

A Regular Meeting of the Durham County Board of Health, held October 10, 2013 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Commissioner Brenda Howerton; F. Vincent Allison, DDS; and Bergen Watterson, MSCP, BA;

Excused Absences: Nancy Short, DrPH, MBA, RN; Heidi Carter, MSPH; Michael Case, MPA; Stephen Dedrick, R.Ph, MS and Jill Bryant, O.D.F.A.A.O;

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Melissa Downey-Piper, Dr. James Harris, Dr. Miriam McIntosh, Dr. Arlene Sena, Eric Nickens, Hattie Wood, Marcia Johnson, Attorney Bryan Wardell and Justin Yardley, graduate student.

CALL TO ORDER: - Chairman Jim Miller called the meeting to order at 5:08pm with a quorum present.

Ms. Harris introduced Justin Yardley, a graduate student at Pfeiffer University pursuing a Masters in Health Administration. Mr. Yardley was present to observe the meeting.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: The following additions were made to the agenda.

Chairman Miller requested items #9-New Business moved up on the agenda to item #6. Ms. Harris requested the following additions to the agenda:

- Budget Amendments (2)
- List of Proposed Purchases Using Home Health Sale Proceeds
- Hepatitis C Assessment Clinic
- Public Health Vacancy Report-Sept 2013

Dr. Allison made a motion to accept the adjustments/additions to the agenda. Commissioner Howerton seconded the motion and the motion was unanimously approved.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Commissioner Howerton made a motion to approve the minutes for September 12, 2013 meeting.

Dr. Allison seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS:

There were no public comments.

STAFF/PROGRAM RECOGNITION:

There were no staff/program recognitions.

NEW BUSINESS:

- **BUDGET AMENDMENTS**

The Durham County Department of Health requested approval to recognize funds in the amount of \$10,000 from Duke Medicine and \$1,000 from the United Way of the Greater Triangle to support the Durham County Community Health Assessment Initiative.

Dr. Levbarg made a motion to approve budget amendment in the amount of \$11,000. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **LIST OF PROPOSED PURCHASES USING HOMEHEALTH SALES PROCEEDS (Activity 39.1)**

Ms. Harris requested board approval to use HomeHealth proceeds for the following list of additional departmental expenses.

Expenditures:	Costs
Renovations and Additions	
(2) Storefronts for Adult Health Offices	\$9,886.00
(2) A/V Systems Conference Rooms 3131 & 3210	\$10,000.00
Roll Down Security Gate for Pharmacy (Security)	\$3,000.00
Renovations Total:	\$22,886.00
Software and equipment:	
MSDS Online Software System/3 year contract required@	\$2,619.00
\$2199.00/year + Initial Implementation Cost \$220.00 one time + Initial Scanning of MSDS Documents Cost \$200.00 one time cost (\$1.00/copy).	
EClaims Software System/Dental (Henry Schein)/	
HL7 Interface One Way ADT Inbound	\$4,785.00
HL7 Interface Annual Support (1st year) of support	\$1,323.00
Software Total	\$8,727.00

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Equipment	
6 Heavy Duty Distilled Water bottles/\$60.00each	\$240.00
Aquastat Countertop Water Distiller - Water Distiller - Scican/Patterson	\$478.00
Total Equipment	\$718.00
Training	
Orchard/Harvest Training (Software) On Site	\$7,900.00
Total Training	\$7,900.00
Vaccines	\$50,000.00
Vaccination of the refugee population is a required component of the Division of Public Health	
Agreement Addenda # 583, Refugee Health Assessments. An estimated 1,100 vaccinations were administered to refugees over the past 6 months, and the demand for services is increasing. With a contract in place with Blue Cross Blue Shield to bill private insurance for Immunization services, additional vaccine will be needed to meet the projected increase in demand.	
Total Vaccines	\$50,000.00
Medical Equipment Calibration	
Medical Equipment Calibration	\$5,000.00
Total All Listed	\$95,231.00

Ms. Harris stated that she learned late this afternoon that accommodations are needed for a staff member with a disability. This may require hiring (contracting with an agency to meet all the requirements) a personal assistant for the staff member to assist her with her job duties. The cost is estimated at \$12,000 for the remainder of the year but Ms. Harris stated that the department did not have a concrete number at this time.

Ms. Harris stated that the Deputy County Manager has approved her request to use lapse salary (\$25,000) to hire contractors to assist in the General Inspections program in Environmental Health as the reason that need was not included in the list of proposed expenditures.

