

A Regular Meeting of the Durham County Board of Health, held June 13, 2013 with the following members present:

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

Excused Absences: Bergen Watterson, MSCP, BA

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 Johnson, Attorney Lowell Siler, Deputy County Manger Marqueta Welton Corey Sturmer and Charlee Eades

**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 additions were made to the agenda.

- Chairman Miller requested items #7, 8, and 9 be moved up on the agenda to items 5, 6 and 7. Ms. Harris requested the following items be added to the agenda.
- Cost Settlement Funds-Allocation Approval
- Budget Process Update
- Request for Letter of Supports

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:** Dr. Levbarg made a motion to approve the minutes for May 9, 2013 meeting with the following changes requested by Dr. Short. Mr. Case seconded the motion and the motion was unanimously approved.

- **PUBLIC HEALTH ELECTRONIC SOFTWARE SYSTEM (PATAGONIA SOFTWARE):** (*Activity 37.6*)

The Department has negotiated a final reduced price for the Patagonia Software as a Service System and the year 1 maintenance costs for the system. Also the Department has included in the costs the external vendor interfaces needed for interoperable communications between the Patagonia system and our existing software and software to be implemented. The health department request board approval for the final

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negotiated costs for the Patagonia Software as a Service, 1<sup>st</sup> year maintenance costs and external vendor interface costs. (A copy of supporting documentation is attached to the minutes)

**Costs:**

Patagonia Software as a Service (Initial Set up Cost) -	\$513,900.00
Patagonia (1 <sup>st</sup> year maintenance cost)	138,236.00
<u>External Vendor Interface Costs</u>	<u>48,800.00</u>
Total Year 1 Costs	\$700,936.00

**Discussion/Comments:**

**Dr. Short:** Could there be an indication that the increased costs were a surprise to the Board? This is XXX more than the Board had anticipated for the Patagonia system

**Revision to the 5-09-2013 minutes:**

The additional \$187,036 was more than the Board had anticipated for the Patagonia System.

**Dr. Short:** Is there any way to get some value based information, like some type of group purchasing because our decision is influencing other people decisions? Dr. Short stated that she would think that the public health department to some extent should be the dog rather than Patagonia being dog.

**Revision to the 5-09-2013 minutes:**

**Dr. Short:** Is there any way to get some value based information, like some type of group purchasing because our decision [to purchase Patagonia's system] is influencing other health departments or agency decisions? Dr. Short stated that she would think that the public health department to some extent should be the dog wagging the tail rather than Patagonia being dog.

• **PUBLIC/PRIVATE PARTNERSHIPS** (Activity 41.2)

Mr. Henry McKoy provided the Board an overview of a project that will address housing , social determinants of health in the Durham community. He is seeking grant funding to support the initiative. Commissioner Howerton and Mr. McKoy asked the Board to make a \$55,000 maximum investment in the project using funds from the Home Health Sale proceeds. Mr. McKoy's presentation is as follows:

**Revision to the 5-09-2013 minutes:**

Mr. Henry McKoy provided the Board an overview of a project that is intended to address housing as a social determinant of health in the Durham community. He is seeking funding to support the initiative. Commissioner Howerton and Mr. McKoy asked the Board to make a \$55,000 maximum investment in the project using funds from the Home Health Sale proceeds. Mr. McKoy's presentation is as follows:

**Discussion/Comments:**

**Mr. Koy:** I put this in context, I came into the administration just a little before we had a total change in the General Assembly and so my time there was very interesting. I have plenty of stories I can tell you and I'm probably not their favorite person either but I thought about that within the context and I think it is an opportunity in some ways to show resiliency in the face of opposition. At least in terms of how this project is thought about, it should not be something that requires state approval so there should be opportunity to be innovative around that. Before I joined the administration, I was a member of the Energy Project Council that advised the government on energy policies. We were part of the group that lifted up the whole energy portfolio that the state is trying right now to get rid of and this is one those kinds of things that I know it's on the record. I would love for Durham to be able to stand up and show that even in the face of some of the craziness that happens to be going on around here that we still find creative ways to affect the lives of the low income people. I don't want there to be any mistake but that is a large part of who is being attacked now. I was over Community Development for the state, they came directly at me. I lost in the Department of Commerce. We lost the first year of the new General Assembly. We lost 20 positions, and my group lost 19 of those. My budget was cut by 60%. We saw everything from getting rid of the low income tax credits and the earned income tax credits and those directly benefit low income communities. I feel like there is an opportunity to show that there are still creative ways by which that we can do some work. I think that is a part of innovation; how do you do you innovate outside corporate.

**Revision to the 5-09-2013 minutes:**

**Mr. McKoy:**

**Dr. Short:** Well, essentially if we vote right now without more information we are voting on this man, I mean that is how I feel we are just embracing him and you are a fine person but I am just not use to making financial decisions that way. So, your group is 3 people?

**Mr. McKoy:** Those are the **principles**?

**Revision to the 5-09-2013 minutes:**

**Mr. McKoy:** Those are the **principals**?

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**Dr. Short:** And that is kind of where my question **lines**, have you run the numbers on that kind of overhead? We have seen in Durham if you have lived here a long time at all - as you have and I am a native also. In particular Rolling Hills, there has been a lot of money put into that kind of resurrection and renovation and what not. Why is this really, really different?

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**Dr. Short:** Who else, like in Cleveland, they **appropriate** these five banks to put up the \$100,000. What other groups might be approached here? Are there going to be banks or endowments?

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**Dr. Short:** Who else, like in Cleveland, they **approached** these five banks to put up the \$100,000. What other groups might be approached here? Are there going to be banks or endowments?

**Mr. McKoy:** I have a long relationship with the City I have been here forever. I am not someone who popped in town last week and no one knows me. The biggest problem for the City is that they have this mandate to help low income homeowners, they have a huge program that looks and identifies where the problems are in the community and it is that **they** don't have any money.

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**Dr. Short:** What if tonight, since we have a quorum, we **made** a motion to accept the proposal, the concept, in good faith counting upon the **Financial Director those folks** to do all due diligence that we embrace as a group of public health professionals who understand social determinants, that we embrace the concept? Is that enough for you? Even with the MBA behind my name I am not an entrepreneur, a risk investment

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capitalist type thing to make that kind of level of decision. So you have to look to the George Quick's of the world.

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**Dr. Short:** **They** only hang up I have is defining the financial question part, the other part I have no problem with.

**Revision to the 5-09-2013 minutes**

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**PUBLIC COMMENTS:**

Two people signed up to speak. Mr. Corey Sturmer stated that he learned recently that the Ad Hoc Subcommittee will be meeting on the Fluoridation in the Municipal Waters from a News and Observer reporter. Mr. Sturmer stated "It is my understanding that some sort of recommendation or decision is going to be made on this issue. I just wanted to come once again to speak on this particular topic. I hope that you are making a decision that is the right one, which is to stop medicating the public water supply. More specifically, I want to address a few confusions that I noticed in the March meeting that I attended on the 22<sup>nd</sup> [14<sup>th</sup>]. That is, the actual chemical that is used to medicate the water supply, it was stated many times over, or at least presented in such a way to make one think that it's a pharmaceutical grade of calcium fluoride in the water. I have done my research simply by talking to the water management department, getting their documents and calling the manufacturer. It is just not true that it is calcium fluoride. It is in fact hydrofluorosilicic acid which literally is the chemical waste by-product of aluminum and phosphate fertilizer manufacturing. It was presented that this is naturally occurring in our waters, which is true when we are talking about calcium fluoride. That is not the case, what we are talking about is the purposeful systematic addition of hydrofluorosilicic acid to the water supply and there are no studies which show that hydrofluorosilicic acid when ingested is either good for your teeth or your body, in fact we see the opposite. I just wanted to clear that up so that we have an understanding of this system by very easily looking at the documents themselves. The

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second point, which was just not addressed whatsoever by the experts on that hearing is the legal and ethical issue behind medicating the water supply. That is what's being done. If you add something to the water in order to prevent something from happening, like dental cavities the FDA defines that as medication, as a drug and so vicariously doing that it is breaking federal and state drug law. Besides that the ethics are so important here because if we accept that medicating the whole population through the water supply is a good thing, then where does it stop? Why don't we add lithium to the water to lower depression rates? Why don't we add ibuprofen to reduce pain? What we see in some places is that government officials do recommend this. In Japan and New Jersey, I know of specific cases where they are suggesting these types of things and I just find it totally against the free choice of the individual to decide what goes into his/her body. So I will end it right there and that's all I have to say."

Ms. Charlee Eades asked the board the following questions.

1. Has the board researched alternatives to fluoridation?
2. What are those alternatives and what are the associated costs?
3. If necessary to fluoridate the impoverished, children & other citizens whom may or may not receive adequate dental care, is there a way to provide services to these individuals and not force the medication en masse?
4. Has the board done a cost analysis to determine which is more expensive, fluoridation or buying toothbrushes & toothpaste for everyone?
5. Is the board accountable for medical malpractice in the same way a doctor is for administering improper medication?
6. Is it even possible to accurately track the ingestion of public water? If it is impossible to track the ingestion of water, is it also impossible to track the ingestion of fluoride?
7. How does the City of Durham inform expectant mothers of the Center of Disease Control's warning that they do not mix formula with fluoridated water?
8. Should the board plan on purchasing or providing non-fluoridated water to mothers & families that cannot afford to purchase non-fluoridated water?

