

A Regular Meeting of the Durham County Board of Health, held February 14, 2013 with the following members present:

James Miller, DVM; John Daniel, Jr., MD; Teme Levbarg, MSW, PhD; Stephen Dedrick, R.Ph, MS; Commissioner Brenda Howerton; F. Vincent Allison, DDS; Jill Bryant, O.D.F.A.A.O; Nancy Short, DrPH, MBA, RN and Bergen Watterson, MSCP, BA

Excused Absence: Michael Case, MPA and Heidi Carter, MSPH;

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

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

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO**

**AGENDA:** The following item was added to the agenda.

- Nominating Committee-Vice-Chair appointment
- WIRM Report Review
- New Sliding Fee Scale
- New Patient Management System/Electronic Health Records
- Decrease in State Immunization Funds

Mr. Dedrick made a motion to add the additional items to the agenda. Dr. Levbarg seconded the motion and the motion was approved.

**REVIEW OF MINUTES FROM PRIOR**

**MEETING/ADJUSTMENTS/APPROVAL:** Mr. Dedrick made a motion to approve the minutes for January 10, 2013 meeting. Commissioner Howerton seconded the motion and the motion was approved.

**PUBLIC COMMENTS:**

There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

Ms. Downey-Piper introduced the new; Partnership for A Healthy Durham Coordinator, Erika Samoff, PhD. Ms Samoff has a PhD in epidemiology/microbiology, background in biology, and experience in program development and evaluation--translating what research does into action plans. Ms. Samoff will be an asset to the department.

Rachael Elledge, nutrition program manager and Michele Easterling, nutrition division director, at the request of Teme Levbarg, DCoDPH Board Member, were published in the 4th quarter, 2012 edition of the National Association of Local Boards of Health (NALBOH). The article, "Taking Care of Diabetes in Durham County, A Story From the Field Using the Community Guide" described how The Guide to Community Prevention Services ("The Community Guide") was used by the Durham BOH and DCoDPH staff to justify allocation of resources for a new diabetes self-management education program at DCoDPH.

The Preparedness Coordinator, Matt Leicester, was selected to be a guest lecturer at the 2013 Public Health Preparedness Summit in Atlanta, GA. Out of a pool of hundreds of applicants, Mr. Leicester was selected to present at the largest conference of Preparedness officials in the country. He will provide instruction on improving the collaboration and cooperation of local public health and emergency management.

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Gayle B. Harris was chosen as the recipient of the 2013 Ham Stevens Award by the North Carolina Association of Local Health Directors (NCALHD). She was recognized for her leadership within NCALHD and her 40 years of service to the Durham community as a nurse, community volunteer, civic leader and the county public health director.

**NOMINATION COMMITTEE-VICE-CHAIR APPOINTMENT:**

The nomination committee made a recommendation that Dr. Teme Levbarg be appointed as Vice-Chair to the Board. Dr. Levbarg accepted the nomination. Commissioner Howerton made a motion to approve the recommendation. Dr. Short seconded the motion and the motion was approved.

**PERSONNEL COMMITTEE:**

The Personnel Committee includes Dr. Levbarg, Vice-Chair, Commissioner Howerton and Mr. Dedrick.

**NEW BOARD MEMBER APPOINTMENT:**

Chairman Miller welcomed Ms. Bergmen Watterson, new Board of Health member to the Board.

**SLIDING FEE SCALE: (Activity 39.3)**

The sliding fee scale is provided annually by the N.C. Division of Public Health, Women's and Children's Health Section. Clients are assessed a fee from 0% - 100% based on family size and income for services provided at the health department.

Dr. Levbarg asked if there was a significant change in the sliding scale fee. Ms. Harris stated there was a slight increase in the income allowance for full pay clients.

The health department is requesting Board approval of the new Sliding Fee Scale effective February, 2013.

Dr. Short made a motion to approve the new sliding scale fee, effective February 2013. Dr. Levbarg seconded the motion and the motion was unanimously approved.

**NEW PATIENT MANAGEMENT SYSTEM/ELECTRONIC HEALTH RECORDS: (Activity 33.5) (Jane Everson-Harper)**

Ms. Everson-Harper, senior systems business analyst (Durham County IT Department), provided the Board with an overview of the process used by the review team (PH senior management/IT department) through the County RFP process to select a vendor and solution to replace the current system Insight. This presentation explains the process and the final selection of the vendor/solution and the rationale behind the decision.

The health department is requesting the Board approval on final vendor selection for new Electronic Health Record (EHR) and Practice Management (PM) system

**Background/Timeline:**

- ▶ After analysis of current Insight application in the fall of 2011 a decision was made to find a replacement early 2012
- ▶ Requirements were collected from all clinics and departments during spring 2012
- ▶ RFP was written during summer 2012
- ▶ RFP was released August, 2012
- ▶ Pre-proposal conference held and addendums distributed Sept., 2012

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- ▶ Proposal deadline October 9, 2012 – please see RFP schedules form

**Vendor Responses:**

- Responses were received from 7 vendors:
  - **Allscripts**
  - **Business Computer Applications**
  - **eClinical Works**
  - **Greenway Medical Technologies**
  - **Netsmart Technologies**
  - **OCHIN, Inc. (offering Epic)**
  - **Patagonia Health**
- Implementation costs ranged from \$186,160 to \$1,067,757 (not including support costs). Please see proposal tabulation form.

**Initial Review Results:**

- The review team (consisting of both HD and IT staff) evaluated each proposal in-depth following DC Purchasing guidelines and scoring rules; results as follows:
  - **Allscripts - 369**
  - **Business Computer Applications - 297**
  - **eClinical Works - 261**
  - **Greenway Medical Technologies – 422 (2)**
  - **Netsmart Technologies - 135**
  - **OCHIN, Inc. (offering Epic) – 273 (\*3)**
  - **Patagonia Health – 672 (1)**
- \*As OCHIN were offering Epic it was included in our top 3 finalists

**Vendor Demonstrations:**

- The 3 finalists were asked to demonstrate their solutions to HD stakeholders during December, 2012
- Each were asked to do live demonstrations at intervals throughout the day to allow multiple stakeholder attendance – the goal being to get as many HD stakeholders to the demonstrations as possible
- Attendance was good and feedback positive on all 3 vendors