Ms. Harris stated when the government reopens we will be able to bill Medicaid and insurance carriers for preventive services in Refugee Health.

Questions/Comments:

Dr. Levbarg: I know we talked about the anteroom in the TB Clinic.

Ms. Harris: I am hoping that is in the next phase of the work on the building. The original contractors should be done in the next few weeks. Another vendor will be hired to complete building modifications. The areas we need to address are the registration area and the anteroom in the hallway in front of the sputum room. Ms. Harris stated that she would talk to Glen Whisler, Director of Engineering to see if those items are still included on the list, if not, she will get a quote and add to the list of additional expenses.

Dr. Allison: You mentioned about being reimbursed for the vaccines. Do you anticipate an increase in volume of people signing up in the market place with private insurances in the health department?

Ms. Harris: We may, simply because of the ease of access. What we do anticipate is people will come to DSS to inquire about Medicaid eligibility. Once people come here and see the services we provide, that may create more foot traffic for us.

Dr. Allison made a motion to approve the recommendations, with flexibility to add the actual cost needed for (2) A/V Systems Conference Rooms not to exceed \$20,000; \$12,000 for staff accommodations; a total amount of \$117,231. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **HEPATITIS C ASSESSMENT CLINIC (Activity 20.1)**

Dr. Sena apprised the Board of a Hepatitis C Assessment Clinic that will be held at the Durham County Department of Health Adult Health Clinic for approximately 1-2 half days per month. The clinic will be facilitated and staffed by Infectious Disease physicians from the University of North Carolina at Chapel Hill (UNC-CH) through a Letter of Agreement between DCoDPH and UNC-CH.

In September 2013, DCoDPH was awarded an extension of the CDC grant “Integration of Hepatitis C Testing and Linkage to Care for Persons with Hepatitis C,” with Dr. Arlene Sena, Medical Director as the Principal Investigator on the project in Durham County. One of the project’s objectives is to enhance linkages to preventive and medical care services for HCV-infected persons identified through enhanced screening, using our HCV Bridge Counselor program. Unfortunately, many persons with HCV are unable to be referred to Duke University or UNC-CH specialty clinics due to limited appointment slots or transportation issues.

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Therefore, an Agreement has been developed with two UNC-CH Infectious Disease physicians who will provide free assessments to these patients on-site at DCoDPH to improve access to care. The assessment will consist of medical counseling, a physical examination, and baseline blood work (that will be paid from the CDC grant). Patients who need more immediate treatment will then be referred to their clinics at UNC-CH. The purpose of the clinic is to engage patients early after diagnosis of chronic active HCV infection, and to determine if they need immediate HCV treatment or can wait for newer and less toxic therapies that are still evolving.

- **IMPACT OF FEDERAL SHUT DOWN**

Ms. Harris stated that the County Manager requested an overview of the impact of the federal shutdown for each department. Ms. Harris will e-mail the board a copy of the spreadsheet given to the County Manager's Office.

Ms. Harris stated the department received a letter from the Division of Public Health regarding the impact of the shutdown. The letter indicated:

1. States will not receive any additional funds from the following federal grants:
 - Temporary Assistance for Needy Families (TANF)
 - North Carolina Community Transformation Grant (CTG)
2. Reimbursement for the following grants will occur as follows:
 - Maternal and Child Health Block Grant (MCHBG): No more than 28% of your total annual allocation may be claimed toward actual expenditures through the payment month of October.
 - Preventive Health Services Block Grant (PHSBG): No more than 33.3% of your total annual allocation may be claimed through the payment month of October.

The state also recommended unless the department is in a position to cover the cost to minimize the impact of the federal shutdown, consideration should be given to the following:

- Freezing vacant positions
- Reducing service levels
- Reducing purchases/travel
- Furloughing staff

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **Community Transformation Grant Initiative ((Activity 33.6)**

Ms. Kelly Warnock presented the board with an overview on the Community Transformation Grant Project and the progress made to date.

In 2011, North Carolina Division of Public Health was awarded a Community Transformation grant from the CDC. The award is 7.4 million dollars to be spent over 5 years. The goals of the grant are to:

- prevent chronic disease
- promote healthier lifestyles
- reduce health disparities
- control health care spending

The NC Division of Public Health broke the state up into 10 multicounty regions, each of which was eligible to apply for a portion of the grant. Wake and Mecklenburg counties were not eligible for funding due to their large size but are allowed to participate in activities. Durham is in region 5, which also includes Orange, Wake, Rockingham, Chatham, Alamance, Caswell, Person, and Guilford Counties.