**COMMITTEE REPORTS:**

- **AD-HOC SUB COMMITTEE-FLUORIDATION IN THE MUNICIPAL WATER (Activity 14.3 and 34.5)**

The Ad Hoc Committee presented the draft report detailing the activities undertaken to make a recommendation to the City Council regarding municipal water fluoridation.

Dr. Allison, Chair of the committee stated "The Board of Health fluoridation subcommittee met on May 24, 2013 to consider all

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information, research, presentations, and public comments gathered on fluoridation of municipal water supplies. Based on research evidence and literature review as well as testimony from reputable panelists contained in this report, and considering public comments, the Durham County Board of Health Ad Hoc Committee recommends to the Durham County Board of Health that fluoridation of Durham's municipal water supply be continued at the current levels as deemed effective for prevention of tooth decay and for promotion of good oral health by the US DHHS-Centers for Disease Control and Prevention. This is a motion from the committee." The board voted unanimously to support the motion. Ms. Harris stated the board would receive a draft of the final document before the end of the meeting. Board members were asked to review the document and submit edits to Rosalyn McClain so that the document could be finalized. The final document will not be disseminated until it is delivered to the Mayor and City Council. After such time, the document will be placed on the department's website.

Ms. Carter thanked the Ad Hoc Committee for the work done on this topic, especially related to having the panel of experts at a board meeting. Dr. Allison thanked the staff for all of the work that was done to support the committee.

Dr. Levbarg asked that the final document be sent to The Pew Charitable Trusts.

**OLD BUSINESS:**

• **PUBLIC/PRIVATE PARTNERSHIPS** (*Activity 41.2*)

At the May BOH meeting, the six members remaining heard a presentation from Henry McKoy regarding seeking foundation funding to support efforts to address housing, a social determinant of health. The members present endorsed the concept but deferred a vote regarding funding until more board members were present. The members also asked that George Quick, Durham County (DCo) Finance Director; Marqueta Welton, DCo Deputy County Manager; and Lowell Siler, DCo Attorney attend the next meeting or submit a written statement to provide their perspectives on the project.

**Discussion/Comments:**

Ms. Harris stated that Mr. Siler and she talked with Mr. Quick about the project on June 12<sup>th</sup>.

**Deputy County Manager Marqueta Welton:** "Mr. McKoy presented his concept in a more general way to the Durham Board of County Commissioners (BOCC) at a Worksession a couple of months ago. The board was very receptive to a public/private partnership. At the time that the concept was presented to the BOCC, there was no specific project on

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the table but the board received the idea of partnering in this manner very well. The BOCC directed staff to meet with Mr. McKoy and City staff because we knew that he had also presented to the City. I can't speak on behalf of the City, but I do know that the City also received a concept of the public/private partnership well and charged, both the City and County staff were to meet and come up with an idea to advance in terms of what the project would be. The City and County staff (Managers, Deputies) met on a couple of occasions to talk about it but had not flushed out a particular project to advance. What I would say to you is that the County generally supports the concept of the partnership. It would be a matter of the Board of Health making a recommendation on the particular project that was presented to the Public Health Board to the BOCC to receive and support this particular project and advancing it forward for the County's support. I will say that the BOCC is open and receptive to a project that they can vet and then make a determination as to whether or not it one that they will support in its totality."

**Ms. Harris:** "There were two attachments from Neighborhood Improvement Services sent with the minutes that showed that the project originated from their department. In your board packets behind tab 8, there are two PowerPoint presentations that show that the contents of Mr. McKoy's presentation resulted from ideas or information from the Neighborhood Improvement Services. That was information that would have been shared with the board if the call meeting had been scheduled. County Attorney Siler will share with the board information obtained during a conversation between Mr. Quick and the two of them on June 12<sup>th</sup>.

**County Attorney Siler:** "Deputy County Manager Welton is correct in her statement of the history of it as it relates to the Board of County Commissioners (BOCC). I can only add to that basically my conversation with County Finance Director, Mr. Quick. We very recently learned that there was some consideration of encumbrances of money. We probably couldn't support that but I think that there are other procedures and avenues that we can take to possibly make it work if that's the desire of the Board of Health and the Board of County Commissioners. We would take a slightly different approach in terms of any expenditure. I think that there is a legal way that we can structure it if this Board and the Board of County Commissioners sought to do that."

**Ms. Harris:** "That would be in a contractual arrangement with a documented scope of the practice should the board decide to move in that direction."

**County Attorney Siler:** "Correct."

**Deputy County Manager Welton:** "As I understand it the public entities would be asked to be a guarantor on some funds and from our Finance



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Director we couldn't do that. We can't guarantee funds for a private entity. What we could do is contract with that entity for performance of services. So that is what County Attorney Siler is suggesting that could be considered in this matter."

**Chairman Miller:** "So basically it would be sub-contract with very specific terms?"

**Deputy County Manger Welton:** "Correct."

**County Attorney Siler:** "Actually, there are specific terms, measurable objectives, timetables and hopefully a reimbursement. There are a number of different things that we can add to the agreement, but again, I don't know if we really have all the specifics of what is being proposed. Basically, with the limited information we have right now, I think we can certainly structure something that would be lawful and would protect both this board and the Board of County Commissioners."

**Ms. Harris:** "I did talk with Keith Chadwell at the City, one of the Deputy Managers. He has been tasked by the City Manager to address how the project can be supported on the City side. It's actually something that the City wants to do but there is no money for the City to do it. When I last spoke with Mr. Chadwell, the City had not approved the project but he had been instructed to identify the funds. When I talked with him he was still talking about the encumbrance. I don't know if he has talked with his legal and finance departments to see if there are barriers to the proposal.

**Deputy County Manger Welton:** "I would just say if this is a project that the Public Health Board supports and wants to advance, I would be happy to take this concept back to the Board of County Commissioners with your recommendation. At this point, the Board of County Commissioners is waiting to hear what project is on the table for their consideration. With budget season winding up, both the City and County staff have not had an opportunity to try to brainstorm a project or vet a project. If there is one on the table that is viable, that you think is a good one for the community, it is certainly one that our board would be willing to consider backing."

**County Commissioner Howerton:** I would like to share with our board an article from the National Association of Counties on NACo website. It is about public/private partnerships. It talks about a county, through this kind of business arrangement, raising one million dollars for a park. It is something that is being done across the country. I think Durham just hasn't picked up on it yet. With what's going on in Raleigh, in our legislature, we are not getting any new money. So, how do we come up

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with ideas that can keep our county moving? That's why I think this is an opportunity to begin to see what can be done with that."

**Dr. Levbarg:** "In the NACo article, the entities that put money into - sort of made that pot of money - were any of those public entities or were they all businesses and private organizations?"

**County Commissioner Howerton:** "They were businesses, private organizations and the county government."

**Dr. Levbarg:** "What I am looking for here is are we, in this case, kind of acting like a private partner of the partnership when we are in fact a health department?"

**County Commissioner Howerton:** "In the magazine, I felt that particular county definitely supported the partnership with funding. I will get copies of the article to share with the board."

**Dr. Miller:** "In this case, I am not sure of the details, what they are asking for. If it is a way of finding money, you have to be creative and think outside the box. There seems to be not enough details. I would like to have all the "t"s crossed and "i"s dotted."

**Dr. Allison:** "It is my understanding, tell me if I am wrong, the private sector is putting up the bulk of the money and the public sector is just putting seed money in so that the private sector has support of the public sectors intent. Do I understand correctly?"

**County Attorney Siler:** "That is the general understanding."

**Dr. Allison:** "The private sector wants to know that the County has their back."

**County Commissioner Howerton:** "They want to know that there is a commitment. I think that it would be like a business arrangement. If you went out to a business and not put anything in it and you are asking me to put something up, and you are not putting anything up, so what is your commitment?"

**County Attorney Siler:** "When I was having the conversation with Mr. Quick and he is not here and I don't want to put words in his mouth. I thought I understood him to say that part of the discussion seems to be centered on the initial preliminary work that has to be done in terms of reaching out and meeting with the private sector. There are some expenses that go with that. We hope they will like our ideas, what we

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need and they in turn reciprocate by giving us these moneys. Some moneys are needed for the preliminary efforts of the subcontractor.”

**Deputy County Manager Welton:** “Another way to think of it, as I understand it...is what Mr. McKoy is proposing as the private part of this partnership is to develop this concept and bring this project to the County/City as a public entity, things that he could not necessarily do without the public’s permission to participate in those things. Mr. McKoy didn’t initially approach us asking for money. As I understand it know, whatever monies may be required on behalf of the City/County are nominal as to the scope of the project could potentially be. Again, as Mr. Siler and Ms. Harris reported from their conversation with the County Finance Director, there is a way that the County can structure this that would make sense and protect the County’s interest.”

**Dr. Levbarg:** “Basically at this point we don’t know who our private partners will be.”

**Deputy County Manager Welton:** “I think our principal partner is intended to be Mr. McKoy. He would have whatever investors on his behalf.”

**Dr. Levbarg:** “We really don’t know who his investors are. We know they are important.”

**County Commissioner Howerton:** “Our legal folks are not going to let us get into anything that will damage the County. I trust them to make sure that all the “i”s are dotted and “t”s are crossed.

**Deputy County Manager Welton:** “If I might comment to what Dr. Levbarg has raised. As we understand it and as it was presented to the Board of County Commissioners, those other investors is not so much, other investors, as it is an opportunity for a grant that Mr. McKoy would try to obtain from the Gates Foundation. That would be who you can consider the “other investors” as far as we know it.”

**County Commissioner Howerton:** “This is an e-mail that I received today from Mr. McKoy: ‘We have found a 2 billion partnership with a financial institution based in North Carolina for the housing project that wants to partner. I told them that Durham is committed in seeing safe and healthy housing. They want to ensure that it is not just me that is pushing safe and healthy housing in Durham. To show the commitment, I said that “Durham is willing to invest in the creation of funds that would allow landlords to keep their homes safe and healthy.”’

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**Ms. Harris:** “I think the whole thing was around the City and County is interested in safe and healthy housing as it relates to the social determinants of health.”

**Dr. Allison:** “What is the action needed today?”

**Chairman Miller:** “I think the board needs to decide if we want to move forward with the details we have of the project.”

**Ms. Harris:** “At our last meeting, the six people present decided that we were interested in the concept. At this meeting the board needed to decide whether it had an interest in addressing the \$55K, if you want to be a part of that. That is why we waited for the entire board to talk about the money.”

**Ms. Carter:** “Why is this coming to the Board of Health and not directed to the County Commissioners and the City Council? That is the only part I don’t quite understand.”

**County Commissioner Howerton:** “I brought it to the Board of Health out of knowing that this department and the Board of Health are innovative and always looking for ways that they can do something else for our community around health. I thought that would be a small place to start. Given that it had come to the County Commissioners and they liked the concept, then the next step would be to find a small project that could be undertaken. Given that Mr. McKoy was already talking to the City, I wanted to make sure that the County was a part of this as well.”

**Ms. Carter:** “Is the project more health related or more about housing? Of course, we know all about social determinants of health. We know there is a connection but it just seems like it may be more in the sphere of the County and the City, unless we are talking about lead abatement etc. What do we do as a health department that would be related to this that we might have a project that we can endorse?”

**Ms. Harris:** “We have partnered with Neighborhood Improvement Services on some other initiatives. The specifics of what we would do, we have not talked about. Ms. Constance Stancil, Director of Neighborhood Improvement Services, wrote a grant for Blumberg Project and this is proposal is part of the grant that went forward. It was a semi-finalist. Ms. Stancil stated that they were putting a project together and wanted to partner with the health department. That was when it was in the Blumberg process. It didn’t get funded. Mr. McKoy has taken a piece of that grant for the proposed project. Because we talk about the interrelationship of health, housing and communities, those kinds of things, Ms. Stancil thought that would be a good thing for us to do.”

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**County Commissioner Howerton:** “What we are looking for tonight is whether the board would be willing to undertake, look at something, approve the possibility of it, giving the County Attorney permission to move forward to see if it is something that works for us or not.”

**Ms. Harris:** “I think in our last meeting, the six people who were here, the majority of them voted to say ‘this is a concept that we can endorse’ and there was a question of whether or not we wanted to vote on the money. We decided not to vote on the money until we had the full board present. So we have the board here and if we are moving this forward, the board would need to say ‘yes or no’ to the \$55K.”

**Dr. Allison:** “Even if we say ‘yes or no’ to the 55K and let the attorneys do what they need to do. We always have the right of refusal if something comes up. We can pull back if something comes up in the legalities of it.”

**Ms. Harris:** “We would have to get a contract done.”

**County Attorney Siler:** “As I am listening to you, I am trying to think it through. Let me back up a little, I wasn’t here at the last meeting. It was some discussion about encumbrances. Again, it is our position that this can’t be done. So if you take that out of the equation, the best way to proceed is through a contract with Mr. McKoy or whomever as our broker to try to secure these funds. In response to your question, it seems like a number of things will need to be in a contract with whomever we contract with. We will discuss scope of work, expectations, etc. It sounds very similar to what we do with consultant contracts. As far as the money is concerned, would the board vote to release the money or this something that goes to the Board of County Commissioners?”

**Ms. Harris:** “It is my understanding in talking to Commissioner Howerton and Mr. McKoy initially that Commissioner Howerton was thinking to use the home health sale proceeds as the place this project would be assigned. This Board would have to approve the use of the money. What we could do is develop a scope of service and bring that back to the Board to see if that answers your questions. I don’t know where Mr. McKoy is with his conversations, I know that the City has not officially identified any money yet.”

**Ms. Carter:** “Could he come back to us with a skeletal project plan with projected cost on how the \$55K would be spent?”

**Mr. Case:** “There is more than the health department involved in this project, the housing folks, there’s the City, the County. We are kind of operating in a vacuum. We don’t know what the other partners in this project want to do and what their expectations are. Everyone involved in

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this project needs to get to the same table (City/County, Neighborhood Improvement Services and Mr. McKoy) on how we can engage in his services. I think a more unified conversation needs to happen before we release any funds.”

**Ms. Carter:** “What is the grand total of funding that is expected to go into the project if the health department decides to release \$55K?”

**Ms. Harris:** “Based on what Mr. McKoy shared with us, I think he was going to ask \$55K from the City, \$55K from the County and Mr. McKoy was seeking to procure one million from a foundation that doesn’t look for a financial return on the investment but improving quality of life.”

**Dr. Allison:** “I would make a suggestion, to get the ball rolling, that we earmark \$55K with a contingency on an approved contract from all parties involved. That way if it falls through that money is not lost.”

**Dr. Levbarg:** “One of the questions I have is whether there are any guidelines for this kind of activity for the Board? I can’t remember a time when we have made a determination to use our monies for anything other than our own programs or needs. Are there some guidelines, that would make this process a little easier for us?”

**Ms. Harris:** “This is unique. Usually the request is made, and I as a department head will say we are going to enter into this arrangement. The different thing is we were talking about encumbering money. It had a different slant to it.”

**Dr. Levbarg:** “I think asking for an outline of a business plan as Heidi stated and understanding the meaning of our contribution and where it is needed is what we need to do. When we talked with Mr. McKoy he said he would use some of that \$55K to get on a plane to talk to some of these people. That may help us to decide on some the confusing pieces. Much like we do with everything else we do here, having a plan, sense of a timeline and a budget will be helpful. Knowing that is not a contract, but it is a missing piece of the structure in this. I think we need that in order to take precious resources that we may need for other programs here (i.e. IT projects etc). I feel some pressure to be a ‘stingy steward’ until I know exactly what I am really buying. It is not that I don’t want the project but that we are as sure of this as our other voyages and we really have clarity on where we are going. There are too many question marks floating around in everybody’s head and that is a lot of money for us.”

Dr. Levbarg made a motion to request a preliminary business plan that would include a timeline, budget and a vision of the structure for the public/private partnership at the next Board meeting. Ms. Carter seconded

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the motion and the motion was unanimously approved. This information is to be requested prior to the August meeting.

- **OPERATING PROCEDURES:** (Activity 34.1)

Ms. Harris stated that the operating procedures were adopted May 2012 and should be reviewed on an annual basis. Ms. Harris asked the board if they would like to appoint a committee to review the procedures or if the board was comfortable enough with document that it would stand as it is.

Dr. Levbarg recommended that the Board review the operating procedures before the next board meeting. Ms. McClain will send the board a reminder to review the existing operating procedures prior to the next Board meeting.

**MEDICAID COST SETTLEMENT:**

The Durham County Department of Public received a Cost Report Attestation letter indicating a scheduled Cost Settlement in the amount of \$1,247,325.73. As required in the Consolidated Agreement, Section C. Fiscal Control, item 3b. *“All earned revenue (officially classified as local funds) must be budgeted and spent in the program that earned it.”*

The health department is proposing that the allocation of the cost settlement funds be as follows:

- Apply \$310,024 to FY12-13 to support positions budgeted against this revenue source (a practice implemented by previous health director)
- Apply \$289,976 to the general budget (currently approximately \$290,000 is outstanding in Medicaid revenue without some receipts including those for services provided in June)
- Apply the remaining \$647,325.73 to Public Health Committed Funds Balance to be used in later in programs generating Medicaid revenue

Dr. Levbarg made a motion to approve the distribution of the cost settlement funds. Ms. Carter seconded the motion and the motion was unanimously approved.

- **FY 13-14 BUDGET UPDATE:** (Activity 39.2)

Ms. Harris stated that the BOCC had questions concerning the CCS contract. Commissioner Reckhow was particularly concerned regarding the high cost of inmate health care. Commissioner Reckhow requested more information. Ms. Harris provided benchmarking information that showed the health department was an outlier by far with a cost of \$16 per inmate per day as compared to a low of \$7per inmate per day and moderate \$12-\$13 per inmate per day. The cost differences lie in the fact

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that our hospital doesn't give us the kind of discount that peer counties receive. We get a 15% discount, meaning we pay .85/per dollar for the charges. In Mecklenburg, where they have between 1800 and 2000 inmates and an \$8.8 million contract with CCS, \$250,000 allocated for other services, the hospital says pay us last. Last year Mecklenburg paid the hospital \$2,000.00. The hospital writes off the care to charity. Wake Med does not charge the county for inmates that are hospitalized with pre-existing conditions. New Hanover pays .25/per dollar receiving a 75% discount from their hospital. Forsyth pay Medicaid rates, about 33% of charges. They receive 67% discount from the hospital. Our HIV medications have traditionally cost more, but we have been able to realize some savings since we brought the pharmacy services into the department. There were some decreases in the total jail contract. Ms. Harris said that she believed that the department will get all of the items that the Manager recommended. During the budget presentation, Dr. Miller spoke on the fact that the Board supported the idea of the health department having more access to the County Attorney.

**County Attorney Siler:** "The County Attorney's Office needs to work with the Human Resource Department to make all this happen. We look forward to those conversations with the Human Resources Director. I want to compliment Dr. Miller and Ms. Harris in their representation of Board and health department."

**Mr. Dedrick:** "Is there any way to re-negotiate our hospital rate?"

**Ms. Harris:** "We tried that last year. There were several cost saving options but every one of them rested negotiating with the hospital. What I have been told unofficially and what the Manager said in the meeting on Monday is that Durham Regional states that they are taking the contributions to Lincoln Community Health Center and EMS against their bottom line and that they couldn't afford to take on other reductions. There was some discussion about discussing the matter with Dr. Dzau to see if Duke could help with the issue."

**21<sup>st</sup> ANNUAL NALBOH CONFERENCE:**

Ms. Harris stated that funds are available for a board member to attend the August conference in Salt Lake City, Utah. Chairman Miller will look at his schedule see if he will be able to attend this year.

Mr. Case made a recommendation that The Durham County Department of Public Health budget funds in FY14-15 for two Board of Health members and one staff member to attend the Annual NALBOH conference.



**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

• **TRIPLE P PROJECT** (*Activity 12.2 and 12.3*)

Ms. Wood provided an overview of the Triple P Program (Positive Parenting Program) and the implementation plan by the Durham County Department of Public Health (DCoDPH) in Durham County.

Triple P is an internationally acclaimed multi-tiered system of evidence based parenting interventions (education and support for parents and caregivers of children and adolescents). Goals of Triple P include promoting the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency; promoting the development of non-violent, protective, and nurturing environments for children; promoting the development, growth, health, and social competence of young children, and reducing the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence. The first six months will be the planning process. A Triple P Coordinator will be hired. An advisory council will be convened and a strategic plan will be developed. The trainings for providers will begin in months six- twelve. The workshop trainings will go from Level 1 to Level 4 within the 39 months. Providers will become accredited to provide Triple P to parents. The projected outcomes of Triple P implementation in Durham County include preventing child maltreatment and enhancing the developmental and behavioral outcomes for children. DCoDPH will assure model fidelity according to the Triple P requirements and will assure service provision in a culturally competent manner. Consistent positive parenting messages and guidance will be provided to parents. This program will fit within the Child Health Program. There will be collaboration with community agencies assuring ease of introduction.

**Triple P is a:**

- Competitive Grant
- State Funded
  - Durham County Received \$ 855, 638.00
  - Program Funded for 39 months
- Under Child Health Program
  - Clinical Outreach Program Manager
  - Community Partners have sent Letters of Commitment

**Triple P Goals:**

- To promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency
- To promote the development of non-violent, protective, and nurturing environments for children;

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- To promote the development, growth, health, and social competence of young children
- To reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence.

**Triple P: Required Elements:**

- Hire a Coordinator
- Convene an Advisory Council
- Develop a Strategic Plan
- Conduct a Media Campaign
- Facilitate Trainings

**Triple P Trainings to Providers over the 39 months:**

- Evidence Based Multi- Level Framework
- A Provider Training Course
  - Individual practitioners, organizations, and population – based implementations
  - May include health, education, child care child welfare and safety, social services, mental health, community – based organizations, youth justice, and faith based

**Triple P Targeted populations:**

- 0-5 years
- Promoting children’s social, emotional, language, intellectual, and behavioral competencies, will lessen the achievement gap.
- Projected Outcomes
  - To Prevent Child Maltreatment
  - To Enhance Developmental and Behavioral Outcomes for Children.

**Triple P Process Measures:**

- number of clients served
- number of providers trained
- number of media events conducted
- pre and post-tests for each training conducted
- number of providers who attain accreditation
- client satisfaction with the service
- client improvement on a standardized measure of parenting

**County Level Indicators will include:**

- Reduce the rate of children placed in foster care
- Reduce the rate of substantiated maltreatment cases
- Improve school readiness on the kindergarten readiness test
- Reduce hospitalizations/ER visits for child maltreatment

**DCoDPH will assure model fidelity according to the Triple P requirements:**

- Assurance of Service Provision in a Culturally Competent Manner
- Evidence based with consistent messages and Guidance to Parents
- Will Fit within the Child Health Program
- Collaboration with Community Agencies Assures Ease of Introduction

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**Triple P Next Steps:**

- Establish Triple P Coordinator
- Convening Local Partners with Long Term Commitment
  - Strengthen Our Continuum of Services
  - Established Collaboration with Community Partners will Strengthen

- **VACANCY REPORT (Activity 37.6)**

Ms. Robinson provided the board with a copy of the vacancy report which includes information on the currently vacant positions (24.15 FTEs) in May 2013 (*4 new positions, 9.6 resignations 3.55 transfers 1 promotion, 1 reclassification, 2 terminations and 3 retirements*) and the total positions filled (*1-Information and Communications Specialist-CMS Grant*). (*A copy of the vacancy report is attached to the minutes*)

- **NOV REPORT: (Activity 18.2)**

Mr. Brown provided the board with a monthly overview of the Environmental Health Onsite Water Protection Section Notices of Violation Report (NOV). The report documents notices of violations to property owners who are noncompliant with the “Laws and Rules for Sewage Treatment and Disposal Systems (*A copy of the May NOV report is attached to the minutes*)

- **HEALTH DIRECTOR’S REPORT-June 13, 2013**

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

*(Accreditation Activity 27.3 – Employ QA-QI Approach to Assess Service Effectiveness)*

**Program description**

- The General Inspections section recently completed an internal quality assurance plan for the Food, Lodging and Institutions program. Quality improvement tools and methodologies were used to develop the plan which is intended to improve program efficiencies through the use of Quality Improvement techniques.

**Statement of goals**

- Jan Jackson, as Team facilitator, established the Environmental Health team which included Patrick Eaton, Roberto Diaz, Mason Gardner, Marc Meyer and Robert Brown.
- This initiative will help maintain a knowledgeable well trained team, increase consistency of inspections and protect public health.
- Project completion was required by May 30, 2013.
- The requirements for this QA project included the development of a policy and procedures to ensure
  - Control of Documents
  - Control of Records

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- Internal Audit
- Control of Non- Conforming Product
- Corrective Action
- Preventative Action

**Issues**

- **Opportunities**
  - The process required formulation of an Environmental Health Quality Assurance policy, the development of procedures for field and file reviews and development of assessment tools for both field inspection reviews and file reviews
- **Challenges**
  - The project was prioritized due to the short time line. The team was assembled in early May and met on Mondays. Drafts and other project progress were communicated via email.

**Implication(s)**

- **Outcomes**
  - The final product was completed by the deadline and submitted to the State. As with all policies, it will be reviewed on a routine basis and necessary changes will be made.
- **Service delivery**
  - Completion of this project assists the State with meeting a requirement in their consolidated agreement contract addendum for Food and Lodging Quality Assurance plans to be developed within Environmental Health programs across the State.
- **Staffing**
  - No effect on staffing is anticipated.
- **Revenue**
  - No affect on revenue is anticipated.

**Next Steps / Mitigation Strategies**

- Implementation of this process will improve program efficiencies through the use of Quality Improvement techniques.

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**Division / Program: Health Education / ToP training**

*[Accreditation Activity: 12.3 (Collaboration Process to Implement Population-based Programs to Address Community Health Issues), 13.1(Broaden Existing Community Partnerships thru New Contacts)]*

**Program description**

- Health Education staff went through a 2-day training on Technology of Participation (ToP), a facilitation methods course.

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Staff learned three methods: focused conversation, consensus workshop and action planning process.

**Statement of goals**

- Course objectives: to see each method demonstrated, understand why each method is used, gain experience and confidence facilitating the methods.
- Incorporate these methods into current health education initiatives and staff /community meetings to ultimately transform discussions and group decision making
- Provide a timely professional development opportunity for health educators

**Issues**

- **Opportunities**
  - The consensus workshop method is framed by one question and the end product is a visual on the sticky wall that represents the group consensus to that question. Several workshops were facilitated as examples and relevant questions were asked, such as a 5-year vision for the Health Education Division, activities that should be included in the DCoDPH centennial celebration and best practices in community engagement. Although these were exercises, they are quite useful working documents.
  - There is now in-house knowledge on ToP methods and staff can facilitate conversations for other staff and groups while supporting one another.
  - There are additional trainings and certifications for staff that want to continue building their expertise in the methods.
- **Challenges**
  - Some Health Education staff members were not excited about getting trained in the method since most health educators feel confident about their facilitation skills. After the training, however, everyone felt it was a worthwhile training.
  - Two staff members were unable to attend. Since Health Education is trying to institutionalize the training, extra time is being spent so that everyone feels comfortable in the methods.

**Implication(s)**

- **Outcomes**
  - The Health Education Director was trained in the methods in 2011 and used them for the community health assessment priority setting workshops. This was so successful that she wanted everyone to be trained in the methods.
  - Since the training, the focused conversation method has been used in staff meetings to discuss SWITCH and in Partnership

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for a Healthy Durham's meetings. The consensus workshop has been used to plan Take a Loved One to the Doctor Day (including Radio One staff), a staff retreat and a Durham Health Ministry Network meeting.

- The response has been overwhelmingly positive. It transformed the Durham Health Ministry Network meeting from a meeting in which members didn't give a lot of feedback to one in which members were excited, focused and everyone was contributing. After the Take a Loved One to the Doctor Day meeting, staff who experienced the methods for the first time and Radio One partners said, "This was brilliant...great...cool. This is how I am planning everything now. It led to greater transparency. It was very productive. It gave a clearer visual of what is supposed to happen. I'm feeling motivated now."
- **Service delivery**
  - Each method can be delivered by 1-2 trained facilitators. The Health Education Director is the most experienced in the methods so she has led several staff meetings using the methods to further expose staff and invited another staff member to co-facilitate at a community meeting.
  - It works best when the facilitator is not central to the discussion since a facilitator needs to remain neutral. Since there is so many trained staff, Health Education can support one another by facilitating for one another's groups.
- **Staffing**
  - The Health Education Division was trained.

**Next Steps / Mitigation Strategies**

- Continue to use these methods.
- Use the workshop on the health education vision to create concrete goals and next steps for the Division.

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**Division / Program: Health Education/Non-Traditional Testing Site Program**

*[Accreditation Activities: 10.2 (Health Promotion-Disease Prevention CHA At-Risk), 13.1 (Broaden Existing Partnerships thru New Community Contacts), 20.2 (Collaborate to Reduce Barriers to Access to Care)]*

**Program description**

- In honor of National Hepatitis Testing Day, May 19, the Health Education Division's Non-Traditional Testing Site (NTS) Program coordinated a testing event in the parking lot of the Wellons Village Shopping Center on May 20, 2013 from 10am-4pm. To make this event possible, the NTS program collaborated with the UNC Health on Wheels van, Dr. Arlene Sena, the Hepatitis C

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Program staff, NC Harm Reduction coalition, and other community volunteers.

**Statement of goals**

- To test a minimum of 40 high risk individuals for Hepatitis C in the community.
- To provide education, counseling, and testing in the community regarding Hepatitis C to those at risk.

**Issues**

- **Opportunities**
  - Strengthening relationships with community partners, such as UNC Health on Wheels staff, the NC Harm Reduction Coalition, and community advocates.
  - Met testing goal despite poor weather and police interruption.
  - Establishing more visibility as a unit in the community.
- **Challenges**
  - Relocating in the middle of testing due to increased activity in front of local restaurant.
  - Weather: rainy, humid day.

**Implication(s)**

- **Outcomes**
  - Tested 43 individuals for Hepatitis C and 38 individuals for HIV/Syphilis with approximately a 20% positivity rate for Hepatitis C.
- **Service delivery**
  - Opportunity to test clients in need who may not have traveled to the health department to be tested.
  - Testing was done in a non-traditional setting-- a parking lot next to Hardees in Wellons Village.
- **Staffing**
  - Two health educators, the Hepatitis C Program staff, and Medical Director
  - UNC Health on Wheels van, NC Harm Reduction coalition, and other community volunteers

**Next Steps / Mitigation Strategies**

- Testing is done regularly at Wellons Village; however, we will need to check on permission/permits to use the parking lot without upsetting local businesses.
  - Individuals who tested positive for Hepatitis C will be linked to care
-

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**Division / Program: Health Education / Roadmaps to Health Prize**

*[Accreditation Activity: 12.3 (Collaboration Process to Assess Resource Needs to Address Community Health Problems)]*

**Program description**

- The Robert Wood Johnson Foundation (RWJF) offers a prize “to honor outstanding community efforts and partnerships that are helping people live healthier lives.” The prize is \$25,000, and RWJF publicizes success stories from the winning communities. Previous winners can be found at:  
<http://www.countyhealthrankings.org/roadmaps/prize/prize-reviewers>
- The Partnership for a Healthy Durham submitted the 5-page application on behalf of Durham County.

**Statement of goals**

- To gain recognition for the effective community partnerships around health projects in Durham.
- To create a document that summarizes recent health successes created by collaborative efforts with Durham community members and organizations.

**Issues**

- **Opportunities**
  - Writing the application provided an opportunity to review our past successes and accomplishments with the Partnership for a Healthy Durham Steering committee and many of these successes are quite impressive.
  - This provides additional incentive to bolster evaluation efforts of public health initiatives so that we know when we are successful and can share this publicly
  - The prize, if won, would provide funds for public health efforts.
  - The prize, if won, would provide valuable publicity for the efforts of the Partnership for a Healthy Durham, Durham County Department of Public Health, and other organizations.
- **Challenges**
  - Many communities are in competition for the prize.

**Implication(s)**

- **Outcomes:** If won, the prize would provide opportunities for publicity that would require planning, as well as funds that would need to be appropriately used.



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- **Service delivery:**
- **Staffing :** Would depend on how prize funds were used
  - Health Education Director and Partnership for a Healthy Durham Coordinator would be involved in determining how the funds were used.

**Next Steps / Mitigation Strategies**

- Notification on selection for the finalist round of the prize will come by June 21<sup>st</sup>, 2013. If selected, Durham would need to complete and additional application and create a video on community partnerships for health.

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**Division / Program: Dental Division / Medicaid Revenues**

*[Accreditation Activity 19.1 (Assess Use of Programs by Underserved At-Risk/Vulnerable Populations), 21.3 (Develop/Implement Strategies to Increase Use of Program Services)]*

**Program description**

- The Dental Division has made a concerted effort to increase the amount of Medicaid revenue for its services. This was a recommendation of the DentaQuest Institute in the summer of 2010, when it was discerned that only 20-25% of all revenues earned in Dental were Medicaid dollars. In addition, the Department of Public Health's Strategic Plan Goal 4: Access to Medical and Dental, has called for the Division to "disperse information on Medicaid and Health Choice programming to 75% of uninsured families in need of services."

**Statement of goals**

- To continue opening up access to dental care for low-income children and pregnant women, two groups that tend to have Medicaid insurance.
- To move towards a payer mix that is 75/25 (Medicaid/self-pay), which provides greater predictability in revenue.

**Issues**

- **Opportunities**
  - Offering dental care to patients with Medicaid ensures services to those who may not otherwise receive treatment.
- **Challenges**
  - While Medicaid patients provide more predictability in revenues, it does not provide fiscal sustainability; additional resources will continue to be required for the Division.

**Implication(s)**

- **Outcomes**
  - The Dental Division has moved from 20 to 25% Medicaid reimbursement in FY 2011, to approximately 40% of all patients in FY 2012, to 51% in FY2013, including a jump to 56% over the past five months, January through May 2013.
- **Service delivery**
  - The clinic has averaged just fewer than 27 patients per day for the first 11 months of this fiscal year, with patient-initiated “no-shows” dropping below the 25% level.
- **Staffing**
  - The Dental Division is currently short one Dental Assistant and one Hygienist, which has led to less services being provided on the Tooth Ferry.
- **Revenue**
  - Medicaid revenues total \$280,000 so far this fiscal year, which includes some rebilling for last fiscal year’s services.

**Next Steps / Mitigation Strategies**

- Continue to encourage patients to apply for Medicaid and Health Choice as well as collect Medicaid and Health Choice information when registering patients in order to bill for dental services.

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**Division / Program: Community Health Division / Women’s Health--  
Research Study**

*[Accreditation Activity 29.1 (Research Policies), 29.2 (Policies for Participation in Research that Impact Clients)]*

**Program description**

- The Women’s Health Program participates in research studies upon approval from the health director.
- Participants in Public Health’s Maternity Clinic, Family Planning Clinic, and Pregnancy Care Management Program are being recruited for a research study from UNC Department of Psychiatry, funded by the National Institutes of Health.

**Statement of goals**

- To facilitate enrollment into a research study that will help determine the effects of cigarette smoke on infant brain development.

**Issues**

- **Opportunities**
  - Women who are pregnant or who have recently given birth who smoked during pregnancy or live with someone who

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smokes are being recruited. A control group who has never smoked and lives in smoke-free homes is also being recruited.

- Participants can earn up to \$175 for completing the study so recruitment should be fairly easy.
- **Challenges**
  - There is little extra time for recruiting in these three busy programs.

**Implication(s)**

- **Outcomes**
  - The researchers will share their findings with this department after completion of the study.
- **Service delivery**
  - There should be little impact on service delivery because women who are interested in participating call a phone number at UNC to indicate their willingness to participate and to be screened for participation.
  - Notices about the study were placed on bulletin boards in the exam rooms. Brochures were given to Pregnancy Care Managers to distribute to their clients.
  - Brochures were also given to CC4C nurses and social workers to give to mothers of their newborn clients.

**Next Steps / Mitigation Strategies**

- Continue to facilitate women being introduced to the opportunity to participate in this research study

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**Division / Program: Community Health Division / Immunization Program--Rabies Vaccination Clinic**

*[Accreditation Activity 9.1 (Disseminate Health Issues Data), 9.2 (Access Community Data), 20.1 (Collaborate with Community Health Care Providers to Provide Services), 20.2 (Collaborate to Reduce Barriers to Access to Care)]*

**Program description**

- The Immunization Program in partnership with the Durham County Sheriff's Office- Animal Services Division conducted a rabies vaccination clinic.
- The clinic was held to provide free rabies vaccinations to dogs and cats owned by Durham County residents

**Statement of goals**

- To reduce the spread of rabies
- To provide rabies prevention education and outreach to the community.

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**Issues**

- **Opportunities**
  - Animal Services personnel have been trained and certified to provide rabies vaccinations to animals.
  - Rabies vaccination clinic demonstrated an excellent example of collaboration/ partnership between two county agencies in order to meet an identified need in the community.
- **Challenges**
  - Selecting a date that did not conflict with other scheduled county activities
  - Advertising event in a variety of media to reach dog and cat owners
  - Locating a facility that provided all necessary equipment and supplies, yet was also centrally located

**Implication(s)**

- **Outcomes**
  - 108 dogs and cats were vaccinated.
  - Animal Services and Public Health developed a clinic model that can be utilized in the future
- **Service delivery**
  - Conducted on Saturday, May 4 from 8 am to 11 am at 3005 Glenn Road, site of the Durham County Sheriff's Office Animal Services Division
  - Vaccines administered by certified rabies vaccinators from Animal Services with assistance from department PHNs
- **Staffing**
  - Staffed by 29 employees from both agencies
- **Revenue**
  - Vaccinations were provided free of charge

**Next Steps / Mitigation Strategies**

- Reserve unused vaccine for use by the Sheriff's Animal Services Division for residents who can't afford the customary \$15.00 fee for rabies vaccinations
- Provide a rabies clinic in partnership with Animal Services at least annually.

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**Division / Program: Community Health & Environmental Health Divisions/ Communicable Disease/Food & Lodging Programs- Gastrointestinal Outbreak**

*[Accreditation Activity 7.1 (Epi Case Investigation Protocols), 7.2 (Outbreak Investigations), 8.1 (Policies and Procedures for Handling Clinical and Environmental Lab Samples), 11.2 (Involve Community in Assessing, Prioritizing, Establishing Outcomes)]*

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**Program description**

- The Communicable Disease and Environmental Health staff of the Durham County Department of Public Health (DCoDPH) investigated an outbreak of gastrointestinal symptoms among persons who ate food prepared and served by a local restaurant.

**Statement of goals**

- To investigate reports of gastrointestinal symptoms
- To identify source(s) and communicable disease
- To provide education and control measures to prevent future outbreaks

**Issues**

- **Opportunities**
  - 41 persons reported nausea, vomiting, diarrhea; onset of illness between 24-48 hours; resolution of illness between 48-72 hours.
  - Illness occurred in people eating food served in the restaurant or at one of six events catered by the restaurant from May 7 through May 12, 2013.
  - No ill food handlers were reported.
  - Five specimens were collected and sent to the NC State Lab for testing
  - On-site inspections were conducted by DCoDPH Environmental Health (EH) at two restaurant locations in Durham and by Orange County Environmental Health at one restaurant location in Chapel Hill.
  - DCoDPH EH, in collaboration with Orange County EH, provided training and education to restaurant staff
  - State epidemiologists provided consultation regularly with regarding the situation
- **Challenges**
  - Inspecting a restaurant with three facilities in two counties where food is prepared and served in a restaurant setting as well as through a catering service
  - Communicating with food handlers who did not speak English as their primary language
  - Obtaining detailed food histories from 41 ill persons, even with staff specifically dedicated to the task
  - Obtaining stool specimens from ill persons. Some persons live in areas outside Durham County
  - Educating restaurant staff about the importance of control measures, including handwashing, proper cleaning and disinfecting, food preparation and storage, etc.

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- Ensuring ongoing compliance with control measures by the restaurant management and staff

**Implication(s)**

- **Outcomes**
  - Outbreak contained within 10 days of initial notification
  - All five specimens tested positive for norovirus.
- **Service delivery**
  - Environmental Health and CD staff were in daily contact with the restaurant to verify dates and locations of catering events held during the period of interest, obtain menus of food served, obtain names and contact information of persons who placed the catering orders, and to ensure all control measures were correctly implemented.
- **Staffing**
  - Environmental Health, CD nurses, Medical Director

**Next Steps / Mitigation Strategies**

- Environmental Health at DCoDPH and Orange County Health Department will conduct follow-up inspections at all restaurant locations at a future date.
- Environmental Health staff will continue to educate restaurant staff about norovirus and the importance of adhering to control measures and compliance with all local, state, and federal regulations and laws regarding food preparation and service.

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**Division / Program: Nutrition and Health Education Divisions -- Veggie Van Kick Off**

*(Accreditation Activity 10.1 Health Promotion-Disease Prevention General Public)*

**Program description**

- The Veggie Van, part of the Community Nutrition Partnership, is similar to a CSA (Community Supported Agriculture). They deliver weekly boxes of fresh, local produce for a set cost per box.

**Statement of goals**

- To increase access to and consumption of fruits and vegetables.
- To increase nutrition and culinary knowledge and self-efficacy.
- To bring this program to Durham County.

**Issues**

- **Opportunities**
  - This program could greatly improve the health of its participants. Preliminary evaluation data of the Veggie Van

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program shows an increase in produce consumption by participants of 2 servings per day.

- Boxes are sold at two price points, with lower income individuals eligible to purchase produce at the lower price. The week of the kick-off event, participants purchasing a large box at a lower price point received two heads of lettuce, broccoli, zucchini, summer squash, onions, strawberries and blueberries for only \$12. Boxes can be purchased with cash, check, credit/debit card, or EBT (Electronic Benefits Transfer—SNAP benefit). This makes the boxes affordable for our clients and the low-income residents of the Durham Housing Authority sites surrounding our building.
- Anyone walking by the Veggie Van tables in the parking lot was able to taste the food demo, a salad with strawberries and a low fat, homemade dressing, and pick up a newsletter with health tips and recipes. This extends the reach of the program beyond just those purchasing a box.

**Implication(s)**

• **Outcomes**

- The Veggie Van's first delivery and kick-off event took place in the DCoDPH parking lot on May 24<sup>th</sup> between noon and 2:00. It was well attended by DCo staff, community members and the media. Over 70 participants pre-ordered boxes, making the DCo site the largest the Veggie Van has ever served. A rental truck had to be used to deliver all the boxes.
- Many more staff and community members signed up for the program the day of the event.

• **Staffing**

- A DCoDPH nutritionist helps coordinate the program and helps with logistics.
- Veggie Van staff/volunteers packs/delivers the produce and provides the food demonstrations.

**Next Steps / Mitigation Strategies**

- Offer a webinar to DCo employees and the community on the benefits of eating local fruits and vegetables.
  - Continue to recruit participants.
  - DCoDPH is assisting the Veggie Van program with translation of its materials into Spanish, using some of the Community Transformation Grant Program funds. This will help us broaden our outreach and education efforts to our Spanish-speaking customers, El Centro Hispano, other agencies that serve the Latino population.
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**Division / Program: Administration / Durham Diabetes Coalition (DDC)--Media Activities**

*(Accreditation Activity 10.1 - Health Promotion-Disease Prevention General Public)*

**Program description**

- The DDC project is a multi-grant funded project focusing on adults with type 2 diabetes in Durham County.
- A major component of the DDC is increasing the awareness of the prevalence of type 2 diabetes in Durham County and available resources for residents living with type 2 diabetes.

**Statement of goals**

- To share type 2 diabetes information with Durham County residents.

**Issues**

- **Opportunities**
  - Continue to develop multiple channels for communicating Durham Diabetes Coalition efforts and type 2 diabetes information with the public.
  - Reach a wider population than Durham County.
- **Challenges**
  - Reaching the target audience with Durham Diabetes Coalition and type 2 diabetes information.
  - Promoting the Durham Diabetes Coalition website and letting people know it is an available resource.

**Implication(s)**

- **Outcomes**
  - Traffic has been increasing steadily on the DDC website since its launch in January 2013.  
[www.durhamdiabetescoalition.org](http://www.durhamdiabetescoalition.org)
  - The website had 72 unique visitors the first month (January 29-February 28) and 332 visitors during the most recent month (April 30-May 30) for an increase of over 360%. In this same period, the number of unique page views increased from 414 to 1051.
  - Individuals have given positive feedback regarding the content of the site.
  - The website is a resource for people living with diabetes in Durham County with resource guides, diabetes information, educational videos and the TV show.
  - The website links to Durham Diabetes Coalition Twitter, Facebook, and YouTube pages.
- **Service delivery**



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- Provided detailed and current information for Durham Diabetes Coalition activities such as the Diabetes Tech Summit and mini-grants program. Applications, deadlines, and answers to frequently asked questions are listed so the public can access the information easily.
- Promoted Durham Diabetes Coalition activities such as the partnership on a recent health fair with Ebenezer Missionary Baptist Church and receiving the game ball at the May 18 Durham Bulls baseball game.
- **Staffing**
  - The two Information and Communications Specialists for the Durham Diabetes Coalition oversee and manage the DDC website, Twitter, and Facebook and YouTube pages.

**Next Steps / Mitigation Strategies**

- Continue to update information on the website to keep it current.
- Reorganize pages so information is easy to find and more user-friendly

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**Division / Program: Nutrition & Community Health Divisions /DINE & School Health Programs--Science Day at Fayetteville Street Elementary School**

*(Accreditation Activity 10.2 – Health Promotion-Disease Prevention CHA At-Risk)*

**Program description**

- Durham County Department of Public Health DINE and School Health programs participated in Science Day at Fayetteville Street Elementary School.

**Statement of goals**

- Students will know what bones do for the body--give shape, allow movement, protect vital organs.
- Students will know that a daily intake of calcium and daily physical activity is necessary for strong bones and teeth.
- Students will identify the Dairy group foods as the best source of calcium.

**Issues**

- **Opportunities**
  - Fayetteville Street Elementary School's science coordinator seeks opportunities to enhance the student's exposure to science. Science Day was one such opportunity she facilitated at the school.

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- The school's science curriculum and science events provide the DINE nutritionist and school nurse opportunities to teach healthy lifestyle choices for disease prevention in the context of Human Biology.
- **Challenges**
  - The time of the event limited the number of science sessions each grade level was able to attend. The event was held from 9-11am so the lunch schedule would not be impacted. Therefore, three grade levels were not able to attend the Healthy Bones presentation.

**Implication(s)**

- **Outcomes**
  - 151 students attended the educational sessions.
- **Service delivery**
  - Students rotated through different stations of science topics. The DINE nutritionist and the school nurse partnered to provide an educational session on "Healthy Bones".
  - The school nurse taught the children about the skeleton and what it does for the body. The DINE nutritionist taught the children how they can grow and keep their bones and teeth strong, including the importance of eating foods rich in calcium and getting daily exercise.
  - The students were provided:
    - a taste of string cheese, a calcium rich food from the Dairy group.
    - a refrigerator magnet with the message "Build Strong Bones Get Your Calcium!"
    - a handout for students to take home to their parents entitled: "Got Your Dairy Today? 10 tips to help you eat and drink more fat-free and low-fat dairy foods".
- **Staffing**
  - The school nurse who serves Fayetteville Elementary School and a DINE nutritionist teamed up to provide the 25 minute session on "Healthy Bones".

**Next Steps / Mitigation Strategies**

- The event was a success. The science coordinator would like to plan a similar event for next year and plans to invite the school nurse and the DINE nutritionist to participate.

**Division / Program: Nutrition Division / DINE Program--Cooking Program Parent Surveys**

*(Accreditation Activity 10.2 – Health Promotion-Disease Prevention CHA At-Risk)*

**Program description**

- DINE conducts an eight lesson cooking-based nutrition education program in two Durham elementary schools - George Watts Elementary (larger program) and EK Powe Elementary (smaller program).
- Parent surveys are conducted at the end of the series to assess program impact at home.

**Statement of goals**

- Parent surveys are conducted to assess the following goals of the program:
  - Students will learn basic cooking skills.
  - Students will eat healthy and try new foods.
  - Families will make beneficial nutrition changes at home such as increasing fruit and vegetable consumption and eating more meals at home.

**Issues**

- **Opportunities**
  - Other elementary schools and parents in Durham are hearing about this program and want it in their schools.
  - While this program sometimes incorporates food growing in the school garden, the program could expand to teach students more about growing their own food and where their food comes from.
  - This program could be used to teach/enhance other school disciplines such as writing, math, and science.
- **Challenges**
  - This program is very labor intensive and requires a higher level of dedication and involvement from the school than the typical DINE program.
  - George Watts Elementary will no longer qualify for the DINE program due a drop in the school's free and reduced price meal participation rate (rate was 48% this past year). Eligible schools must have a free and reduced meal participation rate of above 50% according to the SNAP Ed funding guidelines. The school is struggling to find the money to try to continue the successful cooking program. If the school cannot find funds, the program will no longer continue at Watts.

**Implication(s)**

• **Outcomes**

- In the past, the DINE program has struggled to reach parents and other family members at home, but reported results from the cooking programs show the impacts of an increase in healthy eating, increase in confidence in the kitchen, and increase in making more meals at home.
- 171 surveys were returned--153 from Watts parents and 18 from Powe parents
  - 63% prepared at least one of the recipes from nutrition/cooking class at home.
  - 88% reported that their child is more aware of healthy meals and snacks.
  - 86% reported that their child is more excited about cooking.
  - 82% reported that their child is more willing to try new foods.
  - 83% reported that their child is more interested in healthy eating.
- Parent comments included:
  - “Not only trying these recipes at home but having wonderful dinner conversations about cooking and nutrition.”
  - “I think the benefits go beyond nutrition and cooking. It gives them a lot of confidence and they are learning in a multifaceted way.”
  - “I think it's such an important life skill to teach to all children from the very young to emerging adults. It really provides children with an opportunity to gain competence in this key area that will serve them well beyond school!”
  - “My husband and I do not like to cook, but our children have been inspired by the cooking program at Watts. They confidently approach recipes and love making real food for the family. We credit the Watts cooking program - it's certainly not something they got from their parents!”
  - “The cooking skills my kids have learned are obvious. The math skills are, to me, more impressive. My kids know measurement and conversions because they have done it, rather than just rote learning it.”
  - “Keep up this extraordinary program!! It is the best enrichment or special at Watts in the 9 years we are at the school.”
  - “The DINE program was a wonderful partnership. Our child came home enthusiastic about her new kitchen tools! They were a good catalyst to encourage more cooking together and more independent cooking. We've noticed an

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increased interest in healthy snack preparation (smoothies, crackers and peanut butter) versus waiting for us to provide something. Please keep/expand this program!”

- **Service delivery**
  - Each class consisted of a brief nutrition lesson, a cooking skill, and the preparation of a recipe often using at least one ingredient growing in the school garden.
  - Classes were divided into three or four cooking teams in which each team prepared the whole recipe facilitated by an adult: the DINE nutritionist, the classroom teacher, the teacher’s assistant, an intern, a Duke student, or a parent volunteer.
- **Staffing**
  - One DINE nutritionist conducted the program at each school with two to three school volunteers assisting with the cooking portion of class.

**Next Steps / Mitigation Strategies**

- Continue to offer cooking programs in DINE eligible schools as staff time and school commitment allows.
- Explore with schools alternative funding streams to support school based cooking and garden programs.

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**Division /Program: Nutrition Division /Durham Diabetes Coalition--  
Cooking Matters at the Grocery Store Tour**

*(Accreditation Activity 10.2 - Health Promotion-Disease Prevention CHA At-Risk)*

**Program description**

- Cooking Matters at the Store is a tool developed by the national nonprofit organization, Share Our Strength, to help families make healthy food choices on a limited budget.
- Durham County’s Department of Public Health (DCoDPH) nutritionist with the Durham Diabetes Coalition (DDC) and in partnership with the Interfaith Food Shuttle led a Cooking Matters at the Store grocery store tour last month.

**Statement of goals**

- Participants will increase their knowledge and skills in purchasing healthy, affordable foods.
- Participants will practice key shopping skills such as buying affordable fruits and vegetables, comparing unit prices, reading food labels, and identifying whole grain foods.

**Issues**

- In 2010, nearly 32.6 million adults living in the U.S. experienced food insecurity. Studies indicate food insecurity is associated with an increased risk of chronic diseases such as diabetes, hypertension, and hyperlipidemia.  
(<http://feedingamerica.org/hunger-in-america/impact-of-hunger/physical-and-mental-health.asp>)
- Cooking Matters at the Store is a curriculum developed by the national nonprofit anti-hunger organization, Share Our Strength, targeted towards low-income families at risk of food insecurity.

**Implication(s)**

- **Outcomes**
  - The guided grocery store tour allows participants to gain real life experience purchasing healthy foods on a limited budget. At the end of the tour, participants were provided a \$10 grocery store gift card from the Interfaith Food Shuttle. The participants were then asked to develop a healthy meal containing each of the five food groups on a budget of \$10. Subsequently, the participants used the gift card to purchase the healthy foods that were selected.
- **Service delivery**
  - The DDC nutritionist provided Cooking Matters at the Store guided grocery store tour at Food Lion, 2400 Holloway Street. The tour consisted of three community participants and lasted approximately 1.5 hours.
- **Staffing**
  - The DDC nutritionist provided the grocery store tour. A DDC health educator was responsible for marketing and registering participants for the program. A representative from the Interfaith Food Shuttle met with the Food Lion store manager to decide on date and time of the event.

**Next Steps / Mitigation Strategies**

- The DDC nutritionist and health educator will continue to offer Cooking Matters at the Store guided grocery store tours in neighborhoods with an increased prevalence of type 2 diabetes.

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**Division / Program: Health Education / Durham Diabetes Coalition-Ebenezer Missionary Baptist Community Day**

*(Accreditation Activity 10.2 – Health Promotion-Disease Prevention CHA At-Risk)*

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**Program description:**

- An annual event held by Ebenezer Missionary Baptist Church (EMBC) to promote awareness and to connect surrounding community members to health services and screenings. This year, they partnered with the Durham Diabetes Coalition (DDC) to host the event.

**Statement of goals:**

- To increase awareness about health conditions, especially type 2 Diabetes.
- To encourage residents to take advantage of the services offered by the organizations represented at the event.
- To model the incorporation of healthy choices, such as fruit, when holding health awareness events.

**Issues**

- **Opportunities**
  - Collaboration with one of the faith-based organization in the DDC targeted neighborhoods. A DDC staff member worked with the planning group to improve the proposed event menu and shared resources available to incorporate the practice of continuing to offer healthy options.
  - Interest surveys were conducted with participants visiting the DDC table to gather more information about possible future activities.
  - An interactive game not only drew more participants to the DDC table, but tested general knowledge about diabetes.
  - EMBC applied for and was awarded one of the DDC mini-grants to help support this activity.
- **Challenges**
  - Several EMBC members were unable to support the event due to the death of one of the members. As the event was already planned before notification, the services were moved to another church.
  - Although EMBC sits on several acres of land, activities are not visible from the road. This possibly could have drawn in more of the neighborhood in addition to the banners on the property.
  - The event was planned and set up outside, behind the church. Although the day started off cool and sunny, rain and a thunderstorm resulted in the use of the contingency plan. Most exhibits were moved inside while at least three left due to the rain.

**Implication(s)**

- **Outcomes**
  - More than 150 people attended the event. Approximately, 35 participants visited the DDC table and interacted with the Community Health Integrators (health educators). Of these, 18 signed up for the mailing/volunteer list, and 27 completed Interest surveys.
  - Jerry Smith, from The LIGHT, 103.9 gospel radio station, gave a personal testimony on his journey with diabetes to an audience of 123. Participants not only received the opportunity to listen, but to interact with him.
- **Service delivery**
  - Community Health Integrators worked with EMBC to plan and promote the event.
  - Faith-based organizations were contacted through the Durham County Health Ministry Network to promote awareness of the event.
- **Staffing**
  - Two DDC Community Health Integrators, a DDC Community Health Worker and a DDC Nutritionist staffed the event along with six outside agency exhibitors.

**Next Steps / Mitigation Strategies**

- DDC Community Health Integrators will follow up with participants who expressed interest in activities, newsletters and volunteering.
- DDC Health Integrators will meet with EMBC for an After Action Review and make recommendations for future events, if applicable.
- DDC will continue to work with EMBC and other faith-based and community organizations within the targeted neighborhoods to explore opportunities to reduce the consequences of unmanaged diabetes.

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**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 as well as informing the public about department programs and services availability.



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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 programs and services.

**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

**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 eight (8) media releases/advisories during the month of May, resulting in over 37 unique media postings/airings (radio and television), printed in the news, or posted to the web. These included pieces for Bull City Play Streets, the inaugural visit from The Veggie Van, and Hepatitis C outreach. [*Accreditation Activities 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 Info about HD Programs, Services, Resources)]*
  - Promoted smoking cessation and Quitline NC with ads that appeared four (4) times throughout the month of May in the Durham Herald-Sun. [*Accreditation Activities 21.2 (Make Available Info about HD Programs, etc.) , 21.3 Develop/Implement Strategies to Increase Use of Programs/Services)]*
  - Worked with staff from the City of Durham and Blue Cross and Blue Shield of North Carolina on communications activities related to Bull City Play Streets. [**Accreditation Activities 9.1 (Disseminate Health Issues Data), 10.1 (Health Promotion-Disease Prevention Gen. Public)]**

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- Continued to work collaboratively with other county departments with social media to develop a comprehensive county Social Media Policy and Plan, which will soon be presented to County Manager's office for review. (*Accreditation Activity 9.4*)
- Initiated discussions with NC SPIN and A Healthier NC to develop a Durham-specific page on [www.ahealthiernc.com](http://www.ahealthiernc.com) a statewide physical activity initiative website for residents to track weight, number of steps daily, and other health indicators. DCoDPH will be able to obtain summary reports to track the overall progress of county residents. (*Accreditation Activities 10.1 – Health Promotion-Disease Prevention General Public*)
- Continued to increase the utilization of Facebook and Twitter to promote activities occurring at DCoDPH and in the community. As of May 31, DCoDPH's Facebook page [www.facebook.com/DurhamHealthNC](http://www.facebook.com/DurhamHealthNC) has seen growth since the beginning of the year and now has 81 likes (excluding business and other organizations). The DCoDPH Twitter feed [www.twitter.com/DurhamHealthNC](http://www.twitter.com/DurhamHealthNC) has also seen growth since the beginning of the year, with 134 followers as of May 31. [*Accreditation Activities 5.3 (Health Alerts to Media), 9.1 (Disseminate Health Issues Data), 9.2 (Access Community Data), 9.3 (Info Available on Health Data), 9.5 (Inform Public of Dept. Policy/Op. Changes), 10.1(Health Promotion-Disease Prevention General Public), 10.2 (Health Promotion-Disease Prevention CHA At-Risk), 21.2 (Make Available to Public Information About Health Dept. Programs, Services & Resources), 21.3(Develop/Implement Strategies to Increase Use of Programs/Services )]*]
- Started preliminary planning for Take A Loved One to the Doctor Day 2013. The first meeting with DCoDPH, Durham Diabetes Coalition, and Radio One Raleigh staff is set for the first week of June. [*Accreditation Activities 10.1(Health Promotion-Disease Prevention General Public), 10.2 (Health Promotion-Disease Prevention CHA At-Risk), 20.2 (Collaborate to Reduce Barriers to Access to Care), 21.2 (Make Available to Public Information About Health Dept. Programs, Services & Resources), 21.3(Develop/Implement Strategies to Increase Use of Programs/Services )]*]

**Next Steps / Mitigation Strategies**

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

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**Third Quarter Statistics (Gayle Harris)**

The Board received a copy of the departments' third quarter statistical data for FY12-13 that included a breakdown of dental procedures. (*A copy of the statistical report is attached to the minutes*).

**NEW BUSINESS:**

Ms. Harris stated that she will be attending the National Association of City and County Health Officials (NACCHO) Annual 2013 Conference in Dallas, Texas July 9-12, the week of the next board meeting. She asked if the board wanted to hold the meeting as scheduled, hold the meeting at an alternate time in July, or skip the July meeting. After discussion it was moved by Mr. Case and seconded by Ms. Carter to skip the July meeting. The motion was approved unanimously.

- **Agenda Items August 2013 meeting**

  - Public/Private Partnership

  - The Community Guide (delayed until September meeting)

- **Letters of Support**

Ms. Harris shared with the Board two requests for letters of support:

1. "Comparing Self-Help vs. Text Message Cessation Interventions for Light Smokers", Laura Fish, Ph.D., Cancer Prevention, Detection and Control Research Program, Duke University Medical Center
2. Supporting Primary Care for Better Health and Developmental Outcomes Among Children in Durham and Person Counties", Frederick Johnson, MBA, Division of Community Health, Department of Community and Family Medicine, Duke University Medical Center

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion.

Mr. Dedrick made a motion to adjourn the meeting at 7:00pm. Mr. Case 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