**Finalist Review Results:**

- To review our finalists a matrix was developed that included assessments on business, financial and technical categories along with input from the HD stakeholders that had attended the demonstrations.
- The results as follows:
  - **Patagonia – 492**
  - **Greenway – 355**
  - **OCHIN – 233**

Matrix spreadsheet is large but can be provided upon request

**Patagonia Review:**

- **Accessibility/Support** - local company (Cary) fully registered as a Minority Women Business Enterprise (MWBE) organization
- **Costs** - implementation costs below mid-range and willing to negotiate – no hidden costs. There are 5 applications beyond the base cost that Public Health will need to purchase. Each application is \$25,000. Patagonia is willing to negotiate the additional cost. The support cost will be paid by Durham County IT Department.
- **Technically** - the most up-to-date solution (new code & security) offered in the cloud - all types of changes and upgrades transparent to users
- **References** – 6 requested and all 6 responded promptly and extremely favorably – no negative responses

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- **Most importantly to DC HD** – Patagonia is working with 6 other NC Public Health entities and understands our business; also has a good working relationship with the State and can both bill and report to the State
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**Greenway Review:**

- **Accessibility/Support** – located in Atlanta
- **Costs** - implementation costs higher than mid-range with concern for hidden costs during negotiation
- **Technically** – old code with same set up as current Insight – system installed on DC IT servers so upgrades and other changes would have same issues
- **References** – 6 requested and all 6 responded promptly and extremely favorably – no negative responses
- **Concerns** – Greenway has a couple of Federal Quality Health Center (FQHC) customers but none in PH, so lack of understanding of our business and the ability to report to NC State; they are trying to break into the PH arena but we did not want to be their guinea pig

**OCHIN Review:**

Even though OCHIN scored low on the initial review, the review team wanted to give OCHIN high consideration because they offer an instance of Epic that has been adopted by Duke

- **Accessibility/Support** – located on West coast – 3 hours behind us so helpdesk support hours did not gen w/HD hours; if OCHIN could not fix then sent to Epic support
- **Costs** - implementation costs second from highest and did not include several items requested in RFP and also major concern for hidden costs during negotiation
- **Technically** – DC IT could not recommend based on highly complex infrastructure and deployment with multiple points of failure – no failover system in place
- **References** – 9 requested with only 3 responses that were slow in coming and with mixed comments
- **Concerns** - most customers are FQHC and on West coast and mid-states – they have 2 NC FQHC customers but references from these orgs were mixed; lack of knowledge of NC State reporting requirements; demonstrations were not live (as requested) so transactions could not be followed through from start to finish and it was important for us to see any latency issues; timeframe to implement was unrealistic (5 months); reporting highly complex; required 2 full-time support resources that would (a) be hard to find and (b) be expensive; no contact of follow up since demonstration unless prompted by HD.

**Questions:-Board of Health**

**Dr. Short:** What type of references did you request for Patagonia?

**Ms. Everson-Harper:** Customer-base references. Some public health references, some private business references were requested.

**Commissioner Howerton:** Will there be any installation/interface cost associated with the Patagonia systems?

**Ms. Everson-Harper:** The IT department will need to make sure that Mozilla Firefox is on all the PH computers. All the updates will be pushed through Mozilla Firefox. The interface systems will be to Harvest Orchard (Lab) and QS1 systems (Pharmacy).

**Dr Short:** So the cost is base (\$393,900); 5-applications (\$125,000) interface (40-50K). The \$393,900 is a little misleading since you know you would need the additional applications. Have we done due diligence

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on Patagonia financials? Do we know if this company has sound financials and is not going to go out of business in the next 2 years?  
Answer: That was a concern, being only 6 years old. We haven't look at the financial due diligence. IT looked at the technical components, but we have been assured by Patagonia that they are in business to stay, they have the staff to support us; they want the business. There are steps in the purchasing process that will help us through the financials. They will purchase a bond, which means, that would allow a substitute vendor to complete product deliverables in case of any financial instability.

**Dr. Short:** Does the county make sure no conflict of interest (Board of Health/Public Health/IT Department) is involved in the decision-making?

**Ms. Everson-Harper:** No one in the decision making team has any financial gain in working with Patagonia.

**Ms. Harris:** Eric Ireland, Becky Freeman and I were the Public Health representatives on the committee and we do not have any financial ties to Patagonia.

**Mr. Barden:** The IT department is bond to their own code of ethics and do not have any conflict of interest.

**Dr. Short:** Will all three of your top choices provide upgrade and are they, included in the support cost?

**Ms. Everson-Harper:** The upgrades are included in the support cost. You are eligible for the life-time of the software. The upgrades are included for as long as we have the software.

**Dr. Short:** Does the county have some type of requirement for life-time? Is there a definition in the agreement?

**Ms. Everson-Harper:** As long as you pay for it. The contract ends once we terminate the software. Patagonia is built with the latest technologies and will last a long time, so of the other software that we have seen had started many years ago, had all kinds of old codes and harder to maintain. The life expectancy of any software is 15-20 years. Patagonia will support us as long as we work with them and pay the annual support fee.

**Dr. Bryant:** If 3 applications are purchased and the HD finds that there needs are not addressed, would Patagonia be willing to work with the HD?

**Ms. Everson-Harper:** The applications will be customized to the fit the needs of the department.

**Commissioner Howerton:** Does this company have trained staff to fit the departments' needs?

**Ms. Everson-Harper:** Public Health IT personnel will be considered the super users of the software. The Patagonia software does not require staff to be specialized in the use of the software. We already have the staff to meet the need of the super user.

**Commissioner Howerton:** Is this already in Public Health Budget?

**Ms. Harris:** We are requesting funds from the Home-health sales proceeds. We will ask for a not to exceed amount that will cover the basics (\$393,900), custom applications (\$125,000), interfaces (40-50K).

**Dr. Allison:** How short/long is the learning curve for productivity going down?

**Ms. Everson-Harper:** In the public sector the learning curve tends to be 6-9 months.

**Attorney Wardell:** You have two proposals at 1million. Are they offering to substantiate the cost, as a pose of Patagonia? It seems like a large disparity in the cost, what were they offering that they thought would justify the amount.