North Carolina has chosen to focus on four main strategic directions to reach the grant's goals, with very specific action steps under each direction:

1. Tobacco free living
 - increase smoke-free local government buildings and indoor public places
 - increase tobacco-free government grounds, including parks and recreational areas
 - increase 100% tobacco-free university/college campuses
 - increase smoke-free housing policies in public housing and affordable multi-unit housing
2. Active living
 - Create/facilitate joint use/community use of facilities, with an emphasis on disparate populations
 - Increase the use of comprehensive plans for land use and transportation that include health considerations
3. Healthy eating
 - Increase or enhance farmers' markets, mobile markets, farm stands, and community supported agriculture programs

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- Increase the number of convenience/corner stores that offer and promote healthier food and beverage options
- 4. High impact evidence-based clinical and other preventive services
 - Increase health care providers' quality improvement systems for clinical practice management of high blood pressure and high cholesterol, weight management and tobacco cessation.
 - Increase the number of healthcare organizations that support tobacco use screening as a vital sign and referral to QuitlineNC and/or local tobacco cessation services.
 - Increase of community supports for individuals identified with high blood pressure/cholesterol and tobacco use (e.g. Chronic Disease Self-Management Program, Eat Smart, Move More, Weigh Less programs, tobacco cessation programs).

CTGP projects that are underway or planned in Durham County include:

1. Tobacco free living

- Met with NCCU for the consideration of expanding the current 25 foot smoking barrier
- Conducted Impact Assessment about the smoking rule
- Began the discussion on the possibility of policy changes in multi-unit housing
- Conducted 9 smoking cessation Fresh Start series since the start of the CTGP
- Conducted campaign about the BOH Smoking Rule
- Complaint line and email monitored by Health Education & Environmental Health
- Investigation of complaints/violations
- Youth involvement: Butt clean up, environmental scans, surveys

Active living

- Hope to start working with the DPS on Joint Use Agreements. Joint use agreement with DPS HUB Farm established.

2. Healthy eating

- Partnering with the Veggie Van
- HIA around a new farmers market in N. Durham
- Assisting with implementation of a SNAP/EBT program at the Downtown Durham Farmer's Market

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- Providing training and Technical Assistance
 - Videos on Access Channel
 - Healthy Aisle projects
 - Corner store projects
3. High impact evidence-based clinical and other preventive services
- Offering Eat Smart Move More Weigh Less, Diabetes Self Management Education, Chronic Disease Self Management, and Smoking Cessation workshops

• **FY 13-14 Financial Report (1st Quarter) (Activity 33.6)**

Ms. Harris provided the Board with the financial tracking information for the department's 1st quarter spending. Ms. Harris stated that according to accreditation requirements the board is to use the document to ensure that the ten essential services are funded adequately. *(A copy of the report is attached to the minutes)*

Questions/Comments:

Dr. Allison: In the supply lines, do the department heads have the flexibility of shopping or is that all contracted out in terms of supplies? Have you looked into a particular vendor for a certain amount of time?

Ms. Harris: Yes, the program managers do have that flexibility.

• **NOTICES OF VIOLATIONS (NOV) REPORT:** (Activity 18.2)

Mr. Ireland provided the Board with a monthly overview of the Environmental Health Onsite Water Protection Section NOV. The report documents notices of violations issued to property owners who are noncompliant with the "Laws and Rules for Sewage Treatment and Disposal Systems. No additional NOV's were added in the month of September 2013.

Mr. Ireland stated compliance deadlines related to three of the properties on the log have expired and the property owners have not complied. Those properties will be forwarded to the County Attorney's office for further legal action. Mr. Ireland will include page numbers on the next NOV report. *(A copy of the September 2013 report is attached to the minutes)*

Questions/Comments:

Dr. Allison: If compliance is never reached do you condemn the property?

Attorney Wardell: Here's how it goes with septic tank issues. Politically, they are touchy because no one wants to evict a resident; so Judges try to do everything they can to allow the owner to bring the systems into compliance. The problem is that some of these systems don't have the kind of soil to install a traditional system so they have to install a discharging system. The discharging system is permitted through the

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state. The cost is between \$20,000-30,000 to install. One of the things we are working on is to set up a program, collaborating with local funding sources, to create a pool of money people can access for loans and so forth to make the repairs. When the issue gets to my office, we can file a complaint and schedule the complaint to go forward but then at some point it may stall because we have to decide if we want to put people out of their homes. That is where it gets to be somewhat of a judgment call. We are trying to work on creative ways to help the home owner deal with the problem.

