all positions are filled. This is a rare circumstance. When there are vacancies, school coverage declines.

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Implication(s)

- **Outcomes**
 - The system (combined DPS and DCHD positions) are not able to provide School Health coverage at the level that principals, parents, and school staff request.
- **Service delivery**
 - The chart below shows planned school coverage, assuming all positions are filled:

School Nurse Coverage 2012

School grade category	# receiving <1 visit/week*	# receiving 1 visit/week	# receiving 2 visits/week	CFST Schools**
Elementary	0	26	1	3
Middle/Secondary	2	2	6	2
High	4	0	4	1

*Schools receiving less than 1 visit per week are very small schools (City of Medicine Academy, Clement Early College, two Lakeview sites, Middle College, and Performance Learning Academy).

**CFST schools have a School Nurse every day; however, those nurses do case management and data entry duties above and beyond “regular” School Nursing.

- **Staffing:** See above
- **Revenue:** N/A

Next Steps / Mitigation Strategies

- Request 3 additional positions, recognizing as the budget remains tight it is unlikely that more School Health positions will be allocated.

Division / Program: Environmental Health/ General Inspections

Program description:

- Permits and/or inspects restaurants, food stands, school lunchrooms, meat markets, day cares, hospitals, nursing homes, schools, local confinement facilities, residential care homes, hotels, motels, bed and breakfast homes/inns, and tattoo parlors.
- Investigates foodborne illness and other complaints related to these establishments.
- Coordinates/conducts Healthy Homes and Lead investigations.

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, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. Includes the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions.

Issues:

Environmental Health completed the local enforcement of an unpermitted hot dog vendor known as “Outlaw Dogs”. This vendor had a unique view that the State permitting requirements were a violation of his constitutional right to work and he has pursued all of

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the legal remedies available to him to challenge the State permitting requirements. At one point this challenge made National news.

- **Opportunities**
 - The final jury trial for “Outlaw Dogs” vendor was held December 1, 2011.
 - The challenge to the permitting requirements presented by the “Outlaw Dogs” vendor was found by a jury to be without merit.
- **Challenges**
 - The time line to this jury trial extended back almost two years and through multiple court appearances by Environmental Health staff.

Implication(s)

- **Outcomes**
 - Durham Environmental Health was able to reinforce the State rule requirements through the court system.
- **Service delivery**
 - The unusual nature of this vendors’ challenge to the State rules permitting requirements required an injunction, two arrests, two civil citations and half a dozen court appearances by Environmental Health staff.
- **Staffing**
 - The staff time required over the entire enforcement period was in excess of two weeks.
- **Revenue**
 - No effect on revenue due to this action.

Next Steps / Mitigation Strategies

- Continued enforcement of the State permitting requirements.

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.

Statement of goals:

- To establish and clarify specific FLNMS requirements as they affect on-site septic systems in Durham County.
- To begin compilation of base line information from Durham Environmental Health records as required by FLNMS rules.
- To collaborate with area universities, USGS, and others in the acquisition of grant funding aimed at nutrient source identification and quantification

Issues

- **Opportunities**

The on-site Water Protection section is currently involved with the following activities related to the Fall Lake Nutrient Management Strategy (FLNMS) legislation.

 - Compilation of on-site wastewater system data required by the FLNMS through records review and field investigations.