**Ms. Everson-Harper:** Nothing other than the name of EPIC.

Dr. Levbarg made a motion to recommend Patagonia as the new Patient Management /Electronic Health Records system for Public Health with a not to exceed amount of \$568,900. Public Health will do due diligence in researching the financials of Patagonia. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Ms. Harris will meet with the Commissioners individually to discuss the proposal and then it will be placed on the Consent Agenda at a regular BOCC meeting.

**PROPOSAL TABULATION**

**Integrated Electronic Health Record/Practice Management System (EHR/PM)  
RFP No. 13-004  
October 9, 2012  
2:00 P.M.**

<b>Name of Firm</b>	<b>Contact</b>	<b>Total Proposed Cost</b>
<b>Allscripts</b>	Laurie Houk 919.434.9867	<b>\$284,612</b> (not including e-services or maintenance as outlined)
<b>Business Computer Applications, Inc. (BCA)</b>	Ramona Mills <a href="mailto:rmills@bca.us">rmills@bca.us</a> 678.221.9003	<b>\$1,067,757</b>
<b>eClinical Works</b>	Alicia Cusato <a href="mailto:a.cusato@eclinicalworks.com">a.cusato@eclinicalworks.com</a> 508.836.2700 Ext. 10232	<b>\$182,500</b> (onetime fee) <b>\$155,298</b> (annual fee) eCW Cloud Option (Lease, eCW Hosted Cloud) <b>\$260,000</b> (onetime fee) <b>\$88,158</b> (annual fee) (eCW Hybrid Option (Purchase, eCW hosted Cloud))
<b>Greenway Medical Technologies, Inc.</b>	Justin Hipps <a href="mailto:justinhipps@greenwaymedical.com">justinhipps@greenwaymedical.com</a> 770.827.7154	<b>\$458,761</b> (PrimeSuite , Hardware, Requested Interface, Training & Implementation) <b>\$53,484</b> (Annual Support Maintenance)
<b>Netsmart Technologies, Inc.</b>	Joseph McGovern <a href="mailto:jmcgovern@ntst.com">jmcgovern@ntst.com</a>	<b>\$186,160.60</b>

	800.421.7503	
<b>OCHIN, Inc.</b>	Sean Whiteley-Ross <a href="mailto:whiteleyross@ochin.org">whiteleyross@ochin.org</a> 503.943.2500	<b>\$928,078</b>
<b>Patagonia Health</b>	Ashok Mathur <a href="mailto:ashok@patagoniahealth.com">ashok@patagoniahealth.com</a> 919.622.6740	<b>\$393,900</b> (From above, \$296,400+\$75,000+\$22,500)

**DECREASE IN STATE IMMUNIZATION FUNDS:** *(Gayle Harris)*

The state reported that funding for Activity 715 has been reduced to zero from January 1 – May 31, 2013. Ms. Harris stated, in looking at their federal grant award they found that it didn't provide any funding in the contracts category, which is where the Division of Public Health has been awarding the funds to us through the consolidated agreement process. The funds are suspended until the State develops a process of reallocating the funds to the Counties. What that means to the health department is \$10,966.00 supporting a 60% processing assistant position and \$12,850 supporting part of a full-time Public Health Nurse position in Immunization; totaling a \$23,816.00 lost. Ms. Harris is requesting permission to use Medicaid Cost Settlement Funds out of the committed fund center to cover the decrease of \$23,816.00. These funds will only be used if we absolutely need them.

Mr. Dedrick made a motion to use Medicaid Cost Settlement funds out of the committed fund center to cover the decrease in Immunization Funds in the amount of \$23,816, if needed. Dr. Allison seconded the motion and the motion was unanimously approved.

**SMOKE-FREE INITIATIVE UPDATE** *(Activity 34.5) (Gayle Harris/Attorney Bryan Wardell)*

Attorney Wardell attended a winter conference at UNC School of Government for County Attorneys. Attorney Wardell stated one of the issues addressed was implementation of Board of Health Rules regards to smoking. Orange County is addressing the same issue that Durham County is addressing with regard to the authority of the Board of Health and what is the jurisdictional authority of the Board of Health. Typically it is the entire county and all municipalities within the county. The issue is because there is a provision in the enabling statute that says that an ordinance has to be approved by the municipalities affected. Attorney Wardell stated the Board of Health rule is not an ordinance; it is a Board of Health rule and has to be approved by an ordinance of the County. The municipalities are saying if it has to be approved by an ordinance, then the other statute applies and a resolution has to be passed and rule is not enforceable within the city limits without it. Jill Moore expanded on the issue and did a white page (additional research; explained rationale on how and why she came up with her position). Jill Moore's position is that the Board of Health Smoking Rule applies throughout the jurisdiction of the County. Patrick Baker, City Attorney conceded that she was probably correct in her position, but based on the wording in the enabling statute, the City could possibly challenge the jurisdiction of the Board of Health.

Attorney Wardell states that the Rule is enforceable and we should take the position that the rule is enforceable. If the City request designated smoking areas, the City would make a request to the Board with justification as to why the rule should be modified. The City also, feels that the rule needs to be amended to state that the City has no enforcement

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responsibilities. Attorney Wardell stated that the rule doesn't require the City to enforce the rule. Attorney Wardell stated the Board has the right to amend the rule to state the City doesn't have any enforcement responsibilities, if so inclined to do so. Attorney Wardell recommendation is to leave the rule as it stands.

Gayle Harris and Eric Ireland met with DCo General Services Director, Motiryo Keambiroiro and Building and Grounds Supervisors to discuss a comprehensive plan for posting signage in the public outdoor areas specified in the Smoking Rule. General Services staff members volunteered to work additional hours to complete the project. Funds from the Community Transformation Grant will be combined with budgeted project funds to pay staff and purchase additional materials (hardware, posts, and metal) for the signs.

Dr. Miller, Attorney Wardell and Gayle Harris drafted a response to the letter received from City Manager Tom Bonfield. Review and edits with final approval from the Board are desired. *(A copy of letters to the City Manager Tom Bonfield and Territorial Jurisdiction of Local Board of Health Rules Regulating Smoking in North Carolina-UNC School of Public Health are attached to the minutes)*

Dr. Daniel requested the addition of "Patrick Baker, City Attorney" to the letter to the City Manager.

Dr. Levbarg made a motion to accept the letter with the change "Patrick Baker, City Attorney". Mr. Dedrick seconded the motion and the motion was unanimously approved.