Dr. Levbarg: With at least two of these properties it says there was surface discharge. Is that continuing or has it been going on the whole time?

Mr. Ireland: It just depends on the site and the soil. Most of the systems we are discussing are in triassic basin soils that we refer to as shrink-swell clays. When the soils get wet they swell. When they dry out, they shrink and crack. It depends on the season and the amount of rain. The amount of surface discharge also depends on how badly cracked the clay might be which may make the soil seem like it is permeable when it really isn't. Depending on the season, the water may pond more. That is why you see so many malfunctioning systems during the wet periods of the year. No two systems are alike. Some systems will fail in the winter and in the summer you don't see any signs at all.

- **PUBLIC HEALTH VACANCY REPORT-SEPT 2013** (*Activity 37.6*)

Ms. Harris provided the board with a copy of the September 2013 vacancy report which includes information on the currently vacant positions (14.0 FTEs) (*5 new positions, 4 resignations, 1 transfer, 1 termination, 1 demotion and 2 retirements*). (*A copy of the vacancy report is attached to the minutes*)

- **HEALTH DIRECTOR'S REPORT-October 10, 2013**

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

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Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

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**
 - Disseminated three (3) media releases/advisories during the month of September, resulting in 11 unique media postings/airings (television), printed in the news, or posted to the web. These included pieces on the community survey portion of the Community Health Assessment and Bull City Play Streets. Additionally, direct contact from reporters resulted in two (2) additional news stories airing on News 14 Carolina focused on preparing for flu season. [**Accreditation Activity 5.3 (Health Alerts to Media), 9.1 (Disseminate Health Issues Data), 9.5 (Inform Public of Dept. / Op. Changes), 10.2 Health Promotion –Disease Prevention), 21.2 Make Available Information About LHD Programs, Services, Resources]**]

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- Information and Communications staff continue to work collaboratively with other county departments with social media to develop a comprehensive county Social Media Policy and Plan. The plan is now being reviewed by county administration, who will recommend final revisions before implementation. **[Accreditation Activity 9.4 (Request for Information on Policies and Procedures)]**
- Information and Communications staff attended several workshops and conferences to enhance knowledge and skills, as well as knowledge sharing – Two (2) communications specialists attended Adobe Creative Suite software training in early September. The Information and Communications Manager attended the 2013 National Public Health Information Coalition (NPHIC) Symposium in Chicago from September 22-24; and served as a panelist on a communications and social media panel during the 2013 NC Public Health Association annual meeting in Asheville from September 17-20. **[Accreditation Activity 24.2 (Staff Development for Training and Continuing Education)]**
- Information and Communications Manager attended an emergency event planning meeting with PIOs from other county departments, Duke Medicine, and the Durham VA Medical Center. This planning meeting has laid the foundation for the development of a master PIO resource directory to be maintained by Durham County and shared with other PIOs throughout the county. Additional planning products are in development. **[Accreditation Activity 6.2 (Role in County Emergency Operations Plan, 6.3 (Participate in Regional Emergency Preparedness Exercise), 7.6 (Testing of Public Health Preparedness Response Plan)]**

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: Nutrition Division / DINE Cooking Classes at Hub Farm

(Accreditation Activity: 10/2 – Health Promotion-Disease Prevention CHA At-Risk)

Program description

- DINE partnered with the Durham Public Schools (DPS) Hub Farm to offer three nutrition and cooking classes using Hub Farm produce harvested by the students. Attendees were School for

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Creative Studies middle school students participating in intersession activities at the Hub Farm.

Statement of goals

- Create collaboration with the DPS Hub Farm so that nutrition education and culinary education become some of the expected outcomes of a class visit to the farm.
- Teach students where their food comes from, how it nourishes their bodies, and how they can easily create healthy and tasty dishes from garden produce.

Issues

- **Opportunities**
 - Build a connection between DINE and the Hub Farm so that the Hub Farm can become a unique outlet for nutrition education in DPS.
 - Through the Hub Farm, DINE can serve schools it is not officially affiliated with.
 - Currently DINE does not have a nutritionist assigned to the Hub Farm, but school nutritionists are considering possible field trips to the Hub Farm with students they teach at their assigned schools.
 - During the summer, DINE nutritionists may provide services to programs at the Hub Farm.
- **Challenges**
 - The Hub Farm is in the early days of its existence and does not yet have amenities like running water (although it does have foot-operated hand-washing stations). This requires DINE nutritionists to carry everything they need—including cooking equipment and water—to wash produce and cook the planned dishes.
 - Electrical outlets are few but adequate if one plans carefully enough. Recipes must be carefully chosen to avoid use of enough power to blow fuses.
 - Because the Hub Farm is far from most schools, lack of transportation may be a barrier. This is a DPS issue but may affect future cooking classes.