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- Collaboration with the USGS in the Optical Brightener field research study aimed at identification of specific sources of nitrogen in Durham tributaries feeding into Falls Lake.
 - Assisting Dr. Mike Hoover (Soil Science Dept.), NCSU in the start-up phase of a grant study to determine impacts from discharging sandfilters systems, and
 - Collaboration with Dr. Chris Osburn (Marine, Earth, and Atmospheric Science) NCSU and Nancy Deal (Non-Point Source Specialist with DHHS), in the development of a future grant proposal aimed at fingerprinting and quantifying dissolved organic nitrogen contribution to the Falls Lake. Through Dr. Osburn's recently developed laboratory techniques, organic nitrogen derived from human waste can be distinguished from that originating from animal waste and other sources.
- **Challenges**
 - The first Falls Lake deadline is January 2013. Staff must review approximately 18,000 records and categorize system types, system ages, and other variables, and conduct needed field surveys to complete a systems inventory for DWQ by this date.
 - The Assistant County Manager, Drew Cummings, has requested that each sector of County government affected by the FLNMS legislation prepare an assessment of the full scope of FLNMS compliance requirements, including staffing, in order to accomplish the objectives by due dates. This material will be used to brief the County Manager and Commissioners. Environmental Health has prepared a report assessing the impact related to on-site waste disposal systems.

Implication(s)

- **Outcomes**
 - Durham On-site staff will generate required base line information and participate in data refinement projects.
- **Service delivery**
 - An increase in the time required for ongoing workload service delivery may result as specific objective requirements are developed and implemented.
- **Staffing**
 - An immediate need of 2 FTEs has been identified to meet 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 generate required base line information and participate in projects aimed at accurate field measurement of Durham's nitrogen and phosphorus contributions to waterways entering Falls Lake.

Division / Program: Environmental Health/ Public Health Preparedness

Program description:

- The Public Health Preparedness program is in the process of establishing a Durham Medical Reserve Corp with the assistance

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of a capacity building grant from the National Association of County and City Health Officials (NACCHO).

Statement of goals:

- To develop procedures assuring that the Durham County Health Department and its community partners can effectively respond to public health emergency events, including responses to widespread communicable disease, natural and man-made disasters, and other events that require medication of large numbers of people.

Issues

- **Challenges:**
 - Funding cuts at the State level have resulted in limited operational funds to pay for Preparedness-related activities such as a Medical Reserve Corps.
 - The Medical Reserve Corps is a group of medical and non-medical volunteers that can be utilized during public health emergencies and outreach events to help augment Public Health resources.
 - To build a stronger, more functional group of volunteers we have to increase the recruitment, training, and equipping of volunteers for our Medical Reserve Corps unit.
- **Opportunities:**
 - In September 2011, the Public Health Preparedness Coordinator Matt Leicester, prepared and submitted a grant proposal to the National Association of County and City Health Officials (NACCHO) for their Capacity Building Awards.
 - The maximum grant amount of \$5000 was requested to assist with recruitment materials, background checks, training, and equipment purchases.
 - On December 20, 2011 we received word that NACCHO had awarded the full \$5000 to the Durham County Medical Reserve Corps.

Implication(s)

- **Outcomes:** This will provide us funding to recruit more volunteers, train them to a responder level, and then equip them to be able to respond when needed.
- **Service delivery:** This will improve our responses to emergency situations as well as outreach events, and provide a resource to request additional staffing should we need it. This will allow us to have less service disruption during emergency situations
- **Other:** The Medical Reserve Corps is strictly volunteer-based and generates no revenue for the Health Department, but requires funding to help support the activities and needs of the unit. This award will allow us to fund Medical Reserve Corps needs outside of the State Preparedness grant.

COMMITTEE REPORTS

• **Nominating Committee Report**

Dr. Miller of the Nomination Committee reported that the committee recommended Mrs. Sue McLaurin as Chair. Mrs. McLaurin was unanimously voted by the Board as Chair.

Dr. Miller reported that there were no nominations for the Vice-Chair position. The floor was opened for nominations or volunteers. Mr. Case

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nominated Dr. Miller as Vice-Chair and Ms. Carter seconded the nomination and the nomination was approved.

- **Smoking Rule/Proposed Smoking Ordinance Amendment Update** (*Activity 34.5*) (*Gayle Harris*)
- The committee met on December 20th to: 1) consider the feedback from the elected officials and 2) determine, if any, proposed changes to the smoking rule. Attendees included: Board members Bill Burch, Sue McLaurin, Dr. Jim Miller, Dr. John Daniel and Michael Case; Atty. Bryan Wardell; and Gayle Harris.

The recommended changes are included in the attached revised Smoking Rule. Individual meetings with County Commissioners will occur during the week of January 16th. The Rule and recommended amendments to the Smoking Ordinance will be discussed during the February 6th BOCC worksession.

The Board reviewed the comments from the City Manager's office. A copy of the City of Durham comments will be attached to the minutes.

Durham County Board of Health Rule

Regulation of Smoking in Prescribed Public Areas.

Section I. Findings and Purpose

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), tobacco use and secondhand smoke exposure are leading preventable causes of illness and premature death in North Carolina and the nation; and

WHEREAS, Healthy North Carolina 2020 Tobacco Use Objectives are 1) decrease the percentage of adults who are current smokers, 2) decrease the percentage of high school students reporting current use of any tobacco product, and 3) decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days; and

WHEREAS, the CDC advises that all individuals with coronary heart disease or known risk factors for coronary heart disease should avoid all indoor environments that permit smoking; and

WHEREAS, tobacco is a recognized carcinogen in humans, and health risks associated with the use of tobacco products include myocardial infarction, stroke, and adverse reproductive outcomes; and

WHEREAS, in 2006, a report issued by the United States Surgeon General stated that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke and that secondhand smoke has been proven to cause cancer, heart disease, and asthma attacks in both smokers and nonsmokers; and

WHEREAS, the 2006 Surgeon General's Report also determined that children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma; and that smoking by parents causes respiratory symptoms and slows lung growth in their children; and

WHEREAS, research indicates that, during active smoking, outdoor levels of secondhand smoke may be as high as indoor levels and

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may pose a health risk for people in close proximity (such as sitting next to someone on a park bench, or children accompanying a smoking parent or guardian); and

WHEREAS, the CDC reports that smoking and smokeless tobacco use are frequently initiated and established during adolescence, that most people who begin smoking during adolescence are addicted by the age of 20, and that adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers; and

WHEREAS, everyday an estimated 3,900 young people between 12 and 17 years of age try their first cigarette and an estimated 1,000 youth become daily cigarette smokers; and

WHEREAS, children model adult behavior and benefit from positive models of non-smoking behavior and positive reinforcement of healthy lifestyle messages through exposure to smoke free public areas; and

WHEREAS, environmental organizations, including Keep America Beautiful, the Ocean Conservancy, and NC Big Sweep, consistently report cigarette butts as a leading cause of litter; and

WHEREAS, small children playing in city athletic fields and playgrounds are more likely to ingest cigarette butts if they are discarded and accessible; and in 2008, American Poison Control Centers received over 7,000 reports of children under the age of 6 being poisoned by contact with tobacco products; and

WHEREAS, the Durham County Health Department provides support to employees and residents who want to quit the use of tobacco products. Employees and residents are also encouraged to talk to their health care provider about quitting; ask about appropriate pharmacotherapy available through their health insurance plan or employee's insurer and to use the free quitting support services of the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-8669); and

WHEREAS, on January 2, 2010, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," North Carolina Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places;" and

WHEREAS, pursuant to G.S. 130A-39(a), local boards of health have the responsibility to protect and promote the public's health and to adopt rules necessary for that purpose; and

WHEREAS, the Durham County Board of Health wishes to minimize the harmful effects of tobacco use among Durham County and the City of Durham employees and eliminate secondhand smoke exposure for employees and the public in certain buildings and grounds controlled by the county and city; and

WHEREAS, the Durham County Board of Health is committed to protecting the health of children and adults on city athletic fields and playgrounds by eliminating exposure to secondhand smoke and providing an environment that decreases the likelihood of children ingesting cigarette butts; and

WHEREAS, Durham County and the City of Durham government buildings, health care facilities and health care facility grounds in Durham County, hospitals and hospital grounds in Durham County, and Durham County Schools are currently operating under smoke-free or tobacco-free policies; and this Board finds and declares that, in order to protect the public health and welfare, it is in the best interest of the citizens of Durham County to expand these smoke-free policies by adopting a rule prohibiting smoking on Durham County grounds; on the City of Durham grounds; on the City of Durham's playgrounds and athletic fields and the area surrounding the playgrounds and athletic fields; in city or county bus stops; in the Durham Station Transportation Center; and on all sidewalks abutting Durham County grounds, the City of Durham grounds, and hospital grounds;

NOW, THEREFORE, THE DURHAM COUNTY BOARD OF HEALTH ADOPTS THE FOLLOWING RULES:

Section II. Definitions

The following definitions are applicable to this rule.

1. "Bus Stop" – A designated area, whether enclosed or unenclosed, where buses stop for passengers to board or exit a bus. This term shall include areas at bus stops and bus shelters, beginning at the bus stop sign and extending for a radius of one hundred (100) feet around the bus stop sign. This area expressly excludes any private property that might fall within the one hundred (100) foot radius of the bus stop sign.

2. "City of Durham Grounds" – An unenclosed area owned, leased, or occupied by the City of Durham. For purposes of this rule, this term does not include those grounds located in the City of Durham Parks System except those areas which are further specified and defined by this rule.

3. "City of Durham Parks System Athletic Field" – Any enclosed or unenclosed area owned, leased, maintained or occupied by the City of Durham that is part of the City of Durham Parks System and used for playing outdoor games, including but not limited to, baseball, basketball, tennis, football, and soccer.

4. "City of Durham Park System Playground" – An enclosed or unenclosed area owned, leased, maintained or occupied by the City of Durham that is part of the City of Durham Parks System. .

5. "City or County Bus Stops" - Any bus stop that is owned, leased, maintained or occupied by the City or County of Durham.

6. "Durham County Grounds" – An unenclosed area owned, leased, or occupied by Durham County.

7. "Durham Station Transportation Center" – The buildings and unenclosed areas owned, leased or occupied by the City of Durham that are used as the hub and home of local, regional, and intercity bus service.

8. "Enclosed Area" – An area with a roof or other overhead covering of any kind and walls or side coverings of any kind, regardless of the presence of openings for ingress and egress, on all sides or on all sides but one.

9. "Hospital grounds" - Any unenclosed area, which is owned, leased, or occupied by an institution that is licensed to administer medical treatment or the primary function of which is to provide medical treatment

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in this State and which provides inpatient, outpatient, and emergency medical treatment.

10. "Sidewalk" - Any sidewalk that is owned, leased, maintained or occupied by the City or County of Durham and abuts Durham County grounds, the City of Durham Grounds, any public school or hospital grounds.

11. "Smoking". – The use or possession of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

12. "Tobacco Use" – The use of any product containing tobacco.

13. "No Smoking Symbol" – Symbol consisting of a pictorial representation of a burning cigarette enclosed in a circle with a bar across it.

14. "Human Services Facility and Campus" - The Durham County Human Services Building located at 414 E. Main Street, Durham North Carolina 27701 and all adjacent and affiliated buildings.

15. "Private Club" - A country club or an organization that maintains selective members, is operated by the membership, does not provide food or lodging for pay to anyone who is not a member or a member's guest, and is either incorporated as a nonprofit corporation in accordance with Chapter 55A of the General Statutes or is exempt from federal income tax under the internal revenue code as defined in G.S. 105-130.2(1).

16. "Tobacco Shop" - A business establishment, the main purpose of which is the sale of tobacco, tobacco products, and accessories for such products, that receive no less than seventy-five (75%) of its total annual revenues from the sale of tobacco, tobacco products, and accessories for such products, and does not serve food or alcohol on its premises.

17. "Cigar Bar" - An establishment with a permit to sell alcoholic beverages pursuant to subdivision (1),(3),(5) or (10) of G.S. 18B-1001 that satisfies all of the following:

- a. Generates sixty percent (60%) or more of its quarterly gross revenue from the sale of alcoholic beverages and twenty-five percent (25%) or more of its quarterly gross revenue from the sale of cigars;
- b. Has a humidor on the premises; and
- c. Does not allow individuals under the age of 21 to enter the premises.

Revenue generated from other tobacco sales, including cigarette vending machines, shall not be used to determine whether an establishment satisfies the definition of cigar bar.

18. "Hospital Grounds" - any unenclosed area, which is owned, leased, or occupied by an institution that is licensed to administer medical treatment or the primary function of which is to provide medical treatment in this State and which provides inpatient, outpatient, and emergency medical treatment.

Section III Smoking Prohibited.

Smoking is prohibited in/on all of the following as referenced in the definitions above:

- (a) City of Durham Grounds;

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- (b) City of Durham Parks System Athletic Fields;
- (c) City of Durham Parks System;
- (d) City or County Bus Stops;
- (e) Durham County Grounds;(f) Durham Transportation Center (except as specifically designated)g) Sidewalks as defined above.
- (h) Hospital Grounds;
- (i) Child Care Facilities;
- (j) Enclosed Shopping Malls;
- (k) Elevators;
- (l) Polling Places;
- (m) Public Restrooms;
- (n) Public Areas of Retail Stores;
- (o) Service Lines;
- (p) Public Transportation;
- (q) Public Areas of Galleries, Libraries and Museums;
- (r) Lobbies, Hallways and other Common Areas in Apartment Buildings, Condominiums, Retirement Facilities, Nursing Homes and Other Multi-Unit Residential Facilities;

- (s) Durham Train Station
- (t) Durham County Trails and Parks.

Section IV All Tobacco Use Prohibited.

All tobacco use is Prohibited on County of Durham Human Services Facilities and Campus.

Section V: Actions to Implement Required

The City or County shall:

- (1) Educate the public about the rule and the reasons for the new rule prior to its implementation date through the news media, website, and educational media. This education shall include information on resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800.QUIT-NOW (1-800-784-8669)).
- (2) Educate the employees of city and county facilities covered under this rule about this rule, the reasons for this rule, and how employees can assist with compliance prior to its implementation date. The city and county shall also provide the city and county employees with resources for quitting smoking or tobacco use, including information about the free quitting support services of the North Carolina Tobacco Use Quitline (1-800-QUIT-NOW (1-800-784-8669)).
- (3) Post Signs that meet all the requirements of Section V in the Durham Station Transportation Center; on the City of Durham Grounds; on Durham County Grounds; on City of Durham Parks System Athletic Fields and Playgrounds; on city or county bus stops; and on sidewalks.
- (4) Remove all ashtrays and other smoking receptacles from the Durham Station Transportation Center; the City of Durham Grounds; Durham County grounds; the City of Durham Parks System Athletic Fields and Playgrounds; city or county bus stops; and sidewalks.
- (5) Have the person in charge of Durham County grounds; the City of Durham grounds; the City of Durham Parks System; city or county bus stops; the Durham Station Transportation Center; or sidewalks direct a person who is smoking in a prohibited area to cease and, if the person does

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not comply, contact the City of Durham Police Department or the Durham County Sheriff's Department.

Section VI. Signage

The signs required in Section VI must:

(a) State in English and Spanish that smoking is prohibited and include the "No Smoking" symbol.

(b) Be of sufficient size to be clearly legible to a person of normal vision.

(c) Be posted on Durham County and the City of Durham grounds including the City of Durham Parks System Playgrounds and Athletic Fields in locations and at intervals reasonably calculated to inform the employees and the public of the prohibition.

(d) Be posted on sidewalks at intervals so as to reasonably inform the public of the prohibition.

(f) Be posted in the Durham Station Transportation Center in locations and at intervals reasonably calculated to inform the public and employees of the prohibition.

(g) Be posted on city or county bus stops in areas visible to the public.

Section VII Compliance and Penalties

Violations by persons smoking in prohibited areas. Following oral or written notice by any duly appointed enforcement official, or his or her designee, failure to cease smoking constitutes an infraction punishable by a fine of not more than fifty dollars (\$50.00). A person duly authorized by the Board of County Commissioners or the City Council, shall be authorized to send a civil penalty citation to the violator by certified mail or personally deliver such citation to the violator stating the nature of the violation, the amount of the penalty, and directing that the violator pay the penalty to the County or City tax collectors office within 14 days of receipt of the citation. Conviction of an infraction under this section has no consequence other than payment of a penalty, and no court costs may be assessed.

Section VIII Public Education

Durham County and the City of Durham shall engage in a continuing program to explain and clarify the purposes and requirements of these rules to citizens affected by it and to city or county employees in their compliance with it. In doing so, the County and City may rely upon materials and information provided by the Durham County Health Department.

Section IX Exceptions

The following areas shall not be subject to the restrictions of this article.

(1) Private residences.

(2) Private vehicles

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- (3) A tobacco shop if smoke from the business does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (4) All of the premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer.
- (5) A designated smoking guest room in a lodging establishment. No greater than twenty percent (20%) of a lodging establishment's guest rooms may be designated smoking guest rooms.
- (6) A cigar bar if smoke from the cigar does not migrate into an enclosed area where smoking is prohibited pursuant to State law.
- (7) A private club as defined by State law.
- (8) A motion picture, television, theater, or other live production set. This exemption applies only to the actor or performer portraying the use of tobacco products during the production.
- (9) State and Federal facilities.

Section X Effective Date

These rules shall become effective upon adoption by the Durham County Board of Health and upon adoption of this as an ordinance of the Durham Board of County Commissioners.

ADOPTED this

EFFECTIVE DATE:

SIGNED: _____.

Adopted this _____ day of _____, 20____.

The board discussed enforcement of the smoking rule and designated places for smoking on city/county grounds. The Director stated that enforcement should not be a problem after properly educating the public and added that the BOCC could amend the county smoking ordinance to cover designated places for smoking on city/county grounds.

The following corrections were made:

Section II. Definitions: (page 3)

- Remove #2
- #4-remove the word "playground"
- #7 remove the word "Station"

Section III. Smoking Prohibited: (page 5)

- Remove #18 (repeat of #9)
- (c) remove playgrounds

Ms. Carter asked that the document be carefully reviewed and other changes made as needed.

Dr. Levbarg made a motion to approve the smoking rule with the following changes to make the document more consistent. Ms. Carter seconded the motion and the motion was approved. Commissioner Howerton abstained. She wanted to wait until the BOCC reviewed the rule again before voting.

OLD BUSINESS:

• **Training: Accreditation (Activity 36.3)** (*Rochelle Tally*)

Mrs. Tally led the BOH in a discussion of Benchmark 37 as a requirement of accreditation.

Benchmark 37: The BOH shall assure the development, implementation & evaluation of local health services and programs to protect and promote the public's health.

- Delineates BOH involvement in overall direction of the HD
- BOH role to assure the community that the HD is providing the services & programs that address health concerns, issues & hazards
- BOH should be engaged in all aspects of services: development, implementation, evaluation, assess whether service accomplishing its purpose
- BOH achieves this through the HD's staff so the activities relate to having qualified public health workers & leadership in place

Activity 37.1: The BOH shall assure that a qualified health director, in accordance with GS 130A-40 or 40.1 is in place to lead the agency.

- BOH has the authority & responsibility of hiring a qualified health director
- Statutory authority is defined in GS 130A-40 or 40.1
- NC Division of Public Health must approve the candidate's qualifications
- BOCC approves the salary for a single county HD
- Board must be familiar with its responsibilities, be engaged in the process and conduct all actions in accordance with the statute

Documentation: BOH minutes reflecting discussion completed within the past 24 months.

- Documentation: requires a record in the BOH minutes reflecting discussion on the hiring of a quality HD
- Only applicable if new director hired in past 24 months
- If no new HD in last 24 months, BOH may place statement in resource file saying that a qualified director is in place as documented in Activity 23.1
- HD may check with Office of Local Technical Assistance & Training at DPH for additional documentation about qualifications of recently hired HD's

SVT Review & Questions:

- Has the health director been hired in the last 24 months?
- If yes, has discussion been documented in BOH minutes?

If no, compare against Activity 23.1. If Activity 23.1 (specifying legal requirements for the position) has been met, this activity is met also?

Activity 37.2: The BOH shall approve policies for the administration of local public health programs.

- Statute authorizes BOH to be the policy-making body for the HD

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- Board does not have to directly approve all HD policies but has a role in policy making process
- Ensures BOH involvement in the process
- Up to BOH and department leadership to determine level of involvement that will be required

Documentation: BOH minutes reflecting discussions of administrative issues with Health Director.

Activity 37.3: The BOH shall describe & define the knowledge, skills, and abilities that must be met by the HD, consistent with the requirements in GS 130A-40.

- BOH has responsibility to define the requirements for the agency's HD consistent with GS 130A-40.
- May have additional criteria candidate must meet.
- Whenever BOH in process of hiring a HD, board should review position requirements and confirm the knowledge, skills and abilities that the board wishes for a successful candidate.

Documentation: If BOH has hired a HD within past 48 months or if a search is underway: BOH minutes reflecting discussion of knowledge, skills, and abilities that must be met by the HD candidate.

- If HD in place longer than 48 months need statement indicating that "the local health department director has been in his/her position for xx number of years, therefore the board has not needed to define the knowledge, skills & abilities needed for the position" is acceptable.
- Need above statement along with completed job description and HD's performance evaluation
- BOH may choose to have/record a discussion on the knowledge, skills, and abilities that the current HD must possess. Minutes reflecting discussion may be submitted

SVT Review & Questions:

- Has the HD position been filled within the last 48 months?
- If yes, is the BOH minutes recorded to show discussion of knowledge, skills, and abilities that the candidate must have?
- If not, and a HD has been in place more than 48 months, the activity is "met"

Activity 37.4: The BOH shall review and approve the job description of the health director

- BOH hires & supervises the HD
- HD is to administer programs as directed by the BOH
- BOH should determine and be familiar with the requirements of the position of HD
- BOH should have a role in determining the contents of the job description for the HD
- A written & approved job description must be in place

Documentation: HD job description that has been signed, dated & reviewed annually AND BOH minutes reflecting discussion of HD's job description

- NC Office of State Personnel may not require a job description but it is a requirement of this activity
- Department can choose to adopt state specifications
- Job descriptions should list duties, roles, responsibilities and expectations
- If new, must be signed & dated when put into effect
- BOH must be aware of the contents and have had opportunity for input

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- Good Resource for developing job description:
Competencies for Health Directors
http://ncpublichealthacademy.org/competencies_for_health_directors.pdf

SVT Review & Questions:

- Review Health Director's job description.
- Is the job description signed, dated & reviewed annually?
- Is there discussion on the job description recorded in the BOH minutes?
- Possible Interview Question:

How does the BOH develop, review &/or approve the health director's job description?

Activity 37.5: The BOH shall conduct an annual performance review of the health director.

- BOH responsible for conducting a performance review of the health director annually
- Ensures BOH is involved in evaluating the work of the health director
- Process to provide feedback & guidance

Documentation: Signed & dated annual health director performance review by BOH within the last 12 months.

- Only most recent review submitted as evidence
- 12 month period begins with notification date
- BOH has previous 12 months to have conducted the review
- Based on schedule, review may take place up to the start of the site visit
- If county manager review required cannot be done without BOH input
- Joint review acceptable if BOH maintains its responsibility & involvement in process

Performance review should include:

- Assessment related to the Health Director's job description
- Any expected performance indicators identified by the board
 - May use subcommittee for review
 - May use county's form or develop unique form
 - Must be documented in minutes that appraisal done, members had opportunity for input and results reported back to BOH
 - Site visitors can verify by viewing a copy of the tool used along with the signature page of the appraisal that includes the health director's and BOH board chair's signatures and date completed

SVT Review & Questions:

- Was there a signed & dated copy of the performance review of the health director?
- Is there evidence of BOH involvement in the annual performance review of the health director?
- Possible Interview Question:

How does the BOH conduct the performance review of the health director?

Activity 37.6: The BOH shall approve policies for the recruitment, retention and workforce development for agency staff.

- Indicates BOH role as policy making body for the health department
- Role to support the department's workforce by working with the HD to approve policies related to:

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- Recruitment
- Retention activities
- Development

Documentation: BOH minutes indicating discussion & approval of policies, plans, or allocations through the budget process to provide for recruitment, retention and workforce development for agency staff

- Example: BOH approval of Staff Development Plan (if includes the 3 required elements)
- Good to include copy of policy/plan considered & approved
- If meeting activity through budget allocations, minutes should record specific budgetary amounts and the purpose of the allocation

SVT Review & Questions:

- Does the policy, plan or allocation approved support all three elements of recruitment, retention and development?
- If there is no specific policy or plan, is there a budget line item or allocation for workforce development?
- Are the elements of the policy or allocation applicable to all staff?

- **Budget Amendment: NAACHO-Medical Reserve** (*Robert Brown*)

The Department requests approval to recognize \$5,000 from the National Association of County and City Health Officials (NACCHO) for the Environmental Health Division. The Department was awarded this grant to develop and support a Durham Medical Reserve Corp. A Medical Reserve Corps is a group of medical and non-medical volunteers that can be utilized during public health emergencies and outreach events to help augment Public Health resources. The funds will be used to assist with recruitment materials, background checks, training, and equipment purchases.

- **Budget Ratification – The National Children’s Study** (*Gayle Harris/Sue Guptill*)

The Department requests approval to recognize funds in the amount of \$2,000 from The National Children’s Study for allowing them to recruit study participants from the public health clinic population. Funds will be used to host an employee appreciation event for public health staff and retirees during public health month in April.

Dr. Levbarg made a motion to approve the NAACHO budget amendment in the amount of \$5000 and The National Children’s Study budget ratification in the amount of \$2000. Ms. Carter seconded the motion and the motion was approved.

NEW BUSINESS:

- **Appointment of Finance Committee:**

Dr. Miller, Committee Chair, Dr. Short, Mr. Case and Ms. McLaurin, Incoming Board Chair were appointed to the Finance Committee.

- **Appointment of Operating Procedure Committee: (Activity 37.2)**

Ms. Carter and Dr. Daniel were appointed to the Operating Procedure Committee.

- **Appointment of Personnel Committee: (Activity 37.4 & 37.5)**

Mr. Case agreed to continue as Committee Chair. Ms. McLaurin. Dr. Miller and Dr. Levbarg were appointed to the Personnel Committee.

- **Board of Handbook (Activity 36.1)**

The Board received a written copy of the Board of Health Operating Procedures Handbook. Gayle Harris and Rochelle Tally provided an overview of the contents of the handbook in accordance with accreditation requirements.

INFORMAL DISCUSSION:

The Board received a copy of the draft Strategic Plan for review and comments.

The Board approved Gayle Harris, Health Director to serve as Goal Champion for Health & Well-Being, Goal 2 of the Durham County Government Strategic Plan as requested by County Manager Mike Ruffin.

Ms. Carter made a motion to adjourn the meeting. Dr. Levbarg seconded the motion and the motion was approved.

William H. Burch, R.Ph. Chairman

Gayle B. Harris, MPH, Health Director