**POLICY REVIEW/DISCUSSION/APPROVAL (Activity 35.1) (Eric Ireland)**

Mr. Ireland made the suggested changes requested at the December 2012 meeting to the Adjudication Process (Appeals) policy.

1. Bulleted items
2. "If the board is not able to meet the 15 day requirement to hold a hearing". Chris Hoke, Chief Officer of Regulatory and Legal Affairs, NC Division of Public Health stated "The law does not provide for what happens if the Board does not meet the 15 day requirement nor does it provide any option to the Board, but it is certainly the expectation of the law that you meet this requirement of the law.

Attorney Wardell stated the 15 day requirement needs to be treated as if the requirement must be done.

Mr. Dedrick made a motion to approve the Adjudication Process (Appeals) policy. Dr. Short seconded the motion and the motion was unanimously approved.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

- **Annual Communicable Disease Report (Activity 2.3) (Dr. Arlene Sena)**

Dr. Sena provided an overview to the Board on:

- 1) The DCoDPH Communicable Disease Control Program
- 2) Communicable disease cases and rates for past 5 years in Durham County
  - Gonorrhea, chlamydia, early syphilis
  - HIV, AIDS
  - Tuberculosis
  - Other communicable diseases
- 3) Challenges with communicable disease control



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**Summary Information:**

- In 2012, Durham County rates of gonorrhea and chlamydia continued to increase.
- HIV rates in Durham have decreased since 2010, but management of control measure violators is challenging.
- The number of confirmed TB cases has remained low, but the complexity of case management remains high due to complex social issues.
- Food-borne infections represent the highest number of reported cases in Durham County, but contact investigation for other diseases (pertussis, norovirus) have been intensive and required considerable staff efforts in 2012.

*(A copy of the PowerPoint presentation is attached to the minutes).*

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

The Board received a copy of the January, 2013 vacancy report which includes information on the currently vacant positions (23.5 FTEs) (8 new positions, 7.5 resignations 3 transfers 2 promotions, 2 reclassifications and 1 retired). (A copy of the January 2013 vacancy report is attached to the minutes)

- **WIRM Report Review: (Activity 33.6) (Marcia Robinson)**

Ms. Robinson explained to the Board the WIRM Report--State electronic system for local health departments to report grant expenditures.

- Expenditures/Revenues must be reported monthly for each grant funded activity in the WIRM.
- Requirement of the Consolidated Agreement with the NC Department of Health and Human Services

**How data (expenditures and revenues) is generated and entered into the Electronic Aid to Counties Website.**

1. Monthly expenditures reports are received from each program receiving grant funds on a spreadsheet that is tracked;
2. Once the information is gathered and reported on the spreadsheet, the report is reviewed by Public Health Administrator for accuracy;
3. The expenditures are then entered into the system and sent to the Health Director for review/approval'
4. After Health Director approves the report in the WIRM system;
5. Finance Director approves the report and the report is submitted to the state;
6. Public Health Administrator confirms report has been received by the state;
7. Within 10 business days reimbursement funds are received and applied to the appropriate program cost center

**Local codes defined**

- 101-Local Revenue (all expenditures/with the exception of state grants)
- 102-Medicaid Revenue
- 103-Revenue for other grants and fees

*(A sample copy of the WIRM Report is attached to the minutes).*

- **Health Director's Report: January 2013 (Activity 39.2) (Gayle Harris)**

**Staff Recognition**

**Nutrition Division**

An article written by DCoDPH Nutrition Division's Rachael Elledge, program manager and Michele Easterling, division director, at the

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request of Teme Levbarg, DCoDPH Board Member, was published in the 4th quarter, 2012 edition of the National Association of Local Boards of Health (NALBOH). The article, "Taking Care of Diabetes in Durham County, A Story From the Field Using the Community Guide" described how The Guide to Community Prevention Services ("The Community Guide") was used by the Durham BOH and DCoDPH staff to justify allocation of resources for a new diabetes self-management education program at DCoDPH. The Community Guide, issued by the Centers for Disease Control, is a guide for evidence-based community preventive programs, services, and policies. Dr. Levbarg provided training to the DCoDPH Leadership Team and program managers when the guide was first introduced several years ago and continues to advocate use of the Community Guide as a valuable resource in program planning.

**Environmental Health**

The Preparedness Coordinator, Matt Leicester, will be a guest lecturer at the 2013 Public Health Preparedness Summit in Atlanta, GA. Out of a pool of hundreds of applicants, Mr. Leicester was selected to present at the largest conference of Preparedness officials in the country. He will provide instruction on improving the collaboration and cooperation of local public health and emergency management. This is an opportunity to show the quality of the work that is being done in Durham County, and enhance the reputation of the Durham County Department of Public Health. This conference will be attended by local and state officials from all 50 states and US territories, as well as national level officials from the CDC, Assistant Secretary for Preparedness and Response (ASPR), Department of Homeland Security (DHS), Department of Health and Human Services (DHHS), FEMA, and White House officials, among others. This conference will also allow him to attend trainings from other Preparedness leaders from across the country, to enhance his knowledge and abilities to improve our Preparedness program.

**Administration**

Gayle B. Harris was chosen as the recipient of the 2013 Ham Stevens Award by the North Carolina Association of Local Health Directors (NCALHD). Ms. Harris received the award during the NCALHD awards luncheon on January 23, held in conjunction with the State Health Director's meeting at the Raleigh Marriott Crabtree Valley. She was recognized for her leadership within NCALHD and her 40 years of service to the Durham community as a nurse, community volunteer, civic leader and the county public health director. The award, which is NCALHD's highest honor, is named for Ham Stevens, M.D., a former health director who served Buncombe and Duplin counties, as well as NCALHD's first president. The award is given to individuals who exemplify the qualities of the former health director and friend of public health. Stevens was largely responsible for bringing administrative health directors and medical health directors together to form the NCALHD.

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

**Program description**

- The Communicable Disease Control staff investigates all reported cases of communicable diseases/conditions including outbreaks, reports all cases to the state and assures that appropriate control measures have been issued in accordance with NC public health laws.

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**Statement of goals**

- To conduct thorough reporting and investigation of all reports of communicable disease (including outbreaks) and to implement prompt communicable disease control management to protect the health of the community.
- To ensure compliance with North Carolina's communicable disease statutes and rules through implementation of appropriate control measures, education of providers and education of the community.

**Investigation #1 - Norovirus**

**Issues**

- **Opportunities**
  - Gastrointestinal outbreak reported on January 8, 2013
  - 70 symptomatic students identified in a school with 700 students living on campus
  - No faculty or staff became ill
  - Symptoms were non-bloody diarrhea, nausea, and vomiting
- **Challenges**
  - Implementing control measures effectively at a large school with seven dormitories and on-site food service for students
  - Educating faculty, staff, students, and parents regarding the importance of control measures, including hand washing, cleaning, cohorting of ill students in their rooms, staying away from class until asymptomatic, and cancelling large student-based events
  - Ensuring compliance with control measures by students, faculty and staff

**Implication(s)**

- **Outcomes**
  - Outbreak contained within 10 days of initial notification
- **Service delivery**
  - Line listing developed by facility with guidance from DCoDPH
  - Environmental health and communicable disease staff were in daily contact with the school to ensure placement of appropriate signage, implementation of control measures, cleaning with correct bleach solution, correct collection of specimens
- **Other**
  - Epidemiologists with the NC Communicable Disease Branch were consulted

**Next Steps / Mitigation Strategies**

- Educate the community regarding norovirus and the importance of control measures.

**Investigation #2- Norovirus**

**Issues**

- **Opportunities**
  - Gastrointestinal outbreak reported at a long term care facility on January 2, 2013
  - 16 of 36 residents were symptomatic
  - 16 staff members were symptomatic
  - Symptoms were non-bloody diarrhea, nausea and vomiting
- **Challenges**
  - Effectively implementing control measures at a long-term care facility with elderly residents

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- Educating staff, residents, and visitors regarding the importance of control measures, including handwashing, cleaning, cohorting of ill residents in their rooms, staying away from group activities and dining until asymptomatic and cancelling group activities
- Ensuring compliance with control measures by the facility

**Implication(s)**

- **Outcomes**
  - Testing suggestive for norovirus
  - Outbreak contained within 16 days
- **Service delivery**
  - Line listing developed by facility with guidance from DCoDPH
  - Environmental health and communicable disease were in daily contact with facility staff to ensure placement of appropriate signage, implementation of control measures, cleaning with correct bleach solution, and correct collection of specimens
- **Other**
  - Epidemiologists with the NC Communicable Disease Branch were consulted

**Next Steps / Mitigation Strategies**

- Educate long-term care facilities regarding norovirus and the importance of control measures.

**Investigation # 3- Tuberculosis Contacts**

**Issues**

- **Opportunities**
  - Tuberculosis contact investigation involving two homeless shelters began January 14, 2013
  - Positive pulmonary tuberculosis was identified in a homeless patient who stayed in two different homeless shelters over a period of three months before being diagnosed
- **Challenges**
  - Investigating and screening must be done in two phases
  - Dealing with transient population; difficult to identify and locate possible contacts
  - Funding not readily available to provide T-spot testing (a blood test which is more specific and reliable than a two-step skin test)
  - Limited numbers of TB nurses and clerical/support staff available to accommodate the increased numbers of persons in need of testing and follow-up
  - Resources for alternative housing not readily available, if needed

**Implication(s)**

- **Outcomes**
  - Investigation started upon notification and is continuing
  - Over 200 potential contacts identified
- **Service delivery**
  - TB nursing staff at DCoDPH have attempted to contact all contacts
  - 75 contacts were tested in one shelter; 21 contacts tested in the second shelter
- **Other**
  - TB regional nurse consultant with the NC Communicable Disease Branch and Duke infectious disease physicians were consulted

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**Next Steps / Mitigation Strategies**

- Continue investigation
- Provide follow up with testing and treatment for contacts as indicated
- Continue preventative treatment in four contacts identified at risk for developing tuberculosis
- Continue communications with shelter staff

**Division / Program: Nutrition Division / Durham Moms Know Best Facebook Page**

**Program description**

- Durham Moms Know Best is a Facebook page that aims to improve the health of parents and children throughout Durham County by sharing health information, resources, tools, and events.

**Statement of goals**

- To improve the health of parents and children in Durham County.

**Issues**

- **Opportunities**
  - Facebook is a free social media platform. Once a page is established and has a large following, information can be shared easily and quickly to a large number of people.
  - A high percentage of Supplemental Nutrition Assistance Program (formerly food stamps) participants who were surveyed stated that they would like to receive health information via a Facebook page.
- **Challenges**
  - Building a large following on Facebook requires a lot of marketing and investment of time.

**Implication(s)**

- **Outcomes**
  - The Facebook page went live on January 15, 2013. Since that time, 39 people “liked” the Facebook page, and over 500 people were reached by our messaging.
- **Staffing**
  - DCoDPH staff in Nutrition, Health Education, Dental, and Community Health divisions provide posts and help market the page. One Nutritionist posts to the page and manages it.
- **Other**
  - The page is being marketed at Head Start Programs, Welcome Baby, and throughout DCoDPH. Bookmarks and magnets that describe the page are available to be handed out to the public.

**Next Steps / Mitigation Strategies**

- Continue to market and grow the program.
- Seek WIC staff collaboration with this program.
- Continue to post to Facebook at least three times weekly.

**Division / Program: Dental Division / 2013 Give Kids a Smile Day**

**Program description**

- The Dental Division participated in the American Dental Association’s *Give Kids a Smile Day* on February 1, 2013, providing free dental care and nutritional counseling to uninsured children and youth.

**Statement of goals**

- To promote avenues to increase access to dental and other health-related services for underserved populations in Durham County.

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- To educate children, parents and caregivers in issues of oral health and prevention.
- To provide opportunities for professionals and students (UNC students and pedodontic residents) to deliver dental health services to the underserved.

**Issues**

- **Opportunities**
  - Providing quality dental care to children in low-income families who may not otherwise receive treatment due to being uninsured.
- **Challenges**
  - Building capacity to serve the number of underserved families that could have participated in the program.

**Implication(s)**

- **Outcomes**
  - The Dental Division provided services to 44 children over the course of five hours during the 2013 Give Kids a Smile Day event.
- **Service delivery**
  - All children received exams with x-rays. Two children were also provided sealants, one child received a filling, and the team provided full mouth debridement (deep cleaning) for five adolescents.
- **Staffing**
  - In addition to Dental Division staff, two dentists and six pedodontic residents from UNC-CH School of Dentistry provided dental services.
- **Revenue**
  - The Department donated \$10,000 in services to 44 children.
- **Other**
  - The event was covered in the media on ABC 11, News 14 Carolina, and in the Herald Sun.

**Next Steps / Mitigation Strategies**

- The Division will plan another like-event in August, prior to the start of school.
- For the 2014 Give Kids a Smile Day, the team will reach out to include 1-2 dentists from the community and plan for a full day to maximize the number of children receiving care.

**Division / Program: Administration / Information and Communications**

**Program description**

- The Information and Communications program provides timely and relevant information to the residents of Durham County on key health issues.

**Statement of goals**

- Increase the public's awareness and understanding of important health information and the Department's programs and services availability
- Increase the public's utilization of the Department's programs and services.

**Issues**

- **Opportunities**
  - With staff dedicated to information and communications, the Department can provide more information to the public on health issues

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- Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers.
- **Challenges**
  - Prioritizing the topics to publicize

**Implication(s)**

- **Outcomes**
  - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
  - Visibility of public health information from the department has substantially increased.
- **Service delivery**
  - Implemented and released the DCoDPH Centennial Logo for use on various Department of Public Health media products, including our homepage, [www.dconc.gov/publichealth](http://www.dconc.gov/publichealth).
  - Disseminated seven media releases/advisories during the month of December, resulting in over 20 stories being aired (radio and television), printed in the news, or posted to the web. These included pieces for the Give Kids A Smile Day and Saturday Flu Shot Clinic (which was canceled due to inclement weather conditions).
  - Convened a Centennial Anniversary event planning committee, whose purpose is to plan and develop media and events to promote the Durham County Department of Public Health's Centennial Anniversary throughout 2013.



**Public Health**

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**Next Steps / Mitigation Strategies**

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

**Division / Program: Administration / Durham Diabetes Coalition (DDC) staffing update**

**Program description**

- The DDC project is a multi-grant funded project focusing on type 2 diabetes in Durham County.
- Durham County Department of Public Health (DCoDPH) is contracting with Duke University Health Systems to provide staffing for implementation of grant activities.
- Project funding adds staffing to Administration, Health Education, and Nutrition Divisions to implement program activities.

**Statement of goals**

- Recruit and fill grant positions with a diverse, skilled workforce.

**Issues**

- **Opportunities**
  - The two grants that fund the Durham Diabetes Coalition (Bristol Myers Squibb Foundation and Center of Medicaid and Medicare Innovations) have funded 15 new positions at the DCoDPH.
  - These positions include five Health Education Specialists, two Nutrition Specialists, two Information and Communication

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Specialists, three Community Health Assistants, two Licensed Clinical Social Workers and a Program Manager.

- **Challenges**
  - Hiring Spanish speaking staff: All recruitment specifications have listed preferred applicant with bilingual skills in Spanish but only one bilingual applicant has been hired.
  - Offering competitive salaries: The selected applicant for a health education specialist position declined an offer because of salary.
  - Classifying program manager position: The program manager that will oversee and manage the DDC project requires Human Resources to develop a new position classification before recruitment can begin which delays recruitment.

**Implication(s)**

- **Outcomes**
  - Nine staff has been hired to date (three Health Education Specialists, two Nutrition Specialists, an Information and Communication Specialist, two Community Health Assistants, and one Licensed Clinical Social Worker).
- **Service delivery**
  - Health Education Specialists are implementing interventions in two targeted neighborhoods.
  - The Information and Communications Specialist has developed DDC media and promotional/awareness products including website and Facebook pages, 18 video segments on diabetes and healthy lifestyle for community distribution and bus posters that were displayed in 60 DATA buses.
  - The DDC staff planned and participated in the 2012 Diabetes Alert Day and the Take Your Loved One to the Doctor event.
  - The Clinical Home Intervention team is preparing to provide services in the homes of residents who are identified at high risk.
- **Revenue**
  - Both grants are billed monthly for staff salaries, travel expenses, continuing education, and operational supplies.

**Next Steps / Mitigation Strategies**

- Continue recruitment efforts to fill all grant positions.

**Division / Program: Health Education Division / Youth Tobacco**

**Program description**

- The NC Tobacco Prevention & Control Branch released regional funding to address five strategies that support the Healthy NC 2020 Objectives. These strategies aim to reduce overall use and exposure of tobacco and tobacco related products.

**Statement of goals**

- Promote tobacco/smoking cessation
- Eliminate exposure to second-hand smoke
- Prevent the initiation of tobacco use by youth
- Build capacity of Tobacco Prevention & Control Branch and youth in local communities

**Issues**

- **Opportunities**
  - There are numerous established youth groups in Durham County to recruit youth for this initiative.



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- **Challenges**

- Staff resources are limited since there is no longer a designated health educator working exclusively in this area. Instead, the Health Promotion and Wellness Program Manager has been the lead staff for this initiative.
- The youth associated with the previous youth tobacco prevention group, Teens Against Consuming Tobacco (TACT), graduated or were no longer active after the NC Health & Wellness Trust Fund grant ended in 2012.
- Tobacco use reduction is a specific and controversial topic that requires special interest from both youth and adult leaders.
- Activities vary from the proposed events previously conducted by TACT youth.

**Implication(s)**

- **Outcomes**

- Seven youth were recruited from Together Everyone Accomplishes Something (TEAS). Five youth were trained in “Youth Voices” offered by Youth Empowerment Solutions on tobacco use prevention, healthy eating and physical activity.
- Guilford County Department of Public Health has produced a media spot using a tobacco survivor which has been distributed to the project areas and will soon air in this region.

- **Service delivery**

- These trained youth then conducted several presentations to youth members and adult volunteers of TEAS about the skills and information learned during the Youth Voices training.

- **Staffing**

- One staff member works with this grant with support from one parent of the volunteer students.

- **Revenue**

- Durham and Guilford Counties both received \$41,500 to implement a menu of tobacco use prevention activities. Durham County administered funds to four other counties in the region to support this initiative.

**Next Steps / Mitigation Strategies**

- Youth have planned activities for “Kick Butts Day”, Legislative Day and one cigarette butt cleanup in a selected community.

**Division / Program: Environmental Health/ Public Health Preparedness**

**Program description:**

- The Preparedness Program maintains a Medical Reserve Corps (MRC) in an effort to enhance response capabilities during an emergency incident when additional personnel are needed.

**Statement of goals:**

- The MRC program is responsible for the development of procedures assuring that DCoDPH 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**

- **Challenge**

Continued funding restrictions at the State level have resulted in reduced funding to pay for Preparedness activities such as the Medical Reserve Corps. The Medical Reserve Corps is a group of

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medical and non-medical volunteers that can be utilized during public health emergencies and outreach events to help augment Public Health resources.

- **Opportunities**

In September 2012, the 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. Matt requested \$4,000 to assist with recruitment materials, equipment, and regional training. On December 21, 2012 we received notice that NACCHO had awarded the full \$4,000 to the Durham County Medical Reserve Corps.

**Implication(s)**

- **Outcomes**

This award will provide funding to recruit more volunteers, train them to a responder level, and then equip them to be able to respond when needed.

- **Service delivery**

The MRC will help to improve our responses to emergency situations as well as outreach events.

- **Staffing**

The MRC is a resource for additional staffing during emergency situations should we need it. This will allow Public Health to have less service disruption during emergency situations.

- **Revenue**

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. To use \$4,000 out of regular preparedness funds from State awarded grants could potentially limit our ability to have funds accessible for other needs if required.

**Next Steps / Mitigation Strategies**

- The contract will be submitted, along with a final budget, to NACCHO by March 29 for final awarding of the grant funds.

**Division / Program: Environmental Health / General Inspections**

**Program description**

- Environmental Health is responsible for the sanitation inspections of permitted facilities in Durham County and certain of these facilities such as daycares are licensed by the North Carolina Division of Health and Human Services (DHHS).

**Statement of goals**

- Conduct semi-annual sanitation inspections of child care centers as part of the licensing process conducted by the Division of Child Development and Early Education (DCDEE) consultants

**Issues**

- **Opportunities**

- On Saturday, 5 January 2013 Kristi Miller, REHS, held an educational meeting at Mary's Lil Lambs Daycare Center at 3415 S Alston Avenue.
- This meeting was in response to a requirement by the Office of Administrative Hearings for them to receive additional sanitation training. The DCDEE consultant placed this requirement on the center as a condition for them to keep their operating license due to sanitation as well as other licensing issues.

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- **Challenges**
  - Environmental Health was requested to provide additional sanitation training to an under-performing childcare center in jeopardy of losing their DCDEE license.

**Implication(s)**

- **Outcomes**
  - Environmental Health collaborates with DCDEE whenever possible to support the consultant efforts to improve child care environments.
  - This outreach by Environmental Health staff satisfied the mandate by the DCDEE consultant for additional training for employees of the childcare.
- **Service delivery**
  - Environmental health works with DCDEE upon request.
  - Ms. Miller conducted a mock inspection, accompanied by the employee / students and gave them the opportunity to fill out a grade sheet documenting violations that they had seen.
  - Discussion during and afterwards provided feedback that the meeting was a successful endeavor.

**Next Steps / Mitigation Strategies**

- Ms. Miller will follow up as requested help the child care and DCDEE reinforce their educational and regulatory efforts.

**Division / Program: Environmental Health / Onsite Water Protection**

**Program description:**

- On-Site Water Protection (OSWP) is responsible for enforcing rules related to individual drinking water wells in Durham. One service provided is the collection and analysis of water samples to inform owners of well water supply contaminants.

**Statement of goals:**

- To prevent and control the spread of communicable disease by providing mandated enforcement of state regulations and rules as they apply to the permitting and inspection of septic systems, water supply wells, and public swimming pools.

**Issues**

- Although Environmental Health staff has always encouraged well owners to have water analysis run on a regular basis, program staff had never provided a statistical justification for this recommendation. In January 2013, Patrick Eaton REHS with the Onsite Program, prepared a summary document entitled **2012 Private Drinking Water Well Bacteriological Sampling Report**. (A copy of this report is attached.) The report revealed that for wells sampled in 2012 by the Onsite Section, 36.4% of new wells and 49.25% of existing wells were positive for total coliform. Further, 11.9% of wells sampled tested positive for positive for fecal coliform.
- **Opportunities**
  - This additional information allows staff to emphasize the need for routine testing to avoid health related issues.
- **Challenges**
  - Education of the public can be challenging. Environmental Health needs to convince well owners of the need for routine sampling.

**Implication(s)**

- **Outcomes**
  - For the first time Environmental Health can provide the general public with local sampling results in order to reinforce the need for well water sampling.
- **Service delivery**
  - The availability of this information allows Environmental Health to provide a more convincing case for routine well water sampling.
- **Staffing**
  - Current staffing would allow for increased sampling.
- **Revenue**
  - Fees collected for sampling help defer the cost of this service.

**Next Steps / Mitigation Strategies**

- The findings of this report need to be placed on the Health Department website and included in any Environmental Health newsletters targeting the general public.

**Attachment:**

- 2012 Private Drinking Water Well Bacteriological Sample Report

**COMMITTEE REPORTS:**

- **Finance Committee Appointment (Activity 33.6)**  
The Finance Committee will meet with Public Health management to review the FY13-14 Budget on February 28, 2013

- **Ad Hoc Municipal Water Fluoridation Committee (Activity 14.3 and 34.5) (Board)**

The next subcommittee meeting will be on February 22, 2013. Ms. Harris stated the following experts have been invited to speak on the “Fluoride in the Municipal Water” topic.

- **Ms. Vickie Westbrook**, Assistant Director of Water Management, City of Durham (In addition to any other items, will specifically address history of fluoridation in Durham and current levels of fluoride in Durham’s water supply)
- **Ms. Amy Keyworth**, Hydrogeologist, NC Department of Environment and Natural Resources, Division of Water Quality, Aquifer Protection Section (In addition to any other items, will specifically address natural occurring levels of fluoride in Durham and Piedmont Region and how these levels compare to those referenced in the cited studies)
- **Dr. Rebecca King, MPH**, Chief, NC Department of Health and Human Services, Division of Public Health, Oral Health Section (Will address issues and studies from her professional perspective)
- **Dr. Tim Wright**, Bawden Distinguished Professor and Chair, UNC-School of Dentistry, Department of Pediatric Dentistry (Will address issues and studies from his professional perspective and the November 15<sup>th</sup> ABC-11 Report)
- **(Invited but not confirmed) Dr. Laura Gerald**, State Health Director, NC Department of Health and Human Services, Division of Public Health (Asked to address issues and studies from her professional perspectives as State Health Director and a pediatrician)

**OLD BUSINESS:**

- **Accreditation Site Visit (Activity 36.3) (Gayle Harris)**

Ms. Harris provided an overview of the Accreditation Site Visit that will take place on April 25-26, 2013.

**Site Visit Team:**

Barry Bass, HD, Alamance  
Jackie Glenn, RN, Mecklenburg

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Victoria Hudson, EH, Orange  
Bill Browder, BOH Chatham

**Information below taken from minutes of January 15<sup>th</sup> conference call:**

**Entrance Conference Agenda**

- ⇒ The Entrance Conference is conducted on the first day of the Site Visit, at the main office of the health agency and starts promptly at 1:00pm.
- ⇒ It is the first opportunity for everyone to meet and introduce themselves.
- ⇒ Representatives from the management team, including the AAC, will meet with the SVT to exchange introductions, to discuss the general schedule of the site visit, and to make note of any recent changes in the organization which may be relevant to the Site Visit.
- ⇒ The Health Director or designee should provide a brief (10 minute) overview about the health department and the area served (e.g. verbal, PowerPoint presentation, short video, etc.).
- ⇒ The AAC is asked to provide a brief overview of the health department's approach to the accreditation process and completion of the HDSAI.
- ⇒ Each health department should provide Confidentiality agreement for SVT members, and Accreditation Staff to sign.
- ⇒ You may view the Entrance Conference Agenda, at [http://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](http://nciph.sph.unc.edu/accred/health_depts/materials/index.htm).

**Tour/Walk-Through of Main Facility**

**Site Visits to Off-Site Locations**

**Interview List:**

It is the health department's responsibility to identify and select the appropriate individuals to participate in each interview. *Please try to use a variety of staff beyond your management team in order to provide the site visitors with a better perspective of your agency, programs/services provided and staff who provide those services.*

*All interviews are scheduled for 30 minutes.*

The following are the required interview categories:

- ⇒ Health Director (Entire SVT)
- ⇒ County Manager (Entire SVT)
- ⇒ Board of Health Members - just 2-3, we strongly suggest that a quorum/majority not be present. If so, the interview is open to the public as a part of the public meeting law (Entire SVT)
- ⇒ Community Partners (2-3 Organizations can be represented) (2 SVT members)
- ⇒ 1-3 Staff to address services and capacity in personal health (2 SVT members )
- ⇒ 1-3 Staff to address services and capacity in population health (e.g. health educator(s)) (2 SVT members)
- ⇒ 1-3 Staff to address services and capacity in environmental health (2 SVT members)
- ⇒ 1-3 Staff to address capacity in business/fiscal operations (2 SVT members)
- ⇒ 1-3 Staff to address capacity in personnel and training (2 SVT members)
- ⇒ 1-3 Staff to address capacity in information technology (2 SVT members)
- ⇒ 1-3 Staff to address other services and capacity (e.g., animal control, dental, pharmacy, WIC) (2 SVT members)
- ⇒ 2-3 Management Team Representatives (do not include health director or AAC) (Entire SVT)

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⇒ The Agency's Accreditation Coordinator (AAC) (Entire SVT)

The Site Visit schedule is flexible. Feel free to re-arrange interviews to accommodate your staff and community partners who are participating.

**Personnel Records Review**

**Additional Documentation / Questions**

**End of Day Conferences**

**Exit Conference**

**Site Visit Report & Suggestions for Quality Improvement**

- ⇒ The SV Report is due to the Accreditation Administrator (AA) within 14 days after the site visit. The report is reviewed by the AA. After the report has been reviewed and accepted by the AA, it will then be sent to the LHD. This is usually in 1 to 3 days after receipt of the report by the AA. The SV Report will include the findings of the visit, any not met activities with the SVT's explanation, and the SVT's recommendation for the department's accreditation status.
- ⇒ The Suggestion for QI report is a separate report that will accompany the site visit report. This report is simply suggestions from the SVT on how the department can strengthen evidence for future site visits and are for the department to use as they see fit. This report is not presented to the Accreditation Board.
- ⇒ After your site visit report is sent to you, you will also receive a copy of two policies. The first policy states the protocol for you to make a written response to the report of if you wish to identify any information in your report that you feel was found in error. The second policy will state the protocol for the adjudication process that the Accreditation Board will use in determining your accreditation status. This also includes a protocol that will go through the format for the presentation of your report by the Lead Site Visitor at the board meeting and any response from the local health department.
- ⇒ If your recommendation is for conditional accreditation you will receive an additional protocol explaining the process of addressing not met activities within 10 days of receipt of the SV report which could potentially allow the SVT to revise your recommendation to full accreditation status prior to the Accreditation Board meeting.

**NEW BUSINESS:**

- **Agenda Items March 2013 meeting**
  - Ad Hoc Fluoridation Municipal Water Committee
  - Finance Committee Recommendation FY13-14 Budget

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

- The Board received an Animal Bite Control Packet. The packets will be distributed by the Sheriff's Department to the victim, physician and owner that clearly defines the Animal Bite Control process. Ms. Thompson will provide training to the Sheriff Department on Friday, February 15, 2013. We will then begin to provide the home confinement.
- Ms. Harris shared with the Board that Watts Elementary School no longer qualifies for services supported by DINE funding (The percentage of students receiving free and reduced lunches fell below the required threshold since the school became a magnet school.). Ms. Harris shared the letter from Patti Crum, principal also signed by all faculty and comments by the parents of Watts Elementary School regarding the positive impact of the DINE program on their children eating habits (including the request from children to purchase bok choy).. Ms. Harris shared a recipe for Rockin' Bok Choy Soup. Ms. Harris stated that if the school wants

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to contract with the health department to keep the service that could be discussed. (*A copy of the letter is attached to the minutes*).

- The Board was given a Durham Moms Know Best “Staying Healthy Together” Program Brochure and magnet.

Commissioner Howerton made a motion to adjourn the meeting at 7:45pm. Dr. Short seconded the motion and the motion was unanimously approved.

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Jim Miller, DVM-Chairman

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Gayle B. Harris, MPH, Public Health Director