Implication(s)

- **Outcomes**
 - Approximately 29 students from the School for Creative Studies took part in each of the three nutrition and cooking classes.
 - Classes on the last day were videotaped by a DPS parent who is gathering documentation to support expanded programming.

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- Discussions continue with the coordinators of the Hub Farm for further DINE programming there.
- **Service delivery**
 - Classes included 1) fruits and vegetables with a focus on calcium; recipe: kale salad; 2) protein; recipe: bok choy soup; 3) healthy fats; recipe: pesto
 - The intersession program was funded by DINE's regular budget because the student population of School for Creative Studies met DINE's eligibility guidelines.
- **Staffing**
 - DINE nutritionists provided the classes.
 - If pilot programs are successful, DINE could consider devoting part or all of a nutritionist's time to teaching and cooking at the Hub Farm.
- **Other**
 - Independent of DINE involvement, the Hub Farm is working toward funding for a connection to city water. This would make DINE's involvement at the farm far more manageable.

Next Steps / Mitigation Strategies

- DINE staff continues in conversation with Hub Farm organizers in an effort to build future collaborations that would make use of the farm while furthering DINE's core nutrition messages.
- If DINE were to have a nutritionist responsible for nutrition and cooking programming at the Hub Farm, a different source of funding might be required, depending on the population served at the farm. A work group of DINE, DPS, and DPS parent representatives with assistance from a representative of the Alliance for a Healthier Generation is currently looking at other funding possibilities.

Division / Program: Dental Division /Audit Tool

(Accreditation Activity 22.3 - The local health department shall comply with laws and rules relating to programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda.)

Program description:

- The Division has revised the Dental Division chart audit tool to ensure patient records are completed accurately and in a timely manner. The new tool will be used for biannual audits of dental patient records.

Statement of goals:

- To promote good dental practices that moves towards standardization with patient records, as well as providing program

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oversight and evidence of performance improvement resulting from such oversight.

Issues

• **Opportunities**

- Two dental providers (Dr. McIntosh, DCoDPH) and Dr. Jina Kang (UNC School of Pediatric Dentistry) worked together to finalize the chart audit tool using UNC's model as a guide and tailoring it to the Dental Clinic.
- In sharing the new audit tool with staff, it has encouraged prompt and clear notations in patient records, which are signed off on a daily basis by the provider.
- It is envisioned that the audit process will lead to peer reviews in the future, thus providing an opportunity to learn from each other and share best practices.

Challenges

- Developing a new reporting format that will be comparable to other Division's reports, and that not only highlights the results but also serves as a tool to promote better documentation and practice.

Implication(s)

• **Outcomes**

- The Director of Dental Practice and a UNC Faculty member have begun the audits, pulling five records for each provider.
- Initial reviews have been positive.

- **Staffing-** The Director of Dental Practice and a UNC Faculty member are conducting the first audit with the new tool

Next Steps / Mitigation Strategies

- The Division envisions completing the audit and report prior to the end of November and establishing a schedule for audits occurring in April and October thereafter.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

- **Update: Fluoridation in the Municipal Water: (Activity 14.3 and 34.5)**

Ms. Harris stated the City Council voted unanimously to keep the fluoride in the municipal water (6-0) on September 16th.

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- **AGENDA ITEMS-NOVEMBER 2013 MEETING**

Strategic Plan Initiative Update-December 2013

Program Presentation from List

Any Accreditation items needing review

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- Ms. Harris informed the board that the Department of Public Health was selected as a finalist in the Robert Wood Foundation Award competition for healthy communities. A site visit is scheduled on Dec 9, 2013 with a team coming to spend time in the community. Their activities will include a tour of the community, review public health highlighted projects and interviews with community leaders/partners. Six communities will be chosen out of the 12 finalists. The awards will be announced in June 2014. The winning communities will receive \$25,000.
- 100th Centennial Celebration-October 12, 2013
- Healthier Durham Kick-Off-October 14, 2013

Commissioner Howerton made a motion to adjourn the meeting. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Jim